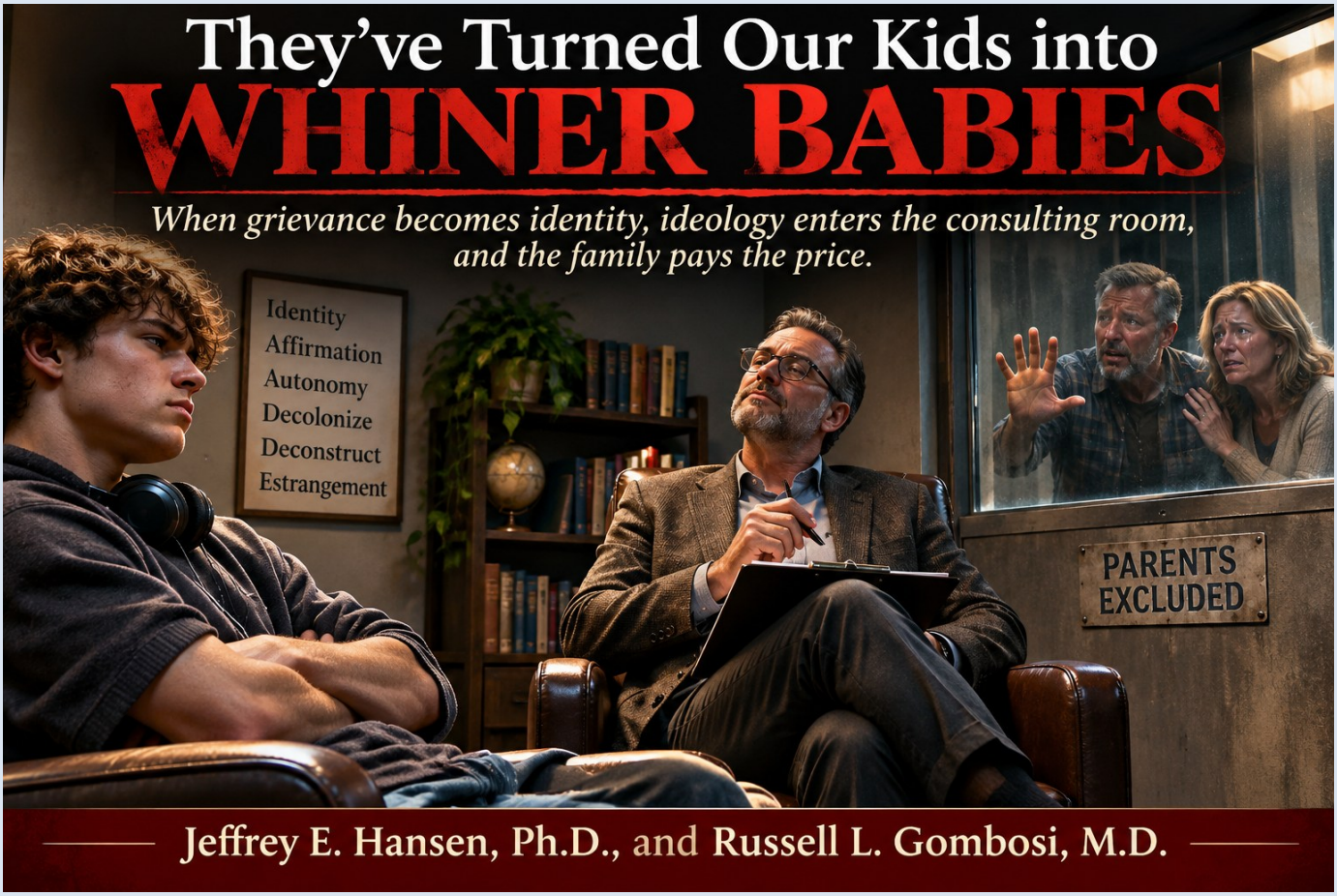

Going 'No-Contact"

