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Dr. Childress Consultation:

I receive many requests from targeted parents for consultation. Unfortunately, I am limited in my ability to provide professional consultation by two factors, 1) I am licensed to practice in the state of California and I am only allowed to practice within this jurisdiction, and 2) professional practice standards prevent me from commenting or offering recommendations on any specific case unless I have personally conducted an evaluation sufficient to support my conclusions and recommendations.[1]

However, the characteristics of an attachment-based model of "parental alienation" are so consistent, being driven by the narcissistic and borderline personality disorder traits of the alienating parent, that a general answer to parental questions will typically be applicable to the specific situations of parents dealing with attachment-based "parental alienation." So I am providing this written general consultation to the questions I typically receive from targeted-rejected parents.

1. What can I do to restore a positive and affectionate relationship with my child?

A: You must first obtain the child's protective separation from the severely distorting and pathogenic parenting practices of the narcissistic-borderline alienating parent.

Until you obtain this protective separation of the child, efforts to restore the child's authentic affectionate bonding with you will simply lead to the child's further triangulation into the "spousal" conflict as a consequence of the increasing psychological pressure placed on the child by the alienating parent to maintain the child's symptomatic rejection of you, thereby turning your child into a psychological battleground.

- Hostage metaphor: Think of it this way, the child is essentially in a hostage situation with a psychologically disturbed and highly controlling narcissistic parent, who can unleash a searing anger and rejection directed toward the child if the child dares to deviate from the parentally desired responses. If the child forms an affectionate relationship with you, the child will be subjected to an excessive degree of psychological torment from the personality disordered alienating parent.

[1] Of note, is that approximately 20% to 30% of the cases of alleged "parental alienation" that come to my private practice because of my expertise in this area actually turn out to be issues other than attachment-based "parental alienation." Also of note, is that in all of these cases the child did not display the full set of diagnostic criteria associated with an attachment-based model of "parental alienation." It's actually a good thing if it turns out to be bad parenting on your part rather than attachment-based "parental alienation," since bad parenting is much easier to treat and resolve than is attachment-based "parental alienation" that is being created by a narcissistic-borderline personality disordered parent. So you will want to hope that your child's hostility toward you is simply because you're a bad parent, since this is relatively easy to treat and resolve, because if it turns out to be attachment-based "parental alienation" then you and your child are in a whole lot of trouble.

Unless you (we) are able to free the child from this hostage situation, we cannot reasonably ask the child to go against the will of the personality disordered hostage taker because of the excessive degree of psychological torment the child will be subjected to if the child does show an affectionate bond with you.

From within this hostage metaphor, the child's psychological situation essentially becomes one of the Stockholm Syndrome, in which the captive hostage begins to psychologically identify with the hostage takers as a matter of psychological survival, and this identification becomes so complete that the hostage eventually begins to believe that the police and other authorities represent the danger.

In addition, the psychological hostage taker, the alienating parent, is essentially using the child as a "human shield" against our efforts to disrupt the alienating parent's psychological control of the child, which prevents us from extracting the child without psychologically destroying the child. If we try to convince the child to show affectionate bonding with you then the alienating parent will increase the psychological pressure on the child to remain symptomatically rejecting of you. This essentially turns the child into a psychological battleground between the efforts of therapy to restore a balanced and normal-range child and the efforts of the personality disordered narcissistic and borderline parent to create and maintain a symptomatically rejecting and distorted child.

Turning the child into a "psychological battleground" will destroy the child.

Before we begin to restore the child to balanced and normal-range functioning, we must first protect the child from the distorted and pathogenic parenting of the personality disordered alienating parent. No qualified therapist should attempt "reunification therapy"[2] without first obtaining a protective separation of the child from the distorting pathogenic influence of the narcissistic-borderline personality disordered parent.

