

PARENTAL ALIENATION AND THE DYNAMICS OF THE ENMESHED PARENT–CHILD DYAD: ADULTIFICATION, PARENTIFICATION, AND INFANTILIZATION

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When caregivers conflict, systemic alliances shift and healthy parent-child roles can be corrupted. The present paper describes three forms of role corruption which can occur within the enmeshed dyad and as the common complement of alienation and estrangement. These include the child who is prematurely promoted to serve as a parent's ally and partner, the child who is inducted into service as the parent's caregiver, and the child whose development is inhibited by a parent who needs to be needed. These dynamics—adultification, parentification and infantilization, respectively—are each illustrated with brief case material. Family law professionals and clinicians alike are encouraged to conceptualize these dynamics as they occur within an imbalanced family system and thereby to craft interventions which intend to re-establish healthy roles. Some such interventions are reviewed and presented as one part of the constellation of services necessary for the triangulated child.

Keywords: *Adultification; Parentification; Infantilization; Alienation; Estrangement; Divorce; Custody*

I. INTRODUCTION

The construct most commonly accepted today as “parental alienation” has survived a fascinating history. Its gradual evolution from its roots in English Common Law has been well documented elsewhere (Garber, 1996, 2004a, 2009; Jaffe, Ashbourne & Mamo, 2010) and continues in the present under the unrelenting pressures of politics (Bernet, 2008, 2010; National Organization of Women, 2006; Parental Alienation Awareness Organization, 2009), case law (e.g., Bala, Hunt & McCarney, 2010; Colman, 2009), theory (e.g., Gardner, 1987, 2003, 2004; Johnston, Roseby & Kuehnle, 2009) and uncountable parents' desperate pleas on behalf of their children.

The present paper propounds a systemic view of alienation, focusing on the nature and types of the enmeshed parent-child dyad as concomitants (if not among the many causes) of the child's rejection of the other parent. Adultification, parentification and infantilization are introduced and differentiated as three of the dynamics characteristic of these dyads. Brief case examples illustrate each and their likely role associated with the child's rejection of the other parent. Specific remedies are recommended as necessary components of the constellation of interventions intended to serve the best interests of the alienated child.

II. WHAT IS ALIENATION?

This discussion presumes an understanding of alienation consistent with the “alienated child” construct (Johnston, 2005b; Kelly & Johnston, 2001) and built upon a foundation in family systems (Minuchin, 1974) and attachment theories (Bowlby, 1982, 1988; Garber, 2004a; Hooper, 2007). Specifically, I use the word “alienation” to describe the convergence of relationship dynamics which together cause an individual to express unjustifiable and disproportionately negative reactions to a targeted individual. By contrast, when such negative reactions are objectively defensible and proportionate to the targeted individual's real threat, the same behaviors constitute estrangement (Drozd & Olesen, 2004; Fidler & Bala, 2010).¹ Together, alienation and estrangement are two among the several

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relationship dynamics which constitute the tools of affiliation (Garber, 2004a): those mechanisms with which groups at every level of organization, from international politics to playground cliques, distinguish who is “in” and who is “out” (Dovidio, Saguy, & Shnabel, 2009; Riek, Mania & Gaertner, 2006; Stephan et al., 2009).

Parents routinely and appropriately instill insecurity in their children regarding targeted others, both in the interest of safety and preservation of the family group’s integrity. No one thinks twice, for example, when a mom tells her young son not to talk to strangers or a dad tells his daughter to stay away from the man in the overcoat. However, like all tools, these otherwise necessary and natural dynamics can be used as weapons. Parental alienation occurs when a child’s experience of one parent’s unwarranted negative expressions about the other parent needlessly causes him or her to resist or refuse contact with that parent.

A. NOT ALL ALIENATION IS CREATED EQUAL

The burgeoning literature on parental alienation distinguishes degrees of alienation on the basis of the severity of its observable effect; that is, the magnitude, duration and intransigence of the child’s rejection of the targeted parent (Baker & Darnall, 2006; Fidler & Bala, 2010; Gardner, 1987, 2003; Spruijt et al., 2005; Ward & Harvey, 1993). On this basis, concerned professionals are left to cobble together a constellation of remedies commonly focused on repairing the obviously broken rejected-parent-child relationship, from education and therapy for the mild cases, to practical sanctions against the alienating parent in moderate cases, to placing or retaining the child in the care of the rejected parent (Friedlander & Walters, 2010; Gardner, 1998; Bala, Hunt & McCarney, 2010) or temporarily interrupting the rejected parent’s parenting rights and responsibilities (Jaffe, Ashbourne & Mamo, 2010) for the most severe cases.

