AB-PA Reference Support

Agrawal, H.R., Gunderson, J., Holmes, B.M., & Lyons-Ruth, K. (2004). Attachment studies with borderline patients: A review. *Harvard Review of Psychiatry, 12,* 94-104.

Ainsworth, M. D. S. (1979). Infant-mother attachment. American Psychologist, 34, 932-937.

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)

> 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)

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). Patterns of attachment. Hillsdale, NJ: Erlbaum.

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Ch. Whitfield, Perry, B. D., Dube, S.R., and Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174-186

Bacciagaluppi, M. (1985). Inversion of parent-child relationships: A contribution to attachment theory. British Journal of Medical Psychology, 58, 369-373.

Bailey, J.M. and Shriver, A. (1999). Does childhood sexual abuse cause borderline personality disorder? Journal of Sex & Marital Therapy, 25, 45-57)

> In clinical practice and in the literature, patients with borderline personality disorder (BPD) have long had a reputation for distorted thinking about what transpires in their interpersonal relationships (Kernberg, 1985, Noy, 1982). (p. 21)

> BPD patients often describe others as if they believe others are idealized paragons of perfection or denigrated embodiments of pure malevolence. They often describe interactional sequences in misleading or self-serving ways. They often recount the alleged misdeeds of others while systematically downplaying their own provocative behavior as potential reasons for them. (p. 22)

Barber, B. K. (1996). Parental psychological control: Revisiting a neglected construct. Child Development, 67, 3296–3319.

> Initial empirical tests of these ideas have been encouraging (Barber et al., 1994). Second-order factor analysis of several measures of control—measured at both the dyadic, parent-child level and the family systems level—distinguished psychological control from behavioral control, and the contrasting effects of these on internalized (depression) and externalized (delinquency)problems among pre-, early, and mid-adolescents were confirmed.

In refocusing attention on the psychological control construct, this set of studies had three basic purposes: (1) to demonstrate that psychological control could be reliably and generally measured, (2) to verify its salience to aspects of youth development, and (3) to test the hypothesis that psychological control would have specialized associations with youth internalized problems, in contrast to the proposed specialized associations between behavioral control and externalized problems. (p. 3312-3313)

All three studies provide evidence that the construct of psychological control can be reliably measured. In the survey studies (Studies 1 and 3), care was taken to demonstrate reliability across samples, variety of measurement, sex of parent and youth, age, race, social class, and religious affiliation. The existing GRPBI was refined in both studies to a six-item measure useful for all subgroups. The eight-item PGS-YSR from Study 3 improves upon the GRPBI primarily because of the greater behavioral specificity of the items, rendering it more directly useful for intervention and prevention efforts. (p. 3313)

To the extent that psychological control represents a generalized pattern of behavior (style) that involves (endorses) constraining, invalidating, and emotionally manipulative behavior toward a child, then explanations of the source of such behavior lie more likely in the parent's own historical and emotional experience than in any specific event or interaction that may precipitate it. Thus, it would be of interest to investigate how the parent was weird, Parental beliefs about child development and personal autonomy, as well as the parents level of ego integration, self-esteem, and satisfaction in other interpersonal relationships. (p. 3314)

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

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

Psychological control refers to parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachment to parents. (Barber & Harmon, 2002, p. 15)

The essential impact of psychological control of the child is to violate the self-system of the child. (Barber & Harmon: 2002, p. 24)

A second, common characterization of psychological control in the literature is that it is parenting that is intrusive. This helps clarify that psychological control is behavior that violates the child's psychological world. (Barber & Harmon, 2002, p. 15)

Numerous elements of the child's self-in-relation-to-parent have been discussed as being compromised by psychologically controlling behaviors such as individuality (Goldin, 1969; Kurdek, et al., 1995; Litovsky & Dusek, 1985; Schaefer, 1965a, 1965b, Steinberg, Lamborn, Dornbusch, & Darling, 1992); individuation (Barber et al., 1994; Barber & Shagle, 1992; Costanzo & Woody, 1985; Goldin, 1969, Smetana, 1995; Steinberg & Silverberg, 1986; Wakschlag, Chase-Landsdale & Brooks-Gunn, 1996 1996); independence (Grotevant & Cooper, 1986; Hein & Lewko, 1994; Steinberg et al., 1994); degree of psychological distance between parents and children (Barber et al., 1994); and threatened attachment to parents (Barber, 1996; Becker, 1964). (Barber & Harmon, 2002, p. 25).

Barone, L. (2003). Developmental protective and risk factors in borderline personality disorder: A study using the Adult Attachment Interview. Attachment & Human Behavior, 5, 64-77.

Barnow, S. Aldinger, M., Arens, E.A., Ulrich, I., Spitzer, C., Grabe, H., Stopsack, M. (2013). Maternal transmission of borderline personality disorder symptoms in the community-based Griefswald Family Study. Journal of Personality Disorders, 27, 806-819,

> offspring of mothers with BPD (features) were found to be at risk for various psychopathological complaints (Weiss et al., 1996). For instance, in a former study we found a higher prevalence of emotional and behavioral problems in offspring of mothers with BPD than in children with other maternal diagnoses or healthy mothers (Barnow et al., 2006). P 808

> maternal self-rated BPD symptoms predicted BPD features in offspring about 5 years later… BPD symptoms pass on from mother to child, even if the mother reported subthreshold BPD symptoms. p. 812

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

> In conclusion, this review reveals that psychotic symptoms in BPD patients may not predict the development of a psychotic disorder but are often permanent and severe and need careful consideration by clinicians. Therefore, adequate diagnosis and treatment of psychotic symptoms in BPD patients is emphasized. p. 186

> In conclusion, we therefore suggest that it is not a cognitive developmental deficit but rather a tendency to construe interpersonal relations as malevolent that characterizes BPD, and this may be shared with certain psychotic disorders. p. 187

> Childhood traumatic experiences may cause neurodevelopmental changes that in turn increase the risk of subsequent psychotic reactions. p. 188

> BPD patients typically show exaggerated activation in the amygdala and dysfunctional prefrontal activity during emotional processing. P. 191

> The findings indicate that similar neurotransmitter systems are dysfunctional in BPD and psychosis. P. 191

> To conclude, psychotic symptoms in BPD patients area often trauma- and stress-related. Therefore, clinicians need to adequately contextualize the patient's symptoms by investigating trauma-related histories as well as daily stressors that may trigger symptom presentation… a substantial group of BPD patients develop permanent and more severe psychotic symptoms… The evidence for the importance of traumatic events during childhood and PTSD in the development of subsequent psychotic symptoms in BPD patients would support the usefulness of trauma-focused therapy in these patients. P. 192

Barnow S., Stopsack M., Joergen Grabe H.J., Meinke C., Spitzer C., Sieswerda S., Kronmu K. (2009). Interpersonal evaluation bias in borderline personality disorder. Behaviour Research and Therapy, 47, 359-365.

> Negative interpersonal evaluative bias in BPD is most pronounced for traits that can be characterized as aggressive and threatening (e.g., brutal, exploitative, and mischievous). Patients with BPD, but not the control groups, were found to show particularly more negative evaluations on aggressive relative to non-aggressive negative (e.g., depressive and anxious) traits. This specific evaluation bias might reflect the many negative interpersonal experiences of these patients, which often include childhood sexual, physical or emotional abuse or physical or emotional neglect. (p. 363)

The present study indicates that individuals with BPD also characterize their interpersonal behavior as overly nurturing, exploitable, and socially avoidant. These findings indirectly support clinical descriptions showing that individuals with BPD fluctuate between proactive reassurance seeking, socially avoidant behavior, and overly nurturing behavior in response to separation from significant others.

Bartholomew, K., & Horowitz, L.M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology, 61,* 226-244.

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. Journal of Social and Personal Relationships, 7, 147-178.

Baughman, H.M., Jonason, P.K., Lyons, M., and Vernon, P.A. (2014). Liar liar pants on fire: Cheater strategies linked to the Dark Triad. *Personality and Individual Differences*, 71, 35–38

Beck, A. T., & Rector, N. A. (2002). Delusions: A cognitive perspective. *Journal of Cognitive Psychotherapy, 16*(4), 455-468.

The cross-sectional analysis of delusional thinking shows several cognitive characteristics: egocentric bias (irrelevant events are construed as self-relevant); externalizing bias (strong internal sensations or symptoms are attributed to external agents); and intentionalizing bias (other people's behaviors are believed to be based on intentions-usually malevolent-towards the patient). In addition, defective reality testing precludes reevaluation and rejection of erroneous conclusions.

First, the pathogenic belief has taken control of the information processing so that the interpretations of events show a systematic bias and appear to others to be contradictory to the evidence or to logic. Second, the interpretations are largely idiosyncratic-the individual attaches personal meanings to events that clearly are irrelevant to him. Third, the patient's biased and culturally unacceptable interpretations of situations are considered real and rational by him but unreal and irrational by others. In this respect, his cognitions are "ego-syntonic" in distinction to cognitions of the obsessive, which are "ego alien." However, the delusional patient and the obsessive may be similar insofar as their distress and disability are instigated by their (mis) interpretations of innocuous situations and internal cognitive events (Morrison, 2001). (p. 457)

Finally, the dominant beliefs and consequently the interpretations are relatively impervious to reality-testing by the patient. The patient is unwilling or unable to consider that his ideas and interpretations might be wrong. In psychiatric terms, he lacks insight.

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

Evaluation of the particular demands of a situation precedes and triggers an adaptive (or maladaptive) strategy. How a situation is evaluated depends in part, at least, on the relevant underlying beliefs. These beliefs are embedded in more or less stable structures, labeled "schemas," that select and synthesize incoming data." (p. 17)

The content of the schemas may deal with personal relationships, such as attitudes toward the self or others, or impersonal categories. (p. 27)

When schemas are latent, there are not participating in information processing; when activated they channel cognitive processing from the earliest to the final stages (p. 27

When hypervalent, these idiosyncratic schemas displace and probably inhibit other schemas that may be more adaptive or more appropriate for a given situation. They consequently introduce a systematic bias into information processing (p. 27)

In personality disorders, the schemas are part of normal, everyday processing of information (p. 27)

Some subsystems composed of cognitive schemas are concerned with self-evaluation, others are concerned with evaluation of other people (p. 28)

When particular schemas are hypervalent, the threshold for activation of the constituent schemas is low: they are readily triggered by a remote or trivial stimulus. They are also "prepotent"; that is, they readily supersede more appropriate schemas or configurations in processing information. (p. 28)

They [narcissists] are above the rules that govern other people (p. 43)

The conditional beliefs are, "If others don't recognize my special status, they should be punished (p. 44)

Unlike the antisocial personality, they do not have a cynical view of rules that govern human conduct; they simply consider themselves exempt from them (p. 44)

Patients with BPD are a burden for relatives, friends, and colleagues, and there is a high risk that they induce psychopathology in their offspring. (p. 188)

The diagnosis of "borderline" was introduced in the 1930s to label patients with problems that seemed to fall somewhere in between neurosis and psychosis. (p. 189)

A borderline organization is described as an immature personality, characterized by identity diffusion and the use of primitive defenses such as splitting and projective identification. (p. 189)

Various studies have found that patients with BPD are characterized by disorganized attachment representations (Fonagy et al., 1996; Patrick et al, 1994). Such attachment representations appear to be typical for persons with unresolved childhood traumas, especially when parental figures were involved, with direct, frightening behavior by the parent. Disorganized attachment is considered to result from an unresolvable situation for the child when "the parent is at the same time the source of fright as well as the potential haven of safety" (van IJzendoorn, Schuengel, & Bakermans-Kranburg, 1999, p. 226). (P. 191)

Some traumatic experiences may have taken place at a very early age, notably the kind of punishing, abandoning, rejecting responses of the caretaker that led to disorganized attachment. (P. 191)

Arntz (1994) hypothesized that childhood traumas underlie the formation of core schemas, which in their turn, lead to the development of BPD. (p 192)

The specific themes are loneliness, unlovabilty, rejection and abandonment by others, and viewing the self as bad and to be punished. (p. 192)

Young's schema model... patients with BPD were characterized by higher self-reports of beliefs, emotions, and behaviors related to the four pathogenic BPD modes (detached protector, abandoned/abused child, angry child, and punitive parent mode)

Patients with BPD are characterized by hypervigilance (being vulnerable in a dangerous world where nobody can be trusted) and dichotomous thinking (p. 193)

