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The existential impact of high-conflict divorce on children

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ABSTRACT

While it has become clear that high-conflict divorce/separation can have both short- and long-term negative effects upon children, traditional measures of health and adjustment are limited in their ability to fully capture the depth and scope of this trauma. The impact of parental conflict and divorce can arguably be more deeply grasped by clinicians attuned to existential considerations. The authors argue in select cases certain theoretical underpinnings of Existential-Integrative Psychotherapy (EI) may reflect the lived experience of a young client. By extension, aspects of EI may benefit certain youth being treated from a Person-Centered Therapy (PCT) framework. The theoretical implications and potential applications of an integrated approach are explored.

L'impact existentiel d'un divorce hautement conflictuel sur les enfants

Bien qu'il soit devenu évident que les divorces/séparations très conflictuels peuvent avoir des effets négatifs à court et à long terme sur les enfants, les mesures traditionnelles de la santé et de l'adaptation sont limitées dans leur capacité à saisir pleinement la profondeur et la portée de ce traumatisme. L'impact du conflit parental et du divorce peut sans doute être plus profondément saisi par les cliniciens sensibles aux considérations existentielles. Les auteurs soutiennent que dans certains cas, certains fondements théoriques de la psychothérapie existentielle intégrative (Existential-Integrative Psychotherapy) peuvent mettre en lumière l'expérience vécue d'un jeune client. Par extension, les caractéristiques de la psychothérapie existentielle intégrative peuvent être profitables à certains jeunes traités selon le cadre de la Thérapie centrée sur la personne. Les implications théoriques et les applications potentielles d'une approche intégrée sont explorées.

Die existenzielle Auswirkung hoch konfliktgeladener Scheidungen auf Kinder

Zusammenfassung: Inzwischen weiss man, dass hochkonfliktgeladene Scheidungen/Trennungen sowohl negative Kurz- sowie Langzeiteffekte auf Kinder haben können. Traditionelle Messungen zu Gesundheit und Anpassung können die Tiefe und Spannweite

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dieses Traumas allerdings nur begrenzt erfassen. Kliniker mit ihren existenziellen Überlegungen erfassen den Einfluss der elterlichen Konflikte und der Scheidung wohl besser. Die Autoren legen dar: In ausgewählten Fällen könnte eine theoretische Untermauerung mit der Existential-Integrativen Psychotherapie (EI) die gelebte Erfahrung junger Klienten wiedergeben. Infolgedessen könnten Aspekte von EI für bestimmte junge Klienten hilfreich sein, die im Rahmen einer Personzentrierten Psychotherapie behandelt werden. Die theoretischen Implikationen und potenziellen Anwendungen eines integrierten Ansatzes werden diskutiert.

El impacto existencial del divorcio de alto conflicto en los niños

Resumen: Si bien ha quedado claro que el divorcio y separación de alto conflicto puede tener efectos negativos a corto y largo plazo en los niños, las medidas tradicionales de salud y adaptación tienen una capacidad limitada para capturar completamente la profundidad y el alcance de este trauma. Podría decirse que el impacto del conflicto de los padres y el divorcio puede ser captados más profundamente por médicos sintonizados con las consideraciones existenciales. Los autores argumentan, en casos seleccionados, que ciertos fundamentos teóricos de la psicoterapia existencial-integrativa (PEI) pueden reflejar la experiencia vivida de un cliente joven. Por extensión, los aspectos de la PIE pueden beneficiar a ciertos jóvenes que reciben tratamiento desde un marco de Terapia Centrada en la Persona (TCP). Se exploran las implicaciones teóricas y las posibles aplicaciones de un enfoque integrado.

O impacto existencial para as crianças de divórcios com elevados níveis de conflitualidade

Apesar de ser claro que os divórcios e separações que envolvem elevados níveis de conflitualidade podem ter efeitos negativos sobre as crianças, quer a curto quer a longo prazo, as medidas tradicionais de índices de saúde e adaptação demonstram uma capacidade limitada de captar completamente a profundidade e o âmbito desse trauma. Pode discutir-se que o impacto do conflito parental pode ser captado com um maior nível de profundidade por clínicos mais próximos de abordagens existencialistas. Os autores discutem, recorrendo a casos seleccionados, que algumas bases teóricas da Psicoterapia Existencial-Integrativa (EI) podem refletir a experiência vivenciada por um jovem cliente. Da mesma maneira, alguns aspetos da terapia EI podem beneficiar alguns jovens que são clientes de psicoterapia numa abordagem Centrada na Pessoa (TCP). Exploram-se as implicações teóricas e as potenciais aplicações de uma abordagem integrada.

