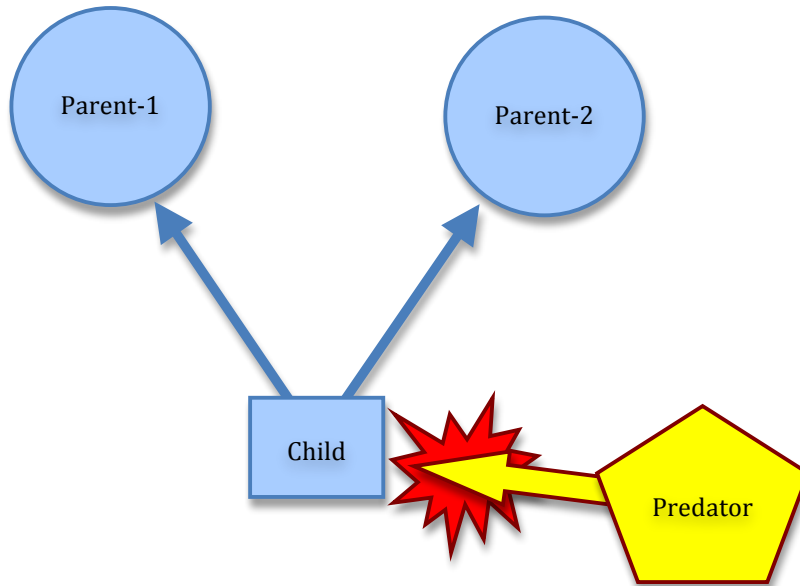
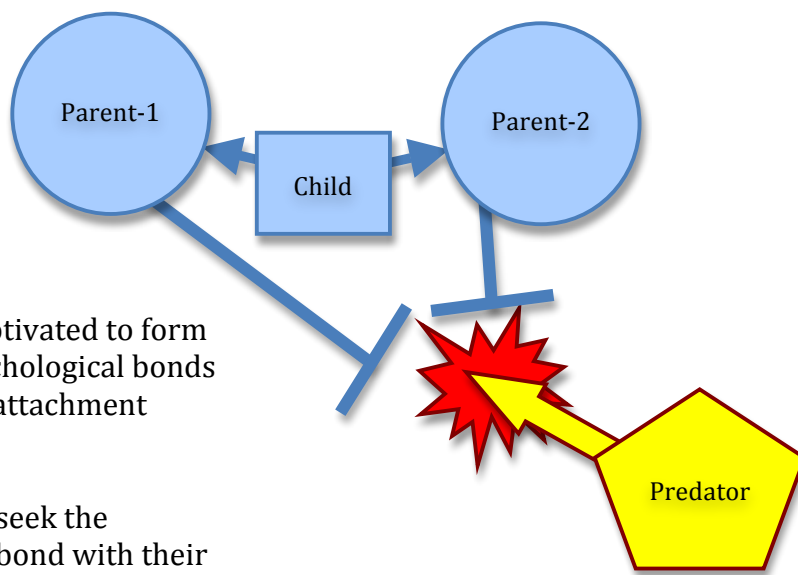


The Attachment System in Parental Alienation C.A. Childress (2012)

The attachment system is a neuro-biologically embedded brain system that developed over millions of years as a result of the selective predation of children. Predators are seeking the old, the weak, and the young. Children are prey animals.



Because of this, children who bonded with their parents received parental protection from predators, and the genes for parental bonding increased in the collective gene pool. On the other hand, children who did not bond as strongly to their parents were eaten by predators so that these genes for weak child bonding to parents were removed from the gene pool. Over millions of years of selective predation of children, a very strong and resilient motivational system developed that promotes children's bonding to parents.

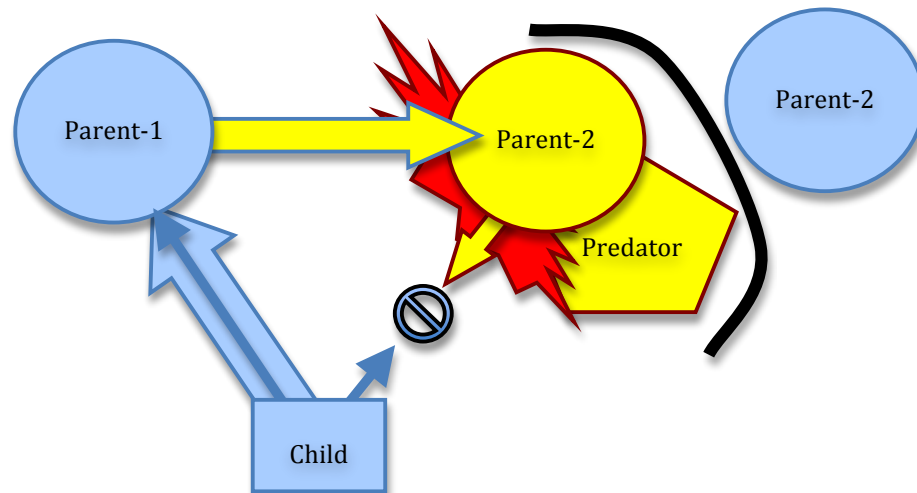


All children are strongly motivated to form affectionate emotional-psychological bonds with their parents (i.e., the attachment system).