Essentially, the situation represents the Judgment of Solomon. Two women came before Solomon, each claiming that a baby was theirs. Solomon ordered the child cut in half, and that half be given to each woman. The child's true mother intervened and told Solomon not to cut the baby in half, but to instead give the child to the other woman. Solomon, in his wisdom, recognized this woman to be the child's true mother since she was willing to give up the child rather than see the child destroyed, and Solomon awarded the child to the true mother.[3]

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[2] By the way, there is no such thing as "reunification therapy." There is psychodynamic therapy, there is humanistic-existential therapy, there is cognitive-behavioral therapy, there is family systems therapy, there is narrative therapy, feminist therapy, solution-focused therapy, multicultural therapy. But no model for anything called "reunification therapy" has ever been proposed or described. There is no such thing as "reunification therapy."

[3] Would this represent a legal precedent? (he said only half in jest). This parallel may warrant additional discussion in a legal journal context.

In attachment-based "parental alienation," the personality disordered narcissistic-borderline alienating parent is entirely willing to psychologically destroy the child rather than see the child bond with you. If we try to restore the child's normal-range and balanced functioning, then the narcissistic-borderline alienating parent will increase the psychological pressure on the child to remain symptomatic, and the narcissistic-borderline parent is completely willing to psychologically destroy the child in the process if it is necessary to prevent the child from forming an affectionate bond with you.

In the current situation, because we are unwilling to psychologically destroy the child, we are placed in a position where we must relinquish the child to the psychologically disturbed, personality disordered parent, the emotionally and psychologically false parent, because we are unwilling to "cut the child in half."

We must, therefore, rely on the wisdom of judges in recognizing the child's true psychological and emotional parent, the parent who is relinquishing the child (i.e., is being rejected and abandoned by the child) because this parent is unwilling to destroy the child in order to possess the child. And our judges must recognize the false parent, the narcissistically self-absorbed parent who is willing to psychologically and emotionally destroy the child in order to possess the child as a narcissistic object and symbol of his or her narcissistic victory over the other parent.

Unfortunately, this level of sophisticated wisdom is far too often lacking from the Court. The wisdom of our Courts is dependent upon the wisdom provided from mental health in identifying the underlying pathology, and currently our mental health practitioners are woefully inadequate in reliability identifying the pathology associated with attachment-based "parental alienation."

The Courts' wisdom is lacking because mental health has failed in its responsibility to the targeted parent and child. The mental health response to attachment-based "parental alienation" needs to change dramatically before Courts will be able to act with the decisive clarity necessary to solve the tragedy of "parental alienation."

1A. If we have obtained the protective separation of the child from the narcissistic-borderline alienating parent, what can we do now to restore the child's affectionate relationship with us?

A: If you have a protective separation of the child from the pathogenic parenting of the narcissistic-borderline alienating parent, then restoring the child's relationship with you is the job of the therapist. You must find a therapist who is knowledgeable about the processes of attachment-based "parental alienation" and who is skilled and capable of restoring the child's authentic functioning and the normal-range responsiveness of the child's attachment system.

The therapeutic interventions are pretty straightforward, but they do require therapist knowledge and skill.

Therapy to restore the child's affectionate bonds with you involves helping the child to accurately interpret the child's own normal-range grief response regarding the divorce and family's dissolution, and the child's grief regarding the loss of an affectionately bonded relationship with you. The therapist also needs to use his or her authority within the sessions to challenge the child's symptomatic displays as distorted and unreasonable responses, and to re-validate you as a nurturing, loving, and protective parent.

One of the key components is that the therapist must also listen for authentic conflicts in which the child has an authentic dispute with you or with some aspect of your parenting, and the therapist needs to support the child's appropriate expression of these normal-range parent-child conflicts. In this, the therapist must also help you and the child effectively (and appropriately) negotiate and resolve these authentic parent-child differences. This sometimes involves asking you to alter your parenting responses and in other cases requires the child's cooperative acceptance of your legitimate, nurturing and protective assertion of parental authority.

The goal of therapy is to achieve an authentic child, not simply an obedient child. Some degree of parent-child conflict is both normal and developmentally healthy for the child's assertion of individuation.

The treating therapist must be able to recognize and differentiate distorted parent-child conflict from authentic parent-child conflict. This requires professional expertise in an attachment-based understanding for the dynamics of "parental alienation" (see Appendix 1 for a recommended list of readings for therapists working with attachment-based "parental alienation").