Approximately half of all marriages in the United States end in divorce (Bramlett & Mosher, 2002) and, of those, approximately a quarter of these families continue to experience significant interparental conflict up to two years following the marital separation (Moskowitz, 1998). Given the far-reaching impact of divorce, it is hardly surprising the phenomenon has been extensively studied. A robust research basis now supports the

contention that divorce can not only be stressful for children but may also increase the risk for both short- and long-term adjustment problems (Amato & Cheadle, 2005). Children of divorced parents, as compared to children of continuously married parents, appear to be at greater risk for academic, psychological, social, and self-concept adjustment concerns (Amato, 2001). In addition, they may be at increased risk for smoking, consuming alcohol, poor nutrition, and reduced physical activity (Thuen, Breivik, Wold, & Ulveseter, 2015).

Of course, divorce does not affect all children the same. For example, constructive parenting and a child's high intelligence can mediate the impact of divorce in a positive manner (Weaver & Schofield, 2015). Conversely, exposure to high levels of parental discord may be particularly damaging to children (Teubert & Pinquart, 2010). Undoubtedly, the degree and type of threats a child experiences in relation to the familial upheaval associated with divorce will be playing a critical role in determining both short- and long-term adjustment.

This paper examines the impact of post-separation severe parental discord, commonly referred to as high-conflict divorce, on children through the lens of Existential-Integrative Psychotherapy (EI) (Schneider, 2008). The authors argue there are certain cases where incorporating aspects of EI into a Person-Centered Therapy (PCT) approach may enhance the therapeutic benefits for a young client in deep distress. While increased research attention has been devoted in recent years to studying the impact of high-conflict divorce on children (e.g., Garber, 2015; Joyce, 2016), the authors are aware of no published research efforts that examine high-conflict divorce from an existential perspective. The absence of existential considerations in the contemplation of high-conflict divorce's impact on children is surprising given the intuitive connection that exists. Specifically, EI argues anxiety is a normative aspect of the human condition of incongruence. However, the potential exists for this emotion to overwhelm and debilitate in cases where the individual experiences a threat to his or her integrity or core beliefs (May, 1977). The authors conceptualize high-conflict divorce as a potentially destabilizing threat and trauma of this magnitude for some children. Certain children exposed to this type of familial upheaval endure a malignant augmentation of commonly reported anxieties about one's safety, freedom, acceptance by critical others, and meaning/predictability/order. In simpler terms, their fragile world is turned upside down and basic understandings about how family works and who can be trusted are often shattered. Remaining open to contemplating this phenomenon from an EI perspective when there are clear indications based upon a client's presentation that would suggest these forms of anxiety have been activated has the potential to not only deepen one's understanding of the depth and scope of this trauma but also foster more sensitive and supportive interventions for children caught in the wake of parents at war with each other.

Thus, in answer to the question of 'What more can EI offer clinicians and court personnel in the assessment and treatment of high-conflict divorce?' the authors argue the school of thought can help in two important ways. Specifically, EI can (a) augment current assessment methodology through its selective focus on potential existential concerns activated by the exposure to conflict and (b) provide clinicians with additional helpful treatment stances and methods that may not otherwise be considered utilizing alternative treatment approaches. Ultimately, a clinician who (a) recognizes when a young client is experiencing existential anxiety and (b) can effectively incorporate select EI

treatment approaches when these sources of anxiety are evident may provide certain youth the opportunity to reach what Schneider (2008) refers to as the 'experiential freedom' level of self-awareness where ultimate anxieties about one's existence may have been previously denied. Prior to exploring this approach in more depth, however, a brief overview of the state of research pertaining to high-conflict divorce and a comparison between PCT and EI is in order.

High-conflict divorce: definition and impact

Johnston (1994) defined high-conflict divorce as relations between former partners/spouses characterized by high levels of verbal or physical aggression, overt hostility, and distrust. Further, she argued the phenomenon is multidimensional in nature, including a domain dimension (i.e. areas of disagreement), tactic dimension (i.e. the manner in which couples try to resolve issues), and attitudinal dimension (i.e. the degree of emotional hostility felt and directed between the parties) (Johnston, 1994). The definition was expanded upon by Elrod (2001) who argued that, in addition to the factors cited by Johnston (1994), common characteristics of these cases include a consistent desire to litigate, mental health concerns and/or criminal backgrounds found in one or both of the parties, and allegations of domestic violence and/or child abuse. The concept of parental alienation emerged from the study of these families, a term described 'as a pathological alliance between an angered parent (most often the mother) and his/her child' for the purpose of eliminating the other parent from the child's life (Sarrazin & Cyr, 2007, p. 87).