It began with a text exchange yesterday evening. Russell brought an article by Fr. Joseph Gill, "Going 'No-Contact,'" into a conversation with Quentin and Jeff, and soon all three of us were discussing families we had known who were living through the same terrible silence. An adult child disappears from the relationship. A mother leaves messages that go unanswered. A grandfather stops asking about a birthday because the answer is too painful. And somewhere, often just beyond the reach of an ordinary apology or a difficult conversation, sits a family that might have been repaired. The question driving that exchange was not whether abusive parents exist. Of course they do. It was how we have become so quick to translate the rough edges of ordinary family life into a psychological indictment, and how a profession supposedly devoted to healing sometimes helps deliver the sentence (Gill, 2026).

We have spent decades in psychology and medicine. We know how devastating genuine trauma can be, and we know that some parents inflict wounds that cannot be wished away with a Bible verse or a polite invitation to Thanksgiving. But we also know something our culture seems increasingly determined to forget: a painful relationship is not automatically a poisonous one, and an imperfect parent is not automatically an oppressor. We are watching too many young people—and now fully grown adults—acquire a vocabulary of injury so expansive that there is hardly room left for gratitude, agency, duty, or grace. We have a deliberately rude name for the

result: we are turning too many of our kids into whiner babies. The insult is not directed at the genuinely abused. It is directed at the adults, institutions, and ideologies teaching ordinary human beings to mistake every disappointment for a wound and every wound for a life sentence.

The Family Is Not a Crime Scene Going 'No-Contact

A 2025 YouGov survey found that 38% of American adults reported estrangement from at least one immediate family member; 16% reported estrangement from a parent. Those figures do not prove that estrangement has risen over time, but they do establish that this is no obscure problem. It lives in our neighborhoods, our churches, and our consulting rooms. The real measure, however, is not a percentage. It is the father whose birthday passes in silence, the mother who watches the driveway at Christmas, and the grandchild who grows up knowing a grandmother only as the villain in somebody else's account of a marriage or childhood (Orth, 2025).

We should be suspicious of any culture in which the first question about a difficult relationship becomes "Why haven't you cut that person off?" rather than "What happened, what is true, what is repairable, and what would wisdom require?" Families have never been laboratories of perfect emotional attunement. They are workshops of human character, full of stubborn people, bruised egos, old habits, genuine sacrifice, and astonishing forgiveness. Sometimes they need firm boundaries. But the leap from "my parents failed me" to "my parents deserve permanent exile" should require more than a vocabulary lesson from social media—or an hour with a therapist who has never met them.

From Class Warfare to Family Warfare

Marx placed the bourgeoisie and proletariat in a struggle over power and economic life. Later thinkers explored how power operates through culture and institutions. Gramsci examined cultural hegemony; Herbert Marcuse and other critical theorists attacked established forms of authority; Michel Foucault analyzed the entanglement of knowledge, power, sexuality, and ideas of normality; and Jacques Derrida developed deconstruction as a method of exposing tensions in supposedly settled meanings and hierarchies. They did not all say the same thing, and they cannot honestly be blamed for every broken marriage in America. Our objection is to what happens when their suspicion of hierarchy is turned into a reflexive suspicion of the people who have authority over children (Marcuse, 1972).

Through that lens, a father who says "no" is not teaching restraint; he is exercising dominance. A mother who expects fidelity is not teaching commitment; she is enforcing oppressive norms. A church that teaches sexual restraint is not proposing a moral vision; it is policing bodies. Once family relationships are translated into a permanent drama of oppressor and oppressed,

gratitude looks like surrender, parental wisdom looks like control, and forgiveness looks suspiciously like collaboration with the enemy. It is a remarkably efficient way to make alienation feel virtuous. The ideology supplies the charges; the fashionable therapist supplies the verdict; and a family that might have been repaired receives the sentence.

