

The Attachment-Related Pathology of “Parental Alienation”

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

The rejection of a parent is an attachment-related pathology. The attachment system is the brain system governing all aspects of love and bonding throughout the lifespan, including grief and loss (Bowlby, 1969, 1973, 1980).¹ A child's rejection of a parent is fundamentally a disorder of attachment-bonding.

A leading expert in the attachment system, Mary Ainsworth, describes the characteristic functioning of the attachment system:

“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.” (Ainsworth, 1989, p. 711)²

“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.” (Ainsworth, 1989, p. 711)

The family pathology of “parental alienation” in which a child rejects a relationship with a normal-range and affectionally available parent represents an attachment-related pathology called “**disordered mourning**” (Bowlby, 1980) involving the disrupted and pathological processing of sadness, grief, and loss by the allied parent, and by the child.

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

The primary case of “pathological mourning” is the allied and supposedly favored parent who has formed a **cross-generational coalition** with the child against the other

¹ Bowlby, J. (1969). Attachment and Loss. Vol. 1 Attachment. NY: Basic Books.

Bowlby, J. (1973). Attachment and Loss. Vol. 2 Separation: Anxiety and Anger. NY: Basic Books.

Bowlby, J. (1980). Attachment and Loss. Vol. 3 Loss: Sadness and Depression. NY: Basic Books.

² Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

parent (Haley; 1977; Minuchin, 1974).³ The allied parent in this cross-generational coalition (called a “perverse triangle” by the preeminent family therapist, Jay Haley) is transferring this parent’s own disordered mourning surrounding the divorce and break-up of the family to the child through aberrant and distorted parenting practices that create a **loyalty conflict** for the child, in which the child is placed in a position of having to choose between parents in their spousal-marital conflict.

In the attachment-related pathology of “parental alienation,” the allied parent who has formed this *cross-generational coalition* with the child against the other parent has prominent narcissistic and/or borderline personality traits that prevent this parent from effectively processing the sadness, grief, and loss experiences surrounding the divorce.

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

The pathological parental influence of the allied narcissistic/(borderline) parent is distorting the child’s experience of sadness, grief, and loss surrounding the divorce into “anger and resentment, loaded with revengeful wishes” (Kernberg, 1977) that are identical to how the allied parent (who represents the primary case of disordered mourning) is processing this parent's own experience of sadness, grief, and loss concerning the divorce.

“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.” (Kernberg, 1977, p. 229)⁴

The attachment-related pathology traditionally called “parental alienation” in the popular culture represents the trans-generational transmission of *pathological mourning* from the allied parent in a *cross-generational coalition* with the child against the other parent, that is mediated by the personality pathology of the allied parent. In creating the child’s “alienation” from the other parent, the allied narcissistic/(borderline) parent is creating significant psychopathology in the child. In clinical psychology, the creation of significant pathology in the child through aberrant and distorted parenting practices is called **pathogenic parenting** (patho=pathology; genic=genesis, creation) and represents an extremely damaging form of parenting.

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

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

⁴ Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

Diagnostic Indicators of Pathogenic Parenting

The attachment-related pathology of *disordered mourning* can be identified by a specific set of three diagnostic indicators:

- 1.) **Attachment System Suppression:** The suppression of the child's normal-range attachment bonding motivations toward a parent represents the diagnostic evidence for an attachment-related pathology involving pathogenic parenting. The attachment system never spontaneously dysfunctions, but **ONLY** dysfunctions in response to pathogenic parenting, either from the targeted-rejected parent (i.e. child abuse) or from the allied and supposedly “favored” parent (i.e., a cross-generational coalition with the child against the other parent).
- 2.) **Narcissistic Personality Symptoms:** The presence in the child's symptom display of five specific a-priori predicted narcissistic personality traits, which represent the diagnostic evidence for the influence on the child's attitudes, beliefs, and behavior from a narcissistic/(borderline) parent (i.e., the "psychological fingerprints" of control and influence on the child by a narcissistic/(borderline) parent).

Anxiety Variant: The child will sometimes display excessive and extreme anxiety surrounding the targeted-rejected parent rather than, or in addition to, narcissistic personality traits (this variant symptom display tends to be associated with hyper-anxious borderline-style parenting by the allied parent). When this variant symptom display is present, the child's symptoms will meet DSM-5 diagnostic criteria for a Specific Phobia, but the type of phobia will be an unrealistic “mother phobia” or “father phobia.”

- 3.) **Delusional Belief in the Child's Victimization:** The child's symptoms display an intransigently held fixed and false belief (a delusion) regarding the child's supposed "victimization" by the normal-range parenting practices of the targeted-rejected parent. This symptom feature represents diagnostic evidence of the child's incorporation into a false **trauma reenactment narrative** of the allied narcissistic/(borderline) parent that is created from this parent's own childhood attachment trauma being super-imposed on the current family relationships.

This clinical symptom represents an **encapsulated persecutory delusion** evidenced in the child's symptom display. The allied narcissistic/(borderline) personality parent represents the “primary case” of the delusional belief system (a fixed and false belief that is maintained despite contrary evidence), and this encapsulated persecutory delusion is then being transferred to the child through the aberrant and distorted parenting practices of the allied narcissistic/(borderline) personality parent.

The presence of all three diagnostic indicators in the child's symptom display represents definitive diagnostic evidence of the pathology. No other pathology in all of mental health will produce this specific set of three diagnostic indicators in the child's symptom display other than pathogenic parenting by an allied narcissistic/(borderline) parent.

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

The complete DSM-5 diagnosis for this form of attachment-related pathology is:

DSM-5 Diagnosis

309.4 Adjustment Disorder with mixed disturbance of emotions and conduct

V61.20 Parent-Child Relational Problem

V61.29 Child Affected by Parental Relationship Distress

V995.51 Child Psychological Abuse, Confirmed (pathogenic parenting)

In all cases of child abuse, physical child abuse, sexual child abuse, and psychological child abuse, the appropriate mental health response is to protect the child and restore the child's normal-range development that has been damaged by the abusive parenting practices.

With the attachment-related pathology of "pathological mourning" that is created by the pathogenic parenting of a narcissistic/(borderline) personality parent surrounding divorce, a period of protective separation from the distorting and pathogenic parental influence of the allied narcissistic/(borderline) parent can lead to the effective resolution of the child's disordered mourning and the child's shared delusional beliefs with the parent, and restore the child's healthy and normal range development.

"Without intervention, the course is usually chronic, because this disorder most commonly occurs in relationships that are long-standing and resistant to change. With **separation from the primary case**, the individual's **delusional beliefs disappear**, sometimes quickly and sometimes quite slowly." (DSM-IV TR, p. 333; Shared Psychotic Disorder, Course)

As with all cases of child abuse, once the child has been treated for the consequences of the abuse and once the child's normal-range and healthy development has been recovered and restored, then contact with the formerly abusive parent can be reestablished, with sufficient safeguards to ensure that the abuse does not resume once contact with the formerly abusive parent is resumed. Typically, the abusive parent is required to seek collateral therapy to gain and demonstrate insight into the causes of the prior abuse of the child and to reassure the involved mental health professionals that the abuse will not resume once contact is restored.