Underdiagnosis constitutes a big problem that results in insufficient treatment. In many cases we saw, it took years of fruitless attempts to treat these patients before it became clear they were in fact suffering from BPD (p. 196)

Patients with BPD consistently meet criteria of one to five other personality disorders. (p. 196)

The conceptualization of the core pathology of BPD as stemming from a highly frightened, abused child who is left alone in a malevolent world, longing for safety and help but distrustful because of fear of further abuse and abandonment, is highly related to the model developed by Young (McGinn & Young, 1996)... Young elaborated on an idea, in the 1980s introduced by Aaron Beck in clinical workshops (D.M. Clark, personal communication), that some pathological states of patients with BPD are a sort of regression into intense emotional states experienced as a child. Young conceptualized such states as schema modes... (p. 199)

Young hypothesized that four schema modes are central to BPD: the abandoned child mode (the present author suggests to label it the abused and abandoned child); the angry/impulsive child mode; the punitive parent mode, and the detached protector mode... The abused and abandoned child mode denotes the desperate state the patient may be in related to (threatened) abandonment and abuse the patient has experienced as a child. Typical core beliefs are that other people are malevolent, cannot be trusted, and will abandon or punish you, especially when you become intimate with them. (p. 199)

Usually the patient fears this mode, not only because of the intense emotional pain and the reactivation of trauma related memories and feelings but also because its activation can be followed by the activation of the punitive parent mode. (p. 200)

Narcissistic personality:

The failure to be superior or regarded as special activates underlying beliefs of inferiority, unimportance, or powerlessness and compensatory strategies of self-protection and self-defense. (p. 241)

Narcissists can display "a deceptively warm demeanor." (p. 241)

He or she [the narcissist] remains firmly rooted in the importance of a flawless or powerful image... Without a flawless image, core beliefs of inferiority become activated. (p. 246)

A schema of oneself as needing to be special and superior to escape inferiority (p. 247)

Instead of learning to accept and master normal and transient feelings of inferiority, these experiences are cast as threats to be defeated, primarily by acquiring external symbols or validation. (p. 247)

The core belief of narcissistic personality disorder is one of inferiority or unimportance. This belief is only activated under certain circumstances and thus may be observed mainly in response to conditions of self-esteem threat. Otherwise, the manifest belief is a compensatory attitude of superiority. (p. 249)

Narcissistic individuals also use power and entitlement as evidence of superiority... As a means of demonstrating their power, narcissists may alter boundaries, make unilateral decisions, control others, and determine exceptions to rules that apply to other, ordinary people. (251)

Out of their vehement certainty of judgment, boundary violations of all sorts may occur, as narcissists are quite comfortable taking control and dictating orders ("I know what's right for them") but quite uncomfortable accepting influence from others" (p. 251)

Another conditional assumption of power is the belief of exemption from normal rules and laws, even the laws of science and nature. (p. 251-252)

Thus, he or she is apt to approach any number of situations feeling automatically entitled to personal gratification. (p. 252)

If others fail to satisfy the narcissist's "needs," including the need to look good, or be free from inconvenience, then others "deserve to be punished… Even when punishing others out of intolerance or entitlement, the narcissist sees this as "a lesson they need, for their own good" (p. 252).

The patient with NPD often has a low tolerance for frustration and expects not only to have wishes easily gratified but also to remain in a steady state of positive reinforcement. Conditional assumptions may include the notions, "If I want something, it is extremely important that I get it," and "I should feel happy and comfortable at all times," and "If I'm not happy, no one can be happy," and "I need to feel special to feel happy.

Benoit, D. and Parker, K.C.H. (1994). Stability and transmission of attachment across three generations. Child Development, 65, 1444-1456.

Book, A., Visser, B.A., and Volk, A.A. (2015). Unpacking ''evil'': Claiming the core of the Dark Triad. Personality and Individual Differences 73 (2015) 29–38.

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

Bowlby, J. (1988). A secure base: Parent–child attachment and healthy human development. New York: Basic Books.

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)

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)

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

The paradoxical finding that the more punishment a juvenile receives the stronger becomes its attachment to the punishing figure, very difficult to explain on any other theory, is compatible with the view that the function of attachment behavior is protection from predators (p. 227)

the more insecure a child's attachment to his principal figure is the more inhibited is he likely to be in developing attachments to others. (p. 308)

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

Lifetime patterns of attachment: "Confidence in the accessibility and responsiveness attachment figures, or lack of it, is built up slowly during all the years immaturity and that, once developed, expectations tend to persist relatively unchanged throughout the rest of life," (p. 359)

Personality coalesces: "model proposed postulates that the psychological processes that result in personality structure are endowed with a fair degree of sensitivity to the environment, especially to family environment, during the early years of life, but the sensitivity that diminishes throughout childhood and is already very limited by the end of adolescence. Thus the developmental process is conceived as able to vary its course, more or less adaptively, during the early years, according to the environment in which development is occurring; and subsequently, with the reduction of environmental sensitivity, as becoming increasingly constrained to the particular pathways already

chosen. (p. 367)

Personality coalesces: An organism sensitivity to environment may result in a developing personality's not only taking a maladaptive pathway but, because of increasing homeorhesis, becoming confined more or less permanently to that pathway. Psychopathic personality, a consequence of development having occurred in a severely atypical family environment during the first three or so years of life, can be regarded as an example of this mode of personality maldevelopment. (p. 368)

Personality coalesces: Structural features of personality, once developed, have their own means of self-regulation the 10th also to maintain the current direction of development (p. 368)

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

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

misattribution of meaning   "Whenever information that would normally be accepted for further processing because of its significance to the individual is subjected to defensive exclusion for prolonged periods the consequences are far-reaching. Among them, I believe, are most, perhaps all, of the vast diverse array of phenomenon that at one time or another have been described in the psychoanalytic literature as being defenses (p. 64)

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 was responding as he is." (p. 65)

misattribution of meaning "He may dwell so insistently on the details of his own reactions and sufferings that he has no time to consider what the interpersonal situation responsible for his reactions may really be." (p. 65)

misattribution of meaning = psychopathology: "Defensive exclusion is regarded as being at the heart of psychopathology. (p. 65)

This cognitive disconnection of a response from the interpersonal situation that elicited it I believe play an enormous role in psychopathology. (p. 67)

misattribution of meaning: "Misidentification of the interpersonal situation eliciting a response. Just as defensive activities may serve in part to ensure that attention is not given to inflow that is being defensively excluded, so may be the attribution of the response to some insignificant situation serve to direct attention away from the situation truly responsible. Several examples are giving in Volume II in the discussion of phobias (Chapters 18 and 19). A child afraid to leave home for fear of his mother might desert or commit suicide during his absence claims, or is persuaded, that what he is really afraid of his being criticized by the teacher; or an adult, similarly afraid of what might happen at home during his or her absence, claims that what he or she is really afraid of is to go alone into public places." (p. 68)

child attachment suppression = grief: The deactivation of attachment behavior is a key feature of certain common variants of pathological mourning (p. 70)

attachment = personality disorder: "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." (p. 217)

Deviations result from adverse experiences the child has in his family of origin (or during substitute care), notably discontinuities in his relationships in certain ways in which parent-figures may respond, or fail to respond, to his desire for the love and care. (p. 217)

Deviations consistent disturbances is the way attachment behavior of the individual concerned becomes organized, usually in the direction either anxious and insecure attachment or else of the vehement assertion of self-sufficiency.

Although those who make anxious and ambivalent attachments are likely to have experienced discontinuities in parenting and/or often to have been rejected by their parents, the rejection is more likely to to have been intermittent and partial than complete. As a result the children, still hoping for love and care yet deeply anxious lest they be neglected or deserted, increase their demands for attention and affection, if used to be left alone and protest more or less angrily when they are. (p. 219)

Role-reversal: "Likely to be a parent who has used, or who may still be using, strong pressure to invert the relationship are requiring the son or daughter to do the caregiving." (p. 223)

Narcissistic: Winnicott (1960) has used the term "false self" to describe the self such a person experiences and which, willingly or unwillingly, he presents to the world. This term is much to be preferred to "narcissistic" which is another sometimes used by psychoanalyst to describe these individuals. (p. 225)

Every situation we meet within life is construed in terms of the representational models we have of the world about us and of ourselves. Information reaching a our sense organs is selected and interpreted in terms of those models, its significance for us and for those we care for is evaluated in terms of them, and plans of action conceived and executed with those models in mind. On how we interpret and evaluate each situation, moreover, turns also how we feel. (p. 229)

A child's attachment behavior is activated especially by pain, fatigue, and anything frightening, and also by the mother being or appearing to be inaccessible. (p. 3)

The biological function of this behavior is postulated to be protection, especially protection from predators. P. 3

Attachment behavior is in no way confined to children. Although usually less readily aroused, we see it also in adolescents and adults of both sexes whenever they are anxious or under stress. (p. 4)

A feature of the attachment behavior of the greatest importance clinically, and present irrespective of the age of the individual concerned, is the intensity of the emotion that accompanies it, the kind of emotion aroused depending on how the relationship between the individual attached and the attachment figure is fairing. If it goes well, there is joy and a sense of security. If it is threatened, there is jealousy, anxiety, and anger. If broken there is grief and depression. (p. 4)

Human infants, we can safely conclude, like infants of other species, are preprogrammed to develop in a socially cooperative way; whether they do so or not turns in high degree on how they are treated. (p. 9)

The patterns of attachment that were shown to father's resembled closely the patterns that were shown to mothers

Bowlby, J. (1979). The making and breaking of affectional bonds. London: Tavistock.

Clearly it is still a far cry between showing the child's bonds to his mother, and often to his father also, are thrown into disequilibrium by a brief separation, and demonstrating unequivocally that long or repeated separations causally related to subsequent personality disorders. Yet the detached behavior so typical of young children after separation bears more than a passing resemblance to the detached behavior of some psychopaths, whilst it would be difficult to distinguish the aggressively demanding behavior of many a young child recently reunited with his mother from the aggressively demanding behavior of many hysterical personalities. To postulate that in each type of case the disturbed behavior of the adult represents persistence over the years of deviant patterns of bonding behavior that have become established as a result of bond disruptions occurring during childhood proves useful. (p. 95-96)

Bowlby J (1960). "Separation anxiety". *International Journal of Psychoanalysis* **41**: 89–113.

Bowlby, J. (1988). A secure base: clinical implications of attachment theory. London: Routledge.

Brennan, K.A. and Shaver, P.R. (1998). Attachment Styles and Personality Disorders: Their Connections to Each Other and to Parental Divorce, Parental Death, and Perceptions of Parental Caregiving. *Journal of Personality* 66, 835-878.

Attachment and personality disorder: *"Research on attachment and personality disorders.* In the clinical literature, there is increasing support for conceptualizing personality disorders as disorders of attachment (e.g., Heard & Lake, 1986; Shaver & Clark, 1994; West & Sheldon, 1988; West & Sheldon-Keller, 1994). There is growing empirical evidence connecting Borderline personality disorder with patterns of insecure attachment reflected in representations of childhood relationships with parents (Patrick, Hobson, Castle, Howard, & Maughan, 1994; Sack et al., 1996; Stalker & Davies, 1995; West et al., 1994). Patrick et al. (1994) assessed internal representations of attachment (via the AAI; George et al., 1984/1985/1996) and found that individuals classified as Borderline evinced the mental organization characteristic of preoccupied attachment. Stalker and Davies (1995) found the same pattern in a small, clinical sample of sexually abused women. (p. 840)

Their pattern of findings indicate that both preoccupation and fearful avoidance may be most closely associated with the Borderline disorder (p. 841)

Bremner JD, Randall P, Scott TM, Capelli S, Delaney R, Mc-Carthy G, Charney DS (1995) Deficits in short-term memory in adult survivors of childhood abuse. Psychiatry Res 59:97–107

Bretherton, I. (1990). Communication patterns, internal working models, and the intergenerational transmission of attachment relationships. Infant Mental Health Journal, 11, 237-252.

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

Bowlby proposes that defensive exclusion of information from awareness derives from the same processes as selective exclusion, although the motivation for the two types of exclusion differs. Three situations are believed to render children particularly prone to engaging in defensive exclusion: situations that parents do not wish their children to know about even though the children have witnessed them, situations in which the children find the parents' behavior too unbearable to think about, and situations in which children have done or thought about doing something of which they are deeply ashamed. Although defensive exclusion protects the individual from experiencing unbearable mental pain, confusion, or conflict, it is bound to interfere with the accommodation of

internal working models to external reality. Indeed, a number of clinical studies reviewed in Separation (e.g., Cain & Fast, 1972) suggest that defensive exclusion leads to a split in internal working models. One set of working models—accessible to awareness and discussion and based on what a child has been told—represents the parent as good and the parent's rejecting behavior as caused by the "badness" of the child. The other model, based on what the child has experienced but defensively excluded from awareness, represents the hated or disappointing side of the parent.

