



POSSIBLE REASONS FOR PARENT REJECTION

By Robert A. Evans, Ph.D.

Frequently judges in custody cases need “experts” to tell them why children reject a parent. The answer is that there are many problems that contribute to parent alienation. The solution will probably still be some kind of court order for continued contact between parent and child or children so the problems can be resolved, either through natural interaction or with the help of psycho-educational therapy. If contact between a parent and child or children stops, all of the problems listed below can develop into a phobic reaction to an alienated parent.

1. **Normal separation problems.** Preschool children usually go through some separation anxiety when leaving a parent. The extent of the separation issue is a function of the child’s temperament and the parents’ response to the behavior. Visitation problems with a preschool child are similar to reactions to going to school for the first time and the situation requires similar techniques. The child needs to be reassured, lowering their anxiety while being steadfast that the transition will take place. Court orders enforcing the visitation time along with counseling and therapy focused on reassuring the “primary parent” and reducing their anxiety may go a long way to help. One can see that interrupting visitation may only reinforce the anxiety and strengthen the “phobic-effect” to the targeted or alienated parent. Regardless of PAS or no PAS, this recommendation holds for either situation.
 2. **Skill Deficits in the non-custodial parent.** Quite often the “non-primary parent” is just beginning to take care of the children on their own. Frequently, they do not have the understanding of children’s needs or the experience in parenting. Advice from one parent to the other is usually not received well, especially after divorce. Generally, parent training will solve some of these problems. Sometimes, it is important to have the “novice” parent and children in counseling or therapy in order to help them understand their children's feelings and needs. A great book on this topic is How to Talk So Kids Will Listen and How to Listen So Kids Will Talk, (1980, Faber & Mazlish). Sometimes judges need to order a parent to buy things for the children so they’ll have something to do or play with when they’re visiting. Instead of ordering purchases and monitoring the parenting process, appointing a Parenting Coordinator who can coach the parent regarding parental role and functions would be very appropriate.
 3. **Oppositional behavior.** It is common for children to go through a stage of rejecting one or both parents, especially during adolescence and preadolescence. In intact families this rejection is not threatening and is developmentally normal. In a divorced or reconfigured family such rejecting behavior may require counseling or therapy in order to help set limits and negotiate a child's independence without ultimately sacrificing the relationship. The therapeutic assistance may become even more urgent as the reconfigured family matures and introduces “steps parents” or “significant others” into the equation. Here “limit-setting” is essential while easing the child through the rejection stage.
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High-conflict divorced families. In high-conflict divorces the children may need to escape the conflict by allying with one parent. This is a normal form of adjustment. Unfortunately, on the surface there is an appearance of PAS but it may not be genuine PAS. Both legal and mental health interventions should focus on maintaining contact so the child can mature enough to stand outside of the conflict and form relationships with both parents. Counseling can help parents with what to do and what not to do in their interactions with the children. The therapist in these cases must be extremely familiar with PAS. Probably the best therapeutic issue to focus on is to reduce the conflict between parents, sometimes easier said than done.

4. **Serious non-abuse problems.** There are situations in which there are serious problems in the relationship between the non-custodial parent and the children, which are abusive, although do not always technically constitute reportable abuse. For example, parents who are alcoholic, extremely rigid and controlling, or have severe psychiatric disturbances may be rejected by the children. In such cases, the only way the children can tolerate being with that parent is in psychotherapy. In therapy a therapist is present who can “mediate” the impact of the parent's emotional problems on the children. However, it is still important that the child have some contact with the parent in order to form a realistic understanding of the parent and develop a workable relationship.
5. **Child abuse.** Physical and sexual child abuse occurs in divorced families just as it does in intact families. The therapeutic steps for such families involve protecting the child from the abusive parent until that parent takes responsibility and has demonstrated change. These cases present the difficulty of knowing when visits can commence, when to begin monitoring visits, the length of visits, the duration of monitoring, etc. However, some form of contact between parent and child is still beneficial for the child after the parent shows readiness for appropriate interactions.

Parental Alienation Syndrome (PAS)

Obviously, another reason children reject a parent is Parental Alienation Syndrome (PAS). The various degrees or levels of PAS and their implications will be presented below.

The presence of PAS is determined mainly by the extent to which a child is consciously or unconsciously being programmed by the alienating parent to reject the targeted parent. Children rejecting a parent, or who appear to be alienated, behave this way as a result of other reasons beside PAS as suggested above. In genuine PAS cases, the child's feelings about the targeted parent are inconsistent with the problems present in that relationship.

