Good morning everyone. I would like to first thank Elaine for her efforts in putting this symposium together.

My mentor, child psychiatrist, Salvador Minuchin, MD. (2007) described the necessity for treating children within the context of their family situation as follows:

“When families bring their children for treatment, the temptation is to get caught up in the details of the child’s problems, as though it were the therapist’s job to solve these problems. As long as you view psychological problems as embedded in individuals, it makes sense to focus on hidden motivations, warped personalities, and dysfunctional neurotransmitters.

Once we began to see children in the context of their families, a new world of possibilities opened up. Bringing in the family is like turning the light on in a dark room: some things become very clear very fast. Not only do you see how family members may be maintaining the child’s problems, but you also see how they can work together to resolve the problems.

Children are inextricably embedded in their family’s dynamics, and one of the most common patterns, in couples with marital conflict, occurs when one parent becomes overly close with the children, and the more distant parent is in a precarious position. This structural presentation is
of a triangle consisting of an enmeshed parent and child, and the other parent being disengaged. A systems therapist can address this problematic structure by joining with the disengaged parent to draw him or her back into the family Circle.” Assessing Families and Couples: From Symptom to System, 2007.

Sal’s description of the dysfunctional family dynamic of triangulation, and of family therapy’s pathway to healing, is familiar to those who deal with alienation. But how does a description of the healing process communicate the formidable power of family therapy? The quandary I am raising is this: can I truly communicate to you, using a cognitive method, the power of family therapy to heal? Well, I can’t! At least not to the point of doing justice to the power of family therapy.

So I sought Sal’s counsel to solve this quandary.

Well, metaphorically speaking I consulted with Sal.

You see, Sal’s tapes continual play in my head, and, as usual, I found one of his tapes that helped me solve this quandary.

This was Sal’s counsel, “Linda, you know it’s all about THE EXPERIENCE! So find a way for your audience partake in the experience of family therapy and abandon attempts to describe it.”

In light of Sal’s counsel, I therefore formed the “Family Access Country Players”, who will enact segments from 3 of Minuchin’s Family therapy consultation sessions. If we have time, I have added a segment from one of my therapy sessions.

The therapy segments I selected portray family therapy’s primary objective, which is to foster behavioral change that promotes the drawing of appropriate boundaries and establishing healthy family
hierarchy. Family therapy rejects the focus of traditional treatment interventions that validate feelings while overlooking dysfunctional interactions between and among family members. And especially in cases of alienation, it is contraindicated to validate the child’s feelings, which are generally based upon revisionist—if not delusional—family history.

For the parents in the room, I hope this experience will connect you to your innate parental power as the healer of your child. And I also hope the experience will enable you to recognize what family therapy actually is. Although family therapy is frequently court-ordered to remedy alienation, in reality, the therapy provided is unrecognizable to authentic family therapy.

I hope the lawyers in the room will experience a gut, visceral reaction to the power of family therapy so as to passionately argue in court against individual therapy for the child and to further argue for the court to hold the alienator accountable to support the reunification. The standard of care requires that the cause of a clinical condition—when known, as it is in alienation—must also be addressed. Emphasis solely the symptom—the damaged or severed parent-child relationship—to the exclusion of the cause—the alienating environment—is almost always unsuccessful.

I hope the therapists in the room will experience the power of parents to heal their children and that, as therapists, we are the catalyst to the parents. Therapists provide the environment that enables corrective family interactions to occur.

And for anyone else who is here because of a desire to end the scourge of alienation, please sit back and enjoy experiencing the power of family therapy as performed by the Family Access Country players.
The Minuchin family therapy segments I selected were consultations based upon their relevancy to what occurs in alienation. The first is a husband/father presenting with symptoms of depression. When an alienated child presents with symptoms of depression, cutting, suicidal threats, panic etc., there is generally a rush to prescribe psychotropic medications that have a serious black box warning. Typically, no analysis is undertaken to rule out the child’s alienating situation as the cause of the symptoms. Medications should not be prescribed to alleviate situationally caused symptoms. Those meds, in my opinion, and in Sal’s, are actually what cause the chemical imbalance in the child.

The second therapy segment addresses triangulation and pathological enmeshment.

The third therapy segment addresses infantilization.

The fourth presentation is from one of my sessions, and it conveys Dr. Minuchin’s concept of Structural Family Therapy: the concept of Complementarity, which means that people in intimidate relationships with each other co-create each other. Or, as I have often opined, “We are most likely to change for those whom we love and those who love us.”

And with that, I ask that the Family Access Country Players who are enacting Greg, Pat, and Minuchin to please come up. Let the enactments begin!