Differentiating among the *causes* of parental alienation has proven an even more difficult task. What we know is that parental alienation is seldom exclusively the result of one parent’s malicious actions toward or about the other (Johnston, Walters & Olesen, 2005a,b,c; Lund, 1995). Instead, a child’s disproportionate rejection of one parent in favor of the other often occurs when multiple “hybrid” (Friedlander & Walters, 2010) conditions are met, which together create a sort of perfect storm of relationship dynamics. These include the child’s exposure to Parent A’s denigration of Parent B, the child’s direct experience of Parent B’s real caregiving deficits (Bala, Hunt & McCarney, 2010; Johnston, Walters & Olesen, 2005b) and the child’s enmeshed and inappropriate relationship within the aligned dyad. One recent study observed that “[t]he vast majority of cases referred, whether from the court or the community, were hybrid cases in which some combination of alienation, estrangement and/or enmeshment was operative” (Friedlander & Walters, 2010, p. 100).

A number of authors have commented on the extent to which the child’s enmeshment with parent A may co-occur with, and be predictive or even causal of the child’s rejection of Parent B (Gardner, 2006; Johnston, Walters & Olesen, 2005b). Johnston and colleagues (2005b, p. 204), for example, observe that,

“... parents who were alienating were also those who had poor boundaries and engaged in role reversal with their children. They had difficulty distinguishing their own feelings from those of their child, and the child often became the parent’s confidante, comforting and admonishing other family members, thus assuming an inappropriate executive or parenting role in the family.”

B. BOUNDARY AND ROLE DEFINITION, DIFFUSION, REVERSAL, AND CORRUPTION

The development of interpersonal boundaries is a necessary and natural process emerging as the newborn’s undifferentiated sense of self grows toward healthy adult autonomy (Garber, 2009b; Jacobvitz, Riggs, & Johnson, 1999; Mayseless & Scharf, 2009; Winnicott, 2002). Role distinctions within healthy relationships emerge to reinforce and define interpersonal boundaries (e.g., Minuchin, 1974; Johnston, 1990), but can break down when stressed. This is often observed when poverty

(Burton, 2007), a parent's absence due, for example, to military deployment (Faber et al., 2008), debilitating illness, or death (Nelson & While, 2002), create practical and emotional gaps within the reconfigured family system.

Caregiver character pathology (Earley & Cushway, 2002; Mayseless & Scharf, 2009), co-parental conflict, and separation (regardless of the legal status of the adult relationship) and divorce are also commonly identified among the stressors that can compromise intrafamilial roles and interpersonal boundaries (Cheng & Kuo, 2008). For example, ". . . when there is a loss of a parental figure due to divorce, children often fill the vacated role" (Duryea, 2007, p. 92). Macfie et al., (2008, p. 297), observes that, "[a] parent in marital conflict may be particularly prone to role reversal, which in turn adversely affects child development."²

The breakdown of healthy intrafamilial and intergenerational boundaries is often associated with parent-child enmeshment (Johnston, 1990; Manzi, Vignoles, Regalia, & Scabini, 2006; Mayseless & Scharf, 2009; Werner et al., 2001) and "role reversal." To the extent that this phrase implies an exchange of roles within a family system (as when a conventional working father becomes a "stay-at-home-dad" and his wife joins the work force), it fails to adequately capture the breadth or the destructive power of the dyadic dynamics that complement the development of parental alienation. (e.g., Kerig, 2005a). Instead, the phrase *role corruption* is used here to describe three specific dynamics that can characterize the aligned parent-child dyad and are often associated with parental alienation.