There appears little doubt that a child exposed to high-conflict divorce is at risk for a host of maladaptive outcomes. Joyce (2016), in a thoughtful and comprehensive review, equates the experience to a form of child neglect and identifies extensive emotional, social, familial, and financial negative sequelae associated with exposure to high-conflict. Specifically, she notes these children are at increased risk for developing both internalizing and externalizing disorders, are more vulnerable to demonstrating difficulties interacting with others, are more likely to experience inadequate parental supervision, and may endure a significant reduction in family resources and standard of living as a result of litigation costs and other post-divorce familial living expense increases. Competitive coparenting, defined as 'efforts to intrude on or undermine the other parents' interactions with the child' (Umemura, Christopher, Mann, Jacobvitz, & Hazen, 2015, p. 982), often predominates. This leads to intense worry in the child about becoming entangled in a parental conflict, resulting in considerable mental energy being devoted to threat appraisal (Atkinson, Dadds, Chipuer, & Dawe, 2009). The toxic, chronic combination of direct exposure to conflict and hypervigilant threat appraisal appears to play a causal role in the increased risk of psychological adjustment problems in children exposed to high-conflict divorce (Teubert & Pinquart, 2010). Cummings and Davies (2010) Emotional Security Theory (EST) of marital conflict encapsulates these principles into a coherent framework from an attachment security perspective. Yet, even this impressive effort fails to more directly incorporate existential considerations into their model. Ultimately both the quality of parenting and the degree of parental conflict following a divorce seem to greatly impact child well-being (Sigal, Sandler, Wolchik, & Braver, 2011).

Common high-conflict divorce interventions

It is perhaps no surprise that a phenomenon as complex as high-conflict divorce has yielded a variety of interventions designed to support children and families. While several approaches are multi-faceted and integrate aspects of each other, in general interventions fall into the following three categories: 1) parent-focused collaborative mediation and education; 2) child-focused interventions; and 3) integrative family therapies. A brief discussion of the core features and more commonly cited examples of each follows.

Parent-focused mediation and educational interventions are frequently utilized to address high-conflict co-parenting following the relationship's dissolution. These interventions aim to provide parents, 'the tools and the opportunities to be able to converse with one another about the children, make joint decisions, and restrain from arguments' (Pruett & Barker, 2010, p. 183). In practice, the curricula associated with these interventions typically involve training on how to reduce a child's exposure to conflict, a parenting skills focus, and information on cooperative legal process options (Pruett & Barker, 2010). In a review of 14 court-ordered parent education programs Sigal et al. (2011) were unable to find consistent empirical evidence indicating the efficacy of these programs.

Parent coordination is designed to facilitate positive communication between parents, encourage positive parenting behaviors, and to avoid constant litigation (Boyan & Termini, 2005). Couples are taught strategies designed to help them disengage from conflict and remain focused on the present needs and well-being of the child as opposed to remaining embroiled in unresolved marital issues (Coates, Deutsch, Starnes, Sullivan, & Sydlik, 2004). In their review of the efficacy of parenting coordinator's efforts, Henry, Fieldstone, Thompson, and Treharne (2011) concluded the intervention potentially reduces the turmoil between the parents that in turn can benefit the child.

Child-focused interventions represent the second major area of intervention for high-conflict divorcing couples and their children. This modality seems to be most often utilized in cases where tension exists or parental alienation has occurred between the child and a parent following the divorce or separation. Working individually with a child in these circumstances is fraught with clinical, ethical, and legal challenges that start with the consent to treatment process (Shumaker & Medoff, 2013). Garber (2015) argues for the efficacy of systematic desensitization in gradually repairing polarized and estranged parent-child relations vis-à-vis a reduction in the child's phobic-like fear response to the parent in question. He presents a compelling rationale for using CBT in these cases but offers minimal efficacy data.

Family therapy encompasses the third general category of high-conflict divorce interventions. This therapeutic modality has been adapted to assist families in managing ongoing post-divorce or separation conflict (Lebow & Rekart, 2007), parental alienation (Templer, Matthewson, Haines, & Cox, 2017), and contact refusal (DeJong & Davies, 2012; Lebow & Rekart, 2007). Efficacy data remains limited.

