FOUNDATIONS OF:

FAMILY SYSTEMS THERAPY
and
STRUCTURAL FAMILY THERAPY

with

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But first:

Why traditional therapy models are ineffective in treating severe parental alienation—and often make things dramatically worse.

- Traditional Reunification Therapy

- The approach is diametrically opposite to that of appropriate treatment
- It has virtually nothing in common with effective treatment
- The therapist generally approaches the case as if it were estrangement or a hybrid—both parent contributes.

- Traditional Reunification Therapy
- The therapist adheres to the principle of not taking sides—just the mere fact of diagnosing for alienation is taking sides.
- The therapist is guided by the principle of not making judgments (confusing this with being judgmental and/or biased.)

- Traditional Reunification Therapy

- The therapist makes an alliance with the alienating parent.
- The child is generally brought to the session by the alienating parent. (What do you think happens in the car ride on the way to the appointment?)

- Traditional Reunification Therapy

- The alienating parent often remains in the office waiting room. (what impact might that have on the child?)
- The child is returning to the care of the alienating parent. (What do you think happens on the car ride home—and beyond?)

- Traditional Reunification Therapy
- The therapist requires that the alienated parent accept the child’s perceptions and beliefs—which are often based upon delusional thinking and false information.
    - Really: what if it’s Sex abuse; domestic violence, other egregious allegations?

- Traditional Reunification Therapy
- The therapist requires that the alienated parent accept the child's feelings—which are usually based upon delusional thinking and/or really bad information.
- The therapist requires that the alienated parent apologize to the child for actions not committed or are grossly distorted. (a double bind as the apologies are always rejected)

- Traditional Reunification Therapy

- What do you think occurs after the rejected apology is made?

- Traditional Reunification Therapy

- It treats the symptoms and not the cause.
- The therapist often incorrectly assumes that when treating a severed parent-child relationship, diagnosis is not relevant. IT ABSOLUTELY IS!

- Traditional Reunification Therapy

- It increases the child's symptoms by highlighting the loyalty bind
- **It re-traumatizes the child**

- Traditional Reunification Therapy
- It further empowers the over-empowered child—thus worsening one of the main problems.
- If reinforces the alienated parent as the bad one; deficient in parenting skills and more.

- Traditional Reunification Therapy
- It often humiliates the alienated parent.
- It reinforces unhealthy family hierarchy.

- Traditional Reunification Therapy
- After providing inappropriate, futile therapy—which had no chance of success—all parties blame the alienated parent for the inevitable treatment failure!
- The failure is repeated several times with successive new therapists—who apply the same ineffective intervention.

- Traditional Reunification Therapy

- The alienated parent is blamed for making the child go to therapy—and of course is missing all the wonderful activities scheduled by the alienating parent just at the time of the therapy hour.

- Traditional Reunification Therapy

- What did Einstein say about doing the same thing over and over and expecting a different outcome?

FAMILY SYSTEMS THERAPY (FST)

an overview:

The Cliff Note Version of the Cliff Note Version

Wolves in Yellowstone National Park

Philosophical Underpinnings of FST:

Experience produces change
Insight does not produce change

Dysfunction is within the family relationships
Not within the individual

Utilization of the here and now experiences as opposed to interpreting the subjective recounting of the there and then memory of events

Linear Causation

Psychodynamic model: “symptomatic distress is a malfunction arising either from biological or physiological causes, or from a repressed event in the past. In both models the individual is the locus of the malfunction, and the etiology connected with an imperfection in his genes, bio chemistry, or interest psychic development., biochemistry, or intrapsychic development.”(P.6)

Lynn Hoffman, *Foundations of Family Therapy. 1981*

The Circular Model:

People in intimate relations with each other are always reacting to and acting upon the other.

No man [or woman] is an island.

“Child are not orphans”—Minuchin

THE BIRTH OF FAMILY SYSTEMS THERAPY

In the 1950's, the psychiatrists on the child psychiatric wards and who later founded the family therapy movement, observed the family interactional pattern characteristic of parental alienation.