Bretherton, I., & Munholland, K. (2008). Internal working models in attachment relationships: Elaborating a central construct in attachment theory. In J. Cassidy & P. Shaver (Eds.), Handbook of attachment (pp. 102-130). New York: Guilford Press.

Brown, E.M., (1998). The transmission of trauma through caretaking patterns of behavior in holocaust families: Re-enactments in a facilitated long-term second-generation group. Smith College Studies in Social Work, 68, 267-285.

Carlson, E.A., Edgeland, B., and Sroufe, L.A. (2009). A prospective investigation of the development of borderline personality symptoms. Development and Psychopathology, 21, 1311-1334

> from a developmental perspective, disturbed behavior is constructed through the cumulative interaction of risk and protective factors operating over time… of central importance are the ways in which early experience, later experience, and current circumstances interact to shape adult adaptation or disturbance.(p. 1313),
>
> Trauma and maltreatment undermine the child's capacity to attend to, recognize, and interpret accurately the cues and affective states of others and by extension, the self (Fonagy et al., 2000; Laub & Auerhahn, 1993; Pollak, Cicchetti, Hornung, & Reed, 2000; Pollak & Sinha, 2002; Pollak, Vardi, Putzer Bechnier, & Curtin, 2005). Dissociative processes instill a sense of passivity whereby events are perceived as happening to the individual or controlled outside of the self (i.e., without volition; Breger, 1974; Bowlby, 1969/1982). Children become hypervigilant to the attitudes and intentions of others, further compromising emergent self-awareness, a sense of authorship, and the ability to attend to internal cues, emotional needs, and thoughts (Briere, 1988; Calvery, Fischer,&Ayoub, 1994; Putnam, 1997; Rieder& Cicchetti, 1989; Westen, 1994).
>
> Children may become hyper- or hyporesponsive to emotional stimuli, particularly those that signal threat or danger, resulting in marked or unpredictable shifts in arousal levels disproportionate to environmental context (Cicchetti & Curtis, 2005; Cummings, Pellegrini, Notarius,& Cummings, 1989; Eisenberg et al., 1997; Pollak, Cicchetti, Klorman, & Brumaghim, 1997).
>
> Early extreme experience is associated with deficits in the capacity to symbolize or mentalize affective experience (i.e., to reflect on and integrate affective experience into higher order cognition; Fonagy & Batement, 2008; Fonagy & Target, 1997). Trauma "overwhelms and defeats one's capacity to organize it" (Laub & Auerhahn, 1993, p. 288). Thus, deficits in affective processing may include the inability to describe internal states (i.e., alexithymia; Krystal, 1988) as well as restrictions in attributional focus. 1215
>
> Repeated experiences of contradictory cues contribute to a collapse in regulatory strategies for coping with distress, reflected in infancy in attachment disorganization (Hesse & Main, 2000; Main & Solomon, 1990). (p. 1314)
>
> Sustained and pervasive traumatic experience in early childhood, particularly in the context of the caregiving relationship, compromises the quality of adaptation at multiple levels of functioning (attentional, emotional, behavioral, representational, and relational). These distortions and disruptions in basic self-processes contribute

to the emergence of enduring compensatory regulatory and relational strategies to facilitate the negotiation of developmental challenges. (p. 1314}

Deviant, apparently manipulative or controlling, interpersonal behaviors may be employed with the purpose of eliciting others to attend to regulatory needs. An inability to control one's own behavior and emotion, and related experiences of fear, may be manifested in frustration, anger, and attempts to control the feelings and behaviorof others (Siever & Koenigsberg, 2000). (p. 1315)

Compromised developmental processes related to the misreading of interpersonal cues, lack of access to inner emotional experience, and related dissociative representational experience lead to disturbances in social functioning. In this way, relational functioning may mirror individual experience. Social behavior may be characterized by intrusiveness, aggression, and insensitivity to interpersonal cues and rules. (p. 1315)

In contrast, borderline personality symptoms were significantly related to early relational experiences previously reported in retrospective studies. These included attachment disorganization (12–18 months) and maltreatment (12–18 months), maternal hostility and boundary dissolution (42 months), family disruption related to father presence (12 – 64), and family life stress (3 – 42 months). (p. 1328)

Cassidy, J., & Berlin, L. J. (1994). The insecure/ambivalent pattern of attachment: Theory and research. Child Development, 65, 971–991.

"Although infant behavior patterns may begin as understandable responses to parental behavior, the infant later may come to recognize that these behavior patterns are ones with which the parent feels most comfortable." (p. 986)

"It seems likely that the child himself would feel most comfortable when the parent is most comfortable." (p. 986)

"Children are skillful in recognizing what leads to parental comfort and then attempt to cooperate with their parents in maintaining the desired state." (p. 986)

"In the case of insecure/ambivalent children, the child recognizes at some level that the parent desires a relationship in which attachment is emphasized." (p. 986)

"The child may realize that this pattern of preoccupation with the parent, heightened dependency, and reduced exploration are at some level reassuring to the parent: his immaturity reassures the parent that she will be needed; his dependency reassures the parent that the child will remain close, that is, 'reassures the parent that he will not become an adult and leave' (Bacciagaluppi, 1985, p. 371)." (p. 986)

Unlike the secure infant, who in times of distress has only one consideration (how to alert the parent of his wish for proximity), the insecure infant has two considerations (how to alert the parent of his wish for proximity and how the parents is likely to respond).

For the insecure/ambivalent infant, the strategy of heightened attachment behavior can be viewed as useful for both himself (by increasing the likelihood of gaining the attention of the unpredictably available caregiver) and for his parent (by assuring the parent that he will stay close to her).

The infant's attempts to cooperate with the parent necessitate alterations of what might be his normally occurring responses to the environment.

Main (1990) has speculated that such alterations involved changes in infant attention, perception, and memory.

For an infant whose caregiver requires exaggerated infant dependence, a shift in attention toward attachment-eliciting situations through manipulations of perception and thought may occur.

Similarly, such an infant may selectively attend to the frightening aspects of the environment, interpreting, as Main (1990) has suggested, "an environment known at some level to be quiescent as threatening" (page. 61).

Heightened recall of memories that activate attachment-related behaviors and emotions may also occur. The infants perception (based on previous interactions) of probable parental unresponsiveness is accurate. This accurate perception of parental behavior is thought to necessitate a distorted perception of the environment as frightening. This distortion, in turn, serves to heighten attachment behavior and usefully increases the likelihood that the child will gain access to the attachment figure when needed. It is proposed here that because another of the infant's perceptions – that the parent prefers him to emphasize attachment – is also accurate, infant distortion of the environment can be viewed as useful in meeting the parents needs as well as his own needs.

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

"…divorce and loss of custody pose a special threat to the narcissist's weak self" (p. 195)

The perception [of narcissism in a patient] is hampered by the fact that narcissistic individuals may well be intelligent, charming, and sometimes creative people who function effectively in their professional lives and in a range of social situations (Akhtar, 1992; Hendler, 1975). P. 197

While narcissism is recognized as a serious mental disorder, its manifestations may not be immediately recognized as pathological, even by persons in the helping professions, and its implications may remain unattended to. (p. 197)

The narcissist's major external quality, his sense of grandiose self-importance (DSM-IV, 1994; Kernberg, 1984; Kohut, 1971), compensates for a deficient self-concept and extremely painful vulnerability. (p. 197-198)

Kohut sees it [pathological narcissism] as an impairment of the cohesion, continuity, strength, and harmony of the self (Tolpin & Kohut, 1980). Kernberg (1984) defines it by the failure to integrate the "good" and "bad" self representations into a realistic self-concept. (p. 198)

The narcissist exaggerates his own importance, achievements, abilities, talents, and efforts, while splitting off, disassociating, or repressing negative elements of his self and projecting them onto others. (p. 198)

Narcissistic parents are seen as treating their children as extensions of themselves, expecting them to meet their own narcissistic needs, as unable to meet their children's needs for acceptance, as critical and angry when their children try to express their own feelings, will, and independent personality; and as obstructing the development of their children's true self. Nonetheless, narcissistic possessiveness of the child does not necessarily exclude emotional giving. Miller (1981) notes that he narcissistic mother often loves her child passionately. Much the same may be said of narcissistic father. Many such fathers will spend a great deal of time with their children and invest a great deal of energy in fostering their children's development. To be sure, they will generally focus not on their children's emotional needs, but on promoting their intellectual, artistic, or athletic development, which will serve as reflections and proof of their own success as parents. Nonetheless, while he is married, a narcissistic man may be a highly present father, concerned with and involved in his children's lives. Even though his involvement stems from his own needs, he, his children, and those around him may well experience him as a caring father. (p. 199)

For the narcissistic man, divorce brings another major threat: the threat to his grandiose self-image

and, with it, to the very fragile sense of self it protects. By its very nature, divorce constitutes a narcissistic threat. It raises questions about the individual's ability to love and be loved and embodies his or her failure to maintain an important relationship. The individual's shortcomings are, moreover, publicly exposed. (p. 200)

[Narcissists] insist on an all or nothing relationship with their children, an insistence which is consistent with both the black and white thinking that has been found among narcissistic individuals (Kernberg, 1984) and the possessiveness that has frequently been noted in narcissistic parents (Miller, 1981) (p. 205)

For the non-custodial narcissistic father, the fight for custody seems to be less a fight for access than a fight for possession of his children that he is unwilling to relinquish. (p. 205)

Their need to prove that they are wonderful fathers seems to exceed their need for actual contact with their children. They constantly tell of what they do or have done for their children, while denigrating both the contribution of the child's mother and the abilities and achievements of the child. (p. 206)

The support of their fragile and threatened self-concept may also be another aim of the litigation for greater access and custody, the award of which could be interpreted as a public confirmation of their capacity as fathers and proof that they are the better parent. (p. 206)

The propensity to blame is an outstanding feature… of narcissistic behavior in general. It is a way for the narcissist to see himself in a good light and a manifestation of the splitting off of the negative aspects of the self and projecting them onto others that is a major narcissistic defense. (p. 206)

Collins, N.L. (1996). Working models of attachment: Implications for explanation, emotion, and behavior. Journal of Personality and Social Psychology, 71, 1996.

Working models of attachment are highly accessible cognitive constructs that will be automatically activated in memory in response to attachment-relevant events. Once activated, they are predicted to have a direct impact on social information processing (including attention, memory, and inference) and on emotional response patterns… The impact of working models on behavior in any given situation will be largely mediated by the subjective interpretation of the situation along with one's emotional response. (p. 812)

Crittenden, P. M. (1999). Danger and development: The organization of self-protective strategies. In J. I. Vondra and D. Barnett, (Eds.) Atypical attachment in infancy and early childhood among children at developmental risk. *Monographs of the Society for Research on Child Development* (p. 145-171).

The organization of attachment behavior functions to promote protection under circumstances of danger. (p. 170)

Cui, L., Morris, A.S., Criss, M.M., Houltberg, B.J., and Jennifer S. Silk, J.S. (2014). Parental Psychological Control and Adolescent Adjustment: The Role of Adolescent Emotion Regulation. Parenting: Science and Practice, 14, 47–67.

Because psychological control is emotionally manipulative in nature, making parental love and acceptance contingent on children's behavior, it is likely that psychological control has a deleterious impact on emotion regulation (Morris et al., 2002). Indeed, the reasons for this link are rooted in the defining features of psychological control.

Specifically, psychological control has historically been defined as psychologically and emotionally manipulative techniques or parental behaviors that are not responsive to children's psychological

and emotional needs (Barber, Maughan, & Olsen, 2005). Psychologically controlling parents create a coercive, unpredictable, or negative emotional climate of the family, which serves as one of the ways the family context influences children's emotion regulation (Morris, Silk, Steinberg, Myers, & Robinson, 2007; Steinberg, 2005).

Such parenting strategies ignore the child's need for autonomy, impede the child's volitional functioning, and intervene in the individuation process (Barber & Xia, 2013; Soenens & Vansteenkiste, 2010). In such an environment, children feel pressure to conform to parental authority, which results in children's emotional insecurity and dependence (Morris et al., 2002)." (Cui, Morris, Criss, Houltberg, & Silk, 2014, p. 48)

Dutton, D. G., Denny-Keys, M. K., & Sells, J. R. (2011). Parental personality disorder and Its effects on children: A review of current literature. Journal Of Child Custody, 8, 268-283.

