Description of the Pathology in the Family Courts

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The clinical pathology of concern in the family courts is the child's rejection of a parent. A child rejecting a parent is an attachment pathology, a problem in the love and bonding system of the brain. The attachment system is the brain system that governs all aspects of love and bonding throughout the lifespan, including grief and loss.

> **From Bowlby:** "No variables, it is held, have more far-reaching effects on personality development than have a child's experiences within his family: for, starting during the first months of his relations with his mother figure, and extending through the years of childhood and adolescence in his relations with both parents, he builds up working models of how attachment figures are likely to behave towards him in any of a variety of situations; and on those models are based all his expectations, and therefore all his plans for the rest of his life." (Bowlby, 1973, p. 369).[1]

From a family systems perspective, the clinical pathology of concern in the family courts is the child's *triangulation* (Bowen, 1978)[2] into the spousal conflict through the formation of a *cross generational coalition* (Haley, 1977; Madanes, 2018)[3] with an allied parent against the targeted parent, resulting in an *emotional cutoff* (Bowen, 1978; Titelman, 2003)[4] in the child's attachment bond to the targeted parent.

The clinical pathology of concern in the family courts is the psychological collapse of a narcissistic-borderline-dark personality parent into a persecutory thought disorder following the rejection and 'abandonment fears' surrounding divorce, resulting in the pathological parent using the child as a regulatory object by creating a shared (induced) persecutory delusion and false (factitious) attachment pathology in the child for secondary gain to the allied narcissistic-borderline-dark personality parent.

> **From Kerig:** "In the throes of their own insecurity, troubled parents may rely on the child to meet the parent's emotional needs, turning to the child to provide the parent with support, nurturance, or comforting (Zeanah & Klitzke, 1991). Ultimately, preoccupation with the parents' needs threatens to interfere with the child's ability to develop autonomy, initiative, self-reliance, and a secure internal working model of the self and others." (Kerig, 2005, p. 6)[5]

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[1] Bowlby, J. (1973). Attachment and loss: Vol. 2. Separation: Anxiety and anger. NY: Basic.

[2] Bowen, M. (1978). *Family Therapy in Clinical Practice*. New York: Jason Aronson.

[3] Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), The interactional view (pp. 31-48). New York: Norton.

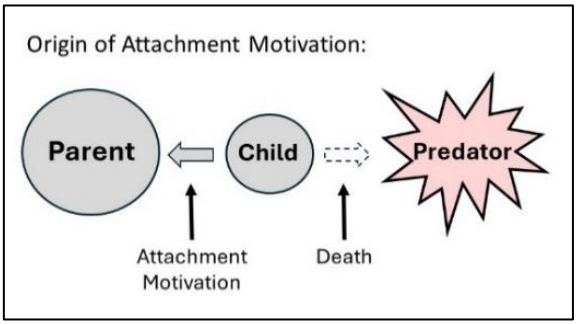
Madanes, C. (2018). Changing relationships: Strategies for therapists and coaches. Phoenix, AZ: Zeig, Tucker, & Theisen, Inc.

[4] Titelman, P. (2003). *Emotional Cutoff: Bowen Family Systems Theory Perspectives*. New York: Haworth Press.

[5] Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional

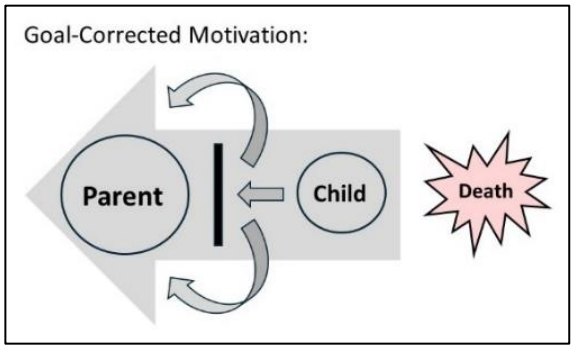
Attachment Pathology

The only cause of severe attachment pathology (a child rejecting a parent) is child abuse range parenting by one parent or the other. The attachment system is a motivational system, and all motivational systems (eating, pain, pleasure, sex, attachment) motivate toward a direction, unlike regulatory systems that can go either up-or-down. Motivational systems always have direction. The attachment system is a primary motivational system that ALWAYS motivates the child to form an attachment bond to the parent, because the other motivational direction is death by starvation and predation. That is the evolutionary origins of a primary motivational system for attachment bonding to parents.



> **From Bretherton:** "The ultimate functions of behavioral systems controlling attachment, parenting, mating, feeding, and exploration are survival and procreation." (Bretherton, 1992, p. 766)[6]

The attachment system is a "goal-corrected" motivational system, meaning that it always seeks the goal of forming an attached bond to the parent. In response to problematic parenting, the attachment system changes how it tries to bond to the parent, but it always tries to bond because the other motivational direction is death. The various adaptations to problematic parenting are called "insecure attachments" and display characteristic patterns and features.



A child rejecting a parent represents a severe attachment pathology involving a *directional change* in a primary motivational system of the brain. Rejecting a parent is an extremely aberrant child behavior and is ONLY caused by child abuse range parenting by one parent or the other. Less severely problematic parenting creates an "insecure attachment" that MORE strongly motivates the child to bond to the problematic parent.

The only cause for a directional change in a primary motivational system of the brain is child abuse range parenting. Either the targeted-rejected parent is abusively maltreating the child in some way, creating authentic attachment pathology with that parent, or the allied parent is psychologically abusing the child by creating a false (factitious) attachment pathology in the child for secondary gain to the allied parent.

