

# The Attachment-Related Pathology of “Parental Alienation”

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The term "parental alienation" is not a defined construct in clinical psychology. It is a term used in the popular culture to refer to a child's rejection of a normal-range and affectionally available parent surrounding high-conflict divorce.

## Attachment-Related Pathology

The rejection of a parent is an attachment-related pathology. The attachment system is the brain system for managing all aspects of love and bonding throughout the lifespan - including grief and loss experiences such as occurs through divorce. The pathology called "parental alienation" in the common culture is an attachment-related pathology.

Therefore, all mental health professionals involved in the assessment, diagnosis, and treatment of this form of family pathology must have a strong clinical expertise in the attachment system; its characteristic functioning and its characteristic dysfunctioning. The pathology called "parental alienation" represents a form of "disordered mourning" (Bowlby, 1980) within the family in which the emotions of sadness and grief surrounding the divorce are being translated into "anger and resentment, loaded with revengeful wishes" (Kernberg, 1975, p. 229).

“Disturbances of personality, which include a bias to respond to loss with disordered mourning, are seen as the outcome of one or more deviations in development that can originate or grow worse during any of the years of infancy, childhood and adolescence.” (Bowlby, 1980, p. 217)

"The deactivation of attachment behavior is a key feature of certain common variants of pathological mourning." (Bowlby, 1980, p. 70)

## Family Systems Pathology

The pathology called "parental alienation" in the common culture involves family relationships. The child is being *triangulated* into the spousal conflict through the formation of a *cross-generational coalition* with one parent against the other parent (Haley, 1977; Minuchin, 1974). The pathology called "parental alienation in the common culture is a family systems pathology. All mental health professionals involved in the assessment, diagnosis, and treatment of this form of family systems pathology must have a strong clinical expertise in family systems therapy, particularly the recognition, diagnosis, and treatment surrounding a *cross-generational coalition* in the family.

## Parental Personality Pathology

The pathology called "parental alienation" in the common culture is created by the narcissistic and borderline personality traits of the allied parent (particularly projection and splitting) that become activated by the inherent rejection (and abandonment) surrounding the divorce. The addition of the splitting pathology from the allied narcissistic/(borderline) parent to a *cross-generational coalition* with the child transmutes an already pathological cross-generational coalition into a particularly malignant form in which the child seeks to entirely terminate the child's relationship with the targeted parent.

Splitting pathology cannot accommodate to ambivalence (Juni, 1995). As a result of the splitting pathology of the narcissistic/(borderline) parent who is allied with the child, when the spouse becomes an *ex-spouse* (an ex-husband or ex-wife), this now ex-spouse must also become an *ex-parent* as well (an ex-father or ex-mother) in order to maintain the consistency imposed by the splitting pathology of the narcissistic/(borderline) parent who is allied with the child in a cross-generational coalition.

The pathology called "parental alienation" in the common culture is a consequence of parental personality pathology (narcissistic and borderline personality traits) that is severely distorting family relationships following the rejection and abandonment of this parent surrounding the divorce. All mental health professionals involved in the assessment, diagnosis, and treatment of this form of family pathology must have a strong clinical expertise in the recognition of narcissistic and borderline personality pathology, including role-reversal relationships, manipulation and exploitation of others, and delusional distortions to their perception of relationships, that are characteristics of the narcissistic and borderline personality organizations.

### **Attachment Trauma Pathology**

The personality disorder pathology of the allied parent represents the coalesced product of childhood attachment trauma (disorganized attachment). This childhood attachment trauma of the narcissistic/(borderline) parent is embedded in the "internal working models" (schemas) of this parent's attachment system in the pattern of:

"abusive parent"/"victimized child"/"protective parent"

This attachment pattern from childhood has become reactivated in the attachment system of the narcissistic/(borderline) parent due to the loss surrounding the divorce, and this attachment pattern from childhood is being imposed on the current family members by the pathology of the narcissistic/(borderline) parent in a reenactment of the childhood trauma narrative:

Abusive parent = targeted parent

Victimized child = the current child

Protective parent = the role adopted by the allied narcissistic/(borderline) parent

But this is a false narrative born in the childhood attachment trauma of the narcissistic/(borderline) parent. It's not true. The targeted parent is not abusive. The child is not a victim. And the narcissistic/(borderline) parent is not a protective parent. None of this is true. It's a delusion. A false narrative created in the childhood attachment trauma of the narcissistic borderline parent.