For your part, you should strive to become as good a parent as you possibly can. Continue to provide your child with empathic responses that recognize the child's authenticity and difficulties in struggling with the distorting influence of a narcissistic-borderline parent (after all, you chose this other person to be the child's parent, the child didn't choose this person as a parent. It's not your child's fault.). Listen to the guidance of your skilled and expert therapist[4] in developing therapeutically supportive parental responses to the distorted behavioral and emotional expressions of your child. Assert parental authority when appropriate, but also try to limit the use of punishment and discipline strategies in favor of dialogue and guidance-based strategies.

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[4] The psychological and interpersonal processes of children and families evidencing attachment-based "parental alienation" represent a "special population" requiring specialized professional knowledge, training, and expertise to appropriately diagnose and treat (see Appendix 1 for a recommended list of readings for therapists working with this special population). Failure to possess the requisite knowledge, training, and expertise necessary to appropriately diagnose and treat this "special population" would likely represent practice beyond the boundaries of professional competence in possible violation of professional practice standards. Podiatrists should not be treating cancer; plastic surgeons should not perform open heart surgery. Generic "child therapists" should not be treating the highly complex dynamics of attachment-based "parental alienation" without the necessary professional knowledge, training, and expertise needed for appropriate diagnosis and successful treatment.

Discussing these "exceptional parenting" and developmentally supportive parenting responses goes beyond the scope of this written consultation, but I am available to provide professional-to-professional consultation with your therapist (if your therapist is agreeable to consultation influence) and your therapist can then provide you with guidance on these "exceptional parenting" and developmentally supportive parenting practices.

Calm and confident parental authority. Emotional warmth and affection. Empathic dialogue. Therapeutic support from a skilled and expert therapist.

1B. Do you know of any therapists who are skilled and knowledgeable about attachment-based "parental alienation" in the… _____ (fill in the blank, Chicago, Denver, Milwaukee, San Francisco, etc.) area?

A: Unfortunately, I am not aware of any therapists skilled in the diagnosis and treatment of the psychological and family issues associated with an attachment-based framework for understanding "parental alienation."

If there are therapists who feel competent in treating attachment-based "parental alienation," I would welcome their contacting me and I will compile a list of these self-recommended therapists to provide on my website. Also, I am willing to provide professional-to-professional consultation to any therapists (or custody evaluators) working with attachment-based "parental alienation." They can contact me through my email at drcraigchildress@gmail.com or through my website, with the heading of "consultation request" to alert me to the email in my inbox.

In addition, in Appendix 1 of this consultation document I provide a recommended list of readings for mental health therapists (and custody evaluators) in order to develop professional competence in the underlying psychological processes of attachment-based "parental alienation." My two professional-level articles on my website ("Reconceptualizing "Parental Alienation" and "The DSM-5 Diagnosis of Attachment-Based "Parental Alienation") along with the other materials on my website can also provide interested mental health professionals with relevant information about an attachment-based model of "parental alienation."

However, as the saying goes, "you can lead a horse to water but you can't make him drink." The information is available, and I'm available for professional-to-professional consultation, but the therapists and custody evaluators will need to be motivated to access the information.

At present, I'm not aware of any therapists in any region who are knowledgeable about attachment-based "parental alienation." Sorry, I wish I could be of more help. Encourage therapists to contact me and stay tuned to my website for a possible list of therapists who do contact me. If therapists do contact me and I do post a list of them to my website, I'll notify people through my Facebook page when I post the list to my website.

2. How can I convince the Court that my children are being alienated from me?

A: I don't know.

I am a psychologist, not an attorney. I am not qualified to give legal advice.

However, from a mental health perspective it seems to me that targeted parents have two choices, either

1) Prove Gardner's model of parental alienation in Court and hope that the Court orders a custody change to you because of the alienation, or

2) Prove an attachment-based model of "parental alienation" in Court and hope the Court orders a protective separation of the child from the pathogenic parenting practices of the alienating parent during the active phase of the child's treatment and recovery.