Sal Minuchin, MD, made his first observations at the Wiltwick Residential Center for Boys in NY

Nathan Ackerman, Don Jackson, Paul Watzlawick, Murray Bowen, James Famo, Carl Whitaker, Lyman Wynne, Jay Haley, Virginia Satir, Salvador Minuchin et. Al.

The observations by these child psychoanalysts/psychiatrists of their psychotic child patients led to the birth of a movement.

WHAT WERE THOSE OBSERVATIONS?

The inception of a new psychological label:

Murray Bowen: “The Pathological Triangle”

Jay Haley: “The Perverse Triangle”

Salvador Minuchin—as with most other contemporaries—quickly incorporated this concept into the development of his theory.

- Triangulation became the focus of intervention by most of the child psychiatrists who subsequently founded the Family Therapy Movement in the 1950s. And the target for intervention was the dysfunctional family interactional patterns and not the child.

Murray Bowen (1971) states:

"The problem of the triangled child presents as one of the most difficult problems in family psychotherapy.... In severe triangling or projection of the parental problem onto the child, the parents are not able to leave the child out of their feelings, thoughts, and actions. Life and self is invested in the child." (p. 190.)

Bowen continues (1978):

As patterns repeat and repeat in the triangle, the people come to have fixed roles in relation to each other. The best example of this is the father – mother– child triangle (Pp. 199-200).

Bowen continues (1978):

As the triangulation becomes deeper and deeper entrenched, “the vulnerable child” submits to the co-opting parent, and, according to Bowen (1978, P. 373) the co-opting parent:

“wins the child, who moves another step toward *chronic functional impairment.* This pattern is described as the family projection process. Families replay the same triangular game over and over for years as if the winner were in doubt, but the final result is always the same (Pp. 200, 374.)

Bowen continues (1978):

Over the years the child accepts *the always-lose outcome* more easily, even volunteering for the position". (Pp. 200, 374.)

Bowen (1978) declared that eventually:

"the child then learns the techniques of gaining the outside position by playing the parents off against each other" (P. 200).

Don Jackson (1971) is credited with having been the first to identify the family system's pull towards homeostasis, in which he included the concept of resistance to change as well as its support of stability and predictability.

Jackson's significant contribution to the family therapy movement was his critical insight that the symptom of the IP preserved the homeostasis of the system (pp. 16, 28-29).

What a sacrifice was made by a triangulated child!

The founding fathers believed that there are profound detrimental consequences to the child resulting from triangulation into the parental conflict.

Indeed, Bowen was so convinced that the child's triangulation causes and maintains the child symptoms, that when Bowen hospitalized a child, he actually hospitalized the entire nuclear family.

Bowen (1971, 1978,), labeled the result of the triangulation process as an "intense ego fusion" or a "single ego with a common ego boundary" (Pp. 122–123.)

Bowen labeled this family ego fusion "the undifferentiated ego mass."

Bowen (1978):

When family members are fused, each family member's emotional state is dependent upon the behavioral interactions with the other family members.

What results is the suppression of individual autonomy and the subjugation of cognitive processes to emotions

Bowen (1971, 1978) describes the fusion as follows:

This is a conglomerate emotional oneness that exists in all levels of intensity... Clinically, the best examples of the relationship system within the undifferentiated family ego mass are conveyed by the more intense versions of it such as the symbiotic relationship or the *folie a deux* phenomenon. The relationships are cyclical."(P. 171.)

Bowen (1971, 1978) describes the fusion:

The intrapsychic systems of involved family members are so intimately fused that the differentiation of one from the other was impossible. The fusion involved the entire range of ego functioning. One ego could function for that of another. One family member could accurately know the thoughts, fantasies, feelings, and dreams of the other. (P. 121.)

Bowen (1978) cites numerous case examples from his practice of the gravity of the fusion. For example, there were several examples in which a family member became physically ill in response to the emotional stress of another.

There were examples in which the patient’s psychosis acted out the fused parent’s unconscious. In other cases, a patient’s psychosis could have its mirror image in the fused parent. (P. 121.)

Salvador Minuchin (1981) described triangulation as a dysfunctional family interactional pattern of overinvolvement, intrusion, and mutual dependency that “*may scapegoat a family member and render them dysfunctional*” (P. 53, 216).

