

Parental Alienation and Boundaries of Professional Competence

C.A. Childress, Psy.D. (2013)

American Psychological Association (2002). Ethical principles of psychologists and code of conduct. *American Psychologist*, 57, 1060-1073.

2.01 Boundaries of Competence (a) Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.

The family and psychological processes classically described as “parental alienation” represent the trans-generational transmission of attachment trauma from the childhood of the alienating parent to the current family relationships, mediated by the narcissistic and borderline personality disorder processes of the alienating parent, that in themselves represent the coalesced product of insecure anxious-disorganized/anxious-preoccupied attachment networks, involving internal working models of attachment centering on themes of core-self inadequacy (producing narcissistic compensatory defenses) and a tremendous fear of abandonment (producing borderline personality processes). The divorce and family’s dissolution activates the alienating parent’s attachment networks to mediate the interpersonal loss experience, which correspondingly activates the alienating parent’s attachment-related trauma networks that are reflected in the pattern “abusive parent/victimized child,” and the narcissistic and borderline personality vulnerabilities of the alienating parent, that are the coalesced product of the alienating parent’s insecure anxious-disorganized/anxious-preoccupied attachment. Through a misattribution regarding the meaning of the anxiety and a reenactment of the attachment related trauma patterns, the alienating parent forms an intransigently held, fixed and false belief that the other parent, the targeted parent, represents an abusive threat to the child. This intransigently held, fixed and false belief system represents a delusional belief that is maintained because the authentically experienced, but uncomprehended and misinterpreted intense anxiety of the alienating parent, emanating from reactivated attachment trauma networks and personality disorder vulnerabilities that are being directly triggered by the targeted parent (i.e., the abandoning/rejecting attachment figure), locks into place the fixed certainty of the alienating parent in the false belief regarding the other parent’s potential “abusive” threat to the child.

The narcissistic/borderline personality disordered alienating parent then induces the child’s symptomatic rejection of the other parent through distorted communication practices in which child criticisms of the other parent are first elicited through over-anxious and subtly directive prenatal questioning of the child, and the elicited criticisms are then exaggerated and inflamed into supposed “evidence” of the “abusive” parental inadequacy of the other parent by the distorted parental responses of outrage and concern of the alienating parent to these elicited

child criticisms. Over time, a pattern of interaction develops between the child and alienating parent where the child offers criticisms of the parenting practices of the other parent to which the alienating parent offers supportive responses of understanding and concern. This communication pattern takes on the superficial appearance that the child is independently offering the criticisms of the other parent, since the parentally elicited origin of these child criticisms is hidden within the early enactments of this communication pattern, and the child's role in providing these criticisms of the other parent becomes a well-established ritual over time as the communication pattern is continually repeated.

In this ritualized communication pattern, in which child criticisms of the other parent are first elicited and then inflamed and distorted by the exaggerated parental responses of concern and outrage by the alienating parent, the child is led into adopting the "victimized child" role of the alienating parent's trauma reenactment scenario. The child's adopting of the "victimized child" role is the crucial central element in the alienating parent's trauma reenactment narrative since the child's victimization role automatically defines the other parent into the "abusive parent" role, and also allows the alienating parent to adopt the "protective parent" role of as the third part of the reenactment of the alienating parent's attachment trauma.

An attachment-based framework allows for a more fully articulated understanding regarding the complex psychological and interpersonal family processes that are involved in what has classically been referred to as "parental alienation," which can then be used to guide diagnostic and treatment efforts. From an attachment perspective, the psychological and family processes associated with "parental alienation" require professional expertise in several domains of professional psychology, principle among these is attachment theory, but also personality disorder and trauma-related domains of psychological dynamics. The decompensation of narcissistic and borderline personality processes into delusional-level cognitive attributional distortions of interpersonal processes is also an important domain of professional expertise necessary for clinically competent work with this special population of children and families.