"Reenactments of the traumatic past are common in the treatment of this population and frequently represent either explicit or coded repetitions of the unprocessed trauma in an attempt at mastery. Reenactments can be expressed psychologically, relationally, and somatically and may occur with conscious intent or with little awareness. One primary transference-countertransference dynamic involves reenactment of familiar roles of victim-perpetrator-rescuer-bystander in the therapy relationship. Therapist and client

play out these roles, often in complementary fashion with one another, as they relive various aspects of the client's early attachment relationships." (Pearlman & Courtois, 2005, p. 455)

It is a false trauma reenactment narrative, transferred from the childhood of the narcissistic/(borderline) parent into the current family relationships. This false trauma reenactment narrative represents an encapsulated delusion. One of the leading experts on personality pathology, Theodore Millon, describes how the narcissistic personality collapses into delusional beliefs under stress:

“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.” (Millon, 2011, pp. 407-408).

This pathology is a delusion, a false narrative, created in the unresolved childhood trauma of the parent and displayed for the benefit of "bystander" therapists and legal professionals. All mental health professionals who are involved in assessing, diagnosing, and treating this form of delusional trauma reenactment pathology must possess an expertise in the recognition of *encapsulated persecutory delusions* associated with narcissistic and borderline personality pathology.

To create the false trauma reenactment narrative in the current family, all the narcissistic/(borderline) parent must do is manipulate the child into adopting the role as the "victimized child" in the false trauma reenactment narrative. Once the child adopts the role as the "victimized child," this immediately imposes the "abusive parent" role onto the normal-range targeted parent, irrespective of the actual parenting practices of this parent. The child's role as the "victimized child" automatically places the targeted parent into the trauma reenactment role as the "abusive parent." And when the child adopts the role as the "victimized child," this also allows the allied narcissistic/(borderline) parent to then adopt and conspicuously display to others the coveted role as the all-wonderful "protective parent." The moment the child is manipulated into adopting the false "victimized child" role in the trauma reenactment narrative, then both of the other trauma reenactment roles are immediately assigned to the respective parents and the stage is set for the reenactment of the childhood attachment trauma of the narcissistic/(borderline) parent.

The pathology called "parental alienation" in the common culture is a trauma-related pathology. All mental health professionals involved in the assessment, diagnosis, and treatment of this form of trauma-related pathology must have a strong clinical expertise in *complex*

*developmental trauma*, including the symptom features of authentic trauma and trauma reenactment.

“When the trauma fails to be integrated into the totality of a person’s life experiences, the victim remains fixated on the trauma. Despite avoidance of emotional involvement, traumatic memories cannot be avoided: even when pushed out of waking consciousness, they come back in the form of **reenactments**, nightmares, or **feelings related to the trauma**... Recurrences may continue throughout life during periods of stress.” (van der Kolk, 1987, p. 5)

## **Professional Competence**

The pathology called "parental alienation" in the common culture is a complex attachment-related; trauma-related; personality disorder-related; family systems pathology requiring a sophisticated level of professional expertise to competently assess, diagnose, and treat. Due to the complexity of this form of family attachment-related pathology, the children and families evidencing this form of family pathology (i.e., the child's rejection of a parent surrounding divorce that includes high inter-spousal conflict) warrant the designation as a "special population" requiring specialized professional knowledge and expertise to competently assess, diagnose, and treat.

This type of family pathology requires specialized professional knowledge and expertise in the following domains of professional psychology in order to competently assess, diagnose, and treat:

**The Attachment System:** Particularly the characteristic functioning and characteristic dysfunctioning of the attachment system, including the grief response and "disordered mourning."

**Attachment Trauma:** Particularly the indicators reflecting the trans-generational transmission of attachment trauma through the creation of a false trauma-reenactment narrative.

