Reconceptualizing Parental Alienation: Parental Personality Disorder and the Trans-generational Transmission of Attachment Trauma

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The primary symptom associated with the family processes classically referred to as "parental alienation" is the child's rejection of a relationship with a parent. This central symptom represents a massive disruption to the normal-range functioning of the child's attachment system relative to one parent, the targeted-rejected parent, and a corresponding display of a hyper-bonding motivation toward the other parent, the favored or allied parent. Recognizing the central symptom of "parental alienation" as a prominent disruption to the child's attachment system allows for a more extensive and exacting examination of the family relationship processes that are producing the characteristic pattern of family relationships that have traditionally been called "parental alienation."

The induced disruption to the child's attachment system associated with what has traditionally been referred to as "parental alienation" produces a characteristic set of three child symptom features, 1) a prominent suppression of the normal-range functioning of the child's attachment bonding motivations toward one parent, the targeted-rejected parent, with a corresponding hyper-bonding motivation expressed by the child toward the allied and favored parent, 2) the prominent display in the child's symptom presentation of a specific set of narcissistic and borderline personality disorder features, and 3) an intransigently held, fixed and false belief of the child regarding the fundamental parental inadequacy, and often personal inadequacy, of the targeted-rejected parent which the child characterizes as a form of emotional or psychological child abuse by the targeted-rejected parent. This coordinated set of three characteristic child symptoms will be examined from an attachment system perspective in order to more fully understand how the distortions to the child's attachment system motivations develop, and how these distortions are expressed through this characteristic set of child symptoms.

The Attachment System

The attachment system is a neuro-biologically embedded primary motivational system that evolved as the consequence of the selective predation of children (Bowlby, 1969; 1973; 1980). Predators are selectively targeting the old, the weak, and the young. Children are prey animals. Children who bonded strongly to parents received parental protection from predators, so that genes motivating strong child bonding to parents increased in the collective gene pool through the differential survival advantage these genes conferred to children. On the other hand, children who were less strongly motivated toward bonding with parents fell prey to selective predation, so that genes that allowed weak, or even moderate child bonding to parents were systematically eliminated from the collective gene pool. Through this evolutionary process of selective targeting of children by predators, a very strong, neuro-biologically embedded, primary motivational system developed in children that strongly motivates children to form deep and highly resilient attachment bonds to parents.

Because of the significant survival advantage conferred to children by the attachment system, attachment motivations do not spontaneously dysfunction. Genes that allowed for the spontaneous dysfunction of the attachment system in children were systematically removed from the collective gene pool by the selective predation of children who evidenced dysfunctional attachment motivations. Distortions to the motivational expressions of children's attachment system occur only in direct response to distorted parenting practices, and these parentally induced distortions to the child's attachment system are expressed in characteristic patterns of child behavior that are directly linked responses to the distorted parenting practices and reflect the continuing efforts of the attachment system to maintain the maximum degree of parental availability possible within the context of the distorted parenting practices (Ainsworth, 1978; Bowlby, 1969; 1973; 1980).

The distortions to children's attachment bonding motivations that do occur as a consequence of problematic parenting practices do not evidence motivated child desires to sever the parent-child attachment bond, but instead reflect adjusted, goal-corrected behavioral and relationship strategies designed to maximize parent-child bonding within the context of the distorted parenting practices (Bowlby, 1969). Of particular note is that significantly problematic parenting practices, such as severely inadequate or abusive parenting, actually results in increased child motivation for attachment bonding to the inadequate or abusive parent. For example, Bowlby (1969) notes "the paradoxical finding that the more punishment a juvenile receives the stronger becomes its attachment to the punishing figure" (p. 226). The increased motivation of juveniles toward bonding with inadequate or abusive parents is also noted by van der Kolk (1987), who observes that this increased motivation for attachment bonding as a consequence of inadequate and abusive parenting practices has been evidenced across species, including birds (Ratner, 1976), dogs (Stanley & Elliot, 1962), monkeys (Harlow & Harlow, 1971; Seay, Alexander, & Harlow, 1964), and humans (Green, 1980). The response of the attachment system to inadequate or abusive parenting is to more strongly motivate the child to seek attachment bonds with the inadequate or abusive parent (Raineki, Moriceau, Sullivan, 2010).

In response to poor or inadequate parenting, children evidence characteristic patterns of attachment-motivated behaviors designed to elicit greater parental involvement (Ainsworth, 1978; Bretherton, 1990). The characteristic features of these child responses to poor and inadequate parenting are dependent on, and in direct response to, the specific features of parental inadequacy. In response to parents who are inconsistent in their availability, children develop an insecure anxious-ambivalent attachment pattern (called an anxious-preoccupied attachment when displayed by adults) in which the child emits a higher frequency of protest behaviors and bonding signals that elicit increased parental involvement (Ainsworth, 1978; Cassidy, & Berlin, 1994). Children seeking to bond with a psychologically overwhelmed parent who withdraws further when the child presents demands for increased parental engagement develop an anxious-avoidant attachment pattern of becoming low-demand and over-compliant, thereby maximizing whatever parental involvement is available by limiting parental withdrawal (Ainsworth, 1978; Finnegan, Hodges, & Perry, 1996). Parenting behavior that is chaotic, disorienting, and simultaneously frightened and frightening, prevents the child from

developing any coherent strategy for maximizing parental involvement, resulting in an incoherent and disorganized display of attachment behaviors by the child, which is referred to as an insecure anxious-disorganized attachment pattern (Lyons-Ruth, Bronfman, & Parsons, 1999; Main & Hesse, 1990; van IJzendoorn, Schuengel, Bakermans-Kranenburg, 1999).

On the other hand, children responding to capable and responsive parents develop a secure attachment relationship with these parents. Children who are securely attached to a parent show greater comfort with separation from the parent, more independent exploratory behavior away from the parent, and less overt signals of attachment bonding behavior, returning only occasionally to the "secure base" of the parent for emotional recharging (Ainsworth, 1978; Bowlby, 1969; 1979). Children who display timid behavior, who are reluctant to leave the proximity and care of a parent, or who display excessive bonding signals such as overly frequent signals of or for affection when in relationship with a parent, are insecurely attached with this parent (Ainsworth, 1978; Bowlby, 1969; 1973; 1980; Bretherton, 1990)

Induced Suppression of the Attachment System

As a predator-driven primary motivational system, the attachment networks of the brain are highly responsive to parental signals of threat. A parental signal of threat or danger activates the child's attachment system motivations to flee from the parentally identified threat and seek proximity-protection with the protective parent. The two primary forms of parental signaling of threat are 1) the parent's emotional signaling of anxiety in response to a perceived threat (Mineka, Davidson, Cook, & Keir, 1984), and 2) through parental retrieval behaviors in which the parent actively seeks to restrict the child's exploratory behavior in the presence of a threat or danger and maintain the child's proximity to the protective parent (Bowlby, 1969).

The powerful communicative effect of parental emotional signaling was demonstrated in a study on the acquisition of a fear of snakes in young monkeys (Mineka, Davidson, Cook, & Keir, 1984). In this study, the investigators first placed the baby monkey in a cage alone with a snake, and the young monkey evidenced no fear of the snake. The investigators then placed the baby monkey and its mother in the cage with the snake. The mother monkey displayed an intense fear of the snake. From that point on the baby monkey evidenced a similar fear of the snake. The baby monkey acquired its fear of the snake by socially referencing the emotional signaling of the mother's anxiety and fear regarding the snake.

The perception of threat also motivates parents to engage in retrieval behaviors (Bowlby, 1969), which represent the corresponding parental attachment behavior to children's attachment motivation for seeking proximity to the parent in response to a perceived threat. When a parent perceives a potential threat, the parent seeks to restrict separation from the child and maintain protective proximity to the child by retrieving the child and actively preventing the child's separation. As a parental response to perceived threat, parental retrieval behaviors also act as signals to the child regarding the presence of a threat in the environment, such as the presence of a predator, and so correspondingly

activate the child's own attachment motivations to maintain proximity to the protective parent. By signaling threat, parental retrieval behaviors trigger and work in tandem with activated child motivations to maintain proximity to the parent in a coordinated integration of parent-child attachment system motivations (Bowlby, 1969).