II. PARENTIFICATION

Parentification is the term most commonly associated with role corruption in the context of divorce (e.g., Boszormenyi-Nagy & Spark, 1973; Goldman & Coane, 1977; Johnston, Walters & Olesen, 2005a,b; Jurkovic, 1997; Jurkovic, Morrell & Thirkield, 1999; Jurkovic, Thirkield & Morrell, 2001; Peris & Emery, 2005). As such, it is often used as an umbrella to encompass the concepts I distinguish here as adultification and parentification. Although both dynamics are instances of pathological parent-child role changes and both can compromise the child's health and development, the enabling parent's motivating need and the child's resulting responsibilities distinguish the two.

The parentifying adult enlists the child to fulfill his or her need to be cared for (Valleau, Raymond & Horton, 1995). The adult's need may be related to a manifest physical or logistic necessity, as has been described among immigrant (Oznobishin & Kurman, 2009), impoverished (McMahon & Luthar, 2007), and dual income (Grollman & Sweder, 1986) families. It can occur when a parent is critically ill (Duryea, 2007; Tompkins, 2007), profoundly depressed (Wallerstein, 1985), substance dependent (Chase, Deming & Wells, 1998; Wells, Glickauf-Hughes & Jones, 1999), or widowed (Li et al., 1995), and/or in response to the parent's characterological needs and thus as a facet of that parent's pathological dependency (Bakermans-Kranenburg & van IJzendoorn 2009; Fitzgerald et al., 2008).³

Research suggests that mothers are more likely to parentify than fathers (Peris & Emery, 2005; Peris et al., 2008), and that daughters are more likely to be parentified than sons (Duryea, 2007; Jacobvitz et al., 2004).⁴ Parents who fail to experience their own parents as adequately nurturing may be especially vulnerable to turn to their children to fulfill these same dependency needs: "[I]ndividuals who did not have their own dependency needs met in their families of origin may attempt to get their needs met in their families of procreation, by enlisting their children to take care of them" (Wells et al., 1999, p. 64).⁵ In addition, the failure of the adult relationship may increase the risk of parentification within the aligned dyad, as may occur in,

" . . . single-parent families in which the mother becomes so overburdened that she begins to rely too much on her 'right-hand man.' The parental child often becomes parent to the parent in this situation. This structure is maintained at the cost of the child's normal, age-appropriate thrust toward interaction with his peer group" (Boyd-Franklin, 1989, p. 623).

No matter the enmeshed parent's pathology, personal, practical, or cultural motivation(s), no matter whether the outcome is due to the parent's passive acceptance or active enlistment of the child in his or her new role, parentification is destructive. Role corruption, in general, and parentification, in particular, interferes with the child's development, peer relationships, and his or her ability to make and maintain a healthy relationship with his or her other parent:

“[P]arentified children often suffer from depression, suicidal feelings, shame, excessive guilt, unrelenting worry, social isolation, and other internalizing symptoms, such as psychosomatic problems . . . Parentification during a youngster's formative years is often the prologue to an adult life characterized by interpersonal distrust . . . an inability to function independently, and—perpetuating the cycle—a tendency to misuse parental authority” (Jurkovic, 1997, p. xiv).⁶

In particular, when role corruption occurs in the context of adult conflict, separation or divorce, “. . . parentified children are doubly burdened because they not only witness parental conflict as a third party to marital discord but are also called upon to comfort parents concerning *adult* distress rather than their own” (Peris et al., 2008, p. 634; emphasis in original). Kerig and Swanson (2010, p. 61) summarize clearly:

“. . . a parent-child alliance that is fueled by anger at the spouse is a relationship that is serving a function for the parent rather than providing for the developmental needs of the child. Second, an alliance with one parent likely exists at the cost of a distant or conflictual relationship with the other parent, thus increasing the potential for stress in the child and the family system.”

A. CASE ILLUSTRATION: THE PARENTIFIED CHILD⁷

Three years post-divorce, Mr. Smith returned to court on an ex parte motion requesting that his nine-year-old daughter, Henrietta, be switched into his primary care. He alleged that the child's mother had successfully alienated him from his daughter and was not supporting her school attendance. The court requested that the family participate in a child-centered family evaluation (CCFE)⁸ so as to advise how best to understand and serve the child's needs.

In interview, Henrietta evidenced little or none of the polarized words, behavior, or affect typical of alienated children and, in fact, spoke positively about both her parents. Nonetheless, the child tearfully reaffirmed her wish not to spend time with her father without substantial explanation. Observed together, father and daughter interacted warmly and appropriately, although Henrietta frequently checked the clock as if eager for the meeting to end.