"Custody evaluations frequently involve assessment of parental psychopathology (Ackerman & Ackerman, 1996; Bagby, Nicholson, Buis, Radovanic, & Fidler, 1999; Bathurst, Gottfried, & Gottfried, 1997; Lempel, 1999), based on the notion that parental pathology, especially personality disorders, may affect the quality of care parents give children. (p. 268)

"One of the most impactful consequences brought about as a result of growing up with parental PD is the way in which a child is raised with emotionally unavailable, unpredictable, or hostile-abusive parenting and the consequences of this upbringing on attachment issues." (p. 271)

Narcissism - Horne (1998): "The results indicated mothers' narcissism rates correlated significantly and positively with their sons' narcissism and negatively with their sons' expressions of empathy." ... Daughters' narcissism, expressed empathy, and self-esteem scores were all correlated with mothers' scores, suggesting a stronger same-sex linkage of influence between children's behaviors and parental narcissism.

> Horne, S. (1998). The role of parental narcissism and depression in predicting adolescent empathy, narcissism, self-esteem, pleasing others, and peer conflict (Doctoral dissertation, University of Georgia PhD Philosophy).
>
> Horne: A parent who is narcissistic . . . will be affectively unavailable to his or her children and may inhibit the development of vital human capacities in adolescents such as high self-esteem. Because children of narcissistic parents may be required to fulfill their parents' needs for admiration and recognition, they may develop pleasing others' behavior in excess of children of non narcissistic parents and may display what appears to be heightened empathic skills which may actually be hypervigilance or a heightened protective stance that masquerades as empathy. These children would most likely avoid conflict and appear narcissistic if their parents endorse narcissistic tendencies. (p. 76)

Some psychotherapists observe similar behaviors to those studied by Horne (1998) in children living with narcissistic parents. Termed "co-narcissism" by Rappoport (2005), this grouping of behavioral tendencies seems to focus on the children's generalization of the parents' behavior to other individuals within their lives. Lowered self-esteem, as a result of an incomplete self-schema, is observed as well as a more predominant desire to please others and focus attention on the thoughts and actions of those around them (Rappoport). Unable to penetrate their parents' self-absorption, the child develops a chronic obsession with pleasing others. (p. 276)

"the essential causal link of children's behavioral problems to parental personality may not be to conventionally defined PDs but rather to attachment disorders in the parent. In a recent meta-analysis of 69 samples, Fearon, Bakermans-Kranenburg, van Ijzendoorn, Lapsley, & Roisman (2010) found that insecure and disorganized attachments in parents increase risk for externalizing problems in children, with the larger effect being found for boys. The effect for boys was d'.0.35, that is, a sizeable (1=3 of a SD) difference." (p. 280)

Rutter and Quinton (1984): Both parental mental disorder and marital discord tended to persist
throughout the 4-year period of the study and parental PD children had an increased risk of
persistent emotional-behavioral disturbances and conduct disorders. (p.269)

Nordahl et al. (2007)" "The highest correlations found with interpersonal difficulties [in parents]
were Borderline, Self-defeating, and Avoidant traits (0.649, 0.599, and 0.527, respectively), and with
self-centered style [in parents] were Histrionic and Narcissistic traits (0.472 and 0.418, respectively)
in the mothers. Some negative correlations were observed with "self-centered style" and some
Function 2 traits (neglective and self-centered),

Johnson et al. (2006) found that parents with PDs were "more than three times as likely as those
without personality dis- orders to report having engaged in   5 types of problematic child-rearing
behaviors," and those PD parent-patients who did not have any co-occurring disorder were also
"significantly more likely than those without personality disorders to report   5 types of problematic
child-rearing behaviors" (p. 346).

Dutton, D. G., & Painter, S. (1993). Emotional attachments in abusive relationships: A test of
traumatic bonding theory. *Violence and Victims, 8*(2), 105-20.

Feeney, J.A. & Noller, P. (1990). Attachment style as a predictor of adult romantic
relationships. Journal of Personality and Social Psychology, 58, 281-291.

Finnegan, R. A., Hodges, E. V. E., & Perry, D. G. (1996). Preoccupied and avoidant coping
during middle childhood. Child Development, 67, 1318–1328.

Fonagy, P., Luyten, P., and Strathearn, L. (2011). Borderline personality disorder,
mentalization, and the neurobiology of attachment. Infant Mental Health Journal, 32,
47-69.

Depending on the issue of different secondary attachment strategies and contextual factors, some BPD
patients will be primarily characterized by preoccupied or avoidant attachment while the attachment
system will be disorganized (either from infancy or as a consequence of subsequent stress) in other
individuals. P. 49

Fonagy, P., Steele, M. & Steele, H. (1991). Intergenerational patterns of attachment:
Maternal representations during pregnancy and subsequent infant-mother
attachments. Child Development, 62, 891-905.

Fonagy P. & Target M. (2005). Bridging the transmission gap: An end to an important
mystery in attachment research? Attachment and Human Development, 7, 333-343.

Fonagy, P., Target, M., Gergely, G., Allen, J.G., and Bateman, A. W. (2003). The developmental
roots of Borderline Personality Disorder in early attachment relationships: A theory
and some evidence. Psychoanalytic Inquiry, 23, 412-459.

Fraiberg, S., Adelson, E., & Shapiro, V. (1975). Ghosts in the nursery. Journal of the
American Academy of Child and Adolescent Psychiatry, 14, 387–421.

Fuselier, G. Dwayne, PhD. "Placing the Stockholm Syndrome in Perspective." *FBI Law
Enforcement Bulletin* (July 1999): 23-26.

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.

> "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)

Garety, P. A. and Freeman D. (1999) Cognitive approaches to delusions: A critical review of theories and evidence. The British Journal of Clinical Psychology; 38, 113-154

Gerson, M. 1984). Splitting: the development of a measure. Journal of Clinical Psychology, 40, 157-162.

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

> First cited by Paulhus and Williams (2002), the Dark Triad refers to a set of three distinct but related antisocial personality traits: Machiavellianism, narcissism, and psychopathy. Each of the Dark Triad traits is associated with feelings of superiority and privilege. This, coupled with a lack of remorse and empathy, often leads individuals high in these socially malevolent traits to exploit others for their own personal gain. (Giammarco & Vernon, 2014, p. 23)

Green, A. (1980). Child Maltreatment. New York: Aronson.

> Role reversal occurs when the unfulfilled abusing parent seeks dependency gratification, which is unavailable from his spouse and family, from his "parentified" child, based on his identification with the "child-victim." (p. 41)

Harlow, H.F., Harlow, M.K. (1971). Psychopathology in monkeys. Experimental Psychopathology. Edited by Kimmel, H.D. New York: Academic Press

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

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

Hazan, C, & Shaver, P. (1987). Romantic love conceptualized as an attachment process. Journal of Personality and Social Psychology, 52, 511-524.

Herman, J.L., Perry, C., & van der Kolk, B.A. (1989). Childhood trauma in borderline personality disorder. American Journal of Psychiatry, 146, 490-495

Herman, J.L., and van der Kolk, B.A. (1987). Traumatic antecedents of BPD. In B.A. van der Kolk (Ed.) Psychological Trauma (111-126). Washington, D.C.: American Psychiatric Press, Inc.

Hodges, S. (2003). Borderline personality disorder and posttraumatic stress disorder: Time for integration? Journal of Counseling and Development, 81, 409-417.

Holmes, J. (2004). Disorganized attachment and borderline personality disorder: a clinical perspective. Attachment & Human Development, 6(2), 181-190.

Horan, S.M., Guinn, T.D., and Banghart, S. (2015). Understanding relationships among the Dark Triad personality profile and romantic partners' conflict communication. *Communication Quarterly*, 63, 156-170.

Jacobvitz, D.B., Morgan, E., Kretchmar, M.D., and Morgan, Y. (1991). The transmission of mother-child boundary disturbances across three generations. Development and Psychopathology, 3, 513-527.

Jellema, A. (2000). Insecure attachment states: Their relationship to borderline and narcissistic personality disorders and treatment processes in cognitive analytic therapy. Clinical Psychology and Psychotherapy, 7, 138-154.

Johnson, J., Cohen, P., Kasen, S., & Brook, J. (2008). Psychiatric disorders in adolescence and early adulthood and risk for child-rearing difficulties during middle adulthood. Journal of Family Issues , 29 (2), 210–233.

Johnson, J., Cohen, P., Kasen, S., Ehrensaft, M., & Crawford, T. (2006). Associations of parental personality disorders and axis I disorders with childrearing behavior. Psychiatry , 69 (4), 336–350.

Johnson, J., Cohen, P., Kasen, S., Smailes, E., & Brook, J. (2001). Association of maladaptive parental behavior with psychiatric disorder among parents and their offspring. Archives of General Psychiatry , 58 , 453–460.

Jonason, P. K. and Krause, L. (2013). The emotional deficits associated with the Dark Triad traits: Cognitive empathy, affective empathy, and alexithymia. *Personality and Individual Differences*, 55, 532–537

Jonason, P.K., Lyons, M. Baughman, H.M., and Vernon, P.A. (2014). What a tangled web we weave: The Dark Triad traits and deception. *Personality and Individual Differences*, 70, 117–119

> There is a new kid on the (personality psychology) block to rival the Big Five. The Dark Triad traits are characterized by entitlement, superiority, dominance (i.e., narcissism), glib social charm, manipulativeness (i.e., Machiavellianism), and callous social attitudes, impulsivity, and interpersonal antagonism (i.e., psychopathy)." (Jonason, Lyons, Baughman, & Vernon, 2014, p. 117

Jones, D.N. and Paulhus, D.L. (2014). Introducing the Short Dark Triad (SD3): A Brief measure of dark personality traits. Assessment, 21, 28-41.

Juni, S. (1995). Triangulation as splitting in the service of ambivalence. Current Psychology: Research and Reviews, 14, 91-111.

> The transformation of the faltering dyad into a viable triangle is predicated on the premise that three-person relationships are stable only in two conditions: either one with three positive vectors, or one with one positive and two negative vectors. The triangulation process is thus a homeostatic maneuver, shifting an unstable dyad into a stable triad. P. 92

> Hoffman, stating: "The enemy of my enemy is my friend" (p. 128).

> The two stable triangles are postulated as the "all positive" and the "two against one." Most crucial is the corollary hypothesis that any other permutation would be prone to homeostatic pressure for it to become transformed into one of the stable variants. P. 92

> From the perspective of object relations, it is clear that the triangulated person is not valued as a person in his own right; rather his function is solely that of a repository of transferential affect from the dyad which cannot be affectively elaborated at its natural source. Thus, Alanen's (1977) depiction of the double bind victim in terms of Kohut's (1977) narcissistic object, insofar as he is depersonalized and used in the service of the perpetrator's own needs, seems quite applicable in defining the role of the triangulated as well. P. 93

> The process features a triangulation which was affected by the utilization of splitting, projective identification, and a fusion of objects in the service of mastering ambivalence. P. 93

> Haley: perverse triangle

> The antithesis of capacity for ambivalence, however, is a disposition toward splitting (Juni, 1991), for splitting avoids the juxtaposition of two opposing affects so that tempering of respective feelings is not necessary p. 96

> Indeed, the sharing of hate feelings toward an object serves to cement a positive alliance. P. 101

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

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

> While the concept of boundaries has a rich history in both the family systems and psychodynamic literatures (Ackerman, 1958; see Chase, 1999 for an historical overview), and might be said to stand at the boundary between the two schools of thought, it also promises to contribute to a much-needed bridge between them (Minuchin, 1985; Slipp, 1991). (p. 6)

> Like the membrane around a cell, boundaries need to be firm enough to ensure the integrity of the individual and yet permeable enough to allow communication among family members. Clear boundaries define appropriate family roles, mark developmental differences among family members, and give individuals the opportunity to meet their emotional needs in developmentally appropriate ways. Diffuse boundaries, on the other hand, may result in confusion between the generations (e.g., "Who is the parent and who is the child?"; Hiester, 1995) and increase the likelihood that children will be burdened with responsibilities beyond their years. In turn, overly rigid boundaries constrict family relationships (e.g., children should be seen and not heard), limit emotional contact among family members, and interfere with the experience of belonging and mutuality. (p. 6)