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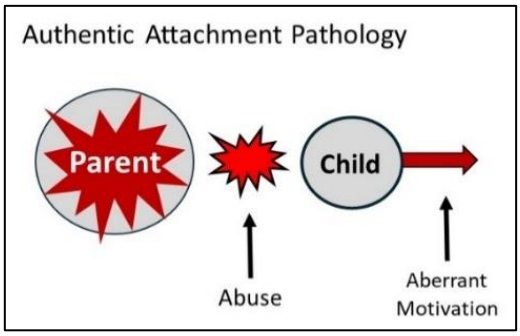
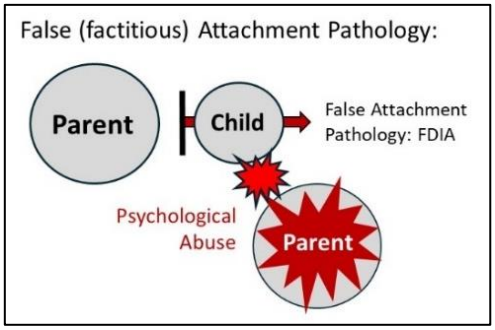
perspective. *Journal of Emotional Abuse*, 5, 5-42.

[6] Bretherton, I. (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology*, 1992, 28, 759-775.





In all cases of severe attachment pathology surrounding court-involved custody conflict, a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent.

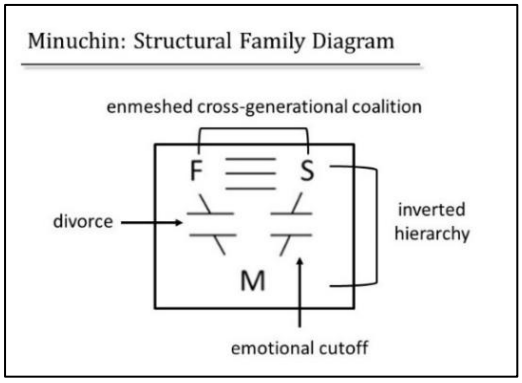
Targeted Parent Abusive: Is the targeted parent abusing the child in some way, thereby creating the child's attachment pathology toward that parent?

Allied Parent Abusive: Is the allied parent psychologically abusing the child (DSM-5 V995.51 Child Psychological Abuse) by creating a shared (induced) persecutory delusion and false (factitious) attachment pathology in the child for the secondary gain to the allied parent?

Family Systems Pathology

The domain of family systems therapy (Bowen, Minuchin, Haley, Madanes, Satir) is one of the four primary schools of psychotherapy, and family systems therapy is the appropriate school of psychotherapy to apply to understanding and treating families. The family systems pathology of concern surrounding high-conflict custody litigation is the possible *triangulation* of the child into the spousal conflict through a *cross-generational coalition* with the allied parent against the targeted parent, resulting in an *emotional cutoff* in the child's attachment bond to the targeted parent.

This family relationship pattern is depicted in a Structural family diagram from Minuchin and Nichols (1993).[7] This diagram depicts a cross-generational coalition of a father and son against the mother, resulting in an inverted hierarchy and emotional cutoff in the child's attachment bond to the mother.



Triangulation

The term *triangulation* refers to the child being placed in the middle of the spousal conflict, which then turns the two-person spousal conflict into a three-person triangle of conflict involving the child. The triangular pattern of family relationships is clearly evident in the Minuchin-Nichols diagram. The Bowen Center for

[7] Minuchin. S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. NewYork: Touchstone.

Study of the Family[8] describes the construct of triangles within families.

> **From Bowen Center:** "A triangle is a three-person relationship system. It is considered the building block or "molecule" of larger emotional systems because a triangle is the smallest stable relationship system. A two-person system is unstable because it tolerates little tension before involving a third person. A triangle can contain much more tension without involving another person because the tension can shift around three relationships. If the tension is too high for one triangle to contain, it spreads to a series of "interlocking" triangles". Spreading the tension can stabilize a system, but nothing is resolved." (Bowen Center for Study of the Family)

Cross-Generational Coalition

A *cross-generational coalition* is when a parent creates an alliance with the child against the other spouse/parent. This coalition between the allied parent and child against the other parent provides additional power to the allied parent in the spousal conflict (two against one). However, a cross-generational coalition is also extremely damaging to the child who is being used by one parent as a weapon against the other parent in the spousal conflict. Cloe Madanes (2018),[9] the co-founder of Strategic family systems therapy, describes the development of cross-generational coalitions within families,

> **From Madanes**: "Cross-Generational Coalition. In most organizations, families, and relationships, there is hierarchy: one person has more power and responsibility than another. Whenever there is hierarchy, there is the possibility of cross-generational coalitions. The husband and wife may argue over how the wife spends money. At a certain point, the wife might enlist the older son into a coalition against the husband. Mother and son may talk disparagingly about the father and to the father, and secretly plot about how to influence or deceive him. The wife's coalition with the son gives her power in relation to the husband and limits the husband's power over how she spends money. The wife now has an ally in her battle with her husband, and the husband now runs the risk of alienating his son."

> **From Madanes:** "Cross-generational coalitions take different forms in different families (Madanes, 2009). The grandparent may side the grandchild against a parent. An aunt might side with the niece against her mother. A husband might join his mother against the wife. These alliances are most often covert and are rarely expressed verbally. They involve painful conflicts that can continue for years. Sometimes cross-generational coalitions are overt. A wife might confide her marital problems to her child and in this way antagonize the child against the father… This child may feel conflicted as a result, suffering because his or her loyalties are divided."