Henrietta's interaction with her mother was similarly warm and appropriate and similarly distracted by the child's preoccupation with the passage of time. At one point, Henrietta interrupted a board game to whisper something to her mother. When Mrs. Smith shrugged off the child's efforts, Henrietta persisted with obvious frustration even while she visibly tried to keep a smile on her face in front of the examiner. Finally confronted about her upset, Henrietta confessed that it was time for her mother to take her medicine. She explained that her mom “gets weird” when she misses a dose.

In a subsequent interview, Ms. Smith disclosed a seizure disorder that she'd previously denied for fear that her illness would compromise her custody status in the eyes of the courts. Henrietta's parentified concern for her mother's health and belief that her mother would neglect her medication and “get sick” in her absence proved to be the child's largest motivation for resisting contact with her father and avoiding school, reminiscent of Johnston's (2005a, p. 763) reference to the child's “worry and sympathy for the left-behind parent.”⁹

III. ADULTIFICATION

Adultification is a form of role corruption characterized by a parent's enlistment of a child in a peer- or partner-like role.¹⁰ As distinct from (but not mutually incompatible with) parentification, the

adultified child becomes the parent's friend, confidante, and ally. Together, this enmeshed dyad functions in a more mutual and reciprocal manner than the parentified pair or the healthy dyad. Adultification has been documented among impoverished families (Burton, 2007), immigrant families (Puig, 2002; Walsh, Shulman, Bar-On, & Tsur, 2006), and victims of domestic violence (Stephens, 1999). In each of these instances, a child shares some degree of practical and/or emotional responsibility with his or her parent in a partner-like relationship. "Childhood adultification involves contextual, social, and developmental processes in which youth are prematurely, and often inappropriately, exposed to adult knowledge and assume extensive adult roles and responsibilities within their family networks" (Burton, 2007, p. 329).

The adultifying parent turns to his or her child in search of validation and practical assistance in addition to that available through existing and appropriate supports or—perhaps more frequently in the context of parental alienation—to fill in for the recent loss of these supports. This parent capitalizes upon the child's eager endorsement, mistaking the child's normative need for acceptance and/or fear of rejection as super-mature insight. In this way, the adultifying parent bootstraps together a self-serving rationale for promoting the dependent child into a co-conspirator, collaborator and ally.

The adultified child is typically a first-born or only child (Burnett et al., 2006). He or she may be particularly verbally or socially precocious (and may have been groomed so as to develop these attributes), but is likely to be far less emotionally mature. The resulting developmental decalage (Garber, 2009b) is fertile ground in which to develop anxiety, depression, anger, and in which to plant the seeds of later character pathology. In some instances, adultification is associated with childhood sexual abuse (Brooks, 1982; Fitzgerald et al., 2008). Although the adultified child may eagerly embrace the responsibilities associated with his or her premature promotion, the process, ". . . puts children at risk for anxiety, depression, hyperorganization, poor relations with others, and poor educational and career achievement" (Burton, 2002).¹¹

The adultifying parent's compelling need for an ally, his or her self-serving but mistaken impression that the child, "can handle it" or "gets it," and the child's eager willingness to exploit his or her new status together are a recipe for systemic disaster. When one parent seeks or assumes the child's support (understanding, validation, affirmation) with regard to the conflicted adult relationship, the adultified child is thrown directly into the breach, setting the stage for parental alienation.

A. CASE ILLUSTRATION: THE ADULTIFIED CHILD

When three successive reunification therapies failed to decrease the Mitchell children's resistance to spending alternate weekends with their non-custodial mother, a family systems evaluation was ordered. From the start, Mr. Mitchell asserted that he strongly encourages his eight-year-old daughter and twin-five-year old sons to visit with their mother, but that all three violently resist any contact with her. Ms. Mitchell accepted responsibility for her former alcohol abuse and regretted her daughter's early experience of her binges, but reported that she hadn't had a drink since the twins were conceived.

In individual interviews, all three children talked with evident fear about their mother's rages when she became drunk, how she'd sometimes vomit and pass out, and her arrests for DWI. All three reported detailed and consistent accounts of their mother's neglect, talking uniformly about "when she crashed her car into a big old oak" and "when she dropped the baby on the blacktop."

