Strategic Family Therapy for a Cross-Generational Coalition

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This is an example of a clinical case conceptualization, diagnosis, and Strategic family systems treatment plan for addressing a child’s cross-generational coalition with one parent (the allied parent) against the other parent (the targeted parent).

Case conceptualizations are developed individually for each family based on the symptom indicators within the family.

Case Conceptualization

In clinical psychology, case conceptualization guides diagnosis; and diagnosis guides treatment. Organizing information into a case conceptualization, diagnosis, and treatment plan is accomplished through an inverted pyramid process involving three primary phases (Schwitzer & Rubin, 2015).

1. Problem Identification: This phase involves the collection of relevant data.

2. Thematic Groupings: The clinical data is then organized into coherent themes.

3. Theoretical Inferences: Established theoretical constructs and principles are then applied to the themes evidenced in the data to diagnose why the problems exist.

Based on the case conceptualization and diagnosis regarding the cause of the pathology, a treatment plan can then be developed to resolve the pathology being expressed within the family.

Cross-Generational Coalition:

The allied parent’s pathogenic parenting practices have created a cross-generational coalition with the child against the other parent (the targeted parent), who is a normal-range and affectionally available parent. The function of a cross-generational coalition is to divert the allied parent’s spousal anger toward the other spouse through the child by using the child’s relationship with the other parent as a means to inflict conflict and suffering on the other parent. Through the cross-generational coalition, the child is induced into expressing hostility and/or rejection of the other parent for supposed parental inadequacies and failures (the child is judging the parent).

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The symptom of the child judging the adequacy of the parent is a characteristic symptom of the cross-generational coalition and is referred to as an “inverted hierarchy.” In healthy family structures, the parents provide executive leadership. In healthy families, parents judge children’s behavior to be appropriate or inappropriate, and parents deliver rewards and consequences based on these parental judgements of child behavior. In an inverted family hierarchy, however, children are empowered by the cross-generational coalition with the allied parent into an elevated position in the family hierarchy in which the child feels entitled to judge the adequacy of the other parent. Minuchin, diagrams this family structure pattern as:

Healthy Family Hierarchy:

Parent ——— Parent

Child

Inverted Hierarchy: The allied parent and child form a coalition against the other parent from which the child draws power to become inappropriately elevated in the family hierarchy to a position above the other parent, and from which the child feels entitled to judge the adequacy of the other parent.

The triangulation of the child into the spousal conflict through the formation of a cross-generational coalition with one parent against the other parent, and the resulting characteristic inverted parent-child hierarchy with the child sitting in judgement of the targeted parent is a standard and well-defined form of family pathology within family systems therapy.

The preeminent family systems therapist, Jay Haley, defines the cross-generational coalition:

“The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two... In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By ‘coalition’ is meant a process of joint action which is against the third person... The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition... In essence, the perverse triangle is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological.” (Haley, 1977, p. 37)²

The cross-generational coalition is also described by the renowned family systems therapist, Salvador Minuchin:

“The boundary between the parental subsystem and the child becomes diffuse, and the boundary around the parents-child triad, which should be diffuse, becomes inappropriately rigid. This type of structure is called a rigid triangle... The rigid triangle can also take the form of a stable coalition. One of the parents joins the child in a rigidly bounded cross-generational coalition against the other parent.” (Minuchin, 1974, p. 102)

Minuchin also describes a clinical case example of the impact of a cross-generational coalition of the child with one parent against the other parent:

“The parents were divorced six months earlier and the father is now living alone... Two of the children who were very attached to their father, now refuse any contact with him. The younger children visit their father but express great unhappiness with the situation.” (Minuchin, 1974, p. 101)

A cross-generational coalition is an insidious form of family pathology because the distorted and pathological parenting of the allied parent is hidden behind the child’s apparent “bonding” to this parent. A cross-generational coalition ALWAYS superficially appears to be a highly bonded parent-child relationship, but actually represents the child being used (manipulated and exploited) by the allied parent to meet the parent’s own emotional and psychological needs. Haley referred to the cross-generational coalition as a “perverse triangle” because it involves a violation of the child’s psychological integrity by the allied (and supposedly “favored”) parent.