[8] Bowen Center Triangles: https://www.thebowencenter.org/triangles

[9] Madanes, C. (2018). Changing relationships: Strategies for therapists and coaches. Phoenix, AZ: Zeig, Tucker, & Theisen, Inc.

Jay Haley (1977),[10] the co-founder of the *Strategic* school of family systems therapy, provides the professional definition of a cross-generational coalition:

> **From Haley:** "The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two… In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By 'coalition' is meant a process of joint action which is *against* the third person… The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition… In essence, the perverse triangle is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological." (p. 37)

Emotional Cutoff

The family systems construct of an *emotional cutoff* (Bowen, 1978; Titelman, 2003) refers to any full-scale breach in a family bond. The child's loyalty to a pathological parent in a cross-generational coalition against the other parent (Haley, 1977; Madanes, 2018) leads to an emotional cutoff in the child's attachment bond to the targeted parent. In the Minuchin-Nichols structural family diagram, the emotional cutoff between the child and parent is depicted as the broken bonding line between the child and the mother, while the broken bonding line between the father and mother represents the divorce.

Inverted Hierarchy

An *inverted hierarchy* is when the child becomes over-empowered by the coalition with the allied parent into an elevated position in the family hierarchy, above that of the targeted parent, from which the child is empowered by the coalition with the allied parent to judge the adequacy of the targeted parent as if the parent was the child and the child was the parent.

Enmeshment

The term *enmeshment* refers to a parent's psychological boundary dissolution with the child (i.e., a fused psychological state), and the parent's use of psychological control to manipulate the child to the parent's desired ends. The construct of enmeshed relationships within families is described by Minuchin (1974),[11]

> **From Minuchin:** "Enmeshment and disengagement refer to a transactional style, or preference for a type of interaction, not to a qualitative difference between functional and dysfunctional… Operations at the extremes, however, indicate areas of possible pathology. A highly enmeshed subsystem of mother and children, for example, can exclude father, who becomes disengaged in the extreme." (p. 55).

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[10] Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

[11] Minuchin, S. (1974). *Families and Family Therapy*. Cambridge, MA: Harvard University Press.

Writing in the *Journal of Emotional Abuse*, Kerig (2005)[12] identifies the enmeshed parent-child relationship as a psychological boundary dissolution between the parent and child, and describes the impact of an enmeshed relationship with one parent on the child's relationship with the other parent,

> **From Kerig:** "Examination of the theoretical and empirical literatures suggests that there are four distinguishable dimensions to the phenomenon of boundary dissolution: role reversal, intrusiveness, enmeshment, and spousification." (p. 8)

> **From Kerig:** "Enmeshment in one parent-child relationship is often counterbalanced by disengagement between the child and the other parent (Cowan & Cowan, 1990; Jacobvitz, Riggs, & Johnson, 1999)." (p. 10)

Kerig also describes the association between generational boundary dissolution and the emotional/psychological abuse of the child,

> **From Kerig:** "The breakdown of appropriate generational boundaries between parents and children significantly increases the risk for emotional abuse." (p. 6)

Stone Buehler, and Barber (2002)[13] link the family systems constructs of triangulation, cross-generational coalitions, and enmeshment, with parental psychological control of the child.

> **Stone, Buehler, and Barber:** "The concept of triangles "describes the way any three people relate to each other and involve others in emotional issues between them" (Bowen, 1989, p. 306). In the anxiety-filled environment of conflict, a third person is triangulated, either temporarily or permanently, to ease the anxious feelings of the conflicting partners. By default, that third person is exposed to an anxiety-provoking and disturbing atmosphere. For example, a child might become the scapegoat or focus of attention, thereby transferring the tension from the marital dyad to the parent-child dyad. Unresolved tension in the marital relationship might spill over to the parent-child relationship through parents' use of psychological control as a way of securing and maintaining a strong emotional alliance and level of support from the child. As a consequence, the triangulated youth might feel pressured or obliged to listen to or agree with one parents' complaints against the other. The resulting enmeshment and cross-generational coalition would exemplify parents' use of psychological control to coerce and maintain a parent-youth emotional alliance against the other parent (Haley, 1976; Minuchin, 1974)." (p. 86-87).

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[12] Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. *Journal of Emotional Abuse*, 5, 5-42.

[13] Stone, G., Buehler, C., & Barber, B. K.. (2002) Interparental conflict, parental psychological control, and youth problem behaviors. In B. K. Barber (Ed.), Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

Psychological Control

The means of inducing pathology in the child is through the *psychological control* of the child by the allied and psychologically abusive parent. The manipulative psychological control of children by a pathological parent is an established family relationship pattern in dysfunctional family systems (Barber, 2002).[14] Barber and Harmon (2002),[15] identify over 30 empirically validated scientific studies that have established the construct of parental psychological control of children, and they provide the definition for the construct of parental psychological control of the child,

> **From Barber & Harmon:** "Psychological control refers to parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachment to parents. These behaviors appear to be associated with disturbances in the psychoemotional boundaries between the child and parent, and hence with the development of an independent sense of self and identity." (p. 15)

Stone, Bueler, and Barber (2002) [16] describe the difference between parental behavioral and psychological control of the child:

> **Stone, Buehler, & Barber:** "The central elements of psychological control are intrusion into the child's psychological world and self-definition and parental attempts to manipulate the child's thoughts and feelings through invoking guilt, shame, and anxiety. Psychological control is distinguished from behavioral control in that the parent attempts to control, through the use of criticism, dominance, and anxiety or guilt induction, the youth's thoughts and feelings rather than the youth's behavior." (p. 57)

Soenens and Vansteenkiste (2010) describe the various methods used to achieve parental psychological control of the child:

> **From Soenens and Vansteenkiste:** "Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their attention, interest, care, and love contingent upon the children's attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child's perspective, which pertains

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[14] Barber, B. K. (Ed.) (2002). Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

[15] Barber, B. K. and Harmon, E. L. (2002). Violating the self: Parenting psychological control of children and adolescents. In B. K. Barber (Ed.), Intrusive parenting (pp. 15-52). Washington, DC: American Psychological Association.

[16] Stone, G., Buehler, C., & Barber, B. K.. (2002) Interparental conflict, parental psychological control, and youth problem behaviors. In B. K. Barber (Ed.), Intrusive parenting: How psychological control affects children and adolescents. Washington, DC: American Psychological Association.

to parental constraining of the child's spontaneous expression of thoughts and feelings." (p. 75)[17]

Barber and Harmon (2002) describe the scope of damage done to the child's development as a result of parental psychological control of the child,

> **From Barber & Harmon:** "Numerous elements of the child's self-in-relation-to-parent have been discussed as being compromised by psychologically controlling behaviors such as individuality (Goldin, 1969; Kurdek, et al., 1995; Litovsky & Dusek, 1985; Schaefer, 1965a, 1965b, Steinberg, Lamborn, Dornbusch, & Darling, 1992); individuation (Barber et al., 1994; Barber & Shagle, 1992; Costanzo & Woody, 1985; Goldin, 1969, Smetana, 1995; Steinberg & Silverberg, 1986; Wakschlag, Chase-Landsdale & Brooks-Gunn, 1996 1996); independence (Grotevant & Cooper, 1986; Hein & Lewko, 1994; Steinberg et al., 1994); degree of psychological distance between parents and children (Barber et al., 1994); and threatened attachment to parents (Barber, 1996; Becker, 1964)." (p. 25).

Persecutory Delusion

Divorce involves the rejection and potential perceived abandonment of the spousal attachment figure, which represents a significant vulnerability for triggering both narcissistic and borderline personality pathology in a spouse/parent. The inherent rejection of the divorce can trigger narcissistic pathology into display, and the separation within the spousal attachment bond can also provoke prominent abandonment fears in borderline personality pathology of a spouse/parent. Both narcissistic and borderline personality pathology are known to collapse into persecutory thought disorders under stress (Millon, 2011, Barnow et al., 2019)[18]

> **From Millon:** "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

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[17] Soenens, B., & Vansteenkiste, M. (2010). A theoretical upgrade of the concept of parental psychological control: Proposing new insights on the basis of self-determination theory. Developmental Review, 30, 74–99.

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

Barnow, S., Arens, E. A., Sieswerda, S., Dinu-Biringer, R., Spitzer, C., Lang, S., et al (2010). Borderline personality disorder and psychosis: a review. Current Psychiatry Reports, 12,186-195

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." (p. 407-408).

From Barnow et al: "This review reveals that psychotic symptoms in BPD patients may not predict the development of a psychotic disorder but are often permanent and severe and need careful consideration by clinicians. Therefore, adequate diagnosis and treatment of psychotic symptoms in BPD patients is emphasized... In conclusion, we therefore suggest that it is not a cognitive developmental deficit but rather a tendency to construe interpersonal relations as malevolent that characterizes BPD, and this may be shared with certain psychotic disorders." (p. 186-187)

The American Psychiatric Association provides the definition of a persecutory delusion:

From the APA: "Persecutory Type: delusions that the person (or someone to whom the person is close) is being malevolently treated in some way." (American Psychiatric Association, 2000)

The American Psychiatric Association also indicates that a shared (induced) persecutory delusion occurs "especially in family situations" in which the children adopt the parent's delusional beliefs to varying degrees.

From the APA: "Usually the primary case in Shared Psychotic Disorder is dominant in the relationship and gradually imposes the delusional system on the more passive and initially healthy second person… Although most commonly seen in relationships of only two people, Shared Psychotic Disorder can occur in larger number of individuals, especially in family situations in which the parent is the primary case and the children, sometimes to varying degrees, adopt the parent's delusional beliefs." (American Psychiatric Association, 2000)

The persecutory delusion that is present in the family courts is described by Walters & Friedlander (2016)[19] in the journal *Family Court Review*.

From Walters & Friedlander: "In some RRD families [resist-refuse dynamic], a parent's underlying encapsulated delusion about the other parent is at the root of the intractability (cf. Johnston & Campbell, 1988, p. 53ff; Childress, 2013). An encapsulated delusion is a fixed, circumscribed belief that persists over time and is not altered by evidence of the inaccuracy of the belief." (p. 426)

From Walters & Friedlander: "When alienation is the predominant factor in the RRD [resist-refuse dynamic}, the theme of the favored parent's fixed delusion often is

[19] Walters, M. G., & Friedlander, S. (2016). When a child rejects a parent: Working with the intractable resist/refuse dynamic. *Family Court Review, 54*(3), 424–445

that the rejected parent is sexually, physically, and/or emotionally abusing the child. The child may come to share the parent's encapsulated delusion and to regard the beliefs as his/her own (cf. Childress, 2013)." (p. 426)

The assessment for a possible delusional thought disorder is a mental status exam of thought and perception as described by Martin (1990).[20] An MSE of thought and perception is also considered one of the more difficult mental status exams to administer and second-opinion consultation is frequently sought.

