

# Essays on Attachment-Based Parental Alienation

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The Internet Writings of Dr. Childress

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# Chapter 4

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## Diagnosing Parental Alienation

The pathology of "parental alienation" can be reliably identified by a set of three definitive diagnostic indicators:

### 1.) Attachment System Suppression:

The complete suppression of the child's attachment bonding motivations toward a normal-range and affectionately available parent in which the child seeks to entirely sever the attachment bond with this parent.

**Therapist Note:** This symptom originates in the disorganized attachment networks of the allied narcissistic/(borderline) parent in which breaches to the relationship with the attachment figure result in a complete severing of the relationship (Bowen: relationship cutoffs) rather than effective repair of the relationship.

Under the distorting pathogenic influence of the narcissistic/borderline parent, the child is induced into adopting a similar "cutoff" of relationships as a means of coping with the divorce.

### 2.) Personality Disorder Traits

The child displays a characteristic set of five specific narcissistic/(borderline) personality traits in the child's symptom

display toward the targeted rejected parent:

**Grandiosity:** The child sits in a grandiose position of judgment of the targeted parent as both a parent and as a person.

**Absence of Empathy:** The child displays a complete absence of empathy and compassion for the targeted parent.

**Entitlement:** The child expresses an entitled belief that the child's every desire should be met by the targeted-rejected parent to the child's satisfaction, and if these entitled expectations are not met to the child's satisfaction then the child feels entitled to exact a retaliatory revenge on the targeted parent

**Haughty and Arrogant Attitude:** The child displays an arrogant attitude of haughty contempt and disdain for the targeted parent.

**Splitting:** The child's symptoms evidence the pathology of splitting in which the child displays a polarized perception of his or her parents, with the supposedly favored parent characterized as the ideal all-wonderful parent whereas the targeted parent is characterized as the entirely bad and worthless parent

**Therapist Note:** This set of narcissistic/(borderline) personality traits in the child's symptom display are the result of psychological influence by the allied narcissistic/(borderline) parent on the child's beliefs toward the targeted parent. Diagnostic Indicator 2 represents the "*psychological fingerprints*" in the child's symptom display of the psychological influence and control of the child by the allied narcissistic/(borderline) parent who is the actual source for these narcissistic beliefs and attitudes.

### 3.) Delusional Belief

The child evidences an intransigently held, fixed-and-false belief (i.e., a delusion) regarding the supposedly "abusive"

parental inadequacy of the targeted-rejected parent. The child shares this delusional belief (an encapsulated persecutory delusion) with the narcissistic/(borderline) parent, who is the actual original source of this delusional belief (ICD-10 diagnosis code F24: Shared Psychotic Disorder).

The child uses this delusional belief regarding the supposedly “abusive” inadequacy of the targeted parent to justify the child’s rejection of the targeted parent as *deserving* to be rejected and punished for this parent’s supposedly “abusive” inadequacy.

**Therapist Note:** This symptom is a product of the child’s induced role in the trauma reenactment narrative of the narcissistic/(borderline) parent as the “victimized child.” The trauma reenactment narrative is a false drama created from the decompensating delusional pathology of the narcissistic/(borderline) parent (Millon, 2011; see below).

The child is induced by distorted and manipulative communication exchanges with the narcissistic/borderline parent into adopting the "victimized child" role in the narcissistic/(borderline) parent's attachment trauma reenactment narrative (Childress, 2015; Foundations). Since the attachment trauma reenactment narrative is a false drama (a delusion), the child's role as the "victimized child" in this false drama is also a delusional belief.

The child’s rejection of the targeted parent is induced through a series of distorted communication and relationship exchanges between the child and the narcissistic/(borderline) parent in which the child is led into believing that the child is being “victimized” by the supposedly “abusive” parenting of the targeted parent. This allows the allied narcissistic/(borderline) parent to then self-adopt and conspicuously display to others, and to the child, the role as the supposedly ideal and “protective” parent.

The trauma reenactment narrative is in the pattern of “abusive parent” / “victimized child” / “protective parent.”