In the family processes traditionally referred to as "parental alienation," the alienating parent signals an over-anxious parental concern to the child regarding the child's separations from the parent, particularly surrounding visitations with the other parent, as well as an over-anxious parental concern regarding the inadequacy of parental care being provided for the child by the other parent. The heightened anxiety of the alienating parent at separations from the child, particularly surrounding the child's visitations with the other parent, signals to the child that the parenting practices of the other parent represent a threat to the child. Displays of retrieval behaviors by the alienating parent, such as sending the child text messages, emails, or phone calls while the child is in the care of the other parent, or efforts by the alienating parent to disrupt visitation transfers to the other parent, can further signal to the child that the other parent, the targeted-rejected parent, represents a threat to the child.

The signaling of over-anxious parental concern and elevated parental retrieval behaviors communicate to the child a parental perception of threat that will automatically activate the child's attachment system motivations to flee from the parentally identified threat (i.e., to flee from predator, such as the snake in the Mineka et al., study), and to seek and maintain proximity-protection with the protective parent, so that the child's comfort with separation from the "protective" parent, and the child's security in engaging in exploratory behavior, such as engaging in a relationship with the other parent, is reduced or eliminated in response to the parental signals of threat emanating from the over-concerned anxious preoccupation of the alienating parent.

These child attachment behaviors are exactly the child symptoms displayed in what has traditionally been called "parental alienation." The anxious over-concern of the alienating parent and elevated displays of parental retrieval behaviors essentially define the other parent as the threat (i.e., as "the predator") relative to the functioning of the child's attachment system. The attachment system does not motivate children to bond with the predator, so that the child's attachment system motivations for bonding with the targeted parent are effectively turned off for the child by the alienating parent's definition of the other parent as representing a threat (i.e., "the predator") relative to the child.

The attachment system of children instead motivates them to flee the predator, and this is exactly the child's symptomatic display evidenced in what has traditionally been referred to as "parental alienation," in which the child actively seeks to avoid and terminate a relationship with the targeted parent. The child begins to refuse going on visitations with the targeted parent, and when on visitations with the targeted parent the child may try to avoid the targeted parent by becoming isolative in his or her room or by hiding in the bathroom behind a locked door. In some cases, the child may actively try to flee "the predator" (as represented by the targeted-rejected parent) by running away from the care of the targeted parent, typically in coordination with retrieval behaviors of the alienating

parent. All of these child behaviors are manifestations of the child's activated attachment system motivations to flee from the predator, to flee from the identified threat.

The child's activated attachment system also simultaneously motivates the child to seek continual proximity-protection from the protective parent, which in the case of "parental alienation" family processes is the self-ascribed and self-adopted role of the alienating parent, and to limit separations from the protective parent. The self-adopted role of the alienating parent as the "protective parent" is communicated to the child through a combination of parental emotional signals to the child of anxious parental over-concern that communicates to the child that the alienating parent is adopting a protective parental role, and through heightened retrieval behaviors displayed by the alienating parent, such as parental support and sympathy for the child's reluctance to be separated from the alienating parent, text messages, phone calls, and emails to the child during periods of separation when the child is with the other parent, and anxious-concerned questioning of the child following visitations with the other parent, all of which communicate both that the other parent represents a threat to the child, and also that the alienating parent is the protective parent who is seemingly concerned for the child's well being.

Inducing the Child's Symptoms

The child's induced false beliefs and rejection of the other parent do not necessarily involve the alienating parent's directly overt denigration of the targeted parent, although such parental denigration by the alienating parent of the targeted parent is often present in support of the child's expressed beliefs. Instead, the induction of the child's false beliefs about the inadequacy of the other parent, of the targeted parent, are often more subtle and covert, and place the child in the leadership position of denigrating the parenting of the targeted parent. In this distorted communication pattern, the alienating parent parent uses solicitous, over-anxious, and over-concerned questioning of the child following the child's visitations with the other parent to elicit from the child a mild criticism of the other parent, or a description of conflict with the other parent that may have emerged during the visitation. The alienating parent then responds to the elicited child criticism or description of conflict with the other parent by distorting the meaning and amplifying the significance of the child's criticism or account of the parent-child conflict with the other parent, by responding with exaggerated parental emotional signals of heightened concern and outrage toward the other parent. The response of the alienating parent represents a distorted emotional over-reaction to what were essentially normal-range parenting practices by the other parent, but the distorted emotional reactions of hyper-concern and outrage by the alienating parent nevertheless act to enlarge, amplify, and inflame minor, normal-range parent-child interactions of the child with the other parent into supposed evidence of severe parental failures and "abusive" inadequacy of care by the other parent. The framing of this distorted construction of meaning by the alienating parent is typically that the other parent was insufficiently sensitive to the emotional needs of the child, which simultaneously frames for the child that it is the "concerned" alienating parent who is the sensitive, nurturing, and caring parent, which directly contrasts to the framing of the other parent as the insensitive, uncaring, inadequate, and emotionally "abusive" parent.

Within this distorted communication process, the alienating parent does not offer the initial criticism of the other parent, as would occur in directly denigrating communication of the targeted parent. Instead, the initial criticism is elicited from the child through over-anxious questioning by the alienating parent, who then responds to relatively minor and normal-range incidents reported by the child as if these reported incidents represented severe parental failures by the other parent that would rise to the level of emotional or psychological child abuse, that then require a "protective" parental response from the alienating parent. The alienating parent can then engage in direct denigration of the targeted parent, however this direct denigration superficially appears to be "in support" of the child, thereby placing the child into the leadership position of denigrating the targeted parent and casting the alienating parent into a seemingly supportive and protective role. The constructed false need for a protective parental response to a constructed false threat posed to the child leads to increased parental retrieval behaviors by the alienating parent of limiting the child's separation from the alienating parent and restricting the child's ability to engage in what would otherwise be normal-range exploratory behavior of developing an independent relationship with the other parent.

Furthermore, by eliciting from the child the initial criticism of the other parent through over-anxious and over-concerned parental questioning, the alienating parent constructs a communication framework in which the child comes to believe that it is actually the child who is the one criticizing the other parent, and that the alienating parent is simply being supportive, nurturing, and understanding of the child's dissatisfaction. The developmental immaturity of the child prevents the child from recognizing the full complexity of the distorted communication dynamic involved, in which the child's criticism of the other parent is first elicited by the anxious over-concerned questioning of the alienating parent, who then inflames this initial elicited criticism through distorted and exaggerated emotional responses into "evidence" of the "abusive" parental inadequacy of the other parent.

Eventually, over time, this communication pattern can become an entrenched routine of the post-visitation dialogue of the child with the alienating parent following visitations with the other parent, and the child will begin to more actively participate in the inflammation process by offering embellishments of his or her criticisms of the other parent, in which the child actively colludes in framing his or her own role as being an "innocent victim" of the other parent's insensitivity and parental inadequacy. This distorted co-creation of meaning between the child and the alienating parent effectively defines for the child that it is the alienating favored and allied parent who is the nurturing, supportive, and protective parent compared to the supposedly insensitive, inadequate, and emotionally "abusive" parenting of the other parent, who eventually comes to be defined as representing a threat to the child because of the supposedly fundamental parental (and personal) inadequacy and "abusive" parenting practices of this parent.

Through the creation of this set of parent-child relationship definitions, the child and the alienating parent create a psychological bond of "us-versus-them" that can reassure the child in his or her otherwise insecure attachment bond to the alienating parent. A child's reluctance to separate from a parent represents a symptom of insecure attachment with this parent (Ainsworth, 1979, Bowlby, 1969). Within the family relationships

associated with "parental alienation," the child's reluctance to separate from the alienating parent and engage in normal-range exploratory behavior with the other parent that includes the formation of a separate relationship with the other parent represents a symptomatic indication of the child's insecure attachment bond with the alienating parent. The insecurity of the child's attachment bond with the alienating parent can be strengthened, albeit pathologically, by developing an "us-versus-them" bond between the child and the alienating parent which is elaborated as the co-created shared "victimization" of both the child and the alienating parent at the hands of the targeted-rejected parent (and spouse). In clinical interviews with the alienating parent, this bond of shared victimization is often expressed as the alienating parent's supposedly compassionate understanding for the child's rejection of the other parent (i.e., "I know just how the child feels. The other parent treated me the same way during our marriage."). When this type of communication of shared-victimization is made by the alienating parent to the child it will sound to the child like the parent is offering supportive understanding, but this communication actually represents the formation of a pathological "us-versus-them" attachment bond of shared-victimization at the hands of a shared enemy, the external threat, that acts to strengthen the otherwise insecure attachment bond between the child and the alienating parent.