In the Journal of Emotional Abuse, Kerig describes the psychological control and manipulation of the child:

“Rather than telling the child directly what to do or think, as does the behaviorally controlling parent, the psychologically controlling parent uses indirect hints and responds with guilt induction or withdrawal of love if the child refuses to comply. In short, an intrusive parent strives to manipulate the child’s thoughts and feelings in such a way that the child’s psyche will conform to the parent’s wishes.” (Kerig, 2005, p. 12)

“In order to carve out an island of safety and responsivity in an unpredictable, harsh, and depriving parent-child relationship, children of highly maladaptive parents may become precocious caretakers who are adept at reading the cues and meeting the needs of those around them. The ensuing preoccupied attachment with the parent interferes with the child’s development of important ego functions, such as self organization, affect regulation, and emotional object constancy.” (Kerig, 2005, p. 14)

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The parent’s psychologically enmeshed relationship with the child invalidates the child’s self-authenticity and replaces it with the parent’s own needs and desires. The psychological effects of an “invalidating environment” on the child’s self-authenticity are described by Fruzzetti, Shenk, and Hoffman (2005):[5]

“In extremely invalidating environments, parents or caregivers do not teach children to discriminate effectively between what they feel and what the caregivers feel, what the child wants and what the caregiver wants (or wants the child to want), what the child thinks and what the caregiver thinks.” (p. 1021)

Creating an enmeshed cross-generational coalition (a “perverse triangle”) with the child represents the parent’s violation of the child’s psychological integrity (a boundary violation), in which the child is being used (manipulated and exploited) by the parent as a “regulatory object” to meet the emotional and psychological needs of the parent. In the Journal of Emotional Abuse, Kerig links this breakdown of psychological boundaries between the parent and the child with the emotional abuse of the child:

“The breakdown of appropriate generational boundaries between parents and children significantly increases the risk for emotional abuse.” (Kerig, 2005, p. 6)

Recognizing this form of hidden but severe psychopathology as a form of psychological child abuse that interferes with the child’s healthy development can highlight the overriding importance of treating and resolving the pathology of the child’s cross-generational coalition and enmeshment with the parent that is at the source of the child’s induced conflict with the other parent, and may shift the professional mental health concerns from those of addressing child custody and visitation conflicts, to prominent child protection considerations.

**Psychological Control of the Child:**

Parental psychological control of the child is an established construct in professional psychology. In Brian Barber’s (ed.) book, *Intrusive Parenting: How Psychological Control Affects Children and Adolescents*, published by the American Psychological Association, Barber and Harmon cite over 30 empirically validated scientific studies measuring the construct of parental psychological control with children and nearly 20 additional studies on constructs similar to psychological control (see Appendix 1). According to Barber and Harmon:

“Psychological control refers to parental behaviors that are intrusive and manipulative of children’s thoughts, feelings, and attachment to parents. These behaviors appear to be associated with disturbances in the psychoemotional

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boundaries between the child and parent, and hence with the development of an independent sense of self and identity.” (Barber & Harmon, 2002, p. 15)<sup>6</sup>

According to Stone, Bueeler, and Barber:

“The central elements of psychological control are intrusion into the child’s psychological world and self-definition and parental attempts to manipulate the child’s thoughts and feelings through invoking guilt, shame, and anxiety. Psychological control is distinguished from behavioral control in that the parent attempts to control, through the use of criticism, dominance, and anxiety or guilt induction, the youth’s thoughts and feelings rather than the youth’s behavior.” (Stone, Buehler, and Barber, 2002, p. 57)<sup>7</sup>

Soenens and Vansteenkiste (2010) describe the various methods used to achieve parental psychological control of the child:

“Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their attention, interest, care, and love contingent upon the children’s attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child’s perspective, which pertains to parental constraining of the child’s spontaneous expression of thoughts and feelings.” (Soenens & Vansteenkiste, 2010, p. 75)<sup>8</sup>

Research by Stone, Buehler, and Barber establishes the link between parental psychological control of children and marital conflict:

“This study was conducted using two different samples of youth. The first sample consisted of youth living in Knox County, Tennessee. The second sample consisted of youth living in Ogden, Utah.” (Stone, Buehler, and Barber, 2002, p. 62)

“The analyses reveal that variability in psychological control used by parents is not random but it is linked to interparental conflict, particularly covert conflict. Higher levels of covert conflict in the marital relationship heighten the likelihood that

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parents would use psychological control with their children.” (Stone, Buehler, and Barber, 2002, p. 86)

Stone, Buehler, and Barber provide an explanation for their finding that intrusive parental psychological control of children is related to high inter-spousal conflict:

“The concept of triangles “describes the way any three people relate to each other and involve others in emotional issues between them” (Bowen, 1989, p. 306). In the anxiety-filled environment of conflict, a third person is triangulated, either temporarily or permanently, to ease the anxious feelings of the conflicting partners. By default, that third person is exposed to an anxiety-provoking and disturbing atmosphere. For example, a child might become the scapegoat or focus of attention, thereby transferring the tension from the marital dyad to the parent-child dyad. Unresolved tension in the marital relationship might spill over to the parent-child relationship through parents’ use of psychological control as a way of securing and maintaining a strong emotional alliance and level of support from the child. As a consequence, the triangulated youth might feel pressured or obliged to listen to or agree with one parents’ complaints against the other. The resulting enmeshment and cross-generational coalition would exemplify parents’ use of psychological control to coerce and maintain a parent-youth emotional alliance against the other parent (Haley, 1976; Minuchin, 1974).” (Stone, Buehler, and Barber, 2002, p. 86-87)

Barber and Harmon reference the established research regarding the damage that this violation of the child’s psychological integrity has on the child:

“Numerous elements of the child’s self-in-relation-to-parent have been discussed as being compromised by psychologically controlling behaviors such as…

Individuality (Goldin, 1969; Kurdek, et al., 1995; Litovsky & Dusek, 1985; Schaefer, 1965a, 1965b, Steinberg, Lamborn, Dornbusch, & Darling, 1992);

Individuation (Barber et al., 1994; Barber & Shagle, 1992; Costanzo & Woody, 1985; Goldin, 1969, Smetana, 1995; Steinberg & Silverberg, 1986; Wakschlag, Chase-Lansdale & Brooks-Gunn, 1996 1996);

Independence (Grotevant & Cooper, 1986; Hein & Lewko, 1994; Steinberg et al., 1994);

Degree of psychological distance between parents and children (Barber et al., 1994);

and threatened attachment to parents (Barber, 1996; Becker, 1964).”

(Barber & Harmon, 2002, p. 25).

Standard Family Systems Intervention:

The standard family systems treatment for a cross-generational coalition of the child with one parent against the other parent is to bring this form of hidden pathology into the open and have the allied parent’s subtle but pervasive influence on the child openly
acknowledged. The goal is to help the allied parent develop insight into the alliance, and then to activate this parent’s empathy for the child’s authentic experience of loving both parents. This leads to the parent’s understanding for the damaging effects on the child from the child’s triangulation into the spousal conflict with the goal of engaging the allied parent’s cooperation in releasing the child from the cross-generational coalition.

However, many allied parents may resist acknowledging the coalition with the child. A component of Jay Haley’s definition of the cross-generational coalition is that,

“The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition.” (Haley, 1977, p. 37)

This is especially true when the allied parent’s own psychological self-interest is heavily invested in the child’s regulatory object role in stabilizing the emotional and psychological state of the parent. A parent who has prominent abandonment fears or excessively vengeful hostility toward the other spouse/parent may be extracting their own psychological stability from the child’s rejection of the other parent (e.g., “I’m not the abandoned spouse/parent; you are. See the child is rejecting you and choosing me.” – “I’m not the flawed and inadequate spouse/parent; you are. The child is rejecting you because you’re inadequate as a spouse/parent, and the child is choosing me because I’m a wonderful spouse/parent.”)

If the allied parent has a heavy psychological investment in the child’s symptomatic hostility and rejection of the targeted parent, then the allied parent will steadfastly deny the coalition and will continually place the child out front as supposedly making an “independent” decision. This is called a “role-reversal” relationship, where the child is used to meet the parent’s needs.

- In healthy parent-child relationships the child uses the parent to meet the child’s emotional and psychological needs.
- In a role-reversal parent-child relationship, the parent uses the child to meet the parent’s emotional and psychological needs.

According to Kerig (2005):

“Examination of the theoretical and empirical literatures suggests that there are four distinguishable dimensions to the phenomenon of boundary dissolution: role reversal, intrusiveness, enmeshment, and spousification.” (Kerig, 2005, p. 8)

When the allied parent resists developing insight and steadfastly denies the cross-generational coalition with the child despite the child’s symptomatic behavior that is clearly evident of the coalition (Haley: “The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition.”), then an alternative treatment approach needs to be developed that will effectively release the child from being triangulated into the spousal conflict by the emotional and psychological needs of the allied parent.
Strategic Family Systems Interventions:

One of the primary models of family systems therapy is Strategic family therapy (principle theorists: Haley; Madanes). From a Strategic family systems perspective, the symptom confers power. The goal of Strategic family therapy is to identify the power dynamic within the family that holds the symptom in place, and then to provide a prescriptive intervention that alter the way the symptom confers power within the family. Once the symptom no longer serves its role in conferring functional power within the family system, the symptom will drop away.

