

Deprogramming Children and Adolescents

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Intentionally Alienated from a Parent by a Custodial Parent

I have been doing reunification therapy for the past 20 years. Family law, in my forensic experience, is one of the most difficult areas of the law for a forensic psychologist to engage in. First of all, the range of credentials that various professionals may have who are engaging in custody studies, reunification therapy, psychological evaluations, may be anywhere from no degree, a Bachelor's degree, a Master's degree, a law degree to a Ph.D./Psy.D. in Clinical Psychology. Clearly, the more training a professional has, one would assume that the professional has been trained in developmental psychology, clinical psychology, and the ability to engage in psychological/psychometric assessment to evaluate the psychological status of a child and the parents.

Parental Alienation Syndrome, while rejected by DMS-V, still remains to be a real phenomenon in my own professional opinion. Of course, parental alienation will occur naturally in any type of adversarial marital breakup. It does not mean that a parent will have it in their mind to intentionally alienate a child from the other parent. Instead, the post-marital conflict is certainly experienced by the child and/or adolescent and because of their cognitive development at any particular stage, they typically will align themselves with one parent or the other. It is difficult for that child or adolescent to come to the conclusion on their own that while their parents are divorcing, they have a right to love each parent, and to stay out of their marital and post-marital arguments. This is, in fact, one of the most fundamental therapeutic goals I have when I am treating children or adolescents whose parents are going through a divorce. I have encountered many cases where there has been intentional estrangement of a child from another parent.

At this time, it may be useful to review some of the literature on parental alienation. Baker (Baker, 2007) identified a cluster of eight symptoms dubbed "Parental Alienation Syndrome," which have been discussed in research literature since 1980. The syndrome hinges on a preoccupation by the child with criticism and depreciation of a parent, and occurs when one parents tries to

alienate the child from the other parent, either deliberately or unconsciously. PAS was considered for inclusion in the DSM-V as a childhood disorder but was rejected. The eight symptoms traditionally listed for PAS are:

1. A campaign of denigration and hatred against a targeted parent. “They deny any positive past experiences and reject all contact had communication.” (Baker, 2007).
2. Weak, absurd or frivolous rationalizations for this depreciation and hatred/ hostility towards the targeted parent. The explanations offered are not of the magnitude that typically would lead a child to reject a parent (Baker, 2007).
3. Lack of the usual ambivalence about the targeted parent. “The alienating parent is perceived as perfect, while the other is perceived as wholly flawed. This presentation is in contrast to the fact that most children have mixed feelings about even the best of parents and can usually talk about each parent as having both good and bad qualities.” (Baker, 2007).
4. Strong assertions that the decision to reject the parent is theirs alone.
5. Reflexive support of the favored parent in the conflict. “The alienated child will side with the alienating parent, regardless of how absurd or baseless the parent’s position may be. There is no willingness or attempt to be impartial when faced with interparental conflicts.” (Baker, 2007).
6. Lack of guilt over the treatment of the alienating parent.
7. Use of broad scenarios and phrases from the alienating parent. “Alienated children often make accusations toward the targeted parent that utilizes phrases and ideas adopted from the alienating parent.” (Baker, 2007).
8. The denigration not just of the targeted parent but also to that parent’s extended family and friends.

The severity of paths is determined by the number and severity of these eight symptoms.

A study by Godbout and Parent in 2012 examined adults who have been alienated from parents in the past. For these adults, alienation was associated with difficulties at school, behavior problems, and a search for identity after reaching adulthood. A 2005 paper by Lowenstein suggested that parental alienation in the process of indoctrination may be considered a form of emotional child abuse. The same paper also listed a host of psychological problems that children who have been alienated from a parent may be at risk for including anger, loss of impulse control, and an increase in delinquent behavior, lack of self-confidence and self-esteem and development of separation anxiety or displaying overly clinging behaviors with the alienating parent, intense fears of

being abandoned, and other specific phobias. They may have high levels of anxiety, panic attacks, or obsessive-compulsive behaviors. Children who have been alienated from a parent may also suffer from sleep disorders (difficulty sleeping or night terrors), eating disorders, and school disruptions, including declining grades, disruptive behaviors, or aggression. Young children may suffer from wetting or soiling the bed. Some older children may engage in substance abuse and other self-destructive behaviors. They may have poor peer relations and damaged sexual identity problems. Baker (2007) suggested that adult children with parental alienation syndrome report depression, drug and alcohol use, failed relationships, multiple divorces, and becoming alienated from their own children.

In situations where children are so aligned with one parent, it is not necessarily productive to immediately proceed with reunification therapy. Research has suggested this sort of parental alienation puts the children in a similar psychological state to those involved in cults due to the similarities and emotional manipulation and thought reform strategies. Therefore, children must first be in a sense “deprogrammed” in order for reunification therapy to be successful or productive. Overcoming this type of alienation requires establishing boundaries with the alienating parent in addition to rebuilding a relationship with the alienated parent. When looking at cult research, as suggested by Dr. Amy Baker, it is important to invest considerable time and effort into allowing the child to process their experience and disentangle themselves from the beliefs they have incorporated into this sense of self. Many books and articles have been published on the best way to counsel someone through this process, but they all emphasize how intense and extensive this counseling process is. In extreme cases, it may be necessary for the children to live with a neutral relative until the issues are resolved.

Finally, deprogramming would not be successful unless the parent who has been alienating the children discontinues this behavior. Both attorneys in the case should agree to support this. If there is a Guardian ad Litem, he or she should also support this, and that the court would be ordering this process to take place. In closing, I have witnessed non-custodial parents (typically the father) who have been alienated from their children for life. This causes a great deal of psychological damage to the non-custodial parent and equally so to the children. I have also seen cases whereby an adult who is alienated from a parent requested reunification therapy 20 years after no contact. In my opinion, children who are alienated from a parent go on as adults to have significant interpersonal

relationship problems and are at higher risk for many psychological/psychiatric disorders.

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