In summary, though there are striking differences across these approaches they share many commonalities, including a multi-focus and multi-technique orientation that requires a high level of clinical skill, legal knowledge, and patience. The complexity of these approaches reflects the daunting nature of task – helping deeply wounded parents reclaim some semblance of balance, direction, and focus on a child's best interests while simultaneously giving the child the courage, support, and voice to assert their needs. Of

note, none of the approaches incorporate specific existential considerations in their conceptualization of the phenomenon or existential treatment approaches.

Person-centered therapy and existential psychotherapies: commonalities and differences

While there are undoubtedly important theoretical and therapeutic process differences between PCT and Existential Therapy and some have argued that certain existential perspectives are in direct opposition to PCT theory and therapeutic approaches (e.g., Crisp, 2015), there are critical commonalities that suggest the utility of incorporating aspects of EI into a PCT approach in select cases where a client's experience reflects the emergence of acute existential anxieties. In order to better understand their respective differences and similarities, a brief overview of each approach seems indicated.

While not easily definable, Kirschenbaum (2012), in a fictitious posthumous conversation with Carl Rogers, argued the latter would define PCT as incorporating, 'a set of humanistic beliefs about human growth and development, a therapeutic relationship characterized by the core conditions, and an essentially nondirective method.' As most readers are likely aware, Rogers identified six conditions of therapy that provide the basis of effective change. In brief, these include psychological contact, a state of incongruence that leads to anxiety, a congruent therapist who offers unconditional positive regard, and an effective communication of accurate empathy on the part of the therapist to the client (Rogers, 1957). Further, there is a strong emphasis on viewing each client from a phenomenological and ideographic lens as opposed to a nomothetical and reductionistic perspective (Cooper & McLeod, 2013). Finally, a core theoretical construct is the actualizing tendency of the individual toward greater connection, order, autonomy, and fulfillment (Brodley, 1999).

By comparison, the Federation of Existential Therapists in Europe (FETE) offers the following definition of Existential Therapy, stating it, 'is a philosophically informed approach to counseling and psychotherapy ... [that] focuses on the clarification of human existence to enable a person to engage with problems in living in a creative, active and reflective manner in order to find new meaning and purpose' (Federation of Existential Therapy in Europe [FETE], 2019). It is important to note the authors of this definition further argue that Existential Therapy is a 'pragmatic and experiential approach' that contemplates suffering in a 'phenomenological and holistic' way. Within this general framework Cooper (2016) has identified five major schools of Existential Therapy. It is beyond the scope of this article to examine these schools individually. For the current purposes, however, it is important to note that EI falls within the Existential-Humanistic (EH) school of existential thinking. Bugental and Bracke (1992) have identified several key postulates of EH therapy. This includes an emphasis on valuing the subjectivity of a client's experience, a full presence and commitment to the therapeutic process by both the client and counselor, and a chief task of therapy being helping, 'clients disclose to *themselves* through inner searching.'

So is there a sufficient degree of overlap between EI and PCT that would suggest the former can be seamlessly incorporated into the latter when certain clients report and/or demonstrate acute existential anxiety? The authors believe a strong argument can be

made in support of this proposition. To begin, there are clear commonalities. Corey (2013) states both adopt a phenomenological stance and value a client's ability to utilize insight to self-heal. He is not alone in this belief. Milton (1993), also identifies multiple areas of similarity, including an emphasis on human existence, subjective meaning, the phenomenological method of inquiry, as well as a de-emphasis on unconscious drives and impulses. While the systems operate from different theoretical frameworks, he states both advocate for a highly deferential approach to working with clients where the client's experience, as opposed to clinician's pre-conceived notions, should be the guiding force of the therapeutic encounter.

Vaidya (2013) notes a 'deeply existential' theme to Rogers' writing and posits Rogers' Second condition of therapy, incongruence, may stem in some cases from existential threats (i.e. threat of death and condemnation). The author offers an elegant bridge between the two viewpoints for those seeking to integrate existential concepts into a PCT approach. Specifically, Vaidya writes:

The process view of a person in PCT, as self and organism, enables the notion of ontological anxiety, and its many existential forms such as discontent, despair, guilt, absurdity, and boredom, to co-exist with the potential for meeting organismic experiences with resoluteness, courage, agency, freedom, responsibility and care. The existential dimension of PCT is implicit in its current form ... Revisioning the Second Condition as an existential given means that the task of in therapy is not the elimination of anxiety but rather developing the capacity for its full-frontal embrace in a facilitative climate of the remainder of the six conditions. (p. 221)

Whether or not one agrees with Vaidya's analysis of Rogers' Second Condition is perhaps less critical for the present discussion. What seems more relevant here is that many experts would agree both schools of thinking operate from a phenomenological standpoint, adopt a generally non-directive approach, and value a client's capacity to grow and live life more authentically when provided unconditional positive regard and accurate empathic attunement. These commonalities provide a compelling rationale from which to work with clients from both PCT and Existential Therapy theoretical frameworks as a client's narrative dictates.