> **From Martin:** "Thought and Perception. The inability to process information correctly is part of the definition of psychotic thinking. How the patient perceives and responds to stimuli is therefore a critical psychiatric assessment. Does the patient harbor realistic concerns, or are these concerns elevated to the level of irrational fear? Is the patient responding in exaggerated fashion to actual events, or is there no discernible basis in reality for the patient's beliefs or behavior?"

> **From Martin:** "Of all portions of the mental status examination, the evaluation of a potential thought disorder is one of the most difficult and requires considerable experience. The primary-care physician will frequently desire formal psychiatric consultation in patients exhibiting such disorders,"

Factitious Attachment Pathology

The narcissistic-borderline-dark personality parent is creating a false (factitious) attachment pathology in the child for secondary gain to the parent. The potential secondary gain (rewards) to the allied parent for creating false pathology in the child include:

- **Manipulating the Court:** The allied parent seeks to manipulate the court's decisions regarding child custody in favor of the allied parent by creating false pathology in the child (i.e., deceiving the court regarding the parenting of the other parent by creating factitious attachment pathology in the child),
- **Spousal Abuse:** The allied parent seeks to emotionally, psychologically, and financially abuse of the targeted parent using the child, and the child's induced pathology, as the spousal abuse weapon,
- **Regulatory Object:** The pathological parent seeks to use the child as a "regulatory object" to meet the parent's own emotional and psychological needs,

The ICD-11 describes the diagnostic criteria for Factitious Disorder Imposed on Another (ICD-11 6D51; DSM-5 300.19),

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[20] Martin DC. The Mental Status Examination. In: Walker HK, Hall WD, Hurst JW, editors. Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition. Boston: Butterworths; 1990. Chapter 207. Available from: https://www.ncbi.nlm.nih.gov/books/NBK320/

> **From ICD-11:** "Factitious disorder imposed on another is characterised by feigning, falsifying, or inducing medical, psychological, or behavioural signs and symptoms or injury in another person, most commonly a child dependent, associated with identified deception."

The allied narcissistic-borderline-dark personality parent is inducing psychological and behavioral signs and symptoms in the dependent child for secondary gain to the pathological narcissistic-borderline-dark personality allied parent. The allied parent then "presents" the child to the court and to mental health providers as being "injured" by the parenting practices of the targeted parent, and as having an "impaired" parent-child relationship with the targeted parent based on the child's "induced signs, symptoms, or injuries."

> **From ICD-11:** "The individual seeks treatment for the other person or otherwise presents him or her as ill, injured, or impaired based on the feigned, falsified, or induced signs, symptoms, or injuries."

The pathology in the family courts represents a false, artificially created, factitious. attachment pathology imposed on the child for secondary gain to the pathological allied narcissistic-borderline-dark personality parent.

Pathogenic parenting that creates severe psychiatric and attachment pathology in the child for secondary gain to the parent of meeting that parent's own emotional and psychological needs represents a diagnosis of child psychological abuse – DSM-5 V995.51 Child Psychological Abuse; ICD-11 QE82.2 Personal history of psychological abuse. The ICD-11 provides a description of the psychological child abuse diagnosis.

> **From ICD-11 QE82.2:** "Description. Personal history of non-accidental verbal or symbolic act that results in significant psychological harm. This category is applied to the victim of the maltreatment, not the perpetrator."

The pathogenic (pathology-inducing) parenting of the allied parent that creates a shared (induced) persecutory delusion that then destroys the child's attachment bond to the other parent (i.e., a factitious attachment pathology imposed on the child) represents a non-accidental act by the allied parent that results in significant psychological harm to the child.

Dark Personalities

Dark personalities are a sub-clinical, yet highly malevolent, constellation of personality characteristics. Three variants of dark personalities have been identified in the research literature (Paulhus & Williams, 2002; Miller et al., 2010; Book et al., 2016),[21] the

[21] Paulhus, D. L., & Williams, K. M. (2002). The dark triad of personality: Narcissism, Machiavellianism, and psychopathy. *Journal of Research in Personality*, 36, 556–563.

Miller, J.D., Dir, A., Gentile, B., Wilson, L., Pryor, L.R., and Campbell, W.K. (2010). Searching for a Vulnerable Dark Triad: Comparing Factor 2 psychopathy, vulnerable narcissism, and borderline personality disorder. *Journal of Personality*, 78, 1529-1564.

Dark Triad (narcissism, psychopathy, Machiavellian manipulation), the Vulnerable Dark Triad (vulnerable narcissism, psychopathy, borderline), and the Dark Tetrad (add sadism to the Dark Triad).