Minuchin (1981) described triangulation as a highly dysfunctional cross-generational coalition in which “the mother or the father may unite with the child in a coalition against the spouse, keeping him/her peripheral.”(P. 24)

Minuchin describes an example of triangulation:

"One of the most common problems to appear in a child guidance clinic is the preschooler described by the parents as a "monster" who will not obey any rules. When a 50-pound tyrant terrorizes an entire family it must be assumed that she has an accomplice. For a 3-foot tyrant to be taller than the rest of the family members, she has to be standing on the shoulders of one of the adults." p. 58

Minuchin depicts just how utterly damaging triangulation is to the child:

In all cases, the therapist may safely assume that the spouses disqualify each other, which leaves the triangulated tyrant in a position of power *that is frightening to her as well as to the family"* (P. 58).

Minuchin (1981) metaphorically describes the triangulated child as being a "puppet" of the co-opting ventriloquist parent, who pulls the child's strings to get that child to mimic his or her words and to act out his or her bidding—all to the detriment of the child. (Pp. 135, 138.)

Minuchin also asserts that triangulation maintains the child's symptoms (P. 148).

Minuchin (1981)—just as did Bowen, Haley, and many more—considered triangulation to be an extremely unhealthy overinvolvement between the parent and triangled child (Pp. 135, 138,148.)

Minuchin considered triangulation to be a pathological boundary violation, and he coined the label of "enmeshment" as his description for the resulting, severe these boundary violations. (Pp. 149)

Minuchin did not precede enmeshment with "pathological" as he deemed all enmeshment to be pathological.

Minuchin (1981) describes the serious psychological results from enmeshment:

"The experience of belonging is characteristic of all family transactions but the members of these families [*enmeshed*] belong too well. Functioning as individuals has been subordinated to belonging."
(P. 14)

Minuchin (1981) continues:

"The weakness of this type of family organization [*enmeshed*] is that the family members have difficulty evolving as differentiated individuals."

(P. 14)

Minuchin (1981) continues:

When they must function as autonomous entities, they may face a serious crisis. When the children reach late adolescence and must begin to separate from the family, psychotic breaks and psychosomatic illness can occur.” (P. 14)

Minuchin (1981) is also recognized and respected for his useful, comprehensive model regarding family boundaries to challenge the enmeshment:

describing appropriate boundary formation around the family as a whole and around its various subsystems, and for developing a variety of boundary marking techniques to be used in therapeutic intervention when there are unhealthy boundary violations, such as in triangulation. (Pp. 135, 138,148.)

Similarities of triangulation to parental alienation: group discussion

Schools of Family Systems Therapy

Experiential: Whitaker, Napier

Strategic: Haley, the Milan Group, Weakland, Watzlawick, Satir.

Paradoxical

Structural

Whitaker (1988) on experiential family therapy:

The whole idea of symbolic-experiential therapy emerges from the fact that while **we** think about and talk about things on one level, we live on a level that's a very different territory.

Whitaker (1988) on experiential family therapy:

Symbolic therapy, then, is involved in the effort to move directly into the level of living, not settling for the realm of thinking, talking or reasoning.

It's a therapy where you're not dealing with the data the family presents as data. It's not an education. The old saying, "nothing worth knowing can be taught" comes to mind." (p. 78)

Whitaker (1988):

“I've yet to meet the person who's been able to grow emotionally via intellectual education. True emotional growth occurs only as the result of experience" (p. 85).

“My view of families is that the members are massively interconnected. I have very little confidence in the notion that ideas are information that can lead to growth. In order for real change to occur, the family needs to engage each other emotionally. They need real experiences, not cerebral insights.” (p. 49)

Augustus Napier, Ph.D., (1978) a protégé of Whitaker and an experiential family therapist:

"This approach assumes that insight is not enough. The client must have an emotionally meaningful *experience* in therapy, one that touches the deepest levels of his person." (p. 283)

Walter Kempler, M.D., (1971):

"To witness another member of the family exposing, for instance, some fear or anxiety in preference to a defensive pose of bravado, usually elicits a new response from the observer. The others suddenly see through the defensiveness and respond with compassion and understanding as they feel less threatened." (p. 137)

Haley (1990): Strategic family therapy:

It is always an oversimplification to describe psychiatric symptoms as if they could be isolated from the general problems of society. The ills of the individual are not really separable from the ills of the social context he creates and inhabits, and one cannot with good conscience pull out the individual from his cultural milieu and label him as sick or well. (p. 2)

Haley (1990):

It will be argued here that a patient's symptoms are perpetuated by the way he himself behaves and by the influence of other people intimately involved with him.