Consider the historical warning from Maoist China. During the Cultural Revolution, loyalty to Mao and the Party could supersede loyalty to family; denunciations by children against parents became part of the political nightmare. Maoism did not simply erase every Chinese family, and the older Confucian ideal of filial responsibility persisted. That tension makes the lesson more powerful, not less: when ideology demands first allegiance, even the most elemental loyalties can be torn apart. You do not need a commissar in the living room for this danger to matter. You need only teach a child that a political or therapeutic doctrine possesses greater moral authority than the ordinary obligations of family life (Cornell University College of Arts and Sciences, 2023).

The West German activist Rudi Dutschke popularized the "long march through the institutions," the strategy of transforming society through sustained work inside its institutions; Marcuse later discussed it approvingly. We see an uncomfortable modern echo when schools, professional associations, and mental-health authorities treat parents as obstacles to enlightenment rather than essential partners in raising children. It would be absurd to claim that every teacher or therapist is a covert revolutionary. It is not absurd to ask why an institution that exists to serve a family increasingly speaks as though it knows the child better than the family does. The school is not the parent. The therapist is not the parent. Their credentials are not a custody order over a child's moral imagination (Marcuse, 1972).

When Deconstruction Becomes Demolition

We are especially troubled by the assault on the very idea of stable sexual and family norms. Foucault's work on sexuality and power, Gayle Rubin's challenge to sexual hierarchies in "Thinking Sex," and Judith Butler's challenge to fixed conceptions of gender in Gender Trouble have exerted real intellectual influence. We do not need to pretend these writers secretly signed a common manifesto calling for every family to collapse. Their actual arguments are provocative enough to confront. What happens when "normative" becomes a term of suspicion rather than a way of describing practices that societies have judged important for children, commitment, and continuity? What happens when the biological, developmental, and moral questions of childhood are treated as merely oppressive stories to be rewritten? (Butler, 1990; Rubin, 1984)

A theory that can endlessly deconstruct motherhood, fatherhood, sexual boundaries, and inherited obligations owes us an account of what it expects to build in their place. Children are not ideological construction projects. Their development is not an experimental canvas on which adults get to demonstrate the fashionable fluidity of everything. A humane society can recognize

the dignity of people whose lives do not fit every traditional pattern while still defending the importance of stable family attachment, age-appropriate boundaries, and parental responsibility. Our criticism is of theories and institutional practices that dismiss these goods as relics of repression, not of the human dignity of anyone with a different identity or family arrangement. We are entitled to ask whether the demolition crew has mistaken the load-bearing walls for the enemy.

Bad Therapy Is Not Harmless Therapy

This is where we stop discussing philosophers and turn the examination light on our own profession. Abigail Shrier, in Bad Therapy: Why the Kids Aren't Growing Up (2024), argues that a therapeutic culture can pathologize ordinary childhood struggles, magnify rumination, and weaken the authority of parents. Whether one agrees with every conclusion she reaches, she has posed a question we cannot afford to dodge: what if some of what we call help makes children less resilient and families less able to function? We have seen patients arrive not simply wanting to understand their suffering, but almost begging to be given a label sturdy enough to explain their whole identity. A diagnosis can be essential. It can also become a magnificent hiding place from responsibility (Shrier, 2024).

Now picture a therapist sitting across from an angry adult child. The clinician hears one story about a parent, accepts the most damning interpretation, attaches a fashionable label—narcissist, toxic, emotionally abusive—and begins to encourage distance as though estrangement were evidence of progress. The parent has not been interviewed. Contradictions have not been explored. Alternative explanations have not been tested. The therapist's private moral assumptions are quietly smuggled into the treatment plan. The patient leaves feeling gloriously validated, while the clinician congratulates himself on an act of courage. We have a different name for this: professional arrogance. The therapist has appointed himself judge, jury, and demolition contractor over a relationship he scarcely understands.