In my view as a psychologist, it would seem easier to prove an attachment-based model of "parental alienation" which is based on a limited set of diagnostic criteria that are derived entirely from within standard and established psychological principles and constructs, than it would be to prove Gardner's model of a Parental Alienation Syndrome that is based on an anecdotal set of clinical indicators. An additional consideration would be that an attachment-based model of "parental alienation" also directly leads to defined treatment requirements (i.e., the child's protective separation from the pathogenic parenting practices of the narcissistic-borderline parent during the active phase of the child's treatment and recovery), as compared with Gardner's model that fails to provide clear treatment implications. However, these are discussions for you and your attorney, and which legal approach you ultimately adopt is a decision you should make in collaboration with your attorney.

Personally, I believe the ultimate solution to "parental alienation" lay in altering mental health's response to the narcissistic and borderline parenting practices that result in the family processes of "parental alienation" rather than in proving the existence of "parental alienation" through the Court system (see, "The Solution to "Parental Alienation" essay on my website). In my opinion, we need to establish a professional standard of practice regarding the diagnosis and treatment of "parental alienation" to which every diagnosing and treating mental health professional can be held accountable. When mental health speaks with a single voice, the legal system can act with the decisive clarity necessary to effectively and efficiently resolve cases of "parental alienation."

2A. Do you provide expert testimony?

A: Yes.

If you are interested in receiving additional information about my availability to provide expert testimony regarding attachment based "parental alienation" you may contact me

through my email at drcraigchildress@gmail.com or through my website. My expertise is in child and family therapy, parent-child conflict, and child development, not in Gardner's model of parental alienation.

My potential role as an expert witness should be something discussed with your attorney and you should follow the advice of your attorney in matters related to your legal case.

3. How can I educate my children's therapist about "parental alienation"?

A: The very premise of that question indicates the extent of the problem. The client should **never** be in the position of educating the professional.

For example, a person diagnosed with cancer should NOT have to educate the physician regarding the diagnosis and treatment of cancer. It is the physician's job to be expert in the diagnosis and treatment of cancer; it is not the patient's job to educate the physician.

You should not have to educate your therapist regarding the diagnosis and treatment of attachment-based "parental alienation." This is the professional responsibility of the therapist. Within the laws and regulations governing the professional practice of psychology, mental health professionals are required to practice only within the boundaries of their professional competence. You should not have to educate a professional who is diagnosing and treating attachment-based "parental alienation" regarding the psychological processes of attachment-based "parental alienation." This is the responsibility of the mental health professional within the requirements of professional boundaries of competence.

With this being said, if you have to educate your therapist then I have provided you with handouts on my website ("Professional to Professional Letters of Diagnostic Concern") in which I describe for other mental health professionals the fundamental psychological processes. One of these letters describes the standard hostile-angry rejecting child, the other letter describes the hyper-anxious rejecting child variant. If you choose to use one of these letters be sure to select the one that most closely matches your child's symptom display and your concerns.

In addition, I have on my website two professional-level articles offering in-depth discussions of the psychological and interpersonal dynamics of an attachment-based model of "parental alienation," as well as handouts of diagrams that visually depict the psychological and interpersonal dynamics of "parental alienation".

I am also available for professional consultation with other mental health professionals who are in a position of diagnosing and treating attachment-based "parental alienation" processes, if they are open and willing to receive consultation. However, the forces of ignorance can be stubborn and resistant to change and modification.

Nevertheless, it is not up to the client to educate the therapist. Professional competence is the responsibility of the mental health professional

4. Do you do therapy by Skype?

A: No.

Internet mediated communication is unlikely to have enough interpersonal power to alter the dynamics associated with attachment-based "parental alienation." Also, there are a variety of professional practice restrictions on using Internet media to conduct therapy. The best approach is for me to provide professional-to-professional consultation with your therapist. Professional practice standards allow and encourage such professional-to-professional consultation.

5. Why is my child lying about me and making things up? Why has my child forgotten all the good memories of our times together? How can my child be so cruel?

A: First, I'm so sorry this happens.