However, this is a false drama. The targeted parent is not abusive, the child is not victimized, and the narcissistic/borderline parent is not a protective parent. It is a false drama created by the pathology of the narcissistic/(borderline) parent.

**Abusive Parent:** The *internal working model* of the “abusive parent” which is contained within the attachment networks of the narcissistic/(borderline) parent is assigned to the current targeted parent (i.e., the supposedly "abusive" *spousal* attachment figure who is rejecting/abandoning the narcissistic/borderline *spouse*)

**Victimized Child:** The *internal working model* of the "victimized child" which is contained in the attachment networks of the narcissistic/(borderline) parent is assigned to the current child through a series of distorted communication exchanges with the child in which a criticism of the targeted parent is first elicited from the child through motivated and directive questioning by the narcissistic/(borderline) parent, followed by the inflammation and distortion of this elicited criticism by the response it receives from the narcissistic/(borderline) parent, who leads the child into believing that the child is being “victimized” by the supposedly abusive parental inadequacy of the other parent. It is the child’s belief in this false trauma reenactment role as the supposedly “victimized child” that represents Diagnostic Indicator 3 of the delusional belief.

**Protective Parent:** The *internal working model* of the all-wonderful and ideally nurturing and "protective parent" is self-adopted and conspicuously displayed by the narcissistic/(borderline) parent for the “bystander” therapists, attorneys, social workers, teachers, and judges. The role of the "bystander" therapists, attorneys, social workers and judges in the trauma reenactment narrative is to validate the authenticity of the false narrative created by the pathology of the narcissistic/(borderline) parent of “abusive parent”/“victimized child”/“protective parent.”

## Anxiety Variant

In some cases, the child's symptoms may display an extreme and excessive anxiety supposedly triggered by the presence or anticipated presence of the targeted parent. In the Anxiety Variant, the child's anxiety symptoms will meet DSM-5 diagnostic criteria for a Specific Phobia, with the type of phobia being a bizarre and unrealistic "mother phobia" or "father phobia."

**Persistent Unwarranted Fear:** The child will display a persistent and unwarranted fear of the targeted-rejected parent that is cued by either by the presence of the targeted parent or in anticipation of being in the presence of the targeted parent (DSM-5 Phobia criterion A).

**Severe Anxiety Response:** The presence of the targeted parent almost invariably provokes an anxiety response which can reach the levels of a situationally provoked panic attack (DSM-5 Phobia criterion B).

**Avoidance of Parent:** The child seeks to avoid exposure to the targeted parent due to the situationally provoked anxiety or else endures the presence of the targeted parent with great distress (DSM-5 Phobia criterion C).

## Associated Clinical Signs (ACS)

While not diagnostic of the pathology of "parental alienation," a set of prominent associated clinical signs are often present in the surrounding symptom display:

### ACS 1: Use of the Word "Forced"

The child's time spent with the targeted parent is characterized as being "forced" to be with this parent.

**Narcissistic/Borderline Parent:** "What can I do, I can't force the child to go on visitations with the other parent."

**N/B Parent:** "What can I do, I can't force the child to accept phone calls from the other parent."

**N/B Parent:** "I won't force the child to be with the other parent."

**Child:** "I don't want to be forced to be with the other parent."

A more appropriate and accurate characterization would be that the child is being given the "opportunity" to form positive and affectionate relationships with both parents. Sometimes this characterization of being "forced" to be with the targeted parent is combined with an offer of possible reconciliation at some point in the future if the targeted parent simply allows the current rejection to occur.

**Child:** "If the targeted parent allows me to spend all my time with the favored parent, then maybe someday I might want to spend time with the targeted-rejected parent."

### **ACS 2: Child Empowerment to Reject**

The allied narcissistic/(borderline) parent actively supports and seeks to empower the child's ability to reject the targeted parent.

**Child Decide:** The child should be "allowed to decide" whether to go on visitations with the other parent.

**Listen to the Child:** We should "listen to the child" (because the child is under the manipulative control of the narcissistic/(borderline) parent).