Since it is the child offering the initial criticism, the alienating parent is technically not speaking negatively about the other parent but is simply being "supportive" and "understanding" of the child. Court orders or therapist directives for the parents not to speak negatively about the other parent to the child are thus rendered functionally irrelevant, since the distorted communication dynamics of the alienating parent with the child involve eliciting the initial criticism of the other parent from the child, so that the alienating parent is simply responding as the "supportive-protective" parent, while also actively enlarging, distorting, and inflaming the child's criticism through distorted parental responses of exaggerated over-concern. Once this communication dynamic of elicited child criticism is established, the typical refrain of the alienating parent becomes that we need to "listen to the child," since the child has been induced into the leadership position of criticizing the targeted parent, and each incident in which therapists, minor's counsel, and the Court "listens to the child" only acts to further entrench the distortions already embedded by the alienating parent within this communication process.

<u>The Child's Personality Disorder Symptoms</u>

The child's symptom display toward the targeted-rejected parent is notable for a characteristic set of narcissistic and borderline personality disorder symptoms that include, 1) **grandiosity**, as expressed through an inappropriate elevation of the child in the family hierarchy above the level of the targeted parent, so that the child sits in judgment of the targeted parent's adequacy, as both a parent and as a person, 2) a complete **absence of empathy** for the feelings of emotional pain and suffering inflicted by the child on the targeted parent, 3) a sense of **entitlement** by the child in which the child feels entitled to have his or her desires met by the targeted parent to the child's satisfaction, and if the child's entitled expectations are not met to the child's satisfaction then the child feels justified in punishing the targeted parent for failing to meet the child's entitled expectations to the child's satisfaction, 4) the child displays a **haughty and arrogant**

attitude of contemptuous disdain and disrespect for the targeted parent, although this attitude is generally absent relative to other people, such as teachers and therapists, and 5) the child displays a **splitting** dynamic in which the targeted parent is entirely devalued while the favored parent is idealized as the perfect parent. Linehan (1993) describes this splitting process relative to borderline personality disorder dynamics,

> "They tend to see reality in polarized categories of "either-or," rather than "all," and within a very fixed frame of reference. For example, it is not uncommon for such individuals to believe that the smallest fault makes it impossible for the person to be "good" inside… Things once defined do not change. Once a person is "flawed," for instance, that person will remain flawed forever." (p. 35)

These personality disorder symptoms are not endogenous to the child's own psychological processes but are the acquired product of the child's enmeshed psychological relationship with a personality disordered parent. Inexperienced clinicians may mistake the child's display of narcissistic and borderline personality disorder features as representing symptoms of child oppositional-defiant behavior, however this interpretation would represent a diagnostic failure potentially caused by an incomplete appreciation for the interpersonal and family systems issues involved. The primary differentiating feature of the child's personality disorder symptoms from oppositional defiant behavior is that authentic conflict is under the stimulus control of the other person's actions, whereas personality disorder symptoms are not responsive to the actions of the other person.

The construct of stimulus control is best understood through an analogy to driving behavior. Driving behavior is under the stimulus control of traffic lights, so that when the traffic light is green we go, and when the light is red we stop. If, on the other hand, our driving behavior is not under the stimulus control of the traffic lights, then it does not matter what color the traffic light is, red, green, blue, or purple, our driving behavior will be unaffected by the stimulus of the traffic light. In authentic parent-child conflict, the child's behavior is under the stimulus control of the parent's behavior and the parent's responses to the child, so that altering the parent's behavior and responses to the child will have a corresponding effect on the child's behavior.

The expression of personality disorder features in the child's symptom display, on the other hand, will not be responsive to changes in the parent's behavior. It does not matter if the parent is kind and understanding, strict and punitive, flexible or inflexible, the child's behavior toward the parent will remain unaffected. That the child's behavior is unaffected by the parent's behavior is indicative that the child's behavior is not under the stimulus control of the parent, and so does not represent an authentic parent-child conflict. Instead, the stimulus control for the child's behavior is to be found in the enmeshed psychological relationship and parent-child coalition (Haley, 1977; Minuchin, 1974) that the child has with the alienating personality disordered parent, in which the child is acquiring the meaning constructions of the personality disordered parent relative to the other parent, the targeted-rejected parent, so that the child is simply expressing the personality disorder features of the enmeshed and allied, personality disordered parent relative to this parent's attitude toward the targeted-rejected parent.

Parental Personality Disorder Traits

Since the child's expression of personality disorder symptoms are not endogenous to the functioning of the child's own nervous system, but instead represent the acquired expressions of the alienating parent's own personality disordered processes through the child's enmeshed psychological relationship with this personality disordered parent, the child's display of personality disorder symptoms acts as a lens into the personality disorder structure of the alienating parent. Within the family relationship processes classically referred to as "parental alienation," the allied and favored parent possesses narcissistic and borderline personality disorder traits that represent the constellated product of insecure anxious-disorganized/anxious-preoccupied attachment networks (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004 Brennan & Shaver, 1998; Fonagy, et al., 2003; Holmes, 2004; Jellema, 2000; Levy, 2005; Lyddon & Sherry, 2001).

The attachment system forms internal working models of relationship expectations relative to self and other (Bowlby, 1969; Bartholomew, & Horowitz, 1991), that subsequently coalesce during childhood and adolescence into stable personality structures (Bowlby, 1973). The narcissistic and borderline personality disorder processes of the alienating parent represent the coalesced product of the parent's own insecure anxious-disorganized/anxious-preoccupied attachment networks that have as their central organizing themes an intense experience of fundamental core-self inadequacy, resulting in the compensatory development of narcissistic personality disorder traits, and an intense fear of abandonment, resulting in the development of borderline personality features. For some alienating parents the narcissistic features associated with primal inadequacy are especially prominent, reflecting a stronger influence from insecure anxious-avoidant internal working models of attachment, while in other alienating parents a stronger borderline presentation predominates, reflecting a more pronounced influence from insecure anxious-ambivalent/anxious-preoccupied internal working models of attachment. Additional symptomatic blends of histrionic, antisocial, obsessive-compulsive, and paranoid personality features may also be present with the alienating parent reflecting the specific features of the alienating parent's internal working models of attachment, but the core narcissistic and borderline features of the alienating parent (i.e., core-self inadequacy and severe abandonment fears) will always be present as part of the "parental alienation" dynamic.

These personality disorder features of the alienating parent originate from the internal working models of the alienating parent's attachment system centering around anxious-disorganized attachment networks that are the product of childhood experiences of disorienting and incoherent parenting, that simultaneously triggered for the alienating-parent-as-a-child incompatible motivations for both attachment bonding and avoidance within the alienating parent's attachment system (Lyons-Ruth, Bronfman, & Parsons, 1999; Main & Hesse, 1990; Schuengel, Bakermans-Kranenburg & van IJzendoorn, 1999). The continual simultaneous triggering of conflicting attachment motivations for bonding and avoidance can lead to the fragmentation, or splitting, of the internal working models of attachment into separate representational networks for these conflicting bonding and avoidance motivations (Juni, 1995; Lopez, Fuendeling, Thomas, & Sagula, 1997).

Through this "splitting" of representational networks for the child's (i.e., the alienating-parent-as-a child) incompatible but simultaneously activated bonding and avoidance motivations, the split-off internal working models containing the child's motivations for attachment bonding became organized around representational images of an idealized positive-nurturing parental relationship figure, while the isolated and split-off representations for the attachment avoidance motivations became organized around hostile-abusive parental representations. The splitting dynamic associated with both borderline and narcissistic personality processes (Kernberg, 1975) represents the fragmentation of the attachment system's internal working models into separate and split-off representational networks for bonding and avoidance motivations as a consequence of the repeated incompatible but simultaneous activation by the parent of these conflicting motivational sets in the child that prevented the child from organizing a coherently integrated strategy for establishing and maintaining an attachment bond, resulting in the development of an insecure anxious-disorganized pattern of attachment (Lyons-Ruth, Bronfman, & Parsons, 1999; Main & Hesse, 1990).