The Dark Triad

The Dark Triad traits are described by Giammarco and Vernon, 2014):[22]

From Giammarco & Vernon: "First cited by Paulhus and Williams (2002), the Dark Triad refers to a set of three distinct but related antisocial personality traits: Machiavellianism, narcissism, and psychopathy. Each of the Dark Triad traits is associated with feelings of superiority and privilege. This, coupled with a lack of remorse and empathy, often leads individuals high in these socially malevolent traits to exploit others for their own personal gain." (p. 23)

The Vulnerable Dark Triad

The Vulnerable Dark Triad traits are described by Bonfá-Araujo & Schermer, 2023):[23]

From Bonfá-Araujo & Schermer: "The Vulnerable Dark Triad (VDT, i.e., Factor II psychopathy, vulnerable narcissism, and borderline personality) was proposed >10 years ago as a counterpart to the Dark Triad (i.e., narcissism, psychopathy, and Machiavellianism; Paulhus & Williams, 2002), combining socially undesirable behavior and emotionally vulnerable traits (Miller et al., 2010). This interplay of vulnerable behaviors can lead to complex patterns of emotional instability, a fragile sense of self, relationship difficulties, and manipulative tendencies." (p. 1)

From Bonfá-Araujo & Schermer: The first trait of the VDT is Factor II psychopathy (Miller et al., 2010). Psychopathy is a personality disorder characterized by inter-personal manipulation, callousness, lack of empathy, and impulsivity." (p. 1)

From Bonfá-Araujo & Schermer: "The second trait of the VDT is vulnerable narcissism (Miller et al., 2010). Vulnerable narcissism is characterized by an underlying fragility and sensitivity, often camouflaged underneath a façade of modesty and self-doubt" (p. 1)

Book, A., Visser, B.A., Blais, J., Hosker-Field, A., and Methot-Jones, T. (2016). Unpacking more "evil": What is at the core of the dark tetrad? *Personality and Individual Differences*, 90, 269-272.

[22] Giammarco, E.A. and Vernon, P.A. (2014). Vengeance and the Dark Triad: The role of empathy and perspective taking in trait forgivingness. *Personality and Individual Differences*, 67, 23–29

[23] Bonfá-Araujo, B., Schermer, J.A. (2024). Unveiling the fragile façade: A scoping review and meta-analysis of the Vulnerable Dark Triad. Personality and Individual Differences, Volume 224. https://doi.org/10.1016/j.paid.2024.112659

> **From Bonfá-Araujo & Schermer:** "Borderline personality represents the final piece of the VDT (Miller et al., 2010). Borderline Personality Disorder (BPD) is characterized by a pervasive instability in emotions, self-image, interpersonal relationships, and behaviors." (p. 2)

> **From Bonfá-Araujo & Schermer:** "It should be noted that just like the Dark Triad (Paulhus & Williams, 2002), the VDT's three traits should be considered subclinical versions of the disorders and that behaviors associated with these traits do not reach the intensity or presence to warrant a clinical diagnosis of the disorder." (p. 2)

Dark Tetrad

Book et al. (2016)[24] describe the addition of sadism to create the Dark Tetrad:

> **From Book et al: "**Recently, everyday sadism has been added to the Triad (Buckels, Jones, & Paulhus, 2013), characterized by the enjoyment of cruelty in everyday life. Its conceptual overlap with other dark personalities serves as an impetus for including it in the study of evil behaviors in the form of a Dark Tetrad (Buckels et al., 2013)." (p. 270)

Judicial Manipulation

The association of the Dark Triad personality and efforts at judicial manipulation by parents using the child has been established in the research (Clemente, Padilla-Racero, & Espinosa, 2020),[25]

> **From Clemente et al:** "This research examines the relationship between dark triad and the use that some parents make of their children in order to attack the other parent after a couple break-up. We examined whether parents who are willing to lie about issues concerning the other parent and their children during a couple break-up process show higher levels of dark triad traits… Results show significant correlations for judicial manipulation and dark triad traits and confirm the psychometric properties of reliability and validity of a proposed scale."

Virtuous Victim Signaling

Dark Triad personality traits are also associated with the manipulative practice of "virtuous victim signaling" by the parent (Ok et al., 2021).[26] Narcissistic personality

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[24] Book, A., Visser, B.A., Blais, J., Hosker-Field, A., and Methot-Jones, T. (2016). Unpacking more "evil": What is at the core of the dark tetrad? *Personality and Individual Differences*, 90, 269-272.

[25] Clemente, M., Padilla-Racero, D., & Espinosa, P. (2020). The Dark Triad and the Detection of Parental Judicial Manipulators. Development of a Judicial Manipulation Scale. *International journal of environmental research and public health*, *17*(8), 2843. https://doi.org/10.3390/ijerph17082843

[26] Ok, E., Qian, Y., Strejcek, B., & Aquino, K. (2021). Signaling virtuous victimhood as indicators of Dark Triad personalities. *Journal of Personality and Social Psychology, 120*(6),

pathology is associated with virtue signaling, psychopathic personality pathology is associated with victim signaling. The Dark Triad personality is associated with the combination of both virtue and victim signaling to manipulate others.

> **From Ok, et al:** "Effective altruism requires the ability to differentiate between false and true victims. Credulous acceptance of all virtuous victim signals as genuine can also enable and reward fraudulent claims, particularly by those with antisocial personality traits…The findings of this study support our hypothesis that virtuous victim signaling is more frequently displayed by Dark Triad personalities."

Dangerous Pathology & Risk Assessment

There are three types of dangerous pathology that activate a mental health professional's duty to protect obligations, 1) suicide, 2) homicide, and 3) abuse (child, spousal, and elder abuse). Whenever a mental health professional encounters any of these three types of dangerous pathology (suicide, homicide, or abuse), professional duty to protect obligations are activated and a proper risk assessment needs to be conducted for the type of danger involved, such as a suicide risk assessment when the client expresses suicidal thoughts (i.e., an assessment of prior history, current plan, recent loss, means, etc.), or a risk assessment for possible spousal abuse when that is the concern.