**Speak to the Judge:** The child should be allowed to testify in court or speak to the judge in order to tell the judge that the child wants to reject the targeted parent.

An effort by an allied and supposedly favored parent to have the child testify in court or speak to the judge in order for the child to overtly reject the targeted parent is almost always indicative of attachment-based "parental alienation." The only reason this is not among the principle diagnostic indicators is that it is not consistently present in all cases of



attachment-based "parental alienation." However, when it is present and an allied and supposedly favored parent seeks to have the child testify in court in order to overtly reject the other parent, this is **almost always** indicative of attachment-based "parental alienation."

### ACS 3: The Exclusion Demand

The child seeks to exclude the targeted parent from attending the child's activities and ceremonies (dance recitals, baseball games, school performances), supposedly because the child becomes too anxious and stressed by the mere presence of the targeted parent at these activities.

**Therapist Note:** The actual source of the child's stress is the psychological distress of the allied narcissistic/borderline parent which is created by the presence of the targeted parent at these child events.

The child is in a role-reversal relationship with the narcissistic/(borderline) parent in which the child is being used as an external "regulatory object" by the narcissistic/(borderline) parent to stabilize this parent's psychopathology. When the targeted parent shows up for the child's events and activities this destabilizes the emotional and psychological state of the narcissistic/(borderline) parent. The child's role as the regulatory object for the narcissistic/(borderline) parent's emotional and psychological state is to keep this parent in an organized and regulated psychological state, which can be accomplished by the child banishing the targeted parent from attending the child's activities and events.

The presence of the Exclusion Demand is almost 100% indicative of attachment-based "parental alienation." No normal-range child EVER banishes a parent from attending the child's events or activities. Normal-range children seek and enjoy their parents' attendance at the child's activities and ceremonies.

The only reason the Exclusion Demand is not one of the

principle diagnostic indicators is because it is not consistently present in all cases of attachment-based "parental alienation." However when the Exclusion Demand is present, it is almost 100% indicative of attachment-based "parental alienation."

#### **ACS 4: Parental Replacement**

The child replaces the child's authentic parent with the step-parent spouse of the allied narcissistic/(borderline) parent.

**De-Ownership:** The child stops calling his or her authentic parent "mom" or "dad" and instead begins calling the authentic parent by his or her first name.

**Replacement:** The child begins calling the step-parent spouse of the allied narcissistic/(borderline) parent with the parental appellation of "mom" or "dad"

This replacement of the authentic parent with the step-parent spouse of the allied narcissistic/(borderline) parent is tacitly condoned by the narcissistic/(borderline) parent, typically with the role-reversal theme of "It's not me, it's the child who decided to call the step-parent mom/dad." Oftentimes, the allied narcissistic/(borderline) parent will present this parental replacement to the "bystander" therapists and attorneys as being a good thing since it evidences that the child no longer needs the other parent now that the other parent has been effectively replaced in the child's affections by the new step-parent spouse of the narcissistic/(borderline) parent.

When present, Parental Replacement is almost 100% indicative of attachment-based "parental alienation." The only reason Parental Replacement is not included as one of the principle diagnostic indicators is that it is not always present in all cases of attachment-based "parental alienation." But when Parental Replacement is present, it is almost 100% indicative that attachment-based parental alienation is present.

#### **ACS 5: The Unforgiveable Event**

The child reports on one or two events from the past as representing supposedly "unforgiveable events" that justify all

current and future rejection of the targeted parent. The child typically uses these supposedly unforgivable events from the past as justification that the targeted parent supposedly "deserves" to be rejected for the supposed prior failures of the targeted parent as a parent.

The associated clinical sign of the Unforgiveable Event is often associated with the child's demand for an apology from the targeted parent for the supposed wrongs inflicted on the child in the past. The targeted parent will often dispute the accuracy of the child's characterizations of these events. If the targeted parent does not apologize for the supposed wrongs done to the child in the past, then the child will allege that the targeted parent "doesn't take responsibility" for past parental failures. However, even if the targeted parent apologizes for these alleged parental misdeeds the child will nevertheless remain hostile and rejecting of the targeted parent over these supposedly unforgiveable past events.