The principle themes of the insecure attachment patterns of the alienating parent center on a self-experience of primal inadequacy and an experience of others as abandoning. These central themes of self and other, embedded in the internal working models of the attachment system (Bretherton & Munholland, 2008; Bartholomew, & Horowitz, 1991), subsequently coalesced during the childhood and adolescence of the alienating parent into stable, albeit pathological, narcissistic and borderline personality disorder features (Bowlby, 1973; Brennan, K.A. & Shaver, 1998; Fonagy, Target, Gergely, Allen, & Bateman, 2003; Holmes, 2004; Jellema, 2000; Levy, 2005; Lyddon & Sherry, 2001). These insecure attachment patterns and the personality disorder dynamics into which they coalesced, remained relatively dormant until the divorce and dissolution of the family activated the alienating parent's attachment system to mediate the experience of interpersonal loss of the close attachment-bonded relationships represented by the spousal and parent-child relationships (Bowlby, 1980; Mikulincer, Gillath, & Shaver, 2002).

The attachment system mediates both the formation of bonded relationships as well as the experience of loss involving these bonded relationships (Bowlby, 1969; 1973; 1979; 1980). The interpersonal loss associated with the divorce and family's dissolution triggered the activation of the alienating parent's insecure anxious-disorganized/anxious-preoccupied attachment networks in order to mediate the interpersonal loss experience. The activation of the internal working models of the alienating parent's disordered attachment networks concurrently activated the narcissistic and borderline personality disordered traits that represent the coalesced product of the alienating parent's internal working models of attachment. The interpersonal rejection inherent to divorce threatened to collapse the alienating parent's narcissistic defense against the self-experience of primal inadequacy and triggered the alienating parent's intense abandonment fears associated with borderline personality processes (see diagram in Appendix 1).

The divorce and interpersonal loss experience thereby activated three separate but inter-related sources of intense anxiety for the alienating parent, all emerging from insecure anxious-disorganized/anxious-preoccupied attachment network patterns, 1) the

reactivation of relationship trauma networks contained within the internal working models of the alienating parent's attachment networks involving the pattern of a hostile-abusive parent and a vulnerable-victimized child, 2) a threatened collapse of the alienating parent's narcissistic defense against the experience of primal core-self inadequacy, and 3) an intense fear of abandonment associated with borderline personality organization.

The alienating parent must then both interpret the meaning of the intense anxiety experience being activated by the divorce process, which is triggered by and so associated with the other parent, and the alienating parent must also engage psychological coping resources and defensive processes to regulate the intense anxiety emerging from the trauma and personality disorder processes of the attachment system that were activated to mediate the experience of interpersonal loss associated with the divorce.

Misattribution of Meaning

The emotion of fear signals the presence of a threat. The narcissistic/borderline alienating parent lacks the self-insight and self-reflective capacity to accurately recognize the source of the intensely experienced anxiety as being the product of activated attachment related trauma, and instead misattributes the experience of intense anxiety as representing an authentic emotional signal of an actual threat posed by the other parent/spouse (i.e., by the rejecting-abandoning attachment figure). Bowlby (1980) notes this potential for the "misidentification of the interpersonal situation eliciting a response,

> One or a set of responses the person is making may be disconnected cognitively from the interpersonal situation that is eliciting it, leaving him unaware of why he is responding as he is. He may mistakenly identify some other person (or situation) as the one who (which) is eliciting his responses. (p. 65)

The narcissistic/borderline parent misattributes the causal origin of the intensely experienced attachment-related anxiety as representing an emotional signal that the other parent represents a threat, since it is the other parent who is the triggering cue for the intense anxiety through the activation of the internal working models of the alienating parent's attachment networks that become activated by the divorce to mediate the interpersonal loss of attachment relationships. However, the central narcissistic processes of the personality disordered alienating parent reject that the other spouse represents a direct threat to the grandiose arrogance of the narcissistic/borderline parent, so that the misperception of threat is shifted into the embedded pattern of the internal working models of the attachment system as "abusive parent/victimized child."

This, then, achieves the final form for the alienating parent's false and distorted attribution of meaning regarding the divorce and the intense, authentically experienced but misattributed anxiety; i.e., that the other parent represents an "abusive" threat to the child. The alienating parent then leads the child into adopting the needed victimization role relative to the other parent by first eliciting from the child criticisms of the other parent, which the personality disordered alienating parent then distorts, exaggerates, and inflames into the required evidence of the other parent's "abusive" parental inadequacy and the

child's victimization, creating the "abusive parent/victimized child" attribution for the alienating parent's experienced anxiety.

Through the distorted relationship and communication processes of the alienating personality disordered parent, the child is induced (seduced) into acquiring this false and distorted perception of the other parent as being abusively inadequate as a parent. This then leads to the third component of the child's symptom display, the intransigently held, fixed and false belief in the other parent's fundamental inadequacy as both a parent and person that, according to the alienating parent and the child, represents a form of emotional and psychological child abuse. The child is acquiring this symptom feature from the distorted, fixed and false misattribution of meaning made by the alienating parent regarding an authentically experienced, but uncomprehended and therefoe misinterpreted, parental experience of intense anxiety.

The DSM-5 (American Psychiatric Association, 2013) defines a delusion as "fixed beliefs that are not amenable to change in light of conflicting evidence" (p. 87). The intransigently held, fixed and false beliefs of the alienating narcissistic/borderline parent regarding the supposedly abusive parental inadequacy of the other parent would fit this diagnostic criterion definition as a delusional belief system, as would the shared fixed and false belief of the child acquired through the distorted communication and parenting practices of the alienating personality disordered parent, making this child symptom feature a shared delusional process.

Researchers have suggested that some forms of delusion formation represent a misattribution of meaning regarding an authentically experienced, but misunderstood, perceptual experience (cf. Garety & Freeman, 1999). To the extent that the alienating personality disordered parent has an authentic experience of intense anxiety (emanating from attachment-related trauma networks and narcissistic and borderline personality disorder processes), the intransigently held, fixed and false beliefs of the alienating parent regarding the supposedly "abusive" parental inadequacy of the other parent, beliefs that are then transferred to the child through the distorted communication and parenting practices of the alienating parent, would seemingly fit this explanation for delusion formation.

Millon (2011) has also indicated that narcissistic personality disorder processes can readily decompensate under stress into delusional belief systems,

> Owing to their excessive use of fantasy mechanisms, they [narcissists] 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… Delusional systems may also develop as a result of having felt betrayed and

humiliated. Here we may see the rapid unfolding of persecutory delusions… (p. 407-408)

Divorce would clearly provide such a "serious challenge or setback" to the superiority and omnipotence of a narcissistic parent, so that, isolated from the corrective effects of shared thinking, the narcissistic injury inflicted by the interpersonal rejection associated with the divorce would be woven by the narcissistic/borderline parent into a humiliating betrayal that is being "abusively" perpetrated on the narcissistic parent by the other parent, leading to the formation of intransigently held, fixed and false persecutory delusions regarding the "abusive" threat posed by the other parent.

The child's symptoms relative to the targeted-rejected parent would therefore represent:

1) The induced suppression of the normal-range functioning of the child's attachment system as a consequence of the distorted communication and parenting practices of a personality disordered parent (i.e., narcissistic with borderline features; representing internal working models of the parent's attachment system that reflect a self-experience of primal inadequacy and an intense fear of abandonment) that falsely defines and misrepresents to the child that the other parent represents a threat to the child.

2) The child's acquisition of the personality disordered parent's false meaning constructions regarding the other parent in which the child also acquires the personality disordered psychological distortions of the alienating parent toward the other parent, resulting in the display of specific narcissistic and borderline personality disorder features in the child's symptom presentation.

3) The child's induced acquisition of the delusional, fixed and false belief of the alienating personality disordered parent regarding the fundamental parental inadequacy of the other parent that supposedly represents "abusive" parenting, which reflects the alienating parent's misattribution of meaning regarding an authentically experienced, but misinterpreted, experience of anxiety that occurs within the context of the psychological decompensation of the parent's narcissistic and borderline personality disorder processes under the psychological stress from the interpersonal rejection inherent to the divorce.