And sometimes it is worse than bad therapy. When a clinician disregards basic standards of assessment, imposes personal ideology, creates foreseeable harm, and departs from accepted professional care, the conduct can cross into negligence or malpractice. That is not a slogan or an automatic verdict in every disputed case; it is a charge that demands evidence. But neither should the profession hide behind the sanctuary of good intentions. A therapist who negligently helps destroy a family has not made the patient free. He has helped convert a living, repairable relationship into an expensive monument to resentment. He may call it empowerment. We call it a failure of the healer's calling (American Psychological Association, 2017).

Wenatchee: What Happens When Experts Believe Their Own Story

Anyone tempted to dismiss this as exaggeration should revisit Wenatchee, Washington, in the 1990s. An extraordinary child-sex-abuse investigation spiraled into allegations against scores of adults. A Washington state ombudsman report documented prosecutions involving 38 people during 1994–1995 and the removal of at least 42 children from their parents' care. Accounts from the cases describe coercive questioning, fantastical claims of organized abuse, recantations, overturned convictions, and shattered families. The University of Michigan's National Registry of Exonerations research identifies 11 Wenatchee exonerations and additional reversed convictions resolved through lesser pleas. This was not merely a public-relations mistake. It was a warning written across the lives of children and families (Washington Office of the Family and Children's Ombudsman, 1998; Gross & Shaffer, 2012).

The Wenatchee catastrophe involved police, child-protection workers, prosecutors, and others; it should not be misrepresented as the work of therapists alone. But it exposed the same psychological danger that can occur in a consulting room: authority figures become convinced they already know the story, ask questions that produce the story, and then treat the resulting narrative as proof that they were right. A child who denies abuse may be told the denial is itself a symptom. A memory may be treated as a discovery because it emerged under the guidance of an expert. And a family may be condemned on the strength of confidence rather than corroboration. If you cannot see the moral horror in that, you have no business claiming the mantle of child protection (Washington Office of the Family and Children's Ombudsman, 1998).

Memory researcher Elizabeth Loftus demonstrated how suggestion can lead people to develop false autobiographical memories. The American Psychological Association itself warns that there is no unique symptom profile proving childhood sexual abuse and advises clinicians against approaching memory questions with predetermined conclusions. That is exactly the standard we should enforce. Real victims deserve competent, serious treatment; innocent families deserve protection against suggestion and false accusation. Neither interest is served by a clinician so enamored with a theory that the facts become optional. The most dangerous therapist is not always the one who lacks empathy. Sometimes it is the one so certain of his empathy that he forgets to doubt himself (American Psychological Association, 1995; Loftus, 1997).

The Therapist Is Not the Messiah

Psychologists should have enough humility to recognize that our office is not the center of a patient's universe. We often know one person, for fifty minutes, through one person's narrative. And yet some clinicians behave as if that narrow opening entitles them to render judgment on mothers, fathers, spouses, and generations of family history they have never met. The therapist is not the messiah, not the substitute parent, not the family court, and certainly not the grand

inquisitor of every cultural offense. An impressive vocabulary of trauma does not confer omniscience. If we repeatedly ask questions that imply abuse, reward the answers that fit our theory, and ignore accounts that complicate it, we can begin to manufacture the very certainty we claim to have discovered. That is not careful psychotherapy; it is suggestion dressed in a lab coat.

The American Psychological Association has cautioned against suggestive memory practices and maintains ethical standards requiring competence and avoidance of harm. But professional associations must do more than publish an ethics code and congratulate themselves. Where is the equally vigorous defense of sound family assessment, clinical humility, and the imperative not to turn a young patient's distress into a permanent war against the parents? A clinician who has become so enamored of an ideology that every disagreement looks like oppression has lost the capacity to see the family clearly. Institutions should demand better, not shelter the attitude under the language of affirmation (American Psychological Association, 2017).

Schools have their own reckoning to face. Teachers and counselors can be indispensable allies to families; many are. But educational institutions betray their purpose when their own priorities displace parents' legitimate role in forming children. A child is not a recruit for a social theory, a school program, or a therapeutic ideology. The measure of education is not how many students leave their homes repeating an institutional vocabulary of oppression. It is whether they become capable of reason, compassion, courage, fidelity, and responsible freedom. The purpose of a teacher is to help a child grow into an adult, not to manufacture another convert to the teacher's private worldview.