**Therapist Note:** In normal-range families, parents judge children's behavior as appropriate or inappropriate, and parents then deliver consequences (punishments and rewards) based on these parental judgements of the child's behavior.

In an "inverted hierarchy" of a cross-generational coalition of the child with the allied parent against the other parent (what Haley refers to as the "perverse triangle"), the child is empowered by the coalition with the supposedly favored and allied parent to sit in judgement of the other parent and to punish this parent for child judgements of parental failures and misdeeds.

### **ACS 6: Liar - Fake**

The child accuses the targeted parent of being "fake" and a "liar" whenever the targeted parent displays positive feelings of affection for the child.

**Therapist Note:** The child is unable to acknowledge authentic displays of affection by the targeted parent

because of the child's guilt and grief at betraying the affectional bond with the beloved-but-now-rejected targeted parent. The child copes with the immense guilt and grief by discounting the authenticity of the targeted parent's displays of affection and by maintaining that the targeted parent "deserves" to be rejected (because of supposed past parental failures and misdeeds).

### **ACS 7: Themes for Rejection**

The characteristic themes offered by the child for rejecting the targeted parents are:

**Too Controlling:** The targeted parent is too "controlling" - "Things always have to be his way (or her way)."

**Anger Management:** The targeted parent gets excessively angry over supposedly minor incidents (incidents often provoked by the child's disrespectful and hostile attitude).

**Neglectful:** The targeted parent didn't or doesn't spend enough time with the child, or provides inadequate care for the child. The neglectful theme often centers around time given to the new romantic partner or spouse of the targeted parent, and is sometimes given as a past "unforgiveable event" (e.g., "my father never spent enough time with me before the divorce, so now I don't want to spend time with him"). In some cases the neglectful theme centers around food and feeding issues (e.g., the targeted parent does not provide adequate or acceptable food in the home).

### **ACS 8: Use of the Word "Abuse"**

The word "abuse" is used extensively in attachment-based "parental alienation" to characterize normal-range and non-abusive parenting practices of the targeted parent (for example, taking away the child's cell phone as a discipline measure is not "abusive" parenting but will be characterized with the term "abusive" by the child and allied narcissistic/borderline parent).

The elevated threat perception of the allied narcissistic/(borderline) parent in which the parenting practices of the other parent are vaguely perceived as being threatening for the child is typically accompanied by an expressed need by the allied narcissistic/borderline parent to “protect the child” whenever the child is with the targeted parent, so the frequent use of the word "protection" when the child is actually in no threat or danger is also associated with the pathology of attachment-based "parental alienation." The supposed need to "protect the child" is often used to justify the frequent and incessant texting of the narcissistic/borderline parent with the child while the child is in the care of the targeted parent.

**Therapist Note:** This symptom set of unwarranted and excessive characterizations of "abuse" and "protection" concerns emerges from the elevated anxiety of the narcissistic/(borderline) parent activated from this parent’s own developmental trauma history and patterns in the attachment system, which are then triggered by being separated from the child.

### **ACS 9: Excessive Texting**

The narcissistic/(borderline) parent seeks to maintain almost continual contact with the child (through texting, phone calls, and emails) while the child is in the care of the targeted parent.

**Therapist Note:** The two inter-related goals of this excessive contact are:

**Anxiety Reduction:** To lessen the narcissistic/(borderline) parent’s own anxiety at separations from the child.

**Interfere with Relationship:** To intrude into the relationship of the targeted parent with the child in order to disrupt and prevent the targeted parent and child from forming an affectionally bonded relationship.