<u>Parental Regulation of Anxiety</u>

The formation of insecure anxious-disorganized attachment patterns is associated with a role-reversal parent-child relationship in which the parent uses the child to regulate the parent's own emotional needs (Bacciagaluppi, 1985; Lyons-Ruth, Bronfman, & Parsons, 1999; Macfie, Fitzpatrick, Rivas, & Cox, 2008). In healthy parent-child relationships, the parent meets the child's needs. However, in a role-reversal relationship the parent uses the child to meet the parent's needs. This use of the child to meet the parent's own needs is consistent with the exploitation of others associated with narcissistic personality disorder dynamics (DSM-5 Symptom Criterion 6; American Psychiatric Association, 2013), so that

within "parental alienation" processes, the narcissistic/borderline parent first induces the child's symptomatic rejection of the other parent and then exploits the child's symptoms to meet the emotional and psychological needs of the personality disordered parent.

The personality disordered, narcissistic/borderline parent must regulate three sources of intense anxiety, 1) the threatened collapse of the narcissistic defense against the experience of primal self-inadequacy, 2) the intense anxiety associated with a borderline personality disorder fear of abandonment, and 3) the reactivation of relationship trauma networks involving the pattern of "abusive parent/victimized child." Consistent with an insecure anxious-disorganized attachment pattern, the alienating parent engages a role-reversal relationship with the child that uses (i.e., exploits) the child's induced symptoms of hostile-rejecting judgment and abandonment of the other parent to regulate the alienating parent's own activated personality disorder anxieties.

For the alienating parent, the twin personality disorder anxieties of core-self inadequacy and fear of abandonment are self-reinforcing. The alienating parent believes that his or her fundamental inadequacy will result in abandonment, and the proof of the alienating parent's fundamental inadequacy is that he or she is abandoned. The alienating parent regulates this self-reinforcing personality disorder dynamic by projectively displacing it onto the other parent, so that it is the other parent who becomes defined by the child's symptoms as the fundamentally inadequate parent (and person) who is then rejected and abandoned by the child as a consequence of this fundamental parental (and personal) inadequacy.

Through the role-reversal relationship, the child's symptomatic judgment and rejection of a relationship with the other parent is used and exploited by the personality disordered alienating parent to psychologically expel, through projective displacement onto the other parent, the alienating parent's own narcissistic and borderline personality disorder anxieties regarding primal core-self inadequacy and intense abandonment fears (i.e., "I'm not the inadequate parent (person); you are. I'm not the abandoned parent (person); you are. And you are being abandoned as a parent and person because of your fundamental inadequacy."). The relationship process between the alienating parent and the child, in which the alienating parent first induces the child's symptomatology and then exploits this induced child symptomatology to regulate the parent's own emotional and psychological processes, represents a role-reversal parent-child relationship characteristic of an anxious-disorganized attachment pattern (Lyons-Ruth, Bronfman, & Parsons, 1999; Macfie, Fitzpatrick, Rivas, & Cox, 2008), and the entire alienation process represents the trans-generational transmission of attachment trauma from the childhood of the alienating parent to the current child and current family relationships (Benoit & Parker, 1994; Fonagy & Target, 2005; Jacobvitz, Morgan, Kretchmar, & Morgan, 1991; Prager, 2003; van Ijzendoorn, 1992)

<u>The Reenactment of Attachment Trauma</u>

With the divorce and the activation of the alienating parent's attachment networks to mediate the experience of interpersonal loss, two sets of representational networks for

attachment figures become concurrently activated. One set originates in the childhood of the alienating parent and includes the attachment representations involved in the original creation of the insecure anxious-disorganized/anxious-preoccupied attachment patterns that subsequently coalesced into the narcissistic and borderline personality disorder traits of the alienating parent. The second set of activated representational networks of the attachment system is for the current attachment figures of the other parent and current child that are activated within the context of the divorce and family's dissolution.

The concurrent activation of two sets of representational networks for attachment figures, one originating in the past as embedded in the internal working models of the alienating parent's attachment networks, and one related to the current relationships, creates the potential for conceptual slippages between the representational correspondence of past and current attachment figure networks (Douglas Hofstadter and the Fluid Analogies Research Group, 1995; Prager, 2003), in which the childhood relational trauma captured in the internal working models of the alienating parent's insecure anxious-disorganized/anxious-preoccupied attachment networks, becomes co-activated with, and thus equivalent to, current relationship experiences (see diagram in Appendix 2). In discussing the trans-generational transmission of attachment trauma, Prager (2003) describes how past trauma becomes reenacted in current relationships,

> Trauma, as a wound that never heals, succeeds in transforming the subsequent world into its own image, secure in its capacity to re-create the experience for time immemorial. It succeeds in passing the experience from one generation to the next. The present is lived *as if* it were the past. (p. 176)

The alienating parent's internal working models representing past attachment figures are comprised of three representational networks for the role relationships of these past attachment figures,

1) The Victimized Child: This representational network incorporates the alienating parent's traumatized self-experience as a child who is the victim of the hostile-aggressive, emotionally and psychologically abusive parent, in whose care the child developed the insecure anxious-disorganized/anxious-preoccupied attachment that subsequently coalesced into the personality disorder themes of an intense experience of core-self inadequacy (i.e., narcissistic personality features) and an intense fear of abandonment (i.e., borderline personality features).

2) The Abusive Parent: This representational network is comprised of the split-off and isolated relationship representations for the hostile-aggressive and frightening parental attachment figure that activated the alienating parent's attachment related fear and avoidance motivations during childhood. This attachment figure representational network is psychologically linked with the traumatized self-representational network of the alienating parent as the "victimized child," creating the combined relationship pattern of "abusive parent/victimized child."

2) The Nurturing-Protective Parent: This representational network of the alienating parent's attachment system encompasses the split-off motivations for attachment bonding that were triggered by the nurturing parental attachment figure. It was the continual psychological conflict created by the simultaneous activation of incompatible attachment motivations for bonding and avoidance that resulted in the split of these representational networks into separate attachment figure representations that were functionally isolated from each other. In the childhood of the alienating parent, the presence of the split-off representational networks for the nurturing parent represented psychological protection of the "victimized child" from the split-off representational networks for the hostile-abusive parental attachment figure.

This tripartite pattern of attachment figure representations contained within the internal working models of the alienating parent's attachment networks, become concurrently activated with the representational networks for the current attachment figures associated with the current divorce and the family's dissolution that are triggering the current activation of the alienating parent's attachment system to mediate the experience of interpersonal loss associated with the divorce and family's dissolution. The concurrent activation of these two sets of attachment figure representational networks within the overall attachment system of the alienating parent results in the psychological equivalency of past and current relationships, so that within the personality disordered perceptions of the alienating parent, the current child becomes psychologically equivalent to the "victimized child" representational network of the attachment system's internal working models, the other parent becomes psychologically equivalent to the "abusive parent" representational network of the internal working models of the attachment system, and the alienating parent's own self-representation becomes psychologically equivalent to the split-off representational networks for the "nurturing-protective parent" role within the internal working models of the alienating parent's attachment system.

The psychological equivalency of past and present attachment figure representations sets the stage for the reenactment of the alienating parent's past relationship trauma in the current relationships with the targeted parent and current child (Prager, 2003; Trippany, Helm, & Simpson, 2006; van der Kolk, 1989). This trauma reenactment is engaged through the distorted communication and parenting practices of the alienating parent that first elicit child criticisms of the other parent through anxious over-concerned parental questioning, that are then inflamed and exaggerated by the distorted over-reactions of the alienating parent into evidence of the child's "victimization" and of the other parent's "abusive" parenting, which is then used to justify a "nurturing-protective" response from the alienating parent, thereby reenacting all three components of the internal working models of the alienating parent's attachment trauma.