The child has a normal-range grief response, first to the divorce and family's dissolution, and then to the loss of an affectionately bonded relationship with you. In normal-range divorces with normal-range parents, we would want the parents to help the child understand and process the normal-range grief response associated with the divorce and the family's dissolution in a healthy and normative way, adjusting in a positive way to the changes in the child's relationship with each parent.

However, the narcissistic-borderline parent does not respond well to loss and grief. According to Kernberg (a premiere theorist in the field of personality disorders),

> "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 they 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."

The narcissistic parent doesn't comprehend grief and mourning, and so this parent cannot help the child understand the child's own experience of grief and mourning. Instead, motivated by narcissistic self-interest, the narcissistic-borderline parent leads the child into a distorted interpretation of the child's grief response consistent with this parent's own distorted experience of grief (i.e., as "anger and resentment, loaded with revengeful wishes").

So, while the child's overt emotional and behavioral expressions are distorted, at their core is an authentic grief response driving the child's experience.

The more the child feels love and a desire to bond to you, the more intense becomes the child's grief and sadness at the broken and unfulfilled attachment bond with you. So the child seeks to limit and exclude all experiences that exacerbate and increase his or her grief

response. This includes memories of past positive experiences with you. These memories must be excluded from conscious awareness in order to limit the activation of a desire for bonding with you, which will only increase the child's suffering and torment from his or her grief at the unfulfilled love and affectionate bond.

In addition, the child loves you but is being placed in the position of rejecting you, of rejecting the beloved, by the role-reversal relationship the child has with the narcissistic parent in which the child is placed out front so that the narcissistic-borderline parent can hide behind and exploit the child's symptoms. The child must reject you. But the child loves you.

In order to be able to harden his or her heart sufficiently to reject you, and to feel no empathy for your suffering which the child also feels, the child must make you "deserve" the rejection. If you "deserve" to be rejected and scorned then the child doesn't feel the immense guilt and sadness that would otherwise be there, and which would prevent the child from doing what is necessary (i.e., to reject you, as is being required of the child within the role-reversal relationship the child has with the narcissistic-borderline parent).[5]

In life, the parent dies and the child grieves.

In attachment-based "parental alienation" this is reversed; the child grieves and so must then psychologically kill off the parent in order to resolve the grief. If you do not die psychologically for the child, then the child's grief becomes constant and unbearable. It never resolves. Only by killing you psychologically is the child able to process, metabolize, and ultimately resolve his or her grief response[6] (this attempted resolution of the grief response is the origin of child statements such as "I wish you'd die").

This is the inherent evil of "parental alienation," a child is being put in a position of psychologically killing off his or her own parent, and collaterally with the psychological death of your child's parent (you), your beloved child also will become dead in your life.

You used to have a child… but no longer. The narcissistic-borderline parent is angry at you for the narcissistic injury of the divorce, for not sufficiently appreciating their narcissistic glory, for abandoning them. But their grief is experienced as "anger and resentment, loaded with revengeful wishes," and the narcissist is incapable of empathy.[7]

Their revenge is to metaphorically kill your child. You used to have a child, but no longer. Your child is dead. And the person the narcissistic parent uses to kill your child… is your

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[5] Note: approximately 20% - 30% of the cases of "parental alienation" that come to me in my private practice because of my expertise in this area, turn out to be something other than attachment-based "parental alienation." In all of these cases, the child did not meet full diagnostic criteria for attachment-based "parental alienation."

[6] Alternatively, if the child restores an affectionately bonded relationship with you, this too will resolve the child's grief response, and this is the fundamental goal of therapy, but one which the alienating parent will vehemently object to and will actively try to undermine.

[7] Simon Baron-Cohen, in his book "The Science of Evil: On Empathy and the Origins of Cruelty" makes the case that the human capacity for evil is the result of a profound failure of empathy.

child. In psychologically killing you to process the grief response, the child kills your child to you.

This is phenomenally evil in so many ways. And it is this fundamental truth of the "alienation" process that has motivated me to focus my efforts on seeking a resolution to this tragedy ever since discovering "parental alienation" upon entering private practice. Killing someone's child as revenge for a narcissistic injury is one of the most evil things I've ever encountered. And inducing a child to be the instrument of killing the person's child compounds evil with evil. And inducing a child to kill his or her own parent, compounds the evil further still.