The narcissistic/(borderline) parent will often frame this excessive texting (emails, phone calls, etc.) as a need to monitor and "protect the child" while the child is in the care of the targeted

parent. The incessant texting and contact with the child will sometimes be framed in a role-reversal theme as the child needing to be in continual contact with the narcissistic/borderline parent

**N/B Parent:** "It's not me, it's the child who is texting me because the child loves me so much and can't bear to be separated from me. But it's not me, it's the child."

When present, the associated clinical sign of continual and incessant texting will often provoke the targeted parent to take away the child's phone while on visitations, which will create an incident of conflict in which the child claims that the removal of the child's phone was unjustified and that the targeted parent "had no right to take my phone." In some cases, the child will lock himself or herself in the bathroom with a computer or phone for long periods of time in order to excessively text or email the narcissistic/(borderline) parent while on visitations with the targeted parent. This may provoke the targeted parent to remove the locks on the bathroom doors, which will then create an incident of conflict in which the child and the allied narcissistic/(borderline) parent will express privacy concerns for the child with no lock on the bathroom door. In some cases, this may become the "unforgivable event" used to justify the rejection of the targeted parent.

### **ACS 10: Role-Reversal Use of the Child**

**("It's not me, it's the child who...")**

The allied narcissistic/(borderline) parent triangulates the child into the spousal conflict by placing the child into the leadership position of having to reject the targeted parent. The characteristic pattern of this role-reversal manipulation and exploitation of the child is: "It's not me, it's the child who..."

**N/B Parent:** "It's not me, it's the child who doesn't want to be with the targeted parent. I tell the child to go on visitations, but the child doesn't want to. But it's not me, it's the child."

**N/B Parent:** "It's not me, it's the child who doesn't want to play baseball anymore. I asked the child if he/she wanted to play baseball and the child said no. It's not me, it's the child."

**N/B Parent:** "It's not me, it's the child who doesn't want the other parent to attend the child's music recital (school play, soccer game, graduation, etc.)" (the Exclusion Demand)

**N/B Parent:** "It's not me, it's the child who..."

**Therapist Note:** This role-reversal use of the child by the narcissistic/(borderline) parent represents the manipulation and exploitation of the child to meet the needs of the narcissistic/(borderline) parent.

### **ACS 11: Deserves to be Rejected**

A highly characteristic theme expressed by both the child and by the allied narcissistic/(borderline) parent is that the targeted parent *deserves* to be rejected by the child because of past parental failures. This theme frames the child as an almost retaliatory angel of justice whose mission is to inflict suffering and rejection onto the targeted parent who deserves to suffer for this parent's alleged misdeeds as a parent. Normal-range children never express this attitude toward a parent. It is, however, a very prominent and highly characteristic theme expressed in attachment-based "parental alienation."

**Therapist Note:** This theme emanates from the retaliatory pathology of the narcissistic/(borderline) parent which is being transmitted to the child's attitudes and beliefs. It is the narcissistic/(borderline) parent who believes that the other *spouse* deserves to suffer for his or her failures as a *spouse*.

Since the child is being used as a retaliatory weapon against the other spouse, the retaliatory theme that the other *spouse* "deserves to suffer" and "deserves to be rejected" is transferred to the child and to the child's role with the other *parent*. So that this "*spousal*" theme of the narcissistic/(borderline) personality parent becomes

translated into the child's "*parental*" theme with the targeted parent; that the targeted parent "deserves to suffer" and "deserves to be rejected" for this parent's supposed failures as a *parent*. This theme is initially a spousal theme which is now being enacted by the "retaliatory weapon" of the child as a parent-child theme.

This theme of "deserving to be rejected" also links into the childhood developmental trauma history of the narcissistic/(borderline) parent as both an unexpressed anger toward his or her own parent (who "deserves to be rejected" in the mind of the narcissistic/(borderline) parent), as well as a projected self-loathing and primal fear of the narcissistic/(borderline) parent that he or she "deserves to be rejected" because of the inherent personality inadequacies of the narcissistic/(borderline) parent. This theme of "deserves to be rejected" is a complex knot of interwoven pathology within the narcissistic/(borderline) parent.