It follows that psychotherapeutic tactics should be designed to persuade the individual to change his behavior and/or persuade his intimates to change their behavior in relation to him. (p. 6)

Strategic systems therapy is concerned with making overt the family's covert interactional patterns.

For example, the first spouse might accuse the second spouse of not communicating with her/him. By observing how they communicate with each other, the strategic therapist is in a position to reframe their interaction: the therapist affirms that the first spouse silences the second spouse by interrupting and overtalking the second spouse.

Problem resolution, therefore, is achieved by reorganizing the dysfunctional subsystem transactions around the symptom rather than focusing on the symptom itself.

A strategic therapist would pose the following question to each family member: "How would your life be different if the IP was no longer symptomatic?"

Haley (1973) is also credited for perfecting the art of paradoxical intervention, and in this treatment modality he capitalized on the oppositional nature of our species.

The paradoxical therapeutic maneuver is similar to "aligning with the resistance" in psychoanalytic treatment in that the therapist gives a directive to the family for them to exaggerate the symptomatic behavior in the hope that the members will unite to rebel against the therapist. When employing a paradoxical intervention, the family members are not given directives to cease their dysfunctional behaviors

Instead, they are directed to do more of it. The therapeutic "catch" occurs because the family must either sacrifice autonomy by submitting to the authority of the therapist's directive to continue the behavioral dysfunction; or else they retain autonomy but only by relinquishing the symptom! The brilliance of this intervention is that, either way, the therapist wins.

PLEASE: Do not try this with suicidal or anorexic patients!

Foundations of STRUCTURAL FAMILY THERAPY

Minuchin (1981) is also recognized and respected for his useful, comprehensive model regarding family boundaries:

describing appropriate boundary formation around the family as a whole and around its various subsystems, and for developing a variety of boundary marking techniques to be used in therapeutic intervention when there are unhealthy boundary violations, such as in triangulation.

(Pp. 135, 138,148.)

Marking boundaries (1974) is one many significant contributions to family systems therapy. Boundaries reveal an understanding of the family "map" (pp. 89-109) of the interactions of its members.

According to Minuchin (1974, 1981), the structure of a family is defined by the family's boundaries (pp. 53-56, 146-160)—the external boundary creating a parameter around the family as a whole, thereby separating it from the outside world, and internal boundaries occurring around its various subsystems and establishing sub-systems and hierarchy.

Establishing appropriate boundaries was Minuchin's challenge to the enmeshment that had resulted from triangulation.

Triangulation can involve any 3rd party that serves the function of stabilizing a dysfunctional dyadic relationship.

Characteristics of boundaries:

clear, flexible, adaptable, fluid.

Purpose:

To facilitate the handling of the family's developmental, changes in the family's composition, and dealing with crisis.

Discussion

Minuchin on family therapy v. individual therapy.

Minuchin (1981):

An individual therapist tells the patient, "Change yourself, work with yourself, so you will grow."

The family therapist makes a statement of a different order. Family members can change only if there is a change in the context within which they live.
(p. 71)

Minuchin (1981):

The family therapist's message is, therefore, "Help the other person to change, which will change yourself as you relate to him and will change both of you." (p. 71)

Minuchin (1974):

A therapist oriented to individual therapy still tends to see the individual as the site of pathology and together only the data can be obtained from or about the individual....A therapist working within this framework can be compared to a technician using a magnifying glass. The details of the field are clear, but the field is severely circumscribed.