When threatened, children seek the protection afforded by this bond with their parents.

False Construction of Meaning through Pathogenic Parenting

In the pathogenic parenting processes of parental alienation, the alienating-allied parent firmly holds the (false) belief that the other parent is dangerous (to the child). The increased anxiety communications made by the allied parent that result from this (false) attribution of meaning effectively identify the targeted parent as the source of danger (to the child, i.e., as the predator). The child socially references¹ the (false) meaning construction of the allied parent and so also acquires the (false) meaning construction that the targeted parent is dangerous (i.e., represents the predator relative to attachment system function).



The (false) identification of the targeted parent as a source of danger to the child (communicated through the heightened anxiety and protectiveness of the allied parent) interrupts the normal functioning of the child's attachment system by making the targeted parent the source of danger. In addition, introducing a source of danger (i.e., the targeted parent/predator) activates the child's attachment system relative to a heightened motivation to seek attachment bonding with the allied parent for protection from the danger source (i.e., "the predator," who is now being defined as the targeted parent).

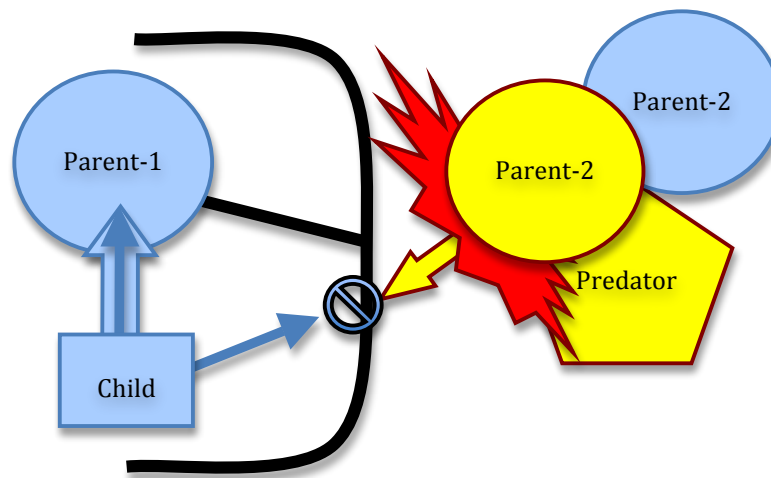
In terms of the child's attachment system functioning, all motivation for attachment bonding to the targeted parent is nullified (because the targeted parent has been defined as the source of danger, i.e., "the predator") and the presence of danger activates the child's attachment motivation to seek bonding with the allied parent for protection from the source of danger (i.e., "the predator"; the targeted parent).

¹ A research study was conducted regarding the acquisition of the fear of snakes in monkeys. The experimenters placed a baby monkey in a cage with a snake. The baby monkey showed absolutely no fear of the snake. The experimenters then placed the baby monkey and its mother in a cage with a snake. The mother showed tremendous fear of the snake. From that moment on, the baby monkey displayed a fear of snakes. Socially referencing parental constructions of meaning, particularly regarding danger, confers survival advantage to children. 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.

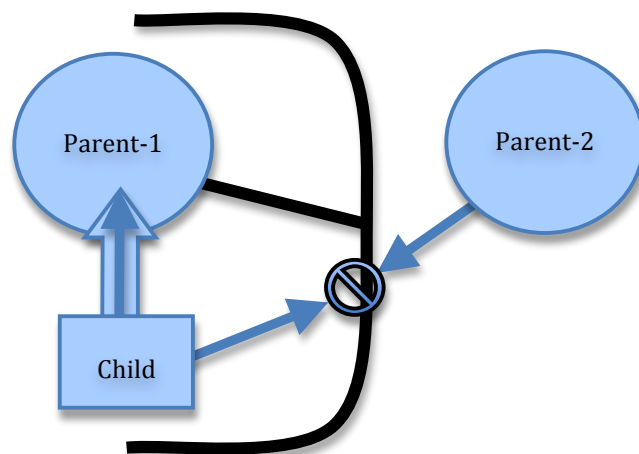
Attachment System Functioning in Parental Alienation

The alienating-allied parent's construction of meaning that the targeted parent is dangerous (to the child) defines the targeted parent as a threat. This (false) construction of meaning that the targeted parent represents