When references, including Ms. Mitchell's therapist and AA sponsor and a review of police records, confirmed her self-reported abstinence, further interviews were conducted. In fact, neither of the five-year-olds reported ever actually seeing their mother drinking, drunk or dangerous. Both related that their big sister had told them these stories. Eight-year-old Tanya reported only vague memories of her mother "acting weird," but talked with obvious pleasure about the special bedtime stories that she and her father share every night in which he is the hero who rescues her from her mother's graphically violent, drunken, and neglectful behavior.

Mr. Mitchell trivialized this report when confronted, explaining that eight-year-old Tanya "knows how long ago all that happened," and that he'd never tell those stories to the twins "because they're

too young” and “they weren’t there.” He explained that he wants his kids to love their mother and that the stories “don’t matter . . . they’re ancient history.” He rationalized that his daughter has a right to hear these stories because they are a part of her history, but explained that she knows her mother doesn’t drink anymore because, “. . . look at her grades. She’s really smart!”

IV. INFANTILIZATION

The third dynamic commonly seen within the aligned parent-child dyad is characterized by the parent’s inability to tolerate a child’s age-appropriate growth toward healthy independence. The infantilizing parent needs to be needed and, as such, feels threatened by and acts to impede the child’s emerging independence (Bogolub, 1984).

Early in a child’s development, the infantilizing parent is easily mistaken for a healthy, loving, and sensitive caregiver. Because infants are normatively very needy and demanding, this parent will look to a custody evaluator, Guardian ad litem, or a court like a wholly competent, attentive, and responsive parent. It is only later, as the natural course of development begins to unfold, that this parent begins to look overprotective, over-involved and eventually stifling (Duryea, 2007).

The infantilized child may be home-schooled or chronically truant. He or she will be more or less explicitly discouraged from making friends and made to feel guilty or simply forbidden from participating in age appropriate activities. By middle grade school, this child may be labeled as school resistant, developmentally delayed, agoraphobic, or asocial in a manner this author has seen misdiagnosed as an autistic spectrum disorder. In fact, infantilized children frequently suffer from anxiety disorders, depression, and various developmental delays due to isolation and may require treatment, but the conventional regime of individual psychotherapy and medication will fail. The primary cause of this child’s challenges resides not in his or her biology, but within the family’s dynamics.

In the context of co-parental conflict, separation, or divorce, the infantilizing parent may experience the separation associated with the child’s time in the other parent’s care as a narcissistic injury (a loss of self) prompting depression, anger, and/or anxiety. These emotions are communicated to the child no matter the (court-ordered, therapist scripted) reassuring words that are spoken, fueling the child’s resistance or refusal to return to the other parent’s care. Like the parentified child, this child may feel responsible for the parent’s well-being in absentia, but not in a caregiving capacity. Instead, the infantilized child is at least implicitly aware that his or her continuing dependency fulfills the enmeshed parent’s needs.

Infantilization in the context of parental separation and divorce commonly confounds the average therapist. In initial interview, Parent A will describe the child as needy, regressed, demanding, and clingy. The preschooler may be nonverbal. The grade schooler may be in diapers. The young teen may be sleeping with a parent, terrified to be alone. Parent B, however, will describe the same child quite differently, in a much more developmentally appropriate manner. Unsure whether the parents are describing the same child, the therapist might observe each of the two parent-child dyads separately only to discover that the two, apparently divergent reports are both valid. Hopefully, the contextual nature of this child’s difficulties is enough to prompt this therapist to respond to the family’s needs and avoid the temptation to unnecessarily diagnose and/or medicate this child.

In one tragic extreme, seldom seen, the infantilizing parent creates or maintains a child’s illness in a manner consistent with the diagnosis of Factitious Disorder by Proxy (formerly Munchausen’s Syndrome by Proxy; e.g., Kinscherff & Ayoub, 2000). This parent finds the child’s acute health needs both personally validating and good reason to withhold the child’s contact from the other parent whom he or she construes as dismissive of the illness and/or neglectful of the associated treatment. Professionals with no grasp of the contextual dynamics are enlisted to affirm the child’s illness, prescribe multiple medications, and to recommend or actually perform intrusive procedures. Naegele and Clark (2001; cf., Lindahl, 2009) have proposed a subtype of this diagnosis, which they refer to as Forensic Munchausen Syndrome by Proxy, characterized by,

. . . fabrication of allegations of child sexual abuse by a parent in the context of a child custody dispute. Typically, divorcing parents or families bring their children into the hospital on their visitation weekend or after the child is returned to the custodial spouse, complaining that the other parent is abusing the child either sexually or physically.