A therapist working within the framework of structural family therapy, however, can be compared to a technician with the zoom lens. He can zoom in for a close-up whenever he wishes to study the intrapsychic field, but he can also observe with a broader focus. (p. 3)

Minuchin's Axiom 1 of family analysis:

The individual influences his context and is influenced by it in constantly recurring sequences of interaction. The individual who lives within a family is a member of the social system to which he must adapt. His actions are governed by the characteristics of the system, and these characteristics include the effects of his own past actions

The individual responds to stresses in other parts of the system, to which he adapts; and he may contribute significantly to stressing of the members of the system. (p. 9)

The second axiom: Minuchin (1974) asserts that changes in family structure contribute to changes in the behavior and intrapsychic processes of the members of that system.

The third axiom affirms that the therapist's entrance into the family system also impacts how the system will respond to and interact with each other in order to produce change (p. 9).

Minuchin (1981):

The concept of causality loses its rough edges of blame in a conceptualization that posits the indivisibility of context and behavior.

Both the assignment of responsibility and the consequent allocation of blame recede into the background of a more complex design. (p. 197)

Minuchin(1981) is also famous for coining the label "complementarity" for the reciprocity of behaviors among the family members: that they co-create each other. (pp. 191-206)

"complementarity:"

People are more likely to change for those whom they love and those who love them.

"complementarity:”

People living in intimate relationships have leverage to change each other.

A stranger, even in the person of an expert, does not have this leverage.

It signifies, for example, that one spouse is overfunctioning because the other spouse is underfunctioning and so the reverse.

One parent is disengaged enabling the other to be enmeshed and so the reverse.

A mother is inappropriately micro-managing a teenager, but the teenager is inviting the surveillance by acting irresponsibly which provides "employment" for the mother as a mother because her husband has underemployed her as a wife.

This is Minuchin’s reframe for “school phobia.”

Spouse/Parent 1	**Spouse/Parent 2**
Distancer	?
Always right	?
Permissive	?
Self-doubting	?
Insecure	?
Lazy	?

COMPLEMENTARITY EXAMPLE:

A man contacted me for help with his severe depression. After talking to him about it, I suggested that he come in with his wife as she would surely be involved in his treatment for a medical condition of equal severity. The man agreed to do so, but when he arrived, he was alone. The following dialogue transpired between us:

Gottlieb: “I expected that you would arrive with your wife as we had agreed. What happened?”

Man: “Well, you see, it is really all about me.”

Gottlieb: “Okay, you tell me all about you, and I will tell you all about your wife.”

Man: (looking at me like I had three heads). "I am just so depressed that I often cannot get out of bed in the morning, and I'm not functioning at home or with our baby or at work."

Gottlieb: "Yes, I understand. And I assume that your wife is a high energy person who tends to overfunction, must always keep busy, initiates doing things that do not necessarily need to be done, and, I suspect, does things before you would even have the chance."

Man: (surprised at my understanding of his wife, whom I had never met. He nods in the affirmative in response to my comments.) “It's just that I do everything wrong. I'm always messing up; and sometimes I feel like my wife has two children not one.”

Gottlieb: “Yes, I see. I guess your wife is quite comfortable slipping into the role of an omniscient mother who is always right, can't tolerate disagreement, and has a hard time hearing your point of view.”

Man:(completely incredulous at my knowledge of his wife, and again nodding in agreement.) “But you see, it's my anxiety, as well, which keeps me from doing my share of the parenting and household responsibilities. I become panicky at the thought of having to do something.”

Gottlieb: “I suspect that your wife is not very good at asking for help; that she likes things done her way, and that she might even prefer to do things herself so that things turn out exactly as she desires, even though she complains about your inertia. I'll bet also the she fails to give you credit and show appreciation when you do pitch in to help.”

Man (looking astonished.) “Yes, that's exactly it. But my wife says that she is really doing much more than she should.”

Gottlieb: “I agree completely. I think that you and your wife have a terrible vicious cycle going.   And I am also sure she's incredibly angry at you for all the work that you arrange for her. How does she kick you in response?”

Man: “I see what you mean! My wife will be at the next session.”

This is interpreted to mean that when one partner expresses material about the other partner, she/he is also revealing material about herself/himself; when parents describe an issue with a child, they are also revealing an issue about themselves as a couple.

