

## Why Alienated Children can Pass a Lie Detector Test

Alienated children *BELIEVE* the frivolous, malicious, and pejorative rationalizations they concoct against their rejected parent. Just reiterate a lie frequently enough, and eventually it morphs into a tenacious belief. I have no doubt that alienated children can pass any lie detector test without batting an eyelash. (Gottlieb, 2012.) And actually, “without batting an eyelash” carries a good deal of meaning in these cases because the specialist in alienation recognizes many cues—frequently unnoticed by the non-specialist in alienation cases—in the child’s body language and affect that belie the lie!

Seeing is believing: alienated children sound so credible, especially to the non-specialist in alienation. This is one very crucial reason for the mental health professional and for the attorney for the child *not rely exclusively on the child’s interview* to assess the explanation for the parental rejection. Without adequate pattern recognition for an alienated child—pattern recognition that should be based upon hundreds of bona fide cases—intuitive reason will fail to yield an accurate diagnosis. Quite the opposite: the non-specialist in alienation will likely fall prey to the many counter-intuitive issues that occur in alienation cases. (I have posted a separate article on this website describing a mere fraction of these counterintuitive issues.)

How is it that alienated children can pass a lie detector test? To begin with, these children must create an elaborate system of negativity about their rejected parent in order to overcome the powerful instinct to love and need a parent. I learned from my work with 3000 foster children, who had been removed from their homes due to adjudicated abuse and neglect, just how powerful is the instinct to have a parent in one’s life. It was a rare foster child, indeed, who rejected a parent and refused contact. Based on this experience, I have concluded that the instinct for the relationship with a parent is superseded only by the instinct for survival and the instinct to protect one’s young.

In order, therefore, to overcome the powerful instinct for a relationship with a parent, a child’s rationales to reject a parent—particularly a fit parent—must be grounded in a delusional cognitive system. Think about it: how else can the rejection of a competent, loving, supportive, and involved parent be justified? This development is one of many reasons why alienation is a terrible form of psychological child abuse: delusional thinking is a form of psychosis!

The question then becomes why and how a child is so susceptible to parental influence—actually referred to as “brainwashing” in the 2013 book by Clawar and Rivlin entitled, *Children Held Hostage: Dealing with Programmed and Brainwashed Children*, published by the American Bar Association. The answer is a “no-brainer”: it is virtually impossible for children to contradict and rebel against a parent, upon whom they are so dependent and from whom they seek love and approval. Before

the rejected parent has the slightest comprehension of what has happened to the relationship with her/his beloved child, tremendous damage has been effectuated.

Let us not forget the sagacious comments of Christopher Barden, Ph.D., J.D., LP, (2006) psychologist and attorney, having received two national research awards in psychology and a law degree with honors from Harvard Law School:

“There can be no credible controversy about the power of parents to influence children.” (P.420)

Dr. Barden further challenged every professional who intervenes in child custody cases to recognize their:

critical obligation to carefully review the influence of parents, therapists or other adults on the attitudes, beliefs and memories of children.” (P. 420)

Therefore, it behooves the professional who intervenes in cases of parental rejection to undertake a thorough investigation of the family history and to adhere to the standards of good clinical practice.

I am going to cite here a few axioms of good clinical practice cited from the work of Steven Miller, MD in his chapter entitled, “Clinical Reasoning and Decision Making in Cases of Child Alignment,” in the 2013 book entitled, *Working with Alienated Children and Families*, edited by Baker and Sauber.

The first clinical axiom is to “consider the total clinical picture.” This means that the clinical findings must be analyzed in the family context. For example, it is essential to evaluate the parent-child relationship *prior to* the onset of the rejection. (Pp. 17-18.)

Another clinical axiom to “gather enough evidence.” For example, collateral information from disinterested parties must be analyzed to confirm or disconfirm the child’s reports. (Pp. 17-18.)

Developing an “adequate differential diagnosis” is also essential axiom to respect but is rarely undertaken in these situations. This axiom requires the professional to consider all explanations for the child’s rejection: that is, pondering if the rejection is due to alienation; to estrangement; or is a hybrid case—or a little of both. (P. 22.)

If the case is assessed to be a hybrid, is it necessary to determine the percentage contributed by each parent. In all too many cases, the non-specialist professional concludes, “Both parents contributed—*equally*.” However, if the rejected parent is *reacting* with anger due to the child’s maltreatment, abuse, and defiance—a very normal human response—this is *not* an equal contribution.

## REFERENCES

- Barden, R. C. (2006) Protecting the fundamental rights of children and families: Parental alienation syndrome and family law reform. In R. Gardner, R. Sauber, &
- Gottlieb, L. (2012). *The parental alienation syndrome: A family therapy and collaborative systems approach to amelioration*. Springfield, Il: Thomas
- Miller, S. (2013) "Clinical Reasoning and Decision Making." In A. Baker & R. Sauber (Eds.) *Working with alienated children and families: A clinical guidebook*. NY, NY: Routledge