A. CASE ILLUSTRATION: THE INFANTILIZED CHILD

At nine years old, Charles was on a very restricted diet and five medications for what doctors had finally diagnosed as Slow Transit Disorder, an intestinal difficulty that caused Charles to become extremely constipated and periodically impacted. Charles' mother frequently kept him home from school and cancelled his activities and court ordered contacts with his father explaining that she needed to "clean him out" or otherwise attend to his discomfort and embarrassing symptoms.

When Charles' mother was arrested and then briefly jailed for matters related to her own substance abuse, Charles refused to move into his father's home and was eventually placed in foster care. The foster parents observed that Charles was unfamiliar with the prescribed regimen of medications and, once he was properly medicated, that his toileting became entirely normal. His distended belly quickly deflated. His appetite and his general demeanor improved. Closer inquiry proved that Charles' mother had seldom administered the child's medications properly and that she had frequently taken him across the state in search of diagnoses, prescriptions, and unnecessary treatments.

Charles subsequently revealed to his psychotherapist that he believed that his father didn't love him, wouldn't understand and wouldn't care for his special medical needs. Properly medicated, with almost no discomfort and renewed confidence, Charles was eventually placed into his father's primary care where he thrived and commenced supervised visitation with his mother.

V. REMEDIES

The literature is replete with theory and speculation, if not always hard data, about how to best respond to the needs of the parentified, adultified, and infantilized child. Unfortunately, few of these remedies are cast as component parts of a larger systemic intervention and none are specifically concerned with parental alienation, *per se*. These remedies are recommended here, nonetheless, as they continue to inform this author's child-centered services and as a valuable foundation upon which we might mutually build interventions focused on the aligned parent-child dyad in the context of parental alienation.

The relevant literature and direct experience together suggest three principles guiding assessment and intervention with aligned dyads, as follows:

1. **Redirect the aligned parent's needs.** Parentification, adultification and infantilization are all thought to spring from a similar source, that is, the aligned parent's impaired interpersonal boundaries and projection of his or her unmet needs upon the child. The existence, persistence, and the power of these antecedents to corrupt roles within the parent-child dyad are presumably associated with the degree of the aligned parent's distress, the nature and degree of that parent's character pathology (e.g., Borderline Personality Disorder; Macfie & Swan, 2009; Marcus, 1989), and may prove ultimately to be related to the parent's own childhood experience of roles, boundaries, and caregiving (Bakermans-Kranenburg and van IJzendoorn (2009).

With this in mind, one or both of two remedies may prove to serve the best interests of the parentified, adultified, and infantilized child. The first emphasizes education and/or insight-oriented psychotherapy¹² designed to keep the children out of the middle of the adult conflict. The curricula of most state mandated divorce education programs emphasize these points (Pollet, 2009). The second remedy emphasizes helping the aligned parent to fulfill those same needs elsewhere so as to relieve the implied or inferred emotional burden on the child (Byng-Hall, 2008). Anecdotal evidence suggests, for example, that, ". . . an insecure parent

might feel sufficiently looked after in the marriage to be able to parent well. . . . This helps to guard against a parent in need having to turn to a child in a crisis” (Byng-Hall, 2002, p. 381).

Working with multicultural families, Kameguchi (1998) and Boyd-Franklin (1989) have successfully demonstrated that community interventions enlisting able adults across generations, regardless of gender or legal relationship, so as to assure that a stressed caregiver’s logistic and emotional needs are fulfilled can help to relieve the burdens of adultification and parentification on their children.

Couples (Clulow, 2010) and group psychotherapies (Øygard, 2001, 2003, 2004) have proven especially promising toward the goal of helping enmeshed parents allow their children to continue to function in age appropriate ways. Facilitated co-parenting interventions (e.g., Garber, 2004b) and high tech communication solutions¹³ can help conflicted parents to accomplish this goal, even when parenting partners cannot sit in the same room together.