In a cross-generational coalition, the child’s symptomatic hostility toward the targeted parent confers power to the allied parent:

• The ability for the allied parent to express spousal anger toward and enact retaliatory revenge on the other spouse following divorce by creating conflict and suffering in the other parent’s household;

• The ability for the allied parent to prevent the child from developing a bonded relationship with the other parent and thereby allay the allied parent’s abandonment fears following divorce;

• The ability for the allied parent to define a dichotomy of the supposedly “good parent” and “bad parent” (with the allied parent in the supposedly “good parent” role and the targeted parent in the inadequate parent (spouse) role) which restores the allied parent’s damaged self-image following the divorce.

• The ability for the allied parent to nullify Court orders for custody and visitation and take sole possession of the child irrespective of the parental rights of the other parent and Court orders for shared custody and visitation by psychologically manipulating the child into appearing to “independently” refuse cooperation with the requirements of the Court order through processes of the allied parent’s manipulative psychological control of the child (as described by Barber, et al).

The Strategic family systems prescriptive intervention must therefore alter this power dynamic conferred by the child’s symptoms, so that instead of the child’s (induced) symptoms conferring power to the allied parent, the child’s symptoms must instead, through the intervention, confer power to the other parent, the targeted parent. There are two possible ways of approaching this:

1. Transitional Systemic Intervention

This approach would involve a gradual application of a behavior change program that would alter the power conferred by child’s symptoms. In this approach the custody of the child would be shared equally (50/50) between the mother’s and father’s household, but with a caveat:
In order to reverse the power dynamic conferred by child’s symptoms, whenever the child expressed extensive symptomatic behavior (as defined within the behavior program intervention), the child’s custody and visitation time with the allied parent would be reduced according to a pre-established set of rules. In this way, the child’s symptomatic hostility and rejection toward the targeted parent (which is being covertly induced through the cross-generational coalition with the allied parent) would no longer confer power to the allied parent.

Instead, as a result of the prescriptive intervention of the structured behavior change program, the child’s symptomatic behavior toward the targeted parent would now afford the targeted parent greater time with child, meaning that the child’s symptomatic behavior would now be conferring power to the targeted parent.

Once the allied parent’s time with the child is being reduced based on the child’s symptomatic hostility toward the targeted parent (and the targeted parent is getting more time with the child, not less), then the allied parent will no long be motivated to induce the child’s hostility toward the targeted parent (i.e., the symptom is no longer enacting its function), and the child will be released from the coalition.

**Removing the Child from the Imposed Loyalty Conflict:**

From the child’s perspective, this form of “Transitional” Strategic family systems intervention allows the child to exit the loyalty conflict created by the child’s triangulation into the spousal conflict. With this “behavior program” approach of reducing the child’s time with the allied parent when the child is more symptomatic toward the targeted parent, the child is placed in a position of being faithful to the allied parent (i.e., of seeking more time with the allied parent) by showing proper behavior toward the targeted parent (i.e., by bonding to the targeted parent). This is a win-win for the child. Being kind and cooperative with the beloved targeted parent is a way of showing loyalty to the allied parent because it will result in more time with the allied parent. No longer will the child be placed in a position of having to choose one parent at the expense of the other. Instead, the child is placed in a position of choosing both parents.

This transitional approach would require a prior definition of the specific program structure and the active direction of a Parenting Coordinator empowered to enact the rules and structure of the program.

2. **Probationary Transition Intervention**

In this approach, the custody of the child would be shared equally (50/50) between the mother’s and father’s household, and the child (i.e., the psychologically controlling allied parent) would be given a six-month probationary period (with a three-month benchmark assessment) requiring the child to alter his or her behavior and discontinue the symptomatic hostility and rejection of the targeted parent (as determined by daily ratings from the targeted parent, with fidelity monitoring from the coordinating family therapist). A coordinating family therapist would monitor
symptom ratings and help in conflict resolution and problem solving any parent-child relationship issues between the child and the targeted parent. As this probationary period progressed, expectations for the child’s prosocial positive behavior with the targeted parent would be systematically increased, so that by the end of the six-month probationary period, the child’s symptoms would be resolved.

If, however, at the end of the six-month probationary period (with a three-month benchmark assessment and guidance), the child has not successfully and cooperatively integrated into the targeted parent’s family, then a complete change in custody to the targeted parent would be initiated and the allied parent would be placed on limited supervised visitation with the child in order to interrupt the allied parent’s pathogenic parenting and allow the child the opportunity to successfully join and integrate into the targeted parent’s family.

Since the allied parent would not want this change in custody to occur and would not want his or her parental visitation with the child to become monitored through supervision, this potential outcome would provide the motivational impetus for the allied parent to release the child from the obligation to be hostile, rude, and disrespectful toward the targeted parent in loyalty to the cross-generational coalition formed with the allied parent.