Existential-integrative psychotherapy: a brief overview

Schneider (2008) has described EI in considerable detail in his landmark work titled, *Existential-Integrative Psychotherapy: Guideposts to the Core of Practice*, and subsequent works. As previously alluded to, EI is grounded in a humanistic tradition and focuses on themes of existence unique to the human condition such as being, death, freedom, isolation, and choice (Schneider, 2008; Yalom, 1980). EI believes existential concerns and the anxiety that stems from awareness of these concerns are a universal phenomenon unique to the human condition (May, 1977; Schneider, 2008; Tillich, 1952). Individuals may vary in their awareness of existential issues and the manner in which they cope with ultimate anxieties, but a fundamental part of one's humanity is the contemplation of certain 'givens' of life that can generate anxiety. In this sense, anxiety can be seen both as 'normative' and a potentially healthy catalyst toward action and a search for meaning (May, 1977). Recent research has generally supported this core belief in the universality of

existential anxiety in both adult and adolescent populations (Berman, Weems, & Petkus, 2009; Shumaker, Killian, Cole, Hruby, & Grimm, 2017; Weems, Costa, Dehon, & Berman, 2004). Clearly, however, PCT does not postulate the same 'universal' experience of existential anxiety.

Schneider (2016) maintains the principle questions that provide the ongoing foundation of any therapeutic encounter within an EI framework include, 'how is the client presently living' and 'how is the client *willing* to live – in this remarkable moment, with this highly attuned witness?' (p. 49). The experiential level of human experience, also referred to the 'being level' or 'ontological freedom' level of exploration, is emphasized. This contains not only the current content of a client's life but also the preverbal and kinesthetic parts of one's existence.

There are four primary therapeutic stances EI employs to assist clients in accessing the experiential level. These include presence, invoking the actual, vivifying and confronting self-protection, and rediscovering meaning and awe. The first two stances – presence and invoking the actual – appear to closely resemble the PCT approaches to facilitating a client's narrative. Specifically, presence is defined as fully 'being there' for clients and, 'is an attitude of palpable – immediate, kinesthetic, affective, and profound – *attention*' (Schneider, 2008, p. 60). A clinician will actively attend to all aspects of a client's presentation but also the clinician's own physiological and affective reactions to the client. Similarly, invoking the actual is defined as efforts by the therapist to call attention, 'to the part of the client that is attempting to emerge' (Schneider, 2016, p. 50). The specific techniques utilized to accomplish this task include topical focus questions (e.g. Where are you at?), encouraging 'I' statements and a personal focus, topical expansion (e.g. 'Tell me more'), attention to process, embodied meditation, and close attention to the interpersonal therapeutic encounter (Schneider, 2016).

EI theory of psychopathology and implications for high-conflict divorce

EI departs from PCT theory in arguing the roots of psychopathology consist of 'dread of constrictive or expansive polarities' (Schneider, 2008). The most basic underlying polarities include those pertaining to chaos versus obliteration and greatness versus smallness. The former in each dichotomy (i.e. chaos and greatness) are the source of ultimate expansion fears while the latter in each dichotomy (i.e. obliteration and smallness) are the source of ultimate constriction fears. Schneider (2008) believes certain formative trauma experiences can heighten one's awareness of these polarities and potentially lead to clinically significant levels of dread, fear, and anxiety. It is his discussion of trauma where the most direct connection with high-conflict divorce emerges. He proposes three distinct trauma typologies – acute trauma, chronic trauma, and implicit trauma – that can give rise to constrictive or expansive dread. Acute trauma, defined as 'the perception of an event as immediately contrary and shocking' (Schneider, 2008, p. 44), can be experienced by a child as an 'existential jolt' that can produce extreme fear. While the jolt can often be due to pain, either physical or emotional, it also derives from a sense of incongruity or a loss of what Schneider refers to as 'groundedness in the world'. Individuals may deny the existence of the trauma altogether or react in other expansive manners (e.g. crying out, rebelling) designed to counteract the dreaded polarity of ultimate constriction. These

types of traumas in childhood can activate awareness of existential 'givens' of life and in many cases lead to debilitating levels of existential anxiety and a variety of mental health concerns (Shumaker, 2017).