Richard Gardner (1989) recommended legal and therapeutic interventions based on the degree of severity of the case. That is, whether it is at the mild, moderate, or severe level of parental alienation. The determination of the level or degree of PAS depends mainly on the evaluation of psychopathology of the alienating parent.

Variations of PAS

For mild parental alienation cases, Gardner suggested that court ordered visitation is the only intervention necessary. Such orders are intended to reassure the alienating parent as well as the child of the stability of their relationship. That is, their relationship will not be jeopardized or threatened by the targeted parent. The order for visitation will alleviate the child's guilt. After all, the child is now “ordered” to reside with one parent (e.g., the alienating parent) taking away their option of choosing a parent and they “must” visit the targeted parent. Hence, there can be no guilt or fear of leaving one parent for a visit; nor any hesitation to visit the other. This is because the court has taken away their

responsibility for the visitation, and decisions surrounding it, from the child and the parties. The court orders also have a side benefit in that they will typically lower the conflict between the parents. In the mild cases the alienating parent is assumed not to have any severe emotional problems.

The vast majority of cases, however, fall in the moderate PAS category. In these cases, it is assumed that the alienating parent gives verbal and nonverbal cues to the child that encourages the child to act out angrily against the targeted parent or to be afraid of that parent. In these cases, it is recommended that a combination of court orders for visitation as well as counseling or psychotherapy be issued. The therapy in these cases is not designed to increase parents' insight, but rather to structure their behavior around visitation. This is the reason the therapist needs to be intimately familiar with PAS. Therapy also tries to help the targeted parent become more "tough-skinned" or resilient about the child's rejection (i.e. not to react in their typical way), reprogramming the child, and confronting the alienation tactics of the alienating parent.

In severe PAS cases Gardner (1989) recommended a change in residence or primary custody. It is also this author's opinion that contact with the alienating parent needs to be suspended during interventions. While apparently a drastic recommendation, given the child's professed attachment to the alienating parent and fear of the targeted parent, there are significant justifications to warrant such changes. Typically, in the severe cases, the alienating parent has severe psychopathology, which affects other aspects of their parenting. For example, the alienating parent may be chronically suicidal and the child skips school to stay home with that parent. The child stays home partly out of fear that parent will take their life while at school. Staying home is means of protecting the parent from such actions. Some parents actually hospitalize their children in a psychiatric hospital in order to prevent the targeted parent from having access to the children!

Sometimes the alienating parent has rigid, paranoid thinking that severely limits the child's ability to differentiate and mature in other aspects of life. The paranoid thinking leads to such limitations as to who the child may play with and when. The paranoia may be projected onto the targeted parent where they are perceived to be a threat to the alienating parent and ultimately the child. This delusional thinking gets transmitted to the child and hence we witness a shared delusion toward the targeted parent. The ordered change in custody assumes that the targeted parent is more emotionally healthy than the alienating parent. Restricting access to an alienating parent allows the interventions to take hold so a relationship can be reestablished with the targeted parent. As this process continues, interventions are implemented with the alienating parent to determine if it will ever be safe to reunite them with the children in an unsupervised venue.

In the classic PAS scenario, a hated or targeted parent and an alienating or loved parent are involved with each other. Typically, one parent has left a depressed, low-functioning, alienating, parent who over-identifies with their parenting role (mother role/father role). For the child to be susceptible to alienation, the child usually feels abandoned by the departed parent, who may have departed precipitously, or is made to feel abandoned because of the alienating parent's statements, such as "they left us." One child told this writer "he (the father) divorced us." The child clings to the lower-functioning, alienating parent and may be caught in, what Gardner called, a "folly a deux" against the departed or targeted parent as a way of bolstering the alienating parent so they can continue to care for the child. In cases where the alienating parent is the father and the target is the mother, the child, usually a male, identifies with the father who is contemptuous of the mother's weakness. The father, narcissistic and successful, looks down on those not as successful or as righteous as he is. The mother has usually done something abandoning (e.g., pursued a career, left to care for an ailing parent, established another relationship, etc), subjecting the child to emotional stress by feeling overburdened

in taking care of rejected parent, or has behaved in a way that the child labels as morally wrong (usually with help in labeling by the alienating parent).

This article discussed some of the reasons children reject or appear to reject a parent. Also discussed were some approaches to interventions that may help the situation.

References

- A. Faber & E. Mazlish, *How to Talk So Kids Will Listen and How to Listen So Kids Will Talk* (New York: Avon Books, 1980).
- R. A. Gardner, *The Parental Alienation Syndrome and Psychotherapeutic and Legal Approaches to Three Types of Parental Alienation Syndrome Families*", in *Family Evaluation in Child Custody Mediation, Arbitration, and Litigation*, Cresskill, NJ: Creative Therapeutics, 1989).