Clinical Concern:

It is possible that underlying psychodynamic issues for the allied parent, such as narcissistic or borderline personality disorder traits, will prevent this parent from ever releasing the child from the coalition under either Strategic family systems treatment option because the psychodynamic role the child plays as a “regulatory object” for the pathological parent may psychologically require that this parent continues to induce the child’s rejection of affectional bonding to the other parent and integration into the other parent’s family. If this more severe psychological pathology emerges in response to the Strategic family systems intervention, then a complete separation from the allied parent’s pathogenic parenting may be necessary to resolve the cross-generational coalition pathology and the allied parent’s manipulative exploitation of the child as a regulatory object for that parent’s psychological needs.

Once the child’s induced pathology has been successfully resolved, then the pathogenic parenting of the formerly allied parent can be reintroduced with appropriate therapeutic monitoring to ensure the child does not relapse with the introduction of the pathogenic parenting.

Considering the Child’s Wishes:

Principle 1 - Cross-Generational Coalition:

When the child is being triangulated into the spousal conflict through the formation of a cross-generational coalition with one parent against the other parent, the child’s expressed views are not authentic. It is a ventriloquist and a puppet. The pathology of the
cross-generational coalition must be addressed and resolved FIRST, before a child’s expressed wishes should be considered.

According to Kerig in the Journal of Emotional Abuse:

“By binding the child in an overly close and dependent relationship, the enmeshed parent creates a psychological unhealthy childrearing environment that interferes with the child’s development of an autonomous self.” (Kerig, 2005, p. 10)

According to Barber and Harmon:

“The essential impact of psychological control of the child is to violate the self-system of the child.” (Barber & Harmon: 2002, p. 24)

According to Stone, Buehler, and Barber:

“The central elements of psychological control are intrusion into the child’s psychological world and self-definition and parental attempts to manipulate the child’s thoughts and feelings through invoking guilt, shame, and anxiety.” (Stone, Buehler, and Barber, 2002, p. 57)

Principle 2 - Inter-Spousal Conflict:

Children’s desires regarding parental custody should never be considered as long as there is significant inter-spousal conflict. When children’s expressed wishes are considered in the midst of active inter-spousal conflict between the parents, there is an extremely high risk that such consideration of the child’s wishes would lead to further triangulating the child into the spousal conflict by having the child choose one parent over the other parent.

Furthermore, placing the child in a decision-making position will then force each parent to compete to become the child’s “favored” parent, undermining their ability to exercise legitimate parental authority. Asking a child to choose between parents will inappropriately place the child in a position to “choose” to love one parent more than the other. Children should never be put in a position of having to choose between parents.

Principle 3 – Self-Serving Allied Parents:

The self-serving needs of the allied (and supposedly “favored”) parent in a cross-generational coalition with the child will cynically seek to have the child’s (parentally influenced) choice considered. The pressure by this parent to have the child’s expressed preference for parents, which is being manipulated by the psychologically controlling parenting practices of the allied parent, considered in decision-making regarding who is the “best” parent – regarding which parent “wins” the competition to be the child’s “favored parent” – is due to the allied parent’s own self-serving motivations, in which the

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9 Child Abuse and Domestic Violence Exception: A documented history of child abuse or domestic violence takes precedence over all other considerations. Child protection is the overriding principle in decision-making regarding children.
child's supposedly “independent choice” is first manipulated and then exploited by the parent to meet the emotional and psychological needs of the allied parent.

The renowned family system therapist, Jay Haley, referred to the pathology of a cross-generational coalition as a “perverse triangle” because of the intergenerational violation of the child’s psychological integrity, consistent with the description of psychological control by Barber and Harman that “the essential impact of psychological control of the child is to violate the self-system of the child.” (Barber & Harmon: 2002, p. 24)

When the child has been induced into forming a cross-generational coalition with one parent against the other parent, the child’s expressed wishes are not authentic. They are a reflection of the allied parent’s emotional and psychological needs. Therefore, consideration of a child’s wishes regarding custody surrounding high-conflict divorce will substantially increase the risk for the formation and expression of a cross-generational coalition (a “perverse triangle”) within the family, in which the child’s supposedly “independent” desires will first be manipulated and then be exploited by the allied parent in the cross-generational coalition.

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Appendix 1: Research Studies on Parental Psychological Control of the Child Identified by Barber & Harmon (2002)

Table 2-1: Overview of Studies Measuring Psychological Control (p. 29-32)