A Wound Is Not a Permanent Address

In our clinical work, we tell people something both compassionate and demanding: you may have been victimized, but you do not have to become a perpetual victim. Your father may have failed you. Your mother may have wounded you. Your spouse may have disappointed you terribly. We will take that seriously. We will not fabricate a happier childhood than the one you lived. But we will also refuse to let the worst experience of your life become the organizing principle of everything you are allowed to become. Therapy should help you distinguish fact from interpretation, injury from identity, and justified boundaries from reflexive flight. It should enlarge your freedom to love and live, not furnish you with ever more sophisticated reasons never to try.

We have also seen what happens when therapists do this well. A patient begins to see a parent not as a cardboard villain but as a flawed person formed by an earlier generation's losses. The hurt remains real, and accountability may still be necessary, but the story gains depth. Forgiveness becomes imaginable. An honest phone call becomes possible. Reconciliation, when

appropriate, becomes a courageous act rather than a humiliating surrender. There are families in which serious abuse, exploitation, or persistent danger make contact unsafe. No one should be sent back into harm in the name of sentimentality. Yet that reality must not become an all-purpose excuse to confuse ordinary discomfort with danger. Good psychotherapy has the courage to tell the difference.

The Car Keys to the Whole Damn Therapy

Consider the extraordinary legal landscape. A March 2025 compilation prepared for the Alaska Legislature listed 33 states in which minors could independently consent to at least some behavioral or mental-health services before eighteen. Among the 32 states with a specified under-eighteen minimum, the simple average threshold was about 14.5 years; Connecticut was listed as allowing consent at "any age" under its applicable conditions. This is a comparison of statutory entry points, not a claim that all services are identical or that every one of those laws bars parents from participating. The thresholds nevertheless should stop us in our tracks. Washington, where Jeff has practiced as a licensed psychologist, permits a thirteen-year-old to request and receive outpatient behavioral-health treatment without parental authorization (Washington State Legislature, 2026b). At thirteen, a child may be invited to describe family conflict to a clinician who has never spoken to either parent. We have essentially handed the adolescent the car keys to the therapeutic process and told the therapist to trust the directions (Office of Senator Cathy Giessel, 2025).

Adolescent neuroscience makes this especially consequential. The teenage brain is not an adult brain in miniature. Reward sensitivity, emotional salience, peer influence, and social threat can carry unusual weight while the prefrontal and broader regulatory networks involved in inhibition, perspective-taking, planning, and executive control continue to mature. This does not make teenagers incapable of reason, and it certainly does not make their accounts automatically false. It does mean that the heat of a conflict and the meaning assigned to it can look very different from the vantage point of a thirteen-year-old than from that of a parent—or a skilled clinician who has listened to both. Laurence Steinberg's developmental work is a reminder that sound judgment varies with context, especially when emotion runs high. Why would we ignore these developmental realities precisely when interpreting the child's most emotionally charged relationships? (Steinberg, 2010)

Here is the distinction that is too often lost: a young person's right to obtain confidential help is not a clinical instruction to treat the parents as irrelevant. Under Washington's confidentiality statute, a therapist generally cannot proactively share an independently consenting adolescent's mental-health records with parents unless the adolescent clearly desires disclosure and that wish is documented, subject to specified exceptions (Washington State Legislature, 2026a). Jeff has honored that confidentiality throughout his practice. But he has also made every thoughtful

effort to invite family collaboration with the teenager's permission, rather than converting privacy into estrangement. The law allows independent access; it does not magically abolish family systems.