**Personality Disorder Pathology:** Particularly the origins, assessment, and diagnosis of narcissistic and borderline personality pathology; with a particular focus on the associations of narcissistic and borderline personality pathology to childhood attachment trauma;

**Family Systems Therapy:** Particularly the diagnostic features of the child’s *triangulation* into the spousal conflict through the formation of a *cross-generational coalition* with one parent against the other parent.

Key professional literature to establish professional competence with this special population of children and families is:

Bowlby: regarding the attachment system

Ainsworth: regarding the attachment system

Mains & Lyons-Ruth: regarding disorganized attachment

Millon: regarding personality pathology

Beck: regarding personality pathology

Kernberg: regarding personality pathology

Linehan: regarding personality pathology

Minuchin: regarding Structural family systems therapy

Haley: regarding Strategic family systems therapy

van der Kolk: regarding childhood trauma

Failure to possess the necessary professional knowledge and expertise to competently assess, diagnose, and treat this complex form of attachment-related family pathology may represent practice beyond the boundaries of professional competence in violation of Standard 2.01a of the ethics code of the American Psychological Association.

## **DSM-5 Diagnosis**

There is no defined pathology of "parental alienation" within clinical psychology. The correct and accurate clinical psychology term for the attachment-related pathology called "parental alienation" in the common culture is pathogenic parenting (patho=pathology; genic=genesis, creation). Pathogenic parenting is the creation of significant psychopathology in the child through aberrant and distorted parenting practices. The construct of pathogenic parenting is a defined construct in clinical and developmental psychology and is typically referenced with regard to attachment-related pathology, since the attachment system never spontaneously dysfunctions but only dysfunctions in response to pathogenic parenting.

The attachment-related pathology involving the trans-generational transmission of attachment-trauma from the childhood of a narcissistic/(borderline) parent to the current family relationships, mediated by personality disorder pathology of the parent that is itself a product of the childhood attachment trauma (a pathology called "parental alienation" in the common culture) can be reliably and definitively identified by a set of three diagnostic indicators in the child's symptom display:

- 1.) **Attachment System Suppression:** The suppression of the child's normal-range attachment bonding motivations toward a parent represents diagnostic evidence for an attachment-related pathology involving pathogenic parenting.
- 2.) **Narcissistic Personality Symptoms:** The presence in the child's symptom display of five specific a-priori predicted narcissistic personality traits represents the diagnostic evidence for the influence on the child's attitudes, beliefs, and behavior from a narcissistic/(borderline) parent (i.e., the "psychological fingerprints" of control and influence on the child by a narcissistic/(borderline) parent).
- 3.) **Delusional Belief in the Child's Victimization:** The child's symptom display of an intransigently held fixed and false belief (a delusion) regarding the child's supposed "victimization" by the normal-range parenting practices of the targeted parent represents

diagnostic evidence of the child's incorporation into the false trauma reenactment narrative of the allied narcissistic/(borderline) parent who is influencing the child's attitudes, beliefs, and behavior.

The presence of all three diagnostic indicators in the child's symptom display represents definitive diagnostic evidence of the pathology. No other pathology in all of mental health will produce this specific set of three diagnostic indicators in the child's symptom display other than pathogenic parenting by an allied narcissistic/(borderline) parent as a manifestation of the trans-generational transmission of attachment-trauma from the childhood of the narcissistic/(borderline) parent to the current family relationships, mediated by the personality disorder pathology of the parent that is itself a product of the childhood attachment trauma (an attachment-related pathology traditionally called "parental alienation" in the common culture).

Pathogenic parenting that is creating significant developmental pathology in the child (diagnostic indicator 1), personality pathology in the child (diagnostic indicator 2), and delusional-psychiatric pathology in the child (diagnostic indicator 3) in order to meet the emotional and psychological needs of the parent represents a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed.

The complete DSM-5 diagnosis for this form of attachment-related pathology 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 (pathogenic parenting)

Failure to properly assess for this form of attachment-related pathology when a child is displaying a rejection of a parent surrounding divorce would likely represent a violation of Standard 9.01a of the APA's ethics code which requires that diagnostic statements, including forensic testimony, be based on information "sufficient to substantiate" the findings. If an appropriate assessment of the pathology has not been conducted, then the diagnostic statements are NOT based on information "sufficient to substantiate" the findings.

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