Based on the central role of attachment trauma, as manifested in parental narcissistic and borderline psychopathology, in the psychological and family processes associated with "parental alienation," competent professional practice requires professional expertise in attachment theory, personality disorder dynamics, trauma and the formation of delusional belief systems, and family systems models of child symptom development and treatment. Based on this required professional expertise, the following knowledge base would be indicated for professionally competent practice with this special population of child and family processes:

Central Reading

- Bowlby, J. (1969). Attachment and loss. Volume 1 Attachment. NY: Basic Books.
- Bowlby, J. (1973). Attachment and loss: Volume 2. Separation: Anxiety and anger. NY: Basic Books.
- Bowlby, J. (1980). Attachment and loss: Volume 3. Loss: Sadness and depression. NY: Basic Books.
- Ainsworth, M.D.S. (1989). Attachments beyond infancy. *American Psychologist*, 44, 709-716.
- Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 1992, 28, 759-775.
- Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). *Cognitive therapy of personality disorders*. (2nd edition). New York: Guilford.
- Millon, T. (2011). *Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal*. Hoboken: Wiley.
- Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.
- Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

Recommended Reading

- Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.
- Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford

Suggested Reading

- Moor, A. and Silvern, L. (2006). Identifying pathways linking child abuse to psychological outcome: The mediating role of perceived parental failure of empathy. *Journal of Emotional Abuse*, 6, 91-112.
- Lyons-Ruth, K., Bronfman, E. & Parsons, E. (1999). Maternal frightened, frightening, or atypical behavior and disorganized infant attachment patterns. In J. Vondra & D. Barnett (Eds.) *Atypical patterns of infant attachment: Theory, research, and current directions. Monographs of the Society for Research in Child Development*, 64, (3, Serial No. 258).
- Fonagy P. & Target M. (2005). Bridging the transmission gap: An end to an important mystery in attachment research? *Attachment and Human Development*, 7, 333-343.
- Fonagy, P., Target, M., Gergely, G., Allen, J.G., and Bateman, A. W. (2003). The developmental roots of Borderline Personality Disorder in early

- attachment relationships: A theory and some evidence. *Psychoanalytic Inquiry*, 23, 412-459.
- Bretherton, I. (1990). Communication patterns, internal working models, and the intergenerational transmission of attachment relationships. *Infant Mental Health Journal*, 11, 237-252.
- Benoit, D. and Parker, K.C.H. (1994). Stability and transmission of attachment across three generations. *Child Development*, 65, 1444-1456
- Jacobvitz, D.B., Morgan, E., Kretchmar, M.D., and Morgan, Y. (1991). The transmission of mother-child boundary disturbances across three generations. *Development and Psychopathology*, 3, 513-527.
- Macfie, J. Fitzpatrick, K.L., Rivas, E.M. & Cox, M.J. (2008). Independent influences upon mother-toddler role-reversal: Infant-mother attachment disorganization and role reversal in mother's childhood. *Attachment and Human Development*, 10, 29-39
- DeGregorio, L.J. (2012). Intergenerational transmission of abuse: Implications for parenting interventions from a neuropsychological perspective. *Traumatology*, 19, 158-166.
- Dutton, D. G., Denny-Keys, M. K., & Sells, J. R. (2011). Parental personality disorder and Its effects on children: A review of current literature. *Journal Of Child Custody*, 8, 268-283.
- Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. *Clinical Social Work Journal*, 26, 195-215
- Lyddon, W.J. and Sherry, A. (2001). Developmental personality styles: An attachment theory conceptualization of personality disorders. *Journal of Counseling and Development*, 79, 405-417
- Rappoport, A. (2005). Co-narcissism: How we accommodate to narcissistic parents. *The Therapist*.
- Trippany, R.L., Helm, H.M. and Simpson, L. (2006). Trauma reenactment: Rethinking borderline personality disorder when diagnosing sexual abuse survivors. *Journal of Mental Health Counseling*, 28, 95-110.