> In the throes of their own insecurity, troubled parents may rely on the child to meet the parent's emotional needs, turning to the child to provide the parent with support, nurturance, or comforting (Zeanah & Klitzke, 1991). Ultimately, preoccupation with the parents' needs threatens to interfere

with the child's ability to develop autonomy, initiative, self-reliance, and a secure internal working model of the self and others (Carlson & Sroufe, 1995; Leon & Rudy, this volume). (p. 6)

when parent-child boundaries are violated, the implications for developmental psychopathology are significant (Cicchetti & Howes, 1991). Poor boundaries interfere with the child's capacity to progress through development which, as Anna Freud (1965) suggested, is the defining feature of childhood psychopathology. (p. 7)

A theme that appears to be central to the conceptualization of boundary dissolution is the *failure to acknowledge the psychological distinctiveness of the child.* (p. 8)

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

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

However, an emotionally needy parent who is threatened by the child's emergent sense of individuality may act in ways so as to prolong this sense of parent-infant oneness (Masterson & Rinsley, 1975). By binding the child in an overly close and dependent relationship, the enmeshed parent creates a psychological unhealthy childrearing environment that interferes with the child's development of an autonomous self. (p. 10)

Barber (2002) defines psychological control as comprising "parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachments to parents, and are associated with disturbances in the boundaries between the child and the parent" (p. 15) (see also Bradford & Barber, this issue). (p. 12)

As Ogden (1979) phrased it, "It is as if the parent says to the child, if you are not what I need you to be, you do not exist for me" (p. 16). (p. 12)

Rather than telling the child directly what to do or think, as does the behaviorally controlling parent, the psychologically controlling parent uses indirect hints and responds with guilt induction or withdrawal of love if the child refuses to comply. In short, an intrusive parent strives to manipulate the child's thoughts and feelings in such a way that the child's psyche will conform to the parent's wishes. (p. 12)

In order to carve out an island of safety and responsivity in an unpredictable, harsh, and depriving parent-child relationship, children of highly maladaptive parents may become precocious caretakers who are adept at reading the cues and meeting the needs of those around them. The ensuing preoccupied attachment with the parent interferes with the child's development of important ego functions, such as self organization, affect regulation, and emotional object constancy. (p. 14)

There is evidence for the intergenerational transmission of boundary dissolution within the family. Adults who experienced boundary dissolution in their relationships with their own parents are more likely to violate boundaries with their children (Hazen, Jacobvitz, & McFarland, this volume; Shaffer & Sroufe, this volume). (p. 22)

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

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. (p. xiii)

Transient psychotic episodes may develop in patients with borderline personality organization when they are under severe stress (p. 4)

Most of these patients [i.e., narcissistic] present an underlying borderline personality organization. (p. 16)

These patients present an unusual degree of self-reference in their interactions with other people, a great need to be loved and admired by others, and a curious apparent contradiction between a very inflated concept of themselves and an inordinate need for tribute from others. Their emotional life is shallow. They experience little empathy for the feelings of others, they obtain very little enjoyment from life other than from the tributes they receive from others or from their own grandiose fantasies, and they feel restless and bored hen external glitter wears off and no new sources feed their self regard. They envy others, tend to idealize some people from whom they expect narcissistic supplies, and to depreciate and treat with contempt those from whom they do not expect anything (often their former idols). In general, their relationships with other people are clearly exploitative and sometimes parasitic. It is as if they feel they have the right to control and possess others and to exploit them without guilt feelings – and behind a surface which very often is charming and engaging, one senses coldness and ruthlessness. (p. 17)

The antisocial personally may be considered a subgroup of the narcissistic personality. Antisocial personally structures present the same general constellation of traits that I have just mentioned, in combination with additional severe superego pathology. (p. 18)

Probably the best know manifestation of splitting is the division of external objects into "all good" ones and "all bad" ones" p. 29

Denial p 32

"their identification with an "all good" object, idealized and powerful as a protection against bad "persecutory" objects. (p. 33)

The need to *control* the idealized objects, to use them in attempts to manipulate and exploit the environment and to "destroy potential enemies," is linked with inordinate pride in the "possession" of these perfect objects totally dedicated to the patient. (p. 33)

Underneath the feelings of insecurity, self-criticism, and inferiority that patients with borderline personality organization present, one can frequently find grandiose and omnipotent trends. These very often take the form of a strong unconscious conviction that they have the right to expect gratification and homage from others., to be treated as privileged, special persons. The devaluation of external objects is part of a corollary of the omnipotence; if an external object can provide no further gratification of protection, it is dropped and dismissed because there was no real capacity for love of this object in the first place. (p. 33)

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. (p. 229)

The defensive organization of these patients [narcissists] is quite similar to that of the borderline personality organization in general… what distinguishes many of the patients with narcissistic personalities from the usual borderline patient is their relative good social functioning, their better impulse control, and… the capacity for active consistent work in some areas which permits them partially to fulfill their ambitions of greatness and of obtaining admiration from others. Highly intelligent patients with this personality structure may appear as quite creative in their fields:

narcissistic personalities can often be found as leaders in industrial organizations or academic institutions; they may also be outstanding performers in some artistic domain. (p. 229)

The normal tension between actual self on the one hand, and ideal self and ideal object on the other, is eliminated by the building up of an inflated self concept within which the actual self and the ideals self and ideal object are confused. At the same time, the remnants of the unacceptable self images are repressed and projected onto external objects which are devalued. P. 217

Kerns KA (2008). "Attachment in Middle Childhood". In Cassidy J, Shaver PR. *Handbook of Attachment: Theory, Research and Clinical Applications*. New York and London: Guilford Press. pp. 366–82.

Kohut, H: Thoughts on narcissism and narcissistic rage. Psychoanalytic Study of the Child 1972; 27:560-400.

> The desire to turn a passive experience into an active one (Freud, 1920, p. 16), the mechanism of identification with the aggressor (A. Freud, 1936), the sadistic tensions retained in individuals who as children had been treated sadistically by their parents --- all of these factors help explain the readiness of the shame-prone individual to respond to a potentially shame-provoking situation by the employment of a simple remedy: the active (often anticipatory) inflicting on others of those narcissistic injuries which he is most afraid of suffering himself. P. 381

Korn, D.L. (2009). EMDR and the treatment of complex PTSD: A review. Journal of EMDR Practice and Research, 3, 264-278.

> Chronic abuse, often coupled with failures in attachment, appear to have a profound effect on cognitive, affective, and psychosocial development, leading to an inadequate sense of self, impaired schemas, deficits in affect regulation and impulse control, and problems in forming and maintaining healthy, secure attachments in adulthood.

Krugman, S. (1987). Trauma in the family: Perspectives on the Intergenerational Transmission of Violence. In B.A. van der Kolk (Ed.) Psychological Trauma (127-151). Washington, D.C.:

> "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)

Lee, K., and Ashton, M. C. (2012). The H factor of personality: Why some people are manipulative, self-entitled, materialistic, and exploitative —and why it matters for everyone. Waterloo, Canada: Wilfrid Laurier University Press.

Levy, K.N. (2005). The implications of attachment theory and research for understanding borderline personality disorder. Development and Psychopathology, 17, p. 959-986

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford

> "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.** Their rigid cognitive style further limits their abilities to entertain ideas of future change and transition, resulting in feelings of

being in an interminable painful situation. **Things once defined do not change. Once a person is "flawed," for instance, that person will remain flawed forever."** (p. 35)

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.

Lopez, F. G., Fuendeling, J., Thomas, K., and Sagula, D. (1997). An attachment-theoretical perspective on the use of splitting defenses. Counseling Psychology Quarterly, 10, 461-472.

Lyddon, W.J. and Sherry, A. (2001). Developmental personality styles: An attachment theory conceptualization of personality disorders. Journal of Counseling and Development, 79, 405-417

Lyons-Ruth, K., Bronfman, E. and Parsons, E. (1999). Maternal frightened, frightening, or atypical behavior and disorganized infant attachment patterns. In J. Vondra & D. Barnett (Eds.) *Atypical patterns of infant attachment: Theory, research, and current directions. Monographs of the Society for Research in Child Development, 64,* (3, Serial No. 258).

"Lyons-Ruth and Block (1996) demonstrated an association between violence or abuse in the parent's past and an increased tendency for infant insecure attachment behaviors to take disorganized rather than avoidant or ambivalent forms. In addition, Lyons-Ruth and Block (1996) demonstrated that violence or abuse in mother's childhood was associated with two somewhat different patterns of maternal interaction with the infant at home. Violence or harsh punishment in mother's childhood was associated with more hostile and intrusive behaviors toward her infant, while the overall severity of trauma, including sexual abuse, was related to increased withdrawing behaviors. (p. 96)

"The maintenance of unintegrated representations of past experiences, in turn, interferes with the development of a flexible internal working model for relating the range of human emotions to their sources in experience, or, in the terminology of Fonagy, Steele, Steele, Moran & Higgitt (1991), interferes with the gradual development of a psychologically sophisticated theory of mind. (p. 96)

Macfie, J. Fitzpatrick, K.L., Rivas, E.M. and Cox, M.J. (2008). Independent influences upon mother-toddler role-reversal: Infant-mother attachment disorganization and role reversal in mother's childhood. Attachment and Human Development, 10, 29-39

Macfie, J., McElwain, N.L., Houts, R.M., and Cox, M.J. (2005) Intergenerational transmission of role reversal between parent and child: Dyadic and family systems internal working models. Attachment & Human Development, 7, 51-65.

Role reversal is thus a risk factor in a child's development, and intergenerational transmission of role reversal would transfer these risks to the next generation. P 52

Main, M., & Goldwyn, R. (in press-a). Interview-based adult attachment classifications: related to infant-mother and infant-father attachment. Developmental Psychology.

Main, M., & Hesse, E. (1990). Parents' unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and/or frightening parental behavior the linking mechanism? In M.T. Greenberg, D. Cicchetti, & E.M. Cummings

(Eds.), Attachment in the preschool years: Theory, research, and intervention (pp. 161–182). Chicago: University of Chicago Press.

Mann, B.J., Borduin, C.M., Heneggeler, S.W., and Blaske, D.M. (1990). An investigation of systemic conceptualizations of parent-child coalitions and symptom change. Journal of Consulting and Clinical Psychology, 58, 336-344.

Masterson, J.F. & Rinsley, D.B. (1975). The borderline syndrome: The role of the mother in the genesis and psychic structure of the borderline personality. International Journal of Psychoanalysis, 56, 163-177

> Object relationship theory may be defined as the psychoanalytic approach to the internalization of interpersonal relations. P. 163

> Failure of development of an integrated object representation inhibits and ultimately limits development of the capacity for understanding of, and empathy for, other persons p. 164

> More characteristic for borderline personality organization may be a failure related to a constitutionally determined lack of anxiety tolerance interfering with the phase of synthesis of introjections of opposite valences. The most important cause of failure in the borderline pathology is probably a quantitative predominance of negative interjections. Excessive negative introjections mat stem both from a constitutionally determined intensity of aggressive drive derivatives and from severe early frustration. Pp 164-165

> The child's individuation constitutes a major threat to the mother's defensive need to cling to her infant and, as a consequence, drives her toward removal of her libidinal availability. P. 165

> Split object relations unit (Kernberg, 1972). The object relation unit is derived from internalization of the infant's interactions with the mothering object. The unit comprises a self representation, an object representation, and an affective component which links them together. The object relations unit of the borderline turns out to be split into two part-units, each of which in turn comprises a part-self representation and a part-object representation together with their associated affects. P. 168

Mikulincer, M., Gillath, O., and Shaver, P.R. (2002). Activation of the attachment system in adulthood: Threat-related primes increase the accessibility of mental representations of attachment figures. Journal of Personality and Social Psychology, 83, 881-895.