Jeff's usual approach has been to ask the adolescent's permission to bring the parents into the work. Often he begins with everyone together, hearing what is going well and what hurts, how the parents interpret an incident and how the adolescent experienced it. Sometimes the parents stay; sometimes they step out; sometimes a later session brings the family back together to work on the interaction itself. Private meetings with the teenager remain indispensable, and confidence given in those meetings stays confidential. The point is neither parental control nor adolescent surrender. It is accurate assessment. In some organizational settings, Jeff was pressed toward a model that would move a teenager away from home without his first meaningfully assessing the parents. He declined. The notion that the person with the license necessarily knows more about the family than the people living in it is precisely the arrogance we are challenging.

Nor is the evidence merely philosophical. A 2024 meta-analysis of twenty randomized trials involving 1,251 adolescents found that adding a parental component to psychological treatment yielded a modest but statistically significant overall improvement compared with adolescent-only treatment (Pine et al., 2024). The clearest benefit was for externalizing problems; the difference for internalizing symptoms was not statistically significant. We are not claiming every family must be included in every treatment, or that parental involvement is safe in a genuinely abusive home. We are saying that the reflex to exclude parents is not a sophisticated therapeutic breakthrough. Sometimes it is simply a failure to practice family-informed care.

The Professor Who Taught Me to Look Higher

For Jeff, this conviction began long before the current culture wars. As an undergraduate at the University of California, Berkeley, he encountered the work and teaching of Professor James C. "Jim" Coyne, whose interactional approach to depression helped him see that symptoms do not live in isolation. A person's suffering unfolds within reciprocal exchanges: behavior changes the responses of other people, those responses change the person's experience, and the cycle can feed on itself. Coyne's 1976 paper, "Toward an Interactional Description of Depression," offered an important challenge to explanations that located the entire problem inside a single individual. The lesson was to climb to a higher altitude, to look at the system rather than stare endlessly at one wounded point in it. The influence stayed with Jeff throughout his professional life. He never forgot Jim Coyne. Thank you, Jim (Coyne, 1976).

That higher-altitude view is exactly what is missing when a therapist takes the adolescent's first impression as a final verdict. Perhaps a father is impatient because he is terrified of losing his child; perhaps the teenager's withdrawal intensifies the father's demands; perhaps the mother's

efforts to help are heard as intrusion; perhaps an argument has become a loop no one knows how to break. There may be injury, responsibility, and real need for change on every side. There may also be actual abuse requiring protection. The point is that these possibilities must be assessed rather than inferred from the most emotionally compelling voice in the room. When a therapist mistakes a slice of the system for the whole system, the treatment plan may deepen the very rupture it should help repair.

The Empty Chair Is Our Profession's Examination

We write as Christians as well as clinicians, and we believe the command to honor father and mother still means something. We also believe parents are answerable for how they treat their children. Faith calls for truth, repentance, justice, mercy, and love—not a one-sided license to dominate. But our culture has become so infatuated with the language of the individual self that sacrifice is beginning to sound like pathology. "My peace" can become a sanctified way of saying "your existence is inconvenient." "My boundaries" can become the elegant packaging on an act of cruelty. When a society loses the capacity to distinguish between self-protection and self-absorption, the family pays first.

And so we return to the empty chair. Somewhere a father keeps an old birthday card because it is the last handwriting he has seen from his daughter. Somewhere a grandmother rehearses what she might say if the phone finally rings. Somewhere a young adult has been taught to recite every grievance with flawless clinical vocabulary but has never been helped to ask whether any of those wounds might be healed. Perhaps the tragedy is not merely that the family broke. Perhaps it is that people who had the authority to help repair it preferred the applause that comes from telling someone they were right all along.

A profession that teaches people how to catalog wounds but not how to grow beyond them has failed. A school that teaches children to distrust their families before it teaches them to understand their families has failed. An intellectual culture able to deconstruct every bond but unable to explain why a promise ought to be kept has failed. Our calling is not to manufacture enemies, flatter wounded egos, or hand thirteen-year-olds the keys to a family demolition project. It is to help people see clearly, act responsibly, forgive where possible, protect themselves where necessary, and become larger than their pain. We would rather be old-fashioned healers than fashionable accomplices to another broken family.

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