It is imperative that mental health recognizes the degree of psychopathology involved, and it is imperative that Courts take the active and decisive steps necessary to end the psychopathology.

Boundaries of professional competence in mental health need to be established to which all mental health professionals can be held accountable, so that incompetent, untrained, and inexperienced mental health professionals are eliminated from diagnosing and treating this special population of children and families. The psychopathology is too severe and the stakes are too high.

When mental health speaks with a single voice, the Courts will be able to act with the necessary clarity of purpose needed to resolve the psychopathology of "parental alienation."

In understanding the child's capacity for cruelty, it is helpful to understand what the child is experiencing with the narcissistic-borderline parent.

The damaged personality structure of the narcissistic and borderline person cannot and does not accept limitations and restrictions on its expression, even those restrictions imposed by truth and reality. This is because of the immense pain and anxiety at the core of narcissistic-borderline experience, which is so incredibly painful that it must be regulated at all costs. If the narcissistic-borderline personality needs to alter truth and reality in order to keep this immense pain and anxiety at bay, then this is what they do. The narcissistic and borderline personality structure is incapable of accepting any restrictions or limitations on its thinking, behavior, or emotional expression in order to provide the damaged narcissistic-borderline personality structure the ability to regulate the immense pain and anxiety at its core.

If the sky needs to be red, the narcissistic-borderline personality simply asserts that the sky is red. "The world is as I assert it to be" is the defining mantra of the narcissistic-borderline personality. Five minutes later, if the narcissistic-borderline personality needs the sky to be yellow, they simply assert that the sky is yellow. "The world is as I assert it to be." And the narcissistic-borderline personality feels no conflict or problem with these assertions of reality that are neither true nor accurate, and are not even consistent with what was asserted five minutes ago. The use of denial as a defense is often evident in the narcissistic-borderline personality.

And any effort to impose restrictions and limitations, even those associated with truth and reality, will threaten the ability of the narcissistic-borderline personality to maintain regulation of the immense pain and anxiety at the core of their personality, and so will be experienced as being "abusive" by the narcissistic-borderline personality because we are exposing them to their immense pain and anxiety. The use of the word "abusive" is therefore characteristic of a borderline personality organization. Normal-range people use descriptive words such as "irritating," "rude," "stupid," and "infuriating," but rarely "abusive." The borderline personality often accuses others of being "abusive," and with a seemingly cavalier disregard for the intensity of the word's meaning.

For the narcissistic-borderline personality, any outside effort to hold them within restrictions or limitations, even those imposed by truth and reality, will be experienced as being "abusive" because it is undermining their ability to keep their immense pain and anxiety in check (i.e., "the world is as I assert it to be"), and will cause them to explode into a rage of chaotic accusations and self-expression in order to disorganize the dialogue and so lift the limitations and restrictions being imposed on them.

For the narcissistic-borderline personality,

> "The world is as I assert it to be. Rules, limitations, and restrictions don't apply to me. Whatever I assert reality to be, that's what it is."

The term "borderline" was given to this type of personality organization because it was believed that this personality was on the "borderline" of neurotic and psychotic processes, such was the degree of reality distortion capable by these personalities. At its core, the narcissistic personality is a variant of an underlying borderline organization. According to Kernberg,

> "One subgroup of borderline patients, namely, the narcissistic personalities… seem to have a defensive organization similar to borderline conditions, and yet many of them function on a much better psychosocial level… Most of these patients [i.e., narcissistic] present an underlying borderline personality organization."

Both the narcissistic and borderline personalities have a damaged and incomplete personality structure centering on an inner core experience of fundamental inadequacy. For the borderline personality, this core experience of fundamental inadequacy is directly and constantly experienced, leading to chronic feelings of profound emptiness, emotional instability, intense rage responses and difficulty controlling anger, and a pattern of chaotic and unstable relationships. The narcissistic personality also has this core-self experience of intense fundamental inadequacy, but has managed to establish a fragile narcissistic defense of over-inflated self-value that protects the narcissist against the constant and direct experience of this core-self inadequacy. So the narcissist's outward presentation of the underlying borderline organization is more stable and functionally successful than that achieved by the borderline personality, where personal and interpersonal chaos is more overtly evident. However, any challenge to this fragile narcissistic defense will threaten to collapse the narcissist back into the primal borderline organization of a fractured and damaged self-experience of profound and painful inadequacy.