The reenactment narrative, however, is not an exact replication of the original trauma experience in that it contains two important alterations from the original trauma that allow the alienating parent to regulate the reactivated trauma anxiety and reprocess the trauma experience,

1) **Child Agency:** In the original childhood trauma experience, the alienating parent as a child was helpless in his or her relationship with the hostile-aggressive, abusive parent. The reactivation of the trauma networks of the alienating parent's attachment system therefore activates an intense trauma-anxiety for the alienating parent associated with the experience of helplessness. This intense trauma-anxiety is regulated within the reenactment narrative by the current "victimized" child's compensatory empowerment and active agency in rejecting the current representation of the "abusive" parent (i.e., the targeted-rejected parent). The importance of this compensatory active agency and empowerment of the child is evidenced by the central and over-riding importance that the alienating parent places on the child's active agency and empowerment in rejecting the other parent (e.g., "we need to listen to the child"; "the child should be allowed to decide whether to go on visitations with the other parent"; "what can I do, if the child doesn't want to go on visitations with the other parent I can't force the child to go.").

2) **Real-World External Protector:** In the original childhood trauma experience, the only protection available to the victimized child (i.e., the alienating parent as a child) was afforded by the psychologically split-off representational network for the nurturing-protective parental attachment figure, whose presence served to protect the child from the "arrival" of the abusive parent. In the current reenactment narrative, however, the current "victimized child" has a real-world external protective parent in the actual role and figure of the alienating parent. The representational presence of an actual real-world protector of the "victimized child" (i.e., of the psychological equivalency of the current child and the alienating-parent-as-a-child) helps to regulate the reactivated trauma-anxiety of the alienating parent, so that the role of the "nurturing-protective parent" becomes an essential self-definition, and a vital role, for the alienating parent in which "protecting the child" becomes an almost obsessive fixation. The central importance of this protective parent role in regulating the alienating parent's trauma related attachment anxiety leads to excessive displays of parental retrieval behavior (e.g., texting, emailing, and making phone calls to the child while at the other parent's home) and direct interference with the capacity of the other parent to form a relationship with the child by disrupting the other parent's visitation time and visitation transfers, all ostensibly to "protect the child" from the "abusive" parenting of the other parent. The alienating parent may even seek to engage others, such as child protective services, the Court, and therapists, in this central mission to "protect the child."

This reenactment of parental childhood trauma in the current relationships robs the child of an authentic childhood experience, replacing it with a distorted role in a false drama. Prager (2003) poignantly captures the damage to the child's development that occurs as a consequence of the trans-generational transmission of parental trauma to the child,

> What is lost, in a word, is an identity that demarcates the children's experience from their parents: what is produced, in the same instance, is lost childhoods and lost generations. (p. 174)

Treatment Implications

The family processes that have traditionally been referred to as "parental alienation" represent standard family systems dynamics (Haley, 1977; Minuchin, 1972) involving the child's triangulation into the spousal conflict through the actions of the alienating parent, who forms a cross-generational coalition with the child referred to by Haley (1977) as a "perverse triangle," whereby the child becomes over-empowered and inappropriately elevated in the family hierarchy to a status above that of the targeted parent (Minuchin, 1974). The child's over-empowered elevation in the family hierarchy is created, supported, and maintained by the child's coalition with the allied and favored parent.

These family processes are in homeostatic balance with the child's symptoms present (Goldenberg & Goldenberg, 1996) because the child's symptoms serve to stabilize the alienating parent's psychological functioning within a role-reversal parent-child relationship. Krugman (1987) describes this process,

> The child is elevated into the parental hierarchy and the system is stabilized through role reversal. The child may thus be either covertly allied with one parent against the other, or parentified and obliged to care for a parent. (p. 139)

The distorted communication and parenting practices of the narcissistic/borderline parent create an "invalidating environment" (Linehan, 1993) that nullifies the child's self-authenticity in favor of adopting the parent's distorted attributions of meaning. Fruzzetti, Shenk, and Hoffman (2005) describe the nullifying effect of an invalidating environment on the child's authentic self-experience,

> In extremely invalidating environments, parents or caregivers do not teach children to discriminate effectively between what they feel and what the caregivers feel, what the child wants and what the caregiver wants (or wants the child to want), what the child thinks and what the caregiver thinks. (p. 1021)

Within the family systems literature, this loss of psychological boundaries between the parent and child is described as an enmeshed relationship (Minuchin, 1974), so that therapy requires more than simply addressing the child's conflicts with the targeted parent, therapy must also restore the authenticity of the child's self-experience.

The breach in the child's attachment motivations toward the targeted parent will inherently produce a grief and mourning response for the child at the loss of a bonded relationship with the beloved, but rejected, targeted parent (Bowlby, 1969; 1979; 1980). Ainsworth (1989) describes the attachment bond and the natural and expected response of grief that results from breaches to the attachment bond with parents,

> I define an "affectional bond" as a relatively long-enduring tie in which the partner is important as a unique individual and is interchangeable with none other. In an affectional bond, there is a desire to maintain closeness to the partner. In older children and adults, that closeness may to some extent be sustained over time and distance and during absences, but nevertheless there is at least an intermittent

> desire to reestablish proximity and interaction, and pleasure – often joy – upon reunion. Inexplicable separation tends to cause distress, and permanent loss would cause grief… An "attachment" is an affectional bond, and hence an attachment figure is never wholly interchangeable with or replaceable by another, even though there may be others to whom one is also attached. In attachments, as in other affectional bonds, there is a need to maintain proximity, distress upon inexplicable separation, pleasure and joy upon reunion, and grief at loss. (p. 711)

However, within "parental alienation" processes, the child's authentically experienced sadness and emotional pain at the loss of a bonded relationship with the targeted parent is being misinterpreted by the child as "evidence" of the targeted-rejected parent's "abusive" parenting under the distorting influence of the invalidating environment created by the narcissistic/borderline parent. The child's misattribution of meaning regarding an authentically experienced grief response is the direct consequence of the distorted communication and parenting practices of the personality disordered alienating parent that require the child to adopt a "victimized" stance relative to the role of "abusive" parent within the trauma reenactment narrative. Narcissistic personalities are pathologically incapable of experiencing grief. According to Kernberg (1975),

> They [narcissists] are especially deficient in genuine feelings of sadness and mournful longing; their incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or disappointed by other people then may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated. (p. 229)

Under the invalidating communications (Linehan, 1993) and distorting influence of the narcissisitic/borderline personality disordered alienating parent, the child is induced into interpreting an authentic grief response at the loss of a bonded relationship with the beloved, but now rejected, targeted parent in the same manner as the narcissisistic alienating parent responds to grief and loss, as "anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated." Since the child has an authentic but uncomprehended experience of sadness relative to the targeted parent, the child will accept the false and distorted attribution of meaning provided by the personality disordered parent (i.e., that the parenting practices of the other parent are somehow "abusive") as representing a credible attribution of causality for the child's authentically experienced, but uncomprehended, feelings of intense sadness and emotional hurt (i.e., grief and mourning) associated with the targeted parent. The child's induced misattribution of causality regarding an authentic inner experience of deep emotional sadness and pain relative to the targeted parent represents the seed causal origin for the "independent thinker" phenomenon noted by many investigators (c.f. Bernet, von Boch-Galhau, Baker, & Morrison, 2010) in which the child staunchly maintains the self-authenticity of his or her feelings of rejection for the other parent. From the child's perspective, the targeted parent is actually creating an authentic experience of sadness and pain. The child, however, is simply misattributing through the distorting influence of the

alienating parent's pathogenic parenting practices the meaning of an authentic grief response associated with the loss of a bonded relationship with the targeted parent,.

The alienating parent's false attribution of causality for an authentic experience of attachment trauma anxiety, and the child's misattribution of meaning regarding an authentic grief response at the loss of a bonded and attached relationship with the targeted parent, both represent symptomatic manifestations of the invalidating environment associated with borderline personality processes in which the person's ability to accurately identify the attributional origins of self-experience become impaired. In the current relationships the source of this distorting influence lay in the embedded dynamics of the borderline personality processes of the alienating parent, that then also undermine the child's capacity for accurate attribution of self-experience through the distorted and invalidating communication and parenting practices of the narcissistic/borderline parent.

The underlying authenticity of the trauma anxiety for the alienating parent, and of the grief response for the child, serve as the experiential core around which a false set of persecutory delusional beliefs regarding the "abusive" parenting practices of the other parent are co-constructed as an attributional explanation for authentic individual experiences that are otherwise incomprehensible to the alienating parent and the child. A mutually supported and shared fixed and false persecutory belief system (i.e., a shared delusional process) is thereby co-created that falsely defines the normal-range parenting practices of the targeted-rejected parent as "abusive" to the child, based on the mutually supported misinterpretation of authentic individual experiences, consistent with the process of delusion formation noted by Garety and Freeman (1999) and by Millon (2011).