Since the only cause of severe attachment pathology (i.e., a child rejecting a parent – a directional change in a primary motivational system) is child abuse range parenting by one parent or the other, a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent in ALL cases of high-conflict custody litigation involving attachment pathology displayed by a child.

All mental health professionals have duty to protect obligations, and failure to conduct a proper risk assessment for the dangerous pathology, and failing to diagnose a dangerous pathology when present, may represent negligent professional practice and failure of duty to protect obligations

> **From Wikipedia Duty to Protect:** "In medical law and medical ethics, the duty to protect is the responsibility of a mental health professional to protect patients and others from foreseeable harm."

> **Cornell Law School Definition of Negligence:** "Negligence is a failure to behave with the level of care that someone of ordinary prudence would have exercised under the same circumstances. The behavior usually consists of actions, but can also consist of omissions when there is some duty to act."

The differential diagnosis surrounding court involved custody conflict and severe attachment pathology displayed by the child involves multiple possible dangerous pathologies that warrant proper assessment and require accurate diagnosis and effective treatment.

1634–1661. https://doi.org/10.1037/pspp0000329

Targeted Parent Abuse Concerns: The child's symptoms of rejecting the targeted parent make an allegation in themselves of abusive-range parenting by the targeted parent. The symptom-related allegations of abusive maltreatment may also include expressed allegations made by the child and allied parent that the child is being malevolently treated in some way by the other parent. The possible dangerous pathologies involved includes:

- Child Physical Abuse (DSM-5 V995.54)
- Child Sexual Abuse (DSM-5 V995.53)
- Child Neglect (DSM-5 V995.52)
- Child Psychological Abuse (DSM-5 V995.51)

Allied Parent Abuse Concerns: The targeted parent is making allegations that the child's symptoms are the result of child psychological abuse by the allied parent (creating a shared persecutory delusion and FDIA), for the purpose of spousal psychological abuse of the targeted parent by the allied parent using the child as the weapon. The possible dangerous pathologies involved are:

- Child Psychological Abuse (DSM-5 V995.51)
- Spouse or Partner Abuse, Psychological (DSM-5 V995.82)

In all cases of court involved custody conflict surrounding severe attachment pathology (a child rejecting a parent; a directional change in the child's attachment bonding motivations), a proper risk assessment for child abuse needs to be conducted to the appropriate differential diagnoses for each parent.

Euphemisms for Child Abuse

Using euphemisms of made-up pathology labels for child abuse instead of accurately identifying and labeling the child abuse (such as using the made-up pathology labels of "parental alienation", "resist-refuse dynamic," and "parent-child contact problems") hides the child abuse from view, hides the child abuse from the court's understanding, and prevents effective intervention for the child abuse.

Using euphemisms of made-up pathology labels instead of applying the established scientific and professional knowledge of the discipline as the bases for professional judgments degrades the quality of mental health services provided to children and the courts. Euphemisms for child abuse should NEVER be used. When there is child abuse, mental health professionals should say "child abuse" as being the pathology.

- It is not "inappropriate affection" – it is child sexual abuse.
- It is not "overly stern discipline" – it is child physical abuse.
- It is not "lax supervision" – it is child neglect.
- It is not – "parental alienation" - "resist-refuse dynamic" – "parent-child contact problems" - it is child psychological abuse.

When child abuse is the considered diagnosis, all professionals should use the term child abuse as the considered diagnosis, and a proper risk assessment should be conducted to the concerns involved that will return an accurate diagnosis. When possible child abuse is a considered diagnosis, the returned diagnosis needs to be accurate 100% of the time. The consequences of misdiagnosing child abuse are too devastating for the child.

Ethical Standards of Practice

Standard 2.04 of the ethics code for the American Psychological Association requires the application of the established scientific and professional knowledge of the discipline as the bases for professional judgments.

> **2.04 Bases for Scientific and Professional Judgments**
> Psychologists' work is based upon established scientific and professional knowledge of the discipline.

The established scientific and professional knowledge of the discipline required for application with court-involved custody conflict is:

- Attachment pathology - Bowlby & others
- Family systems therapy - Minuchin & others
- Child abuse and complex trauma – van der Kolk & others
- Personality disorder pathology – Millon & others
- Child development – Tronick & others
- Psychological control – Barber & others
- DSM-5 & ICD-11 diagnostic systems - American Psychiatric Association, World Health Organization

Professional Participation in Child Abuse & Spousal Abuse

One of the prominent professional dangers of misdiagnosing a shared persecutory delusion is that if the mental health professional and/or the court misdiagnoses the pathology of a shared persecutory delusion and believes the shared delusion as if it was true, then the mental health professional and/or the court become part of the shared delusion, they become part of the pathology.

When that pathology is the psychological abuse of the child by the allied parent, then the mental health professional and/or the court become participants in the parent's psychological abuse of the child by validating to the child that the child's false (delusional) beliefs are true when they are, in fact, symptoms of an induced persecutory delusion. Furthermore, when the pathology is also the spousal psychological abuse of the targeted parent by the allied parent using the child as the weapon, then the mental health professional and/or the court become participants in the spousal psychological abuse of the targeted parent because of their misdiagnosis of the pathology in the family.

Forensic Custody Evaluations

Forensic custody evaluations are a failed experiment in service delivery to a vulnerable population. An independent review of forensic custody evaluations by the New York Blue-Ribbon Commission on Forensic Custody Evaluations (2021)[27] found the practice to be highly problematic, leading them to vote 11-to-9 in favor of entirely eliminating the practice of forensic custody evaluations in the New York family courts.