"Reality is what I assert it to be" is a necessary self-regulation strategy for the narcissistic-borderline personality. Rules, restrictions, and limitations, even those imposed by truth and reality, must be secondary to the narcissistic and borderline personality's regulation of the immense anxiety and pain at the core of their self-experience.

Living with a narcissistic-borderline personality is living in a world where up is down, the sky is yellow, then red, and reality is a shifting construct defined by the whims and desires of the narcissistic-borderline parent. Eventually, the child is unable to trust his or her own self-experience of reality in this ever-changing truth of the narcissistic-borderline parent. In the world of the narcissistic-borderline personality, reality and truth is what the narcissistic-borderline parent says it is. There is no experiential ground on which the child can stand, no experiential ground of established and consistent reality to which the child can orient. The world is as the narcissistic-borderline parent asserts it to be, and these assertions change on the whims and desires of the narcissistic-borderline parent.

This world of shifting realities is called the "invalidating environment" by professionals who work with borderline personality processes,

> "A defining characteristic of the invalidating environment is the tendency of the family to respond erratically or inappropriately to private experience and, in particular, to be insensitive (i.e., nonresponsive) to private experience… Invalidating environments contribute to emotional dysregulation by: (1) failing to teach the child to label and modulate arousal, (2) failing to teach the child to tolerate stress, (3) failing to teach the child to trust his or her own emotional responses as valid interpretations of events, and (4) actively teaching the child to invalidate his or her own experiences by making it necessary for the child to scan the environment for cues about how to act and feel." (p. 111-112)
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> Linehan, M. M. & Koerner, K. (1993). Behavioral theory of borderline personality disorder. In J. Paris (Ed.), Borderline Personality Disorder: Etiology and Treatment. Washington, D.C.: American Psychiatric Press, 103-21.
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> "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)
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> Fruzzetti, A.E., Shenk, C. and Hoffman, P. (2005). Family interaction and the development of borderline personality disorder: A transactional model. Development and Psychopathology, 17, 1007-1030.

Eventually the child gives up trying to identify reality based on self-experience, and surrenders to the shifting and self-serving definition of reality provided by the narcissistic-borderline parent.

And in the "reality" of the narcissistic-borderline parent, you're bad. You're evil. You deserve to be punished and rejected by the child. Up is down, the sky is red. The child surrenders.

Therapy involves recovering the authentic child from the swirling reality of the invalidating environment. And first, we must be able to rescue the child. If we do not have sufficient power to rescue the child from the distorting psychopathology of the narcissistic-borderline parent, then we cannot protect the child, and the child must find a way to psychologically survive in this upside-down dangerous psychological world of the narcissistic-borderline parent.

If we <u>are</u> able to rescue the child, if we are sufficiently powerful to protect the child, then, and only then, can we begin the process of recovering the child's authenticity.

In therapy, we don't want to simply replace the child's surrender to the narcissistic parent with the child's surrender to us. We need to restore the child's self-authenticity. The sky isn't the color we say it is. The child can look up and see for himself or herself what color the sky is. The child can discover his or her own inner psychological truth, which may be different than our truth. But one steadfast truth in all children is the attachment system, the child's affectional bond to his or her parents. Children love their parents.

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

> "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." (p. 711)
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> "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)

Appendix 1: Recommended Reading for Mental Health Professionals Working with Attachment-Based "Parental Alienation"

Central Reading

Bowlby, J. (1969). Attachment and loss. Volume 1 Attachment. NY: Basic Books.

Bowlby, J. (1973). Attachment and loss: Volume 2. Separation: Anxiety and anger. NY: Basic Books.

Bowlby, J. (1980). Attachment and loss: Volume 3. Loss: Sadness and depression. NY: Basic Books.

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

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

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