Why systemic family therapy can’t help in cases of parental alienation

Whilst the family courts and the professionals who advise them often recommend family therapy in high conflict cases where children are rejecting one of their parents, systemic family therapy faces the charge that it is not only an ineffective response to parental alienation but is, in many cases, likely to make things worse.

Of course, therapeutic interventions form a key element in working with families in distress and may offer effective treatment routes in some cases where a child is rejecting one of their parents. Certainly, where the rejecting behaviour in a child is mild to moderate, and in cases where the rejecting behaviour is a result of either a rational response to the rejected parent’s behaviours or is a response to the combined behaviours of both parents that is rooted in the still fluid and unresolved post separation conflict, systemic family therapy may be able to play a part in reordering the family dynamics in such a way that the rejection is addressed. The two significant factors that need to be considered, however, are how we categorise and define parental alienation and how the particular approach taken by systemic family therapists can actually reinforce and consolidate serious or pure cases of alienation.

Critical to this is a recognition that alienation is not a unitary but a spectrum phenomenon; not all high conflict cases result in alienation and not all child rejecting behaviour is caused by parental alienation. As Amy Baker and Richard Sauber (2013) note in their recent book, each case of a child rejecting is ‘possible to be alienation, estrangement or a combination of the two’.

Similarly, Professor Nicholas Bala, Faculty of Law at Queen’s University, Ontario, uses the terms justified rejection, where the child’s resistance or rejection ‘is justified on the basis of abuse, neglect or significantly compromised parenting’, and mixed or hybrid, which involve ‘alienating behaviours and strategies on behalf of the favoured parent’ combined with ‘behaviours and attitudes on the part...
of the rejected parent’ that contribute to the child’s rejection, to differentiate between those cases where alienation is not the cause of a child’s rejecting behaviour and those that we might term pure alienation (see Fidler, Bala and Saini 2013). Being able to differentiate between these categories (and, indeed, we might also wish to consider sub-sets of these categories, here) is essential in determining what responses will be most effective.

Systemic family therapy is based on a theoretical approach that identifies the family, and other interpersonal relationships, as being a system. Each system has its own shifting but balanced order which, at times of change or stress, can become unbalanced and, therefore, threatened. As a response to this, one or more members of the system will develop symptoms such as behavioural disorders or psychological disturbance. The role of systemic family therapy is to offer interventions to allow the members of the system to adjust to the threats in a way that rebalances it.

In systemic theory, a member of a system (in this case, the family) who displays psychological or behavioural disturbances is considered to be the ‘symptom carrier’ for the entire system. This person is often excluded from the system and is held responsible for all of the difficulties and conflicts within the system. Systemic therapy aims to help members of the system identify and understand the symptoms, gain new perspectives on the existing dynamics, understand the perspectives of others within the system, think about patterns of communication and interaction, and contribute to and participate in the processes required for change.

Critically, systemic family therapy differs from other interventions in that it does not seek to identify one individual within the family as being the cause of the problems but identifies the problem as being a disturbance in the family system. As Rivett and Street (2009) put it, ‘most helping services are designed to “blame” one family member and seek to organise, change or ameliorate that person’s behaviour, beliefs or feelings. For this reason early family therapists warned against family therapy becoming part of mental health services. Contrary to many such approaches to therapy, family therapy always places individual’s beliefs, behaviours and emotions in context. In doing so, it either dilutes blame or seeks to escape blaming interventions’.

In this way, systemic therapy doesn’t seek to address the issues on an individual level but, instead, focuses on understanding problems in a contextual framework. What it fails to do, however, is respond effectively to circumstances where the contextual framework is captured and controlled by the pathological behaviours of one of the parents. And it is in such circumstances where we can identify that pure alienation is present.

In cases of pure alienation, the alienating parent can’t or won’t change their behaviours and no amount of systemic therapy can alter that. Such behaviours often come about because the response of the alienating parent to the separation or their hatred of the other parent has become pathologised. Sometimes the behaviours are a continuation of longstanding patterns of power and control (Woodall, 2014) and sometimes because the alienating parent has a defined personality disorder which prevents them from behaving otherwise.
In such cases, it is simply wrong to subject the targeted parent to the ongoing pathological hostility of the other parent whilst being asked to reflect on their own contribution to the family dynamic. And it is tantamount to complicity in the damage to the child to allow the alienation to continue indefinitely in the hope that the alienating parent will at some stage come to recognise that their behaviour is, ultimately, abusive.

Most importantly, alienated children are not in a position where professionals can engage in open-ended therapeutic interventions in the hope that the disordered system will once again function. What is required is not that each parent is asked to reflect upon the dynamics and accommodate the other parent’s perspective but that the alienating parent is forced under threat of sanction to behave differently and, where that is not possible, the child is removed from the harm being caused to them.

The job of those of us working with families where alienation is present is not to bend the realities of parental alienation to meet the structures and theories of our own practice but to ensure that the interventions we use meet the realities of the situation.

As Richard Gardner (1999) suggested, ‘the “Mr. (Mrs.) good-guy” approach, so important in traditional individual and family therapy, has no place in the treatment of PAS families. Only therapists who are comfortable with stringent and authoritarian treatment procedures should be involved in conducting therapy with PAS families.’

It should go without saying that children who are subjects of pure alienation are children in danger. These are not ‘child contact’ disputes, these are child protection cases. In such circumstances, it is critical that causes are accurately identified and treatment routes do not leave either the targeted parent or, most importantly, the child subjected to the ongoing psychological and emotional harm that is caused by the alienating parent’s behaviour.

References:


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karenwoodall says:
21/10/2014 at 6:46 pm
Reblogged this on Karen Woodall and commented:
This is an occasional blog from Nick Woodall, his thoughts and mine will continue to be posted here and on his blog – nickwoodall.wordpress.com

Very soon we will be launching a new site where all of the work we are doing on parental alienation will be brought together in one place. The new site will have discussion and help forums and is being hosted by the Family Separation Clinic. Watch this space for our launch date and links through to sign up to updates, news and more commentary and self help on understanding, coping and healing parental alienation.

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