2. **Re-establish the child’s healthy role within the system.** Intervention must gently demote the parentified or adultified child or promote the infantilized child back into a healthy and age-appropriate role within the dyad and the larger family system. Thus, Minuchin recommends that one goal of intervention with a parentified dyad is to, “. . . realign the family in such a way that the parental child can still help the mother. . . . The parental child has to be returned to the sibling subgroup, though he maintains his position of leadership and junior executive power” (1974, p. 98).

Individual child and parent-child psychotherapies can facilitate this healthy realignment, both by giving the child the opportunity to be a child in the therapeutic relationship (Garber, 1994), and by explicitly building strategies to help “de-triangulate” the child from the dysfunctional system (Kerig 2001). Lowe (2000), for example, successfully introduces and realigns the two parents in a dyadic intervention with the aligned parent-child pair using Gestalt props (empty chair, photographs) to bring the other parent into the process. Wark & Scheidegger (1996) accomplish similar goals with the aligned dyad using video feedback.

3. **Avoid blame.** Realignment efforts within the enmeshed dyad must remain forward-looking, optimistic, and child-centered. Forensic mental health professionals who have provided these services know that doing so is like walking along a treacherous escarpment. A single misstep to either side can send the whole process plummeting into rage and blame in a manner that can not only undermine the therapy, but entrench the dyad’s dysfunction as the pair allies against the therapist.

Kerig and Swanson (2010) observe that role reversal can occur when a child spontaneously steps into the breach created by adult conflict and/or at the aligned parent’s invitation. However, this retrospective distinction is far less important than the forward-looking process of reestablishing appropriate roles and boundaries within the dyad and the system at large.

As a close corollary, we must remain aware that the enmeshed child may find any process of change threatening and scary, thereby motivating resistance (often in the form of splitting) and sabotage. It is quite common for the parentified and adultified child to enjoy his or her relative freedom, authority, and control, and for the infantilized child to enjoy his or her pampered role. Furthermore, like Henrietta, the child who worried about her mother’s seizure disorder, many of these children believe that the aligned parent will become ill, drink or use drugs, get arrested, run away, or die if they were no longer present in their enmeshed roles. This is sometimes seen when the aligned parent remarries, leaving the formerly adultified or parentified child to struggle with a, “. . . feeling of powerlessness in the stepfamily. This sense of powerlessness would be in painful contrast to the semi-adult or pseudo-spouse position the adolescent may have inherited in the single parent family” (Gamache, 1991, p. 112).

In response, Coale (1994, 1999) prescribes rituals and ceremonies intended to ease the child’s acceptance of his or her new and healthier role. For example, she tells the story of a 9 year old who, “. . . took care of her mother in both physical and emotional ways throughout the mother’s three year post-divorce depression” (1999, p. 134). It was only when therapy helped this mother to recognize and “honor” her daughter’s support that the two could openly

renegotiate their respective “job descriptions,” thereby freeing the child to pursue other age-appropriate relationships including one with her absent father.

VI. DISCUSSION

Our overburdened family courts and the tremendous pain evident among so many litigants’ children are together pushing theory far beyond our empirical knowledge. In the dual interests of efficacy and Daubert, we are desperately in need of carefully designed research with which to support or supplant these conceptualizations. Long-term, forward-looking research such as that conducted in related areas (e.g., Sroufe et al., 2005; Wallerstein, 1985) is necessary if we are to begin to understand, for example:

- (a) What are the developmental sequelae of childhood enmeshment in general, and of the experience of parentification, adultification and infantilization, in particular? How does the child’s age, the parent-child gender match, and the duration of the experience impact these outcomes? What combination of circumstances distinguish those parentified, adultified, and infantilized children who grow up to establish healthy intimate relationships and exercise child-centered parenting skills from those who seem destined to repeat the experience of role corruption, enmeshment, and conflicted adult relationships?
- (b) How does enmeshment within one dyad relate to the presence, severity, and longevity of co-parental conflict and to the child’s relative acceptance or rejection of the other parent? In what circumstances is enmeshment a causal antecedent of co-parental conflict and/or rejection of another parent? In what circumstances do co-parental conflict and/or rejection of one parent set the stage for enmeshment with the other?
- (c) What remedies should the courts recommend when adultification, parentification, or infantilization are recognized? What combination of individual, dyadic, and/or systemic, educational and/or psychotherapeutic interventions, and what balance of custodial responsibilities are most likely to give the child the opportunity to make and maintain a healthy relationship with both parents? Early data from coordinated multi-modal interventions are promising and highlight the need to respond at all levels of the dysfunctional system (e.g., Friedlander & Walters, 2010).
- (d) Finally, it is this author’s longstanding contention that the attachment paradigm (e.g., Bowlby, 1982, 1988) provides a theoretical foundation, a vast body of empirical data, and the established tools with which we might better operationalize and measure the dynamics of the enmeshed dyad, including parentification, adultification, infantilization, and the dynamics of the rejected dyad, including alienation and estrangement. In so doing, we might then go one step further to adopt attachment methodologies (e.g., Garber, 2009a; Powell et al., 2009) toward the goal of helping the children of divorce to make and maintain healthy relationships with both of their parents.

NOTES

1. Given that the rejected individual plays a role by degree in his or her rejection, the distinction between alienation and estrangement becomes a conceptual see-saw: As the rejected individual’s real threat increases, the dynamic at issue silently slips past an as-yet undefined threshold from alienation to estrangement.

2. Acknowledging the possible confusion of cause and effect. The literature does not yet address the extent to which parent-child role reversal might be a cause (rather than simply a result) of co-parental conflict, separation and divorce. Johnston (2005b) recognizes this dilemma: “Further research is needed to determine whether alienating behavior by a parent is a precursor or an outcome of boundary problems, intrusiveness, and role reversal between parent and child.”

3. Bakermans-Kranenburg and van IJzendoorn (2009) demonstrate that the seeds of parent-child enmeshment and role corruption are sown very early in development: “Disorders with an internalizing dimension (e.g., borderline personality disorders) were associated with [children’s] more preoccupied and unresolved attachments” (p. 223).

4. Within western culture, important gender differences are noted suggesting that girls may remain more vulnerable to boundary dissolution and role corruption than boys (Katz, Petraccia & Rabinowitz, 2009; Mayseless, et al., 2004). It remains unclear, however, to what extent this is a cultural foible and/or an evolutionary imperative associated with females' preparedness for childbirth, bonding and attachment.

5. The idea that unresolved childhood needs may predict later parent-child role corruption is consistent with data suggesting that the pregnant women's responses to the Adult Attachment Interview strongly predicts their children's maternal attachments six years later (Behrens, Hesse & Main, 2007).

6. Noting that Minuchin et al., (1967) assert that parentification can actually be beneficial if (1) parental responsibilities are shared among a sibling group, (2) such responsibilities are appropriate to each child's age and abilities, and (3) the children are recognized for their contribution to the family. Indeed, Winton (2003) recognizes historical and cultural differences, which allow one to view the ". . . parental or parentified child [as] neither pathological nor deviant." Hooper et al., (2008) describe the developmental benefits of "post-traumatic growth" among parentified children. Stein, Rotheram-Borus & Lester (2007) studied the parentified teens of AIDS parents and conclude after six years that, "We found that early parentification predicted better adaptive coping skills and less alcohol and tobacco use 6 years later. In addition, early parentification was not associated with later emotional distress and dysfunctional parenting attitudes, including expecting role reversals in their own children."

7. All case examples are altered to protect confidentiality.

8. See <http://www.healthyparent.com/CCFE.html> (last visited Mar. 24, 2011).

9. Readers may be interested to view the movie, "For the Love Of Aaron" (1994) as further illustration of parentification and as a powerful therapeutic tool.

10. Some authors refer to "spousification" (Boszormenyi-Nagy & Spark, 1973; Shaffer & Sroufe, 2005) or "peerification/spousification" (Burton, 2007) as a variant of adultification.

11. Noting that, like parentification, adultification has sometimes been associated with positive outcomes for children (e.g., Ardit, 1999).

12. The journal's anonymous reviewer is credited with highlighting the emotional cost that these children endure while their parents invest time in insight-oriented therapies.

13. See <http://www.ourfamilywizad.com> (last visited Mar. 1, 2011).

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