> **From NY Blue Ribbon Commission:** "Ultimately, the Commission members agree that some New York judges order forensic evaluations too frequently and often place undue reliance upon them. Judges order forensic evaluations to provide relevant information regarding the "best interest of the child(ren)," and some go far beyond an assessment of whether either party has a mental health condition that has affected their parental behavior. In their analysis, evaluators may rely on principles and methodologies of dubious validity. In some custody cases, because of lack of evidence or the inability of parties to pay for expensive challenges of an evaluation, defective reports can thus escape meaningful scrutiny and are often accepted by the court, with potentially disastrous consequences for the parents and children… As it currently exists, the process is fraught with bias, inequity, and a statewide lack of standards, and allows for discrimination and violations of due process."

> **From NY Blue Ribbon Commission:** "By an 11-9 margin, a majority of Commission members favor elimination of forensic custody evaluations entirely, arguing that these reports are biased and harmful to children and lack scientific or legal value. At worst, evaluations can be dangerous, particularly in situations of domestic violence or child abuse – there have been several cases of children in New York who were murdered by a parent who received custody following an evaluation. These members reached the conclusion that the practice is beyond reform and that no amount of training for courts, forensic evaluators and/or other court personnel will successfully fix the bias, inequity and conflict of interest issues that exist within the system."

A Discussion of the NY Blue-Ribbon Commission Report on Forensic Custody Evaluations is provided by two of the Commissioners on YouTube:

- https://empirejustice.org/training_post/a-discussion-of-the-governors-blue-ribbon-commission-report-on-forensic-cuhstody-evaluations/

The practice of forensic custody evaluations was an experimental approach to service delivery without any history or foundation in any aspect of healthcare service delivery, and their experimental assessment approach failed completely. Forensic custody evaluations "lack scientific or legal value," they produce "defective reports" with

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[27] The Report of the New York Blue Ribbon Commission on Forensic Custody Evaluations:

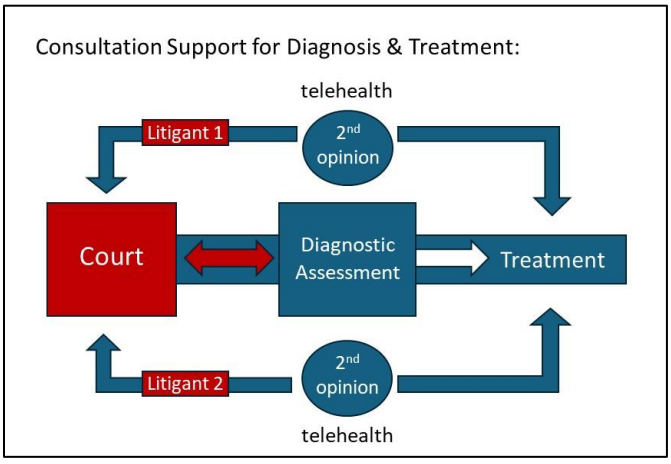
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjqoIfZ8ZmBAxUnAjQIHf-TDlUQFnoECBoQAQ&url=https%3A%2F%2Fopdv.ny.gov%2Fblue-ribbon-commission-forensic-custody-evaluations&usg=AOvVaw1Y_JEEyH4zlHjdm9i-xw9t&opi=89978449

"potentially disastrous consequences for parents and children," and forensic custody evaluations can be "harmful to children" and even "dangerous" in cases of child abuse or spousal abuse (NY Blue-Ribbon Commission, 2021).

Based on the recommendations of the NY Blue Ribbon Commission on Forensic Custody Evaluations, the practice should be eliminated entirely and clinical psychology (diagnosis and treatment) needs to return to court-involved custody conflict. In clinical psychology, and throughout healthcare, diagnosis guides treatment (the treatment for cancer is different than the treatment for diabetes). Any diagnosis returned into the legal system will be a disputed diagnosis due to the adversarial nature of the legal system and the nature of the pathology involved. The appellate system for a disputed diagnosis in healthcare is second opinion. The National Academy of Sciences (2015)[28] describes the role of second opinion consultation in improving diagnoses in healthcare.

> **From National Academy of Sciences Improving Diagnosis**: **"**Clinicians may refer to or consult with other clinicians (formally or informally) to seek additional expertise about a patient's health problem. The consult may help to confirm or reject the working diagnosis or may provide information on potential treatment options. If a patient's health problem is outside a clinician's area of expertise, he or she can refer the patient to a clinician who holds more suitable expertise. Clinicians can also recommend that the patient seek a second opinion from another clinician to verify their impressions of an uncertain diagnosis or if they believe that this would be helpful to the patient."

Since a disputed diagnosis is anticipated for all child custody cases, second opinion (and even third opinion) through telehealth participation in the clinical diagnostic assessment should be allowed to each litigant to ensure that the concerns and rights of each litigant are adequately addressed, and to ensure that the courts and children receive the highest caliber of professional services.



[28] *Improving Diagnosis in Healthcare* (2015). National Academies of Sciences, Engineering, and Medicine; Institute of Medicine;

https://www.nap.edu/catalog/21794/improving-diagnosis-in-health-care?fbclid=IwAR2ht8JZQGHLWElqlBjwqPqx6qtmgc9JYpI8mSRUJaLZFdzljAubk2MkOAI