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

> In the current study, we posit the existence of a second related triad - one that includes personality styles composed of both dark and emotionally vulnerable traits… The members of this putative vulnerable dark triad (VDT) would include (a) Factor 2 psychopathy, (b) vulnerable narcissism, and (c) borderline PD(BPD)." (Miller, Dir, Gentile, Wilson, Pryor, & Campbell, 2010, p. 1530)

> We believe that the current evidence supports the existence of a second "dark" triad, one that is characterized by an antagonistic interpersonal style and emotional vulnerability… All VDT [Vulnerable Dark Triad] members manifested significant relations with similar etiological factors, such as retrospective reports of childhood abuse and colder, more invalidating parenting styles." (Miller, Dir, Gentile, Wilson, Pryor, & Campbell, 2010, p. 1554)

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

When not faced with humiliating or stressful situations, CENs convey a calm and self-assured quality in their social behavior. Their untroubled and self-satisfied air is viewed by some as a sign of confident equanimity. (p. 388-389)

There is also a tendency for them [narcissists] to flout conventional rules of shared social living. Viewing reciprocal social responsibilities as being inapplicable to themselves, they show and act in a manner that indicates a disregard for matters of personal integrity, and an indifference to the rights of others. (p. 389)

"Narcissists are neither disposed to stick to objective facts or to restrict their actions within the boundaries of social custom or cooperative living… Free to wander in their private world of fiction, narcissists may lose touch with reality, lose their sense of proportion, and begin to think along peculiar and deviant lines." (Millon, 2011, p. 415)

"Rarely physically abusive, anger among narcissists usually takes the form of oral vituperation and argumentativeness. This may be seen in a flow of irrational and caustic comments in which others are upbraided and denounced as stupid and beneath contempt. These onslaughts usually have little objective justification, are often colored by delusions, and may be directed in a wild, hit-or-miss fashion in which the narcissist lashes out at those who have failed to acknowledge the exalted status in which he or she demands to be seen." (Millon, 2011, pp. 408).

Under conditions of unrelieved adversity and failure, narcissists may decompensate into paranoid disorders. Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct delusional beliefs. Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally invalid suspicions. Among narcissists, delusions often take form after a serious challenge or setback has upset their image of superiority and omnipotence. They tend to exhibit compensatory grandiosity and jealousy delusions in which they reconstruct reality to match the image they are unable or unwilling to give up. Delusional systems may also develop as a result of having felt betrayed and humiliated. Here we may see the rapid unfolding of persecutory delusions and an arrogant grandiosity characterized by verbal attacks and bombast." (Millon, 2011, pp. 407-408).

"Were narcissists able to respect others, allow themselves to value others' opinions, or see the world through others' eyes, their tendency toward illusion and unreality might be checked or curtailed. Unfortunately, narcissists have learned to devalue others, not to trust their judgments, and to think of them as naïve and simpleminded. Thus, rather than question the correctness of their own beliefs they assume that the views of others are at fault. Hence, the more disagreement they have with others, the more convinced they are of their own superiority and the more isolated and alienated they are likely to become." (Millon, 2011, p. 415)

"Deficient in social controls and self-discipline, the tendency of CEN narcissists to fantasize and distort may speed up. The air of grandiosity may become more flagrant. They may find hidden and deprecatory meanings in the incidental behavior of others, becoming convinced of others malicious motives, claims upon them, and attempts to undo them. As their behaviors and thoughts transgress the line of reality, their alienation will mount, and they may seek to protect their phantom image of superiority more vigorously and vigilantly than ever… No longer in touch with reality, they begin to accuse others and hold them responsible for their own shame and failures. They may build a "logic" based on irrelevant and entirely circumstantial evidence and ultimately construct a delusion system to protect themselves from unbearable reality." (Millon, 2011, p. 415)

Mineka, S., Davidson, M., Cook, M. and Keir, R. (1984). Observational Conditioning of Snake Fear in Rhesus Monkeys. *Journal of Abnormal Psychology*, 93, 355-372.

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

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

> Members of enmeshed subsystems or families may be handicapped in that the heightened sense of belonging requires a major yielding of autonomy… In children particularly, cognitive-affective skills are thereby inhibited (p. 55)

> Parenting always requires the use of authority. Parents cannot carry out their executive functions unless they have the power to do so. (p. 58)

> Children and parents, and sometimes therapists, frequently describe the ideal family as a democracy. But they mistakenly assume that a democratic society is leaderless, or that a family is a society of peers. Effective functioning requires that parent and children accept the fact that the differentiated use of authority is a necessary ingredient for the parental subsystem. This becomes a social training lab for the children, who need to know how to negotiate in situations of unequal power. (p. 58)

> A therapist's support of the parental subsystem may conflict with a therapeutic goal of supporting a child's autonomy. In such situations, the therapist should remember that only a weak parental subsystem establishes restrictive control, and that excessive control occurs most when the control is ineffective. Supporting the parents' responsibility and obligation to determine family rules secures the child's right and obligation to grow and to develop autonomy. The therapist's task is to help the subsystems negotiate and accommodate to each other. Pp. 58-59)
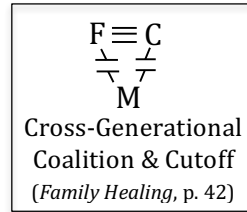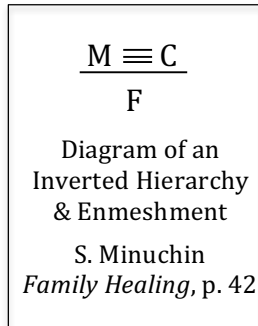
> An inappropriately rigid cross-generational subsystem of mother and son versus father appears, and the boundary around this coalition of mother and son excludes the father. A cross-generational dysfunctional transactional pattern has developed (pp. 61-62)

> The parents were divorced six months earlier and the father is now living alone… Two of the children who were very attached to their father, now refuse any contact with him." (p. 101) The younger children visit their father but express great unhappiness with the situation (p. 101)

> The boundary between the parental subsystem and the child becomes diffuse, and the boundary around the parents-child triad, which should be diffuse, becomes inappropriately rigid. This type of structure is called a rigid triangle. (p.102)

> The rigid triangle can also take the form of a stable coalition. One of the parents joins the child in a rigidly bounded cross-generational coalition against the other parent. (P. 102)

Minuchin. S. & Nichols, M.P. (1993). Family healing: Strategies for hope and understanding. New York: Touchstone.

$$\underline{M \equiv C}$$
$$F$$

Diagram of an
Inverted Hierarchy
& Enmeshment

S. Minuchin
Family Healing, p. 42

$$F \equiv C$$
$$M$$

Cross-Generational
Coalition & Cutoff
(*Family Healing*, p. 42)

Moor, A. and Silvern, L. (2006). Identifying pathways linking child abuse to psychological outcome: The mediating role of perceived parental failure of empathy. Journal of Emotional Abuse, 6, 91-112.

> "The act of child abuse by parents is viewed in itself as an outgrowth of parental failure of empathy and a narcissistic stance towards one's own children. Deficiency of empathic responsiveness prevents such self-centered parents from comprehending the impact of their acts, and in combination with their fragility and need for self-stabilization, predisposes them to exploit children in this way." (Moor & Silvern, 2006, p. 95)

> "Only insofar as parents fail in their capacity for empathic attunement and responsiveness can they objectify their children, consider them narcissistic extensions of themselves, and abuse them. It is the parents' view of their children as vehicles for satisfaction of their own needs, accompanied by the simultaneous disregard for those of the child, that make the victimization possible. (Moor & Silvern, 2006, p. 104)

> "The indication that posttraumatic symptoms were no longer associated with child abuse, across all categories, after statistically controlling for the effect of perceived parental empathy might appear surprising at first, as trauma symptoms are commonly conceived of as connected to specifically terrorizing aspects of maltreatment (e.g., Wind & Silvern, 1994). However, this finding is, in fact, entirely consistent with both Kohut's (1977) and Winnicott's (1988) conception of the traumatic nature of parental empathic failure. In this view, parental failure of empathy is predicted to amount to a traumatic experience in itself over time, and subsequently to result in trauma-related stress. Interestingly, even though this theoretical conceptualization of trauma differs in substantial ways from the modern use of the term, it was still nonetheless captured by the present measures." (p. 197)

O'Connor, E., Bureau, J.F., McCartney, K., and Lyons-Ruth, K. (2011). Risks and Outcomes associated with disorganized/controlling patterns of attachment at age three years in the National Institute of Child Health and Human Development Study of Early Child Care and Youth Development. Infant Mental Health Journal, 32, 450-472.

Ogata, S. N., Silk, K. R., Goodrich, S., Lohr, N. E., Westen, D., & Hill, E. M. (1990). Childhood sexual and physical abuse in adult patients with borderline personality disorder. *The American Journal of Psychiatry, 147*(8), 1008-13. Retrieved from http://search.proquest.com/docview/220484391?accountid=458 Piaget, J. (1950). The psychology of intelligence. London: Routledge Kegan Paul

Opjordsmoen, S. (2014). Delusional disorder as a partial psychosis. Schizophria Bulletin, 40, 244-247

In his textbook from 1838, Esquirol made the first comprehensive psychopathological description of paranoia, which he labeled partial psychosis. This was a condition with encapsulated, well organized, and persistent delusions. These are defended with a great deal of emotions and sharp argument. The individual appears quite convincing, especially because he or she otherwise behaves rationally. The intellectual capacity is used to achieve defined goals according to the delusional content. This condition is difficult to uncover because of dissimulation and adaptation. The frequency in the population is unknown, but the condition is rare in psychiatric treatment facilities, and usually only when the persons become litigious or criminal. In Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, the condition is covered by the concept of delusional disorder, but that concept also comprises benign acute/subacute conditions as well as cases that turn out to have the diagnosis changed to schizophrenia.

The final outcome of this development of a system of fixed delusions was labeled "partial psychosis," where the psychopathological part, the delusions, was encapsulated, and the rest of the personality was as normal as it used to be.

According to Esquirol, the partial psychosis is a condition with encapsulated and well-organized delusions that are fixed, continuous, and defended in an intelligent way. The person with this disorder is often characterized by

1. an egocentric, autophilic, self-overrated arrogance.

2. a negative, suspicious attitude to the outside world, which is perceived as hostile, and from which the patient isolates him/herself.

3. a tendency to misinterpretations and misjudgments.

4. a diminished capacity for social adjustment and flexibility because of the above-mentioned points.

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

Pearlman, C.A., Courtois, C.A. (2005). Clinical Applications of the Attachment Framework: Relational Treatment of Complex Trauma. Journal of Traumatic Stress, 18, 449-459.

> Reenactments of the traumatic past are common in the treatment of this population and frequently represent either explicit or coded repetitions of the unprocessed trauma n an attempt at mastery. Reenactments can be expressed psychologically, relationally, and somatically and may occur with conscious intent or with little awareness. (p. 455)
>
> One primary transference-countertransference dynamic involves reenactment of familiar roles of victim, perpetrator-rescuer-bystander in the therapy relationship. Therapist and client play out these roles, often in complementary fashion with one another, as they relive various aspects of the client's early attachment relationships. (p. 455)

Pistole, M.C. (1995). Adult attachment style and narcissistic vulnerability. Psychoanalytic Psychology, 12, 115-126.

Platt, H., Tyson, M., & Mason, O. (2002). Adult attachment style and core beliefs: Are they linked? Clinical Psychology and Psychotherapy, 9, 323-348

Prager, J. (2003). Lost childhood, lost generations: the intergenerational transmission of trauma. Journal of Human Rights, 2, 173-181.

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)

Freud in Moses and Monotheism: "freud suggests that overwhelming experience is 'taken up into what passes as normal ego and as permanent trends within it; and, in this manner, passes trauma from one generation to the next. In this way, trauma expresses itself as time standing still… Traumatic guilt --- for a time buried except through the character formation of one generation after the next --- finds expression in an unconscious reenactment of the past in the present. (p. 176)

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. The result is that the next generation is deprived of its sense of social location and its capacity to creatively define itself autonomously from the former… when time becomes distorted as a result of overwhelming events, the natural distance between generations, demarcated by the passing of time and changing experience, becomes obscured. (p. 176)

Holocaust research: children differentiate less completely from their parents, see themselves as protectors of their parents rather than vice versa, and tend to inhibit their own impulse to establish independence and autonomy. Identity development, in short, became severely hindered because these children have not been able to experience themselves as persons occupying a particular discrete location in time and space

Psychogiou, L., Daley D., Thompson, M.J., and Sonuga-Barke, E.J.S. (2008). Parenting empathy: Associations with dimensions of parent and child psychopathology. British Journal of Developmental Psychology, 26, 221-232.