### **ACS 12: Allied Parent Disregards Court Orders and Court Authority**

The allied narcissistic/(borderline) parent personality does not recognize the court's authority over his or her impulses and desires. The narcissistic/(borderline) style personality believes that he or she is exempt from the rules and standards that govern other people. As a result of this belief of inherent superiority, the narcissistic/(borderline) parent will frequently and unilaterally disregard court orders regarding custody and visitation that this parent finds inconvenient.

The narcissistic/(borderline) parent transmits this disregard of court orders and court authority to the child, so that the child feels similarly entitled to disregard court orders for custody and visitation. This child's empowerment to disregard court authority is reflected in the child's refusal to go on court ordered visitations with the targeted parent, and reaches its zenith when the child selects to run away from the care of the targeted parent, in direct contravention to the court orders for custody and visitation.



According to Aaron Beck, a leading authority on personality disorders, narcissistic personalities “consider themselves superior and entitled to special favors and favorable treatment; they are above the rules that govern other people... [and] the core narcissistic beliefs are as follows: “Since I am special, I deserve special dispensations, privileges, and prerogatives” (Beck et al., p. 43). This core narcissistic belief leads the narcissistic/(borderline) parent to simply disregard court orders that this parent finds inconvenient.

## **DSM-5 Diagnosis**

When the three diagnostic indicators of attachment-based "parental alienation" are present in the child's symptom display, the appropriate DSM-5 diagnosis is:

### DSM-5 Diagnosis

309.4 Adjustment Disorder with mixed disturbance of emotions and conduct

V61.20 Parent-Child Relational Problem

V61.29 Child Affected by Parental Relationship Distress

V995.51 Child Psychological Abuse, Confirmed

## **Child Psychological Abuse**

The DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed is warranted by the induced psychopathology evidenced in the child's symptom display which is created by the severely pathogenic parenting practices of a narcissistic/borderline parent as a means to stabilize the pathology of the parent. The pathogenic parenting practices of the narcissistic/(borderline) parent are creating the following child pathology:

### **Developmental Pathology:**

Diagnostic Indicator 1: Induced suppression of the child's attachment bonding motivations toward a normal-range and affectionally available parent.

## **Personality Disorder Pathology**

Diagnostic Indicator 2: The presence in the child's symptom display of five a-priori predicted narcissistic/(borderline) personality traits directed toward the targeted parent

## **Psychiatric Pathology**

Diagnostic Indicator 3: The presence in the child's symptom display of severe psychiatric psychopathology involving an induced delusional belief and possibly induced phobic anxiety.

Pathogenic parenting that is creating severe developmental pathology, personality disorder pathology, and psychiatric pathology in a child as a means to stabilize the parent's own psychopathology, and which is resulting in the loss for the child of an affectionally bonded relationship with a normal-range and affectionally available parent, reasonably represents a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed - which then activates the mental health professional's "duty to protect" and professional obligation to take affirmative actions to protect the child.

The pathology of "parental alienation" is not a child custody issue, it is a child protection issue.

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From: Millon. T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

"Axis I Co-Morbidities

“Delusional Syndromes (DEL). Under conditions of unrelieved adversity and failure, narcissists may decompensate into paranoid disorders. Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct delusional beliefs. Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may

isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally invalid suspicions. Among narcissists, delusions often take form after a serious challenge or setback has upset their image of superiority and omnipotence. They tend to exhibit compensatory grandiosity and jealousy delusions in which they reconstruct reality to match the image they are unable or unwilling to give up. Delusional systems may also develop as a result of having felt betrayed and humiliated. Here we may see the rapid unfolding of persecutory delusions and an arrogant grandiosity characterized by verbal attacks and bombast." (pp. 407-408)

## References

- Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). *Cognitive therapy of personality disorders*. (2nd edition). New York: Guilford.
- Childress, C.A. (2015). *An attachment-based model of parental alienation: Foundations*. Claremont, CA: Oaksong Press.
- Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional*
- Millon, T. (2011). *Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal*. Hoboken: Wiley. New York: Norton.