In certain cases a child caught in the groundswell of parents spiraling into a high-conflict divorce can be conceptualized as an individual who experiences an acute trauma. The first author frequently encounters children in his clinical practice who report feeling 'blindsided' and 'shocked' when their parents inform them of the relationship's end. Further, consistent with what EI would predict, many of these children initially either deny the potential for the divorce/separation to have an impact upon them or they rebel and engage in vicious protests and condemnations of one or both parents. Tragically, both reactions obviously are powerless to stop the destructive course that has been set into motion by the child's parents.

Chronic trauma is referred to as a 'counteraction of that dread (fruitless and repeated efforts to become mobilized, expand)' (Schneider, 2008, pp. 44–45) in relation to the acute trauma one has experienced. In these cases, after perhaps unsuccessful efforts to protest or deny the existence of either the divorce/separation itself and/or the rise in overt hostility between one's parents, the child in question would abandon those hyper-expansive coping strategies for a hyper-constrictive approach designed to render him or herself as small and imperceptible as possible. Here clinicians treating children whose parents are engaged in high-conflict might observe a more depressive presentation and/or a reluctance on the part of the child to participate in any direct discussion of the divorce's impact. 'What does it matter?', 'I don't want to talk about it', and 'I want to stay out of it' become common refrains in therapy for these children when they are asked even basic questions regarding how they feel about their parents' conflict or how they are coping. If they must attend therapy they will attempt to hide in plain sight.

The third trauma Schneider (2008) highlights is implicit trauma, which he refers to as, 'the indirect, vicariously transmitted trauma of family and caretakers' (p. 45). This is rooted in both a child's dispositional tendencies and parental role modeling. Children in these cases observe how a parent that they idealize copes with acute and chronic traumas in their own lives (e.g. their divorce and high-conflict separation) and start to adopt a similar coping style if they are predisposed to develop similar coping strategies. Here again one can readily see a scenario where a child coping with high-conflict divorce could demonstrate implicit trauma effects in the form of parental alienation.

Yalom's ultimate concerns related to high-conflict divorce

As previously alluded to, Yalom (1980) identifies four 'ultimate concerns' that are associated with an individual's awareness of the 'givens' of human existence. These include fears related to death, freedom and responsibility, isolation, and meaninglessness. Again, the premise that these sources of anxiety are experienced by all is not consistent with the PCT theory. Yet understanding the EI perspective can enhance any clinician's attunement to the *potential* experience of these sources of anxiety in young clients impacted by high-conflict divorce. Each specific ultimate concern is briefly considered in relation to high-conflict divorce here.

When contemplating the connection between Yalom's (1980) death anxiety and high-conflict divorce one should return to El's focus on the impact of acute trauma and their tendency to shake one's core foundation and sense of groundedness. Children of high-conflict divorce are at increased risk for witnessing domestic violence and threatening behaviors between parents where they feared for not only a parent's safety but their own. Resources can become depleted, the child or close family members may be forced to relocate, and/or parents' availability and attentiveness can decline precipitously after the divorce. Many of these same children also present in therapy with death concerns. While obviously it is not possible to draw causal conclusions from the apparent correlation in these cases, it seems entirely plausible that the trauma of high-conflict divorce can activate the fear of death vis-à-vis a more general reduction in the child's overall sense of security and stability.

The ultimate anxiety of freedom and responsibility pertains to an individual's experience of their agency, consciousness, and choice. It activates the more expansive polarity of chaos and greatness in individuals. In the case of a child whose parents are engaged in a high-conflict divorce, the young person is often pressured and even forced to make choices and offer opinions on matters pertaining to custody, living situations, differing parenting instructions, and inquiries by one parent regarding the nature of another parent's activities. These decisions can prove to be highly uncomfortable and have serious ramifications upon the child's existence. In this respect, any illusion of protection from having to assume at least some responsibility for one's most basic life choices (e.g. 'What parent do I live with?', 'Whose story shall I believe?') is shattered with the catastrophic breakdown of the co-parenting communication.