Empathy is defined as the understanding and sharing in another's emotional state and it combines both affective and cognitive dimensions (Hoffman, 2000; Snow, 2000). The cognitive component or perspective taking, involves the understanding of another's point of view, and the affective component involves the vicarious experience of emotions consistent with those of the other. These include feelings of compassion, tenderness, and sympathy. (p. 2211)

One emotional response that is related to, but antagonistic with empathy is egoistic personal distress. Distress involves feeling alarmed, upset, disturbed, distressed, and/or perturbed (Batson, Fulz, & Schoenrade, 1987; Batson, 1991). (p. 221)

Batson et al, suggest that egoistic distress elicits the motivation to have one's own distress reduced whereas empathy elicits the altruistic motivation to have the other's need reduced. (p. 222)

Ainsworth, Bell, and Stayton (1971, p.43) mentioned that the maternal capacity to 'perceive things from the child's point of view' is fundamental to sensitive parenting. (p. 222)

Raineki, C., Moriceau, S., Sullivan, R.M. (2010). Developing a neurobehavioral animal model of infant attachment to an abusive caregiver. Biological Psychiatry, 67, 1137-1145.

A potential evolutionary explanation suggests selection pressures supported infants that remained attached because it increased the probability of survival. From an adaptive point of view, perhaps it is better for an altricial animal to remain attached to an abusive caregiver than receive no care. (p. 1143)

Bowlby (52) suggested that infants' attachment to the caregiver is characterized by infant proximity seeking to the caregiver, despite abusive and rough treatment by an abusive caregiver.

52. Bowlby J (1965): Attachment. New York: Basic Books.

Rappoport, A. (2005). Co-narcissism: How we accommodate to narcissistic parents. *The Therapist*.

> Co-narcissistic people, as a result of their attempts to get along with their narcissistic parents, work hard to please others, defer to other's opinions, worry about how others think and feel about them, are often depressed or anxious, find it hard to know their own views and experience, and take blame for interpersonal problems. P. 2

> The underlying dynamic of narcissism is a deep, usually unconscious, sense of oneself as dangerously inadequate and vulnerable to blame and rejection.

> To the extent that parents are narcissistic, they are controlling, blaming, self-absorbed, intolerant of others' views, unaware of their children's needs and of the effects of their behavior on their children, and require that the children see them as the parents wish to be seen. They may also demand certain behavior from their children because they see the children as extensions of themselves, and need the children to represent them in the world in ways that meet the parents' emotional needs. (p. 2)

> have low self-esteem, work hard to please others, defer to others' opinions, focus on others' world views and are unaware of their own orientations, are often depressed or anxious, find it hard to know how they think and feel about a subject, doubt the validity of their own views and opinions (especially when these conflict with others' views), and take the blame for interpersonal problems. (p. 2)

> Often, the same person displays both narcissistic and co-narcissistic behaviors, depending on circumstances. A person who was raised by a narcissistic or a co-narcissistic parent tends to assume that, in any interpersonal interaction, one person is narcissistic and the other co-narcissistic, and often can play either part. Commonly, one parent was primarily narcissistic and the other parent primarily co-narcissistic, and so both orientations have been modeled for the child. (p. 2)

> In a narcissistic encounter, there is, psychologically, only one person present. The co-narcissist disappears for both people, and only the narcissistic person's experience is important. Children raised by narcissistic parents come to believe that all other people are narcissistic to some extent. As a result, they orient themselves around the other person in their relationships, lose a clear sense of themselves, and cannot express themselves easily nor participate fully in their lives. (p. 3)

> the motivation of selfishness predominates in the minds of narcissistic people. It is a major component of their defensive style, and it is therefore a motivation they readily attribute to (or project onto) others. (p. 3)

> In regard to narcissistic parents, the child must exhibit the same qualities, values, feelings, and behavior which the parent employs to defend his or her self-esteem. (p. 3)

> What defines compliance in this sense is that the child becomes the counterpart the parent needs from moment to moment to help the parent manage threats to his or her self-esteem. (p. 4)

> I find it very helpful in my work as a therapist to explain narcissism and co-narcissism to my patients. Having an intellectual understanding of the nature of the problem goes a great distance towards helping them make sense of their lives and why their relationships take on the characteristics that they do. It also gives us a framework within which we can discuss the issues of concern to them, and helps them understand what to work on to free themselves from these problems. (p. 4)

> Their deep-seated conviction of their own worthlessness, and their strong defenses against the therapist discovering this "truth" about them, makes it difficult for them to feel safe with the therapist and to benefit from the therapeutic relationship. (p. 5)

Rasmussen, K.R. and Boon, S.D. (2014). Romantic revenge and the Dark Triad: A model of impellance and inhibition. *Personality and Individual Differences*, 56, 51–56

Roisman, G.I., Madsen, K.H., Hennighousen, L. Sroufe, L.A., and Collins, W.A. (2001). The coherence of dyadic behavior across parent-child and romantic relationships as mediated by the internalized representation of experience. Attachment and Human Behavior, 3, 156-172.

Sable, P. (1997). Attachment, detachment and borderline personality disorder. *Psychotherapy: Theory, Research, Practice, Training, 34*(2), 171-181.

> Borderline personality disorder is conceived as a condition of profound insecure attachment, with extreme oscillations between attachment and detachment, between a longing and yearning for secure affectional bonds alternating with a dread and avoidance of such closeness. (p. 173)

> Due to early traumatic childhood experiences, systems mediating attachment feelings and behavior have been deactivated and distorted, resulting in heightened sensitivity to separation and loss. However, because thoughts and feelings have been disconnected from the circumstances that elicited them, these individuals are not aware of why they react as they do. (p. 173)

> Similarly, the "defensive numbing" (Bowlby, 1979, p. 11) of detachment can persist beyond reunion and even into adulthood. (p. 173)

Sable, P. (2008). What is adult attachment? Clinical Social Work Journal, 36, 21-30

Sackett, G.P., Griffin, G.A., Pratt, C. et al (1967) Mother infant and adult female choice behavior in rhesus monkeys after various rearing experiences. Journal of Comparitive Physiological Psychology, 63, 376-381

Schneider, C. and Brimhall, A.S. (2014) From scared to repaired: Using an attachment-based perspective to understand situational couple violence. Journal of Marital and Family Therapy, 40, 367-379

> "An individual's attachment style portrays the typical reactions that person may have to the absence of an attachment figure as well as his or her typical strategy in reestablishing a sense of safety. These previous attachment experiences can become "procedural scripts" that guide individuals in their current relationships (Johnson, 2004; pp. 31). These scripts, brought to the current relationship, can be self-fulfilling and influence the interpersonal dynamic and relationship." (p. 368-369))

Schuengel, C., Bakermans-Kranenburg, M., & Van IJzendoorn, M. H. (1999). Frightening maternal behavior linking unresolved loss and disorganized infant attachment. *Journal of Consulting and Clinical Psychology, 67*(1), 54-63.

Seay, B. Alexander, B.K., and Harlow, H.F. (1964). Maternal behavior of socially deprived rhesus monkeys. Journal of Abnormal and Social Psychology, 69, 345-354

> All seven of these MM monkeys were totally inadequate mothers… Initially, the MM monkeys tended to ignore or withdraw from their babies even when the infants were disengaged and screaming… Later the motherless monkeys ignored, rejected, and were physically abusive to their infants. (p. 353)

> A surprising phenomena was the universally persisting attempts by the infants to attach to the mother's body regardless of neglect or physical punishment. When the infants failed to attach to the ventral surface of the mother, they would cling to the dorsal surface and attempt to move to the

mother's ventral surface. (p. 353)

"The infants of the MM [motherless monkeys] group initially approached their mothers more frequently and showed significantly more nonspecific contacts with them that did FM [feral mother] infants. Both differences reflect failure of MM infants to attain and maintain satisfactory contact with their mother, and are consistent with the findings on rejection of infants by mothers." P. 348

Shaffer, A., & Sroufe, L. A. (2005). The Developmental and adaptational implications of generational boundary dissolution: Findings from a prospective, longitudinal study. Journal of Emotional Abuse. 5(2/3), 67-84.

Role reversals observed among children with disorganized attachment histories, which may include both controlling/punitive and caregiving behavior patterns, may be attempts at fear mastery and self-protection (p. 72)

In this study the dissolution of generational boundaries was child-specific within the identified families. (p. 75)

A maternal history of sexual exploitation has emerged as a significant predictor of boundary dissolution at 42 months (p. 75)

Mothers who tend to disregard generational boundaries in interacting with their children are not simply more "warm" than other mothers, but in fact show more conflict or hostility. (p. 78)

Parent-initiated boundary dissolution in early childhood instantiates a pattern of relationship disturbance in the child. Role reversal is apparent by early adolescence and the available data suggest links to psychopathology in later adolescence, particularly as a result of sexualized behavior observed at age 13. (p. 80

Shaw, D. (2010). Enter Ghosts: The loss of intersubjectivity in clinical work with adult children of pathological narcissists. Psychoanalytic Dialogues, 20(1), 46-59.

"Exposure to parental narcissistic pathology constitutes cumulative relational trauma, which subverts the development of intersubjective relating capacities in the developing child. This trauma is inherited and bequeathed intergenerationally." (p. 46)

Sieswerda, S., Arntz, A., Mertens, I., and Vertommen, S. (2006). Hypervigilance in patients with borderline personality disorder: Specificity, automaticity, and predictors. Behavior Research and Therapy, 45, 1011-1024

BPD patients showed hypervigilance for both negative and positive cues, but were specifically biased towards schema-related negative cues. Predictors were BPD schemas, childhood sexual traumas, and BPD anxiety symptoms. P. 1011

BPD patients process information through a specific set of three core beliefs or schemas of themselves and others, i.e., 'I am powerless and vulnerable', 'I am inherently unacceptable', and 'Others are dangerous and malevolent'. Needing support in a dangerous world but not trusting others brings BPD patients in a state of hypervigilance. Schema-specific information is highly prioritized or difficult to inhibit in this state, resulting in biases in early information processing phases such as selective attention. P. 1011

The scarcity of selective attention studies of BPD is in contrast with the acknowledgement of anxiety as a significant aspect of BPD already in the earliest papers on 'borderline patients' (Hoch & Cattell, 1959; Stern, 1932), the relation of BPD with childhood trauma (Herman, Perry, & van der Kolk, 1989; Sabo, 1997; Zanarini, 1997), and the relatively high comorbidity of BPD both with anxiety disorders

(Zanarini et al., 1998b; Zimmerman & Mattia, 1999) and anxious cluster personality disorders (PDs) (Zanarini et al., 1998a). p. 1012

BPD is often conceptualized as a post trauma disorder (Gunderson & Sabo, 1993; Herman et al., 1989), a view that is supported by data on high prevalences of interpersonal childhood traumas in BPD (Herman et al., 1989; Sabo, 1997; Zanarini, 1997). Cognitive-behavioral theories conceptualize these traumas as learning experiences resulting in specific trauma- related cognitive schemas. These schemas facilitate but also bias information processing (Arntz, 2004; Pretzer, 1990), or result in relatively isolated memory structures generating pathological fear behaviors and cognitions (Foa, Steketee, & Rothbaum, 1989). P. 1012

Hypervigilance for schema-related negative stimuli was related to current anxiety (e.g., BPD anxiety symptoms) and predicted by a history of childhood sexual abuse p. 1021

Simpson, J.A. (1990). Influence of attachment styles on romantic relationships. Journal of Personality and Social Psychology, 59, 971-980.

Smolewska, K. and Dion, K.L. (2005). Narcissism and adult attachment: a multivariate approach. Self and Identity, 4, 59-68.

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

Psychological control can be expressed through a variety of parental tactics, including (a) guilt-induction, which refers to the use of guilt inducing strategies to pressure children to comply with a parental request; (b) contingent love or love withdrawal, where parents make their attention, interest, care, and love contingent upon the children's attainment of parental standards; (c) instilling anxiety, which refers to the induction of anxiety to make children comply with parental requests; and (d) invalidation of the child's perspective, which pertains to parental constraining of the child's spontaneous expression of thoughts and feelings. (p. 75)

the insidiously manipulative tactics used by internally controlling parents are relatively more likely to induce feelings of undue loyalty towards parents and other internal pressures to comply with parental authority. Such compliance would be driven by a desire to avoid feeling guilty and by anxiety to lose parents' love. (p. 82)

The need that is most directly frustrated by parental psychological control is the need for autonomy. Children of psychologically controlling parents feel forced to act, feel, or think in a way that is dictated by the parent. (p. 89)

Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood, Attachment and Human Development, 7, 349-367.

Sroufe, L. A., & Sampson, M. C. (2000). Attachment theory and systems concepts. Human Development, 43, 321-326.