(So, be careful to whom you reveal about your spouse and your children!)

Going from individual dysfunction to interactional dysfunction requires a reframe.

Jay Haley is credited for developing the "reframe" concept that allowed for the transition from the cite of pathology being within the individual to the cite of pathology being within the dysfunctional family relationships.

Minuchin, as with all their colleagues, borrowed the reframe concept from Haley.

Minuchin (1981) on reframing:

“To facilitate this different way of knowing, the therapist must challenge the family members' accustomed epistemology in three respects.

First, the therapist challenges the problem —the family's certainty that there is one identified patient (p. 194)

Minuchin (1981) on reframing:

Second, the therapist challenges the linear notion that one family member is controlling the system, rather than each member serving as a context of the other. (p. 194)

Minuchin (1981) on reframing:
Third, the therapist challenges the family's punctuation of events, introducing an expanded time frame which teaches family members to see their behavior as part of a larger whole.” (p. 194)

They convey instead a "myth" about themselves which describes an individual conception of the problem, and this conception reflects the family's obliviousness to how their transactional patterns maintain the problem for which they are seeking help. (p. 67).

In other words, when a family enters the therapist's office, they generally come prepared with a story that one member is the sick one or has the problem or is the one labeled as the identified patient. They do not recognize their transactional patterns that maintain the symptom of the IP and which operate on an unconscious level (p. 67).

They do not arrive announcing, "We are here because we have a dysfunctional cross-generational alliance in the family between my wife and our son."

The myth supports the maintenance of the IP's symptoms, which in turn supports the homeostasis of the family. This is why Minuchin (1981) articulates, "The family is wrong" (p. 67).

Because the family arrives with a story that is circumscribed and narrow, misses the larger explanation, and is preventing problem resolution, structural family therapy commences with a battle:

a battle between the family's myth about itself and the therapist's reframe of the family's problem.

This reframe will shift from an individual, intrapsychic, pathological description of the problem to that of a systemic difficulty in which each family member plays a role.

The therapist creates confusion and challenge for the family.

Minuchin (1981) describes the family's failed, frustrating attempts at change:

"The solutions the family has tried are stereotyped repetitions of ineffective transactions, which can only generate heightened affect without producing change."

Minuchin (1981) describes the family's failed, frustrating attempts at change:

"The solutions the family has tried are stereotyped repetitions of ineffective transactions, which can only generate heightened affect without producing change."

If mother's yelling does not work with child, then she will yell louder and longer.

If the wife's nagging does not get her husband's attention, she will nag longer and nastier.

If teenager does not get what she wants by pleading, she will give parents the silent treatment.

If husband's pleas with his wife to abide by the budget fail, he will become even more distant

Examples of reframes:

The despondent 9 year old who determined to save his parents' marriage by sacrificing himself.

The 12 year old nurse-maid and her mother

The father of 4 who could not be competent without disappointing his mother

The family who was stuck with peanut butter

This was no longer a therapy about and for a boy with an eating disorder. It became a therapy about and for a family with an organizational disorder.

Who can hypothesize where this therapy needed to go?

Minuchin and structural family therapy (SFT):

We are most likely to change for people whom we love and for those who love us.

The therapist is not the change agent. The therapist is the catalyst to help the family members change and heal each other.

FST, SFT capitalizes on the instinctive and deeply entrenched love that parents and children have for each other and which will likely surface in face-to-face, experiential contact. Dyadic interaction between the therapist and the child in individual treatment models does not afford this opportunity.

FST, SFT does not blame the child for the family's problems, which is the inevitable interpretation the child makes when labeled as the IP. The individual model inadvertently normalizes the immoral, deceptive, and deceitful behaviors of the alienating parent because that parent is not in the therapy room.

FST nominates the denigrated targeted parent to the position of the deprogrammer and therefore elevates her/him to a respectable status in the family system with the recognition afforded to her/him by the therapist, as an esteemed authority.

FST has developed expertise in re-writing the specious and malevolent family myths, known as reframing (Haley, 1963, 1968, 1971; Minuchin, 1974, 1981), which provides the child with a accurate family narrative in place of what is offered by the alienating parent.