The third ultimate anxiety Yalom (1980) identifies is that of isolation. At various points in life individuals will more fully experience an acute sense of one's aloneness in the world, often time in relation to contemplating the previously discussed existential givens of death and freedom/responsibility. While many youth experience an increase in autonomy and isolation from one's parents as they mature, some children of parents involved in a high-conflict divorce may make contact with a sense of aloneness in a more dramatic and eternal manner as compared to children who are spared this life experience. Not only do these children frequently experience a pronounced curtailment in contact with one or both parents as a result of the divorce/separation, but they also bear witness to the fragility of intimate relationships. The emotional cut off these children may demonstrate can represent a reflexive retreat into a protective hyper-constrictive stance.

The final ultimate anxiety identified by Yalom (1980) is that of meaninglessness. He highlights the formative work of the eminent existential therapist, Viktor Frankl (1963), and his development of Logotherapy, as a major source pertaining to this specific anxiety. In brief, Yalom argues that the world is inherently meaningless and that humans are motivated to establish meaning. Frankl, differs from Yalom in this regard, maintaining the world is inherently meaningful. He argues a sense of meaning can be achieved through individual accomplishments, life experiences, and the attitudinal stance one takes toward one's fate and suffering. Both agree that humans are vulnerable to experiencing a profound sense of meaninglessness, an occurrence Frankl referred to as the existential vacuum, when their will to meaning is somehow thwarted. In the case of high-conflict divorce, one can see how a sense of order, predictability, and meaning can be shattered for the young person when they witness their parents not only separate but become the

bitterest of enemies. Many of life's most fundamental lessons (e.g. family comes first, the importance of kindness and forgiveness) are torn asunder, leaving many children confused, disoriented, and afraid.

Brief case illustration

Elements of a combined EI and PCT treatment approach are demonstrated in the brief case illustration that follows. Dwayne,¹ age 13 years, was referred for therapy by his parents in response to recommendations made in a Guardian *ad Litem* (GAL) evaluation conducted through a local probate and family court in relation to a highly litigated divorce. The parents had each petitioned the court for sole legal and physical custody, the mother on the grounds the Dwayne's father had been physically and emotionally abusive toward her, the father on the grounds that Dwayne's mother was unfit to parent and was exposing Dwayne and his siblings prematurely to an unstable boyfriend. The court, after ordering the GAL evaluation and considering the findings, had ultimately ruled for shared legal and physical custody. Dwayne and his two younger siblings were spending roughly half their time with each parent. The mother remained in the marital home and the father lived a short distance in an apartment in the same town. The therapist first met with the parents to hear their concerns and assess whether they could agree on a shared vision of the counseling experience for Dwayne. While they both acknowledged strained and minimal co-parenting communication, they agreed Dwayne had been negatively impacted by the divorce, experiencing a decline in academic performance, withdrawal from friends and extracurricular activities, and mood lability that ranged from flat affect, increased irritability, and isolated 'panic-like' reactions. They each expressed concern and befuddlement that Dwayne was reluctant to 'open up' with them about the divorce's impact on him. Thus, they were able to agree to a model of therapy that consisted of primarily individual sessions for Dwayne with the purpose of allowing him an outlet to process the impact of the divorce in a supportive environment.

The next session included a brief co-joint introduction attended by both parents and Dwayne where the nature and purpose of the meeting was discussed and Dwayne could witness firsthand his parent's joint support in the intervention. It was agreed by all that, short of any immediate safety concerns or aspects of acute anxiety treatment that would merit parental support, Dwayne would dictate the extent of information that would be shared in session with his parents and/or any invitations for his parents to attend a portion or entirety of a future session. The parents were then excused and the therapist proceeded to work individually with Dwayne, relying heavily on *presence* and *invoking the actual* techniques in order to establish basic rapport. A representative example of the initial dialogue is as follows:

Therapist: So now that your parents are in the waiting area. What comes to mind for you? [invoking the actual]

Dwayne: I don't know. [laughs nervously] I guess that was weird.

Therapist: Feels kind of strange. [nodding in agreement] [reflection of feeling]

Dwayne: Yeah. You get those two in a room and ... [voice trails off, client looks down shaking his head]

Therapist: you get them in a room and . . . [minimal encourager; topical expansion]

Dwayne: All hell could break loose. You know?

Therapist: I think so. Things can spin out of control pretty quickly. How on target am I?
[paraphrase; check-in]

Dwayne: You got it. [client re-establishes eye contact] It doesn't take much to set them off.

Therapist: And here you are wondering if they are going to blow. [paraphrase/minimal encourager]

Dwayne: Exactly! No offense, but I don't need this crap.