Stepp, S. D., Whalen, D. J., Pilkonis, P. A., Hipwell, A. E., & Levine, M. D. (2011). Children of mothers with Borderline Personality Disorder: Identifying parenting behaviors as potential targets for intervention. Personality Disorders: Theory, Research, and Treatment. 1-16. Advance online publication. doi: 10.1037/a0023081

There is good evidence for the transgenerational transmission of this disorder [borderline personality disorder] (for a review see White, Gunderson, Zanarini, & Hudson, 2003). (p. 2)

Individuals with BPD tend to have attachment styles classified as disorganized and unresolved (Levy, 2005) P. 3

When this same group of infants was 12 months old [i.e., infants of BPD mothers], 80% presented with behavioral patterns consistent with disorganized attachment to their mothers (Hobson et al 2005). P. 3

This chronic invalidation of emotional experiences may disrupt the adaptive development of emotion processing systems. It is likely that mothers with BPD, as a result of their own difficulties understanding their feelings, lack of skills to manage their own emotions, and their own childhood history of parental invalidation would have a hard time modeling appropriate emotion socialization strategies. Mothers with BPD may thus teach their children maladaptive ways of expressing and managing emotions. P. 5

Stolorow, R. Brandchaft, B., and Atwood, G. (1987). Psychoanalytic Treatment: An Intersubjective Approach. Hillsdale, NJ: Analytic Press

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

Parental psychological control is defined as verbal and nonverbal behaviors that intrude on youth's emotional and psychological autonomy. (Stone, Buehler, & Barber, 2002, p. 57)

The central elements of psychological control are intrusion into the child's psychological world and self-definition and parental attempts to manipulate the child's thoughts and feelings through invoking guilt, shame, and anxiety. Psychological control is distinguished from behavioral control in that the parent attempts to control, through the use of criticism, dominance, and anxiety or guilt induction, the youth's thoughts and feelings rather than the youth's behavior." (Stone, Buehler, and Barber, 2002, p. 57)

This study was conducted using two different samples of youth. The first sample consisted of youth living in Knox County, Tennessee. The second sample consisted of youth living in Ogden, Utah. (Stone, Buehler, and Barber, 2002, p. 62)

"The analyses reveal that variability in psychological control used by parents is not random but it is linked to interparental conflict, particularly covert conflict. Higher levels of covert conflict in the marital relationship heighten the likelihood that parents would use psychological control with their children. This might be because both parental psychological control and covert conflict are anxiety-driven. They share defining characteristics, particularly the qualities of intrusiveness, indirectness, and manipulation." (Stone, Buehler, and Barber, 2002, p. 86)

"The concept of triangles "describes the way any three people relate to each other and involve others in emotional issues between them" (Bowen, 1989, p. 306). In the anxiety-filled environment of conflict, a third person is triangulated, either temporarily or permanently, to ease the anxious feelings of the conflicting partners. By default, that third person is exposed to an anxiety-provoking and disturbing atmosphere. For example, a child might become the scapegoat or focus of attention, thereby transferring the tension from the marital dyad to the parent-child dyad. Unresolved tension in the marital relationship might spill over to the parent-child relationship through parents' use of psychological control as a way of securing and maintaining a strong emotional alliance and level of support from the child. As a consequence, the triangulated youth might feel pressured or obliged to

listen to or agree with one parents' complaints against the other. The resulting enmeshment and cross-generational coalition would exemplify parents' use of psychological control to coerce and maintain a parent-youth emotional alliance against the other parent (Haley, 1976; Minuchin, 1974)." (Stone, Buehler, and Barber, 2002, p. 86-87)

Svrakic, D.M. (1990). Functional dynamics of the narcissistic personality. American Journal of Psychiatry. 44, 189-203.

Narcissistic object relations are partial and they typically alternate between "all good" and "all bad" perception of one's self and of the external world. P. 190

Narcissist persons eliminate bad aspects of themselves using massive projections. Naturally, such projections contaminate external objects that are then experienced as "dangerous, threatening, and worthless." (p. 193)

Titelman, P. (2003). Emotional cutoff in Bowen family systems theory: An Overview. In Emotional cutoff: Bowen family systems theory perspectives, P. Tetelman (ed). New York: Haworth Press.

The origins of the concept of cutoff are rooted in Bowen's parallel early understandings of differentiation, triangles, the nuclear family emotional process, family projection process, and multigenerational transmission process. (p. 16)

Bowen theory postulates two main variables in human functioning: *anxiety* and *differentiation*. His theory makes the distinction between *acute* and *chronic anxiety*. Acute anxiety occurs in response to real threats and is time-limited. Chronic anxiety generally occurs in response to imagined threats and is not experienced as time-limited. Acute anxiety is fed by fear of what is: chronic anxiety is fed by fear of what might be (Kerr & Bowen, 1988, p. 113) (p. 20)

Differentiation of self can be described as the way an individual manages the interplay of individuality and togetherness forces within a relationship system (Kerr & Bowen, 1988, p. 95). Differentiation of self can also be described as the ability to act for oneself without being selfish and the ability to act for others without being selfless. Differentiation involves the ability to be an individual while simultaneously functioning as part of the team (Kerr & Bowen, 1988, p. 63). (p. 20)

At the level of the nuclear family with children, differentiation describes the variation in the degree of emotional separateness among the members of the family. Conversely, at the level of the nuclear family, undifferentiation refers to a continuum along which family members are "emotionally stuck-together. " At the level of the family of origin, differentiation describes the degree to which family members have open, one-to-one relationships with one another. Conversely, undifferentiation at the level of the family of origin describes the degree of unresolved attachment between the individual and his or her parents through overcloseness or cutoff. (p. 20-21)

Emotional stuck-together fusion and emotional cutoff are interrelated expressions of undifferentiation… The greater the degree of stuck-together fusion in a family, the greater the degree of cutoff that will follow. This interlocking process continues to the multigenerational history of the family. (p. 21)

 When a pattern of fusion exists in one segment of a family, nuclear, family of origin, or extended, there is an equivalent degree of cutoff in the same for another segment of the family as a multigenerational system. This follows the idea in systems thinking a change in one part of the system elicits compensatory change in another part of the multigenerational family system. (p. 21)

Fusion is defined as the emotional oneness emotional stock-together tween family members.

Emotion stuck-together fusion that emotional cut off or interrelated expressions of undifferentiated... the greater the degree of stuck together fusion and the family, the greater the degree of cut off that will follow. This interlocking process continues to the multigenerational history of the family... what a pattern of fusion exists in one segment of the a family, Nuclear, family of origin, or extended, there is an equivalent degree of cut off in the same for another segment of the family as a multigenerational system. (p. 21)

Cut off is not created or sustained by a single individual. It takes two or more individuals to sustain it. In addition, it takes at least one parent and a child for process of cutoff to occur. However, cut off is integrally related to the process of the parent-child triangle, as well as the emotional immaturity that resides in the parents and their relationships to their own parents. In short, cut off is rooted in the emotional process of the family as a multigenerational unit. (p. 23)

Trippany, R.L., Helm, H.M. and Simpson, L. (2006). Trauma reenactment: Rethinking borderline personality disorder when diagnosing sexual abuse survivors. Journal of Mental Health Counseling, 28, 95-110.

reenactment: Victims of past trauma may respond to contemporary events as though the trauma has returned and re-experience the hyperarousal that accompanied the initial trauma. (p. 100)

Research shows that disturbances with attachment and bonding in early childhood affect personality development and healthy interpersonal functioning as an adult, often resulting in the development of personality disorders such as BPS (Adams, 1999; Mahler, 1971)

Tronick, E.Z. (2003). Of course all relationships are unique: How co-creative processes generate unique mother-infant and patient-therapist relationships and change other relationships. **Psychoanalytic Inquiry, 23**, 473-491.

van der Kolk, B.A. (1987). The separation cry and the trauma response: Developmental issues in the psychobiology of attachment and separation. In B.A. van der Kolk (Ed.) Psychological Trauma (31-62). Washington, D.C.: American Psychiatric Press, Inc.

"Increased imprinting to abusing objects has been demonstrated in birds (33), dogs (34), monkeys (35, 36), and human beings (7). Sackett et al. (37) found that monkeys raised by abusive mother cling to them more than average: The immediate consequence of maternal rejection is the accentuation of proximity seeking on the part of the infant. After similar experiments, Harlow and Harlow (35) concluded: "Instead of producing experimental neurosis we had achieved a technique for enhancing maternal attachment." (p. 34)

33: Ratner, A.M. (1976). Modifications of duckling filial behavior by aversive stimulation. Journal of Experimental Psychology, 2, 266-284.

34: Stanley, W.C. and Elliot, O. (1962). Differential human handling as reinforcing events and as treatments influencing later social behavior in Baseji puppies. Psychological Reports, 10, 775-788.

35: Harlow, H.F.; Harlow, M.K, Kimmel, H. D. (Ed), (1971). Experimental psychopathology: Recent research and theory. , (pp. 203-229). San Diego, CA, US: Academic Press

van der Kolk, B.A. (1987). The psychological consequences of overwhelming life experiences. In B.A. van der Kolk (Ed.) Psychological Trauma (1-30). Washington, D.C.: American Psychiatric Press, Inc.

reenactment: "When the trauma fails to be integrated into the totality of a person's life experiences, the victim remains fixated on the trauma. Despite avoidance of emotional involvement, traumatic

memories cannot be avoided: even when pushed out of waking consciousness, they come back in the form of reenactments, nightmares, or feelings related to the trauma... Recurrences may continue throughout life during periods of stress." (p. 5)

Van der Kolk, B.A. (1989). The compulsion to repeat the trauma: Re-enactment, revictimization, and masochism. Psychiatric Clinics of North America, 12, 389-411.

"victims of trauma respond to contemporary stimuli as if the trauma had returned, without conscious awareness that past injury rather than current stress is the basis of their physiologic emergency responses. The hyperarousal interferes with their ability to make calm and rational assessments and prevents resolution and integration of the trauma.

People who have been exposed to highly stressful stimuli develop long-term potentiation of memory tracts that are reactivated at times of subsequent arousal. This activation explains how current stress is experienced as a return of the trauma; it causes a return to earlier behavior patterns.

"Disorganized attachment can be described as the breakdown of an otherwise consistent and organized strategy of emotion regulation... Disorganized attachment behaviors are not just bizarre and incoherent, they are considered to be indicators of an experience of stress and anxiety which the child cannot resolve because the parent is at the same time the source of fright as well as the only potential haven of safety." (p. 226)

Maltreating parents, for example, are supposed to create disorganized attachment with their [children] because they confront their [children] with a pervasive paradox: they are potentially the only source of comfort for their children, whereas at the same time they frighten their children through their unpredictable abusive behavior. The parent is thought to be a source of fear for the child and at the same time the only attachment figure who can provide relief from distress. (pp. 226-227)

Disorganization of attachment, however, does not only occur in families with a maltreating parent but has also been found to develop when the parent is struggling with unresolved loss of an attachment figure or other traumatic experience. (p. 227)

Disorganization of attachment is considered to be a major risk factor in the development of child psychopathology. (p. 227)

Disorganized attachment may certainly be considered an important risk factor in the development of child psychopathology. (p. 244)

van der Kolk, B.A. (2005). Developmental trauma disorder. *Psychiatric Annals, 35*(5), 401-408.

van Ijzendoorn, M.H. (1992) Intergenerational transmission of parenting: A review of studies in nonclinical populations. Developmental Review, 12, 76-99

van IJzendoorn, M.H., Schuengel, C., & Bakermans-Kranenburg, M.J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. Development and Psychopathology, 11, 225–249.

"The incompatible behaviors of flight and proximity seeking are proposed to lead to temporary breakdown of organized attachment behavior" (p. 227)

Watson, P.J. and Biderman, M.D. (1993). Narcissistic Personality Inventory factors, splitting and self-consciousness. Journal of Personality Assessment, 61, 41-57.

Wai, M. and Tiliopoulos, N. (2012). The affective and cognitive empathic nature of the dark triad of personality. *Personality and Individual Differences*, 52, 794–799

Weniger, G., Lange, C. Sachsse, U., and Irle, E. (2009). Reduced amygdala and hippocampus size in trauma-exposed women with borderline personality disorder and without posttraumatic stress disorder. Journal of Psychiatry Neuroscience, 34, 383-388.

> Viewing the client's struggles from a trauma framework allows the counselor to view the symptoms as coping mechanisms for his or her trauma history and allows for the explanation to the client, in a nonthreatening manner of how such past experiences are being reenacted through present choices." (p. 105)

Widiger, T.A. and Trull, T.J. (2007). Plate tectonics in the classification of personality disorder: Shifting to a dimensional model. American Psychologist, 62, 71-83.

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