The child's therapy is therefore treating both a family systems process and also a delusional process embedded within the invalidating environment created by the narcissistic/borderline parent, so that therapy must also help the child recover an accurate interpretation of self-experience as well as restore a normal-range affectionately bonded relationship with the targeted-rejected parent.

Phases of Therapy

Treatment of these family systems processes involves four component phases.

1) Rescue of the Child

The invalidating environment and profound failure of parental empathy associated with narcissistic and borderline parenting practices is extraordinarily damaging to healthy child development and would independently warrant child protection considerations (Bacciagaluppi, 1985; Cohen, 1998; Dutton, Denny-Keys, & Sells, 2011; Millon. 2011; Moor & Silvern, 2006; Shaw, 2010; Stepp, Whalen, Pilkonis, Hipwell, & Levine, 2011). In addition, engaging effective therapy will risk further exacerbating the child's triangulation into the parental conflict as long as the child is under the continual distorting influence of the pathogenic parenting practices of the narcissistic/borderline parent, who will actively resist treatment efforts that seek to resolve the child's symptoms since the continuance of

the child's symptomatic rejection of the other parent is essential to the ongoing emotional regulation of the narcissistic/borderline parent.

In order to safeguard the child's emotional and psychological well-being during treatment, a protective separation of the child from the continuing pathogenic influence of the narcissistic/borderline parent's psychopathology is necessary during the active phase of the child's recovery in order to ensure that the child does not become a psychological battleground between the invalidating environment and severely distorted parenting practices of the narcissistic/borderline parent that continually seek to induce the child's symptomatology and the normal-range and balanced constructions of meaning provided through therapy that are seeking to resolve the child's symptomatology. Failing to protectively separate the child from the ongoing distorting influence of the aberrant parenting practices of the narcissistic/borderline parent will risk the child's emotional and psychological development by further exacerbating the child's triangulation into the parental conflict as a direct consequence of the active resistance to treatment from the narcissistic/borderline parent.

2) Recovery of the Child's Self-Authenticity

Once the child is protected from the ongoing pathogenic parenting of the personality disordered parent that is inducing and maintaining the child's symptomatic state, therapy can then be initiated to recover the child's authentic self-experience. During this treatment phase, four therapeutic features can help restore the child's authenticity of self-experience, 1) attuned therapist responses to child expressions of healthy attachment motivations for affectionate emotional bonding with the targeted parent, including attuned therapist support for the restoration of the child's normal-range empathic resonance with the targeted parent, 2) directly misattuned therapist responses to the child's symptom expressions that include the child's misattribution of the grief response, the child's over-empowered sense of entitlement, the child's inappropriate elevation in the family hierarchy in which the child judges the adequacy of the parent, and the child's absence of normal range empathic responding toward the targeted parent, 3) therapist attunement with, and balanced elaboration of, authentic child disputes and grievances with the targeted parent (i.e., normal-range parent-child conflict) that provides voice to the child's authentic concerns while maintaining an appropriate respect for parental authority and a healthy family hierarchy, and 4) the development of the child's own critical thinking skills that allow the child to self-evaluate the authenticity of his or her self-experience and that provide the child with balanced coping skills for responding to triangulation (Andre & Baker, 2008; Warshak, 2010).

3) Restoration of the Parent-Child Relationship

Integrated within the recovery of the child's self-authenticity is the therapeutic restoration of a positive, affectionate, and bonded relationship with the targeted parent. Central to this process is helping the child develop an accurate attribution of meaning regarding his or her authentic emotional pain originating in the grief response at the loss of a bonded relationship with the targeted parent. During this co-occurring phase of therapy,

the therapist needs to reactivate the normal-range functioning of the child's attachment motivations for bonding with the targeted parent by revalidating the targeted parent as a nurturing and protective parent, while the therapist also directly invalidates the child's false assertions and beliefs that the parenting of the targeted parent is inadequate and abusive. Through active therapist intervention in revalidating the normal-range legitimacy and role of the targeted parent as a nurturing protective parent, the child's distorted perceptions regarding the parenting practices of the targeted parent that were induced by the pathogenic parenting practices of the personality disordered parent are provided with normal-range balance by allowing the child to socially reference the therapist's more reasonable and balanced perceptions regarding the parenting practices of the targeted parent. Restoring the targeted parent as a nurturing and protective parent allows the child's natural attachment bonding motivations toward the targeted parent to become active and achieve completion, thereby resolving the child's grief response at the loss of an attached relationship with the targeted parent, and in resolving the child's grief response the child will gain accurate insight into the authentic attribution of causality regarding the child's prior emotional pain with the targeted parent.

In addition to restoring an affectionate and bonded parent-child relationship with the targeted parent, this co-occurring phase of treatment should also seek to identify, elaborate, and support authentic child disagreements with the targeted parent that are normal-range and expressed with appropriate respect for parental authority within a legitimate family hierarchy. Some degree of parent-child conflict is a normal and healthy function of individuation and the establishment of psychological boundaries. In evaluating parent-child conflicts, therapists should be guided in their assessments by a professional judgment regarding what typically occurs in normal-range families, recognizing the broad range afforded to normal parenting practices, including normal-range assertions of parental authority and discipline; and by the absence of child symptomatology in the expression of the child's grievances, such as the absence of child entitlement, lack of normall-range empathy, and grandiose judgment of the parent. The goal of therapy is not simply to achieve a compliant child, the goal of therapy is to achieve an authentic child who can effectively work with the parent to resolve normal-range interpersonal breech-and-repair sequences (Stolorow, Brandchaft, & Atwood, 1987; Tronick, 2003) that allows for both the authentic expression of individual differences and their effective resolution through dialogue, compromise, mutual respect, and mutual affection.

4.) Reunification with the Pathogenic Parent

Once the child's symptoms have been resolved, and the child is expressing normal-range and affectionate attachment bonding motivations toward the formerly rejected parent, the final phase of treatment can be engaged in which the child is reintroduced to the pathogenic parenting practices of the narcissistic/borderline parent. The attachment system motivates children to bond with both parents, even to pathological parents. The goal of the child's protective separation from the distorted and pathogenic parenting practices of the personality disordered parent is to protect the child during the active phases of therapy from the continuing pathogenic parenting practices of the personality

disordered parent that will place increasing pressure on the child to remain symptomatic while therapy is seeking symptom resolution.

However, once the child's relationship with the formerly targeted-rejected parent has been restored, and the child's symptoms have resolved, then therapy should focus on reunifying the child with the personality disordered parent while closely monitoring the child for any reemergence of symptomatology. If the child's symptoms reemerge in response to the child's re-exposure to the pathogenic parenting practices of the personality disordered parent, then monitored supervisions with the personality disordered parent may be warranted, or the reestablishment of the child's protective separation from the psychopathology of the personality disordered parent during another round of treatment may be necessary in order to protect the healthy emotional and psychological development of the child.