Therapist: You've had it. It's too much. [accurate empathy]

Dwayne: I mean if they really cared they would stop acting crazy all the time instead of dragging me to counseling.

Therapist: Yes. Here you are being told you need to see a therapist and they are the ones acting crazy. [paraphrase]

Dwayne: You got it!

Thus, through a combination of core PCT and EI therapeutic stances delivered in a non-defensive and empathically attuned manner rapport was slowly established. Over the course of several sessions Dwayne was able to elaborate on loyalty binds he often found himself experiencing when interacting with his parents, his sense of loss for what the family had been and would never be, and his deeply felt anxiety about his future and place in the world unfolding before him. At a later point in counseling, the following exchange occurred which demonstrates Dwayne making contact with both ultimate anxieties and the therapist continuing to respond with presence and invoking the actual EI strategies while utilizing Shumaker's (2012) recommended adolescent-focused techniques of cultivating a hero metaphor and encouraging creative pursuits.

Therapist: Where are we at today? [invoking the actual]

Dwayne: Nowhere. [sighs, puts hands to head] My parents are talking trash about each other again. I tell them I don't want to hear it. It doesn't matter.

Therapist: They don't listen. [paraphrase]

Dwayne: Yeah. I just want to tell them to shut-up. But then they pull the, 'I'm your parent' card. And I get into trouble. So I just eat my words. I don't know. It doesn't really matter. Nothing is going to change.

Therapist: It all seems pretty meaningless [paraphrase; reflecting Yalom's ultimate anxiety of meaninglessness]

Dwayne: Yeah. I mean, 'What is the point?'

Therapist: Hmm. Good question, Dwayne. What *is* the point? [minimal encourager; fostering search for meaning]

Dwayne: Who knows? [shrugs] Aren't you supposed to tell me?

Therapist: You don't know and are wondering if I have the answer. [paraphrase]

Dwayne: No, not really. [waves his hand dismissively] I know you can't tell me that stuff. I'm just frustrated. You know?

Therapist: I think it takes courage to hang in there the way you are, Dwayne. [disclosure; cultivating hero metaphor]

Dwayne: [face brightening] Thanks. I just get tired of it.

Therapist: It wears you down.

Dwayne: Yeah. I hate being the monkey in the middle.

Therapist: When does the monkey get a break? [topical expansion]

Dwayne: I don't know. I guess when I'm with my friends or sketching.

Therapist: Tell me more. [minimal encourager; encouraging creative pursuits]

Conclusions

EI Therapy has much to offer mental health and legal personnel charged with the task of working with children and families experiencing the impact of a high-conflict divorce. Whether conducting an assessment for court-related purposes or engaging in ongoing treatment, utilizing the core EI techniques of utilizing one's presence, invoking the actual, vivifying or confronting resistances, and assisting the youth in rediscovering meaning and awe through a combination of key existentially oriented questions (e.g. 'What has meaning to you?') can assist children caught in wake of a high-conflict divorce (Schneider, 2008). Honest and directed therapeutic dialogue with youth about themes of meaning, choice, freedom, isolation, mortality, and authenticity can assist them in contextualizing their family's crisis and instill a sense of hope. Where appropriate the clinician will utilize specific existentially oriented techniques geared toward adolescents, such as embracing hero metaphors, helping young clients harness the courage and patience to persevere through their suffering through basic education about core existential themes, and encouraging creative outlets that will mediate the anxiety that surrounds a difficult family circumstance (Shumaker, 2012). Further, while many of the aforementioned techniques are utilized in the context of individual therapy conducted with the youth in question, where appropriate it can be quite useful for the clinician to consult with parents about the existential impact their ongoing conflict has upon their child. Some parents, despite their own wounds, *are* able to better grasp the depth of the negative influence their behavior has upon their child and *are* able to make positive adjustments when the existential impact is explained to them. No other assessment methodologies or treatment approaches explicitly incorporate these specific focus areas or techniques and here is where EI can substantially improve both the assessment and treatment of children impacted by high-conflict divorce.

While clinical experience reinforces the hypothesized relationship between existential anxiety and the impact of high-conflict divorce, future research efforts of an empirical nature are sorely needed. It is most striking in particular that Yalom's concepts pertaining to ultimate anxieties in relation to youth development remains significantly understudied.

In addition, both case study and empirical investigations of the efficacy of EI in treating children impacted by high-conflict divorce would be of great benefit to the field as well.

Note

1. Identifying information has been altered and aspects of multiple cases have been combined to maintain client confidentiality.

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