FST avoids the trap of becoming co-opted by the alienating parent, which generally occurs in individual treatment modalities because most individual therapists do not interview the targeted parent. These therapists obtain information from only the alienating parent, and the information is then corroborated by the brainwashed child.

FST avoids the trap of providing sympathy and validation to the child upon hearing the child's "heartbreaking" yet distorted, malicious stories about her/his relationship with the targeted parent.

FST negates the need to assume the impossible task of becoming a "Ph.D. historian" of the family's experience, which can never be known well enough to respond to all the curve balls that will inevitably be thrown at the therapist by the alienated child in the dyadic therapy when the therapist assumes the role of the deprogrammer. Of course, the targeted parent has all this information at her/his fingertips.

FST relies upon objective observations of the family by the therapist rather than upon unreliable, subjective client/patient self-reporting, which is characteristic of individual treatment models.

FST, as demonstrated by Gottlieb (2012) is applicable to a variety of alienation situations, even when the alienating parent declines to participate (pp. 181-207).

What is your most effective intervention Tool?

Gottlieb, The Parental Alienation Syndrome:

“It seems so marvelously simple to appreciate that we are most likely to change for someone whom we love and who loves us. I have found in my 43 years of practice that no quantity or quality of words between an individual and the therapist—who is nonetheless a stranger—can possibly have as powerful and as meaningful an impact as when the therapist provides, instead, an environment in which emotions and experiences are released among family members.(P. 143)

It seems so evident, then, that the crucial player to assume the deprogramming role is the "formerly" loved and loving alienated parent. Indeed I assert that the deprogrammer who has the greatest potential for success is the alienated parent—who is not only the holder of the family's truths but who has had the loving relationship with the child. The role then for the therapist is to serve as a catalyst who encourages and guides the creation of healthy, corrective transactions between the alienated parent and the child as well as among all the family members.

Despite the logic of the argument to treat the entire family system so as to facilitate the healthy reorganization of its relationships and to capitalize on the innate love that parents and children have for each other, the literature on treatment suggests a counterintuitive approach. From my review of multiple treatment recommendations, the focus for intervention is generally the child alone, and a professional assumes the task of the deprogramming process, typically utilizing a cognitive and/or behavioral treatment modality." (P. 143)

I found very little emphasis in the treatment literature for identifying the family system as the primary focus of intervention, either in its entirety and/or with its various sub-groups. Nor is the alienated parent utilized as the prime mover of the deprogramming process. When the professional becomes the deprogrammer, the relationship between the therapist and the child is intensified resulting in the further weakening of the emotional connection between the alienated parent and the child." (P. 143)

Learning to become a family therapist was the second hardest task I learned in life.

HOW to be a successful family therapist

Make the job easy on yourself: delegate

Strive to work less

The harder you are working, the less successful you are likely to be

You are a catalyst to the healers; you are not the healer.

Don’t be a know it all: sometimes, know nothing at all

Be a chameleon

Imitate Colombo

Employ the Socratic Method not the didactic method

Don’t take yourself too seriously

Don’t take yourself for granted

Learn from the family just as they learn from you

Strive to be better with each new encounter

Don’t hold yourself responsible

If you are stuck, give the ball to the family

Self-disclosure is a powerful intervention: if you expect families to take risks, you must model it

Joining	Connecting emotionally with each family member so that each feels understood and motivated to change. "Joining is the glue that holds the system together" (Minuchin, 1981, p. 32).	Acknowledging and appreciating the AP's contributions to the children's strengths and positive developments as well as that parent's motivations and fears. This then affords the therapist the leverage to challenge the alienating parent to engage in behaviors which will reverse the PAS. Joining with targeted parents means understanding his/her anger resulting from the deprecations and rejections, which creates receptivity in that parent to coaching to develop sublimating measures to handle the anger and appropriate de-programming techniques of the children. Joining with the children means that the therapist appreciates their double-bind situation of having to choose between two parents, of having to reject and deprecate a loving and nurturing parent, and of understanding that they have been manipulated to deny their own true feelings and do the alienating parent's bidding. This empathy and understanding may, but not always, have the effect of supporting the children in confronting their alienating parent. The more impactful change, however, is expected of the parents, particularly of the alienating parent.

Spontaneity	Judicious self-disclosure in pursuit of attaining the therapeutic goals. To expect the family to take the risks of changing, the therapist must be willing to do likewise, creating an authentic emotional connection with each family member.	The therapist can share with the alienated child the painful feelings she has endured as a result of the same or similar experiences, commensurate with the child's age. Adolescents are particularly intrigued and engaged by therapist self-disclosure. If applicable, the therapist can share with the alienating parent the negative outcome her experience with PAS or similar dynamics and her anger at the thoughtless and selfish behavior of the parent engaging in alienation. If applicable the therapist can share with the targeted parent how judiciously her own TP handled his/her anger due to the alienation so that the targeted parent does not transfer her/his anger to the children.

Enactment	Encouraging family members to talk with each other in order to observe and explore how the family has organized itself into coalitions and sub-groups.	The enactment of the PAS family reveals the coalition between the alienating parent and the co-opted child when the child takes that parent's side in a parental dispute; when the child becomes the puppet of the alienating parent, mouthing that parent's words; when the child deprecates the targeted parent with spurious allegations. Indeed, the enactments that occur during the family interview provide the most confirming, empirical evidence of the PAS because all or most of the eight characteristic symptoms in the child as identified by Gardner (1985, 1998, 2001) and most or all of the alienating behaviors of the alienating parent as identified by Baker (2007) can be observed by the therapist.)

Mapping	An assessment of the family's organization upon having observed their enactment in order to identify coalitions, explain how is power distributed, and understand the boundaries that determine the current functioning and membership of the family's subsystems.	In the PAS family, the cross-generational alliance between the alienating parent and the child to the deprecation and rejection of the targeted parent is typically manifest. The parental subsystem is diffuse; the targeted parent/child subsystem is disengaged; and the alienating parent/child subsystem is enmeshed. The alienated child demonstrates reflexive and dogmatic support for the alienating parent's opprobrium for the targeted parent.

Comple ment-arity	An understanding of how the family members have co-created each other and are maintaining the homeostasis of the family system.	The alienating and targeted parents have co-created each other, live in intimate relationships with each other, and are known to each other in terms of what to expect from the other and whose behavior is predictable. The empowerment of the alienating parent by the "rescuing" misguided professionals interfere with the family therapy process. Gottlieb (2012, pp. xvi-xvii)

Reframing	The rewriting of the family's narrow, self-defeating, homeostasis-maintaining myths about itself which constrain the possibility for seeing options for problem resolution and change.	In the PAS family, the rewriting of the myths entails helping the members to see each parent realistically; including accepting the importance of the targeted parent to the children; acknowledgement of the emotional and financial contributions of the targeted parent to the family and to the children; recognition that input from two parents will likely produce healthier children; appreciation for the alienating parent's need to have a life outside of the children, which can be more readily attained when there is a partner in parenting.

challenging	The therapist creates doubt about each member's way of thinking, about how each perceives reality and the presenting problem. The therapist intervenes to undermine each member's participation in maintaining the homeostasis of the family system.	The therapist creates doubt about each member's perfunctory methods of thinking and operating. It is a akin to lifting the blinders that create tunnel vision.

Focus	Staying on the path upon which the therapist wants to lead the family and combating the family's pull to go off the path in order to maintain their homeostasis	The coalition members in the PAS family are wedded to their drama and will resist the therapist's and targeted parent's efforts at changing the script. The therapist must not relinquish her role as the producer and director.

Intensity	Allowing the family's full-blown conflicts to surface. Only by absorbing the family's complete drama, will the therapist truly experience all the plots and sub-plots. The therapist then induces discomfort about the dysfunctional interactional patterns.	The intensity of the PAS family dynamic is most effectively revealed in the family session because it is so much more difficult to conceal one's passion when sitting face-to-face with one's "adversary." This gives the therapist much grist with which to work. And it is virtually impossible for the child to remain neutral in the face of parental conflict.

The Letter

Lette

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Therapy for the Therapist