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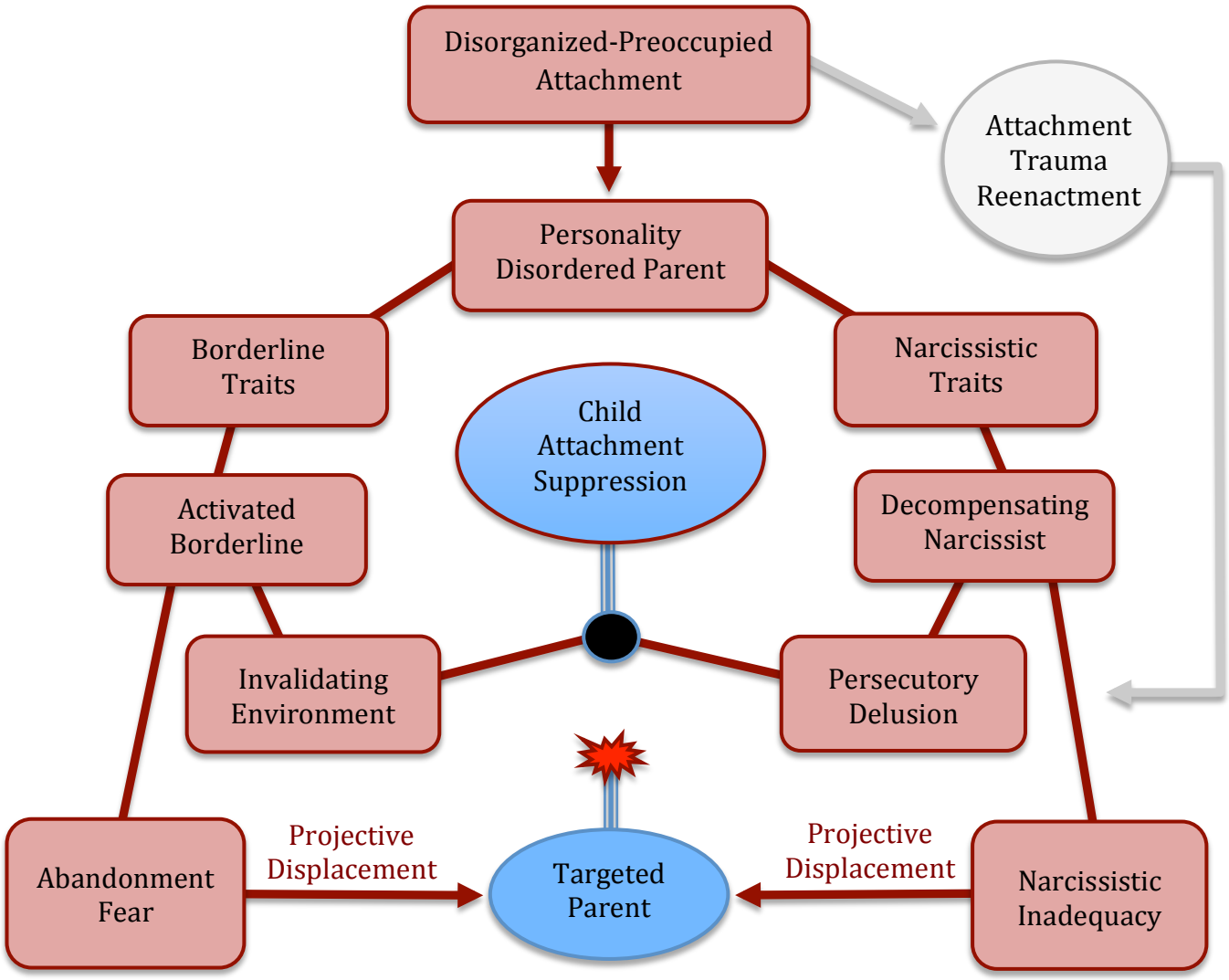
Appendix 1

Diagram of Parental Personality Disorder Dynamics driving “Parental Alienation” Family Dynamics

Parental Alienation Schematic
C.A. Childress, Psy.D. (2013)

The alienating parent's disorganized-preoccupied attachment coalesced during childhood into narcissistic and borderline personality disorder traits that are reactivated during the divorce. The alienating parent's activated personality disorder dynamics then produce distorted relationship and communication processes with the child that induce the suppression of the child's attachment bonding motivations toward the targeted parent.



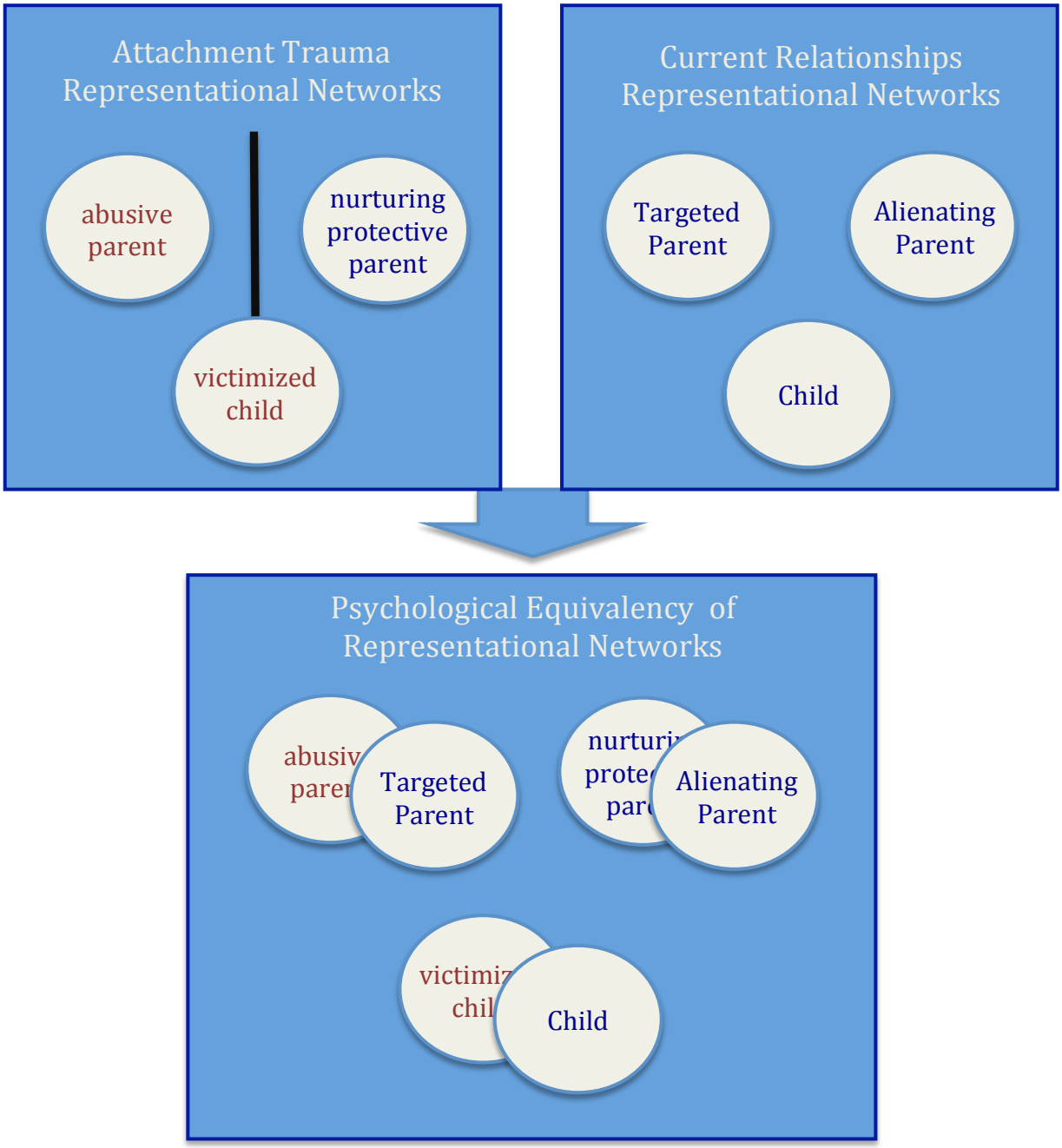
The child's symptomatic rejection-abandonment of the targeted parent serves to projectively displace the alienating parent's own fears of inadequacy and abandonment onto the targeted parent ("You're the inadequate and abandoned parent (person); not me").

The child's symptomatic rejection-abandonment of the targeted parent automatically defines the targeted parent as the fundamentally inadequate and entirely abandoned parent, as opposed to the definition of the alienating personality disordered parent created by the child's symptomatic expressions of hyper-bonding, as representing the ideal, perfect, and never-to-be-abandoned parent.

Appendix 2

Diagram of Psychological Equivalency of Alienating Parent's Internal Working Models of Attachment with Current Attachment Representational Networks

Psychological Equivalency of Representational Networks



The concurrent activation of two sets of attachment representations, one from the internal working models of the alienating parent's traumatized attachment patterns and one representing current relationships, results in a psychological fusion, or representational equivalency between these attachment representations. The current child becomes equivalent to the "Abused Child" representation; the targeted parent becomes equivalent to the "Abusive Parent" representation; and the alienating parent adopts the "Nurturing-Protective Parent" representational role, thereby setting the stage for the reenactment of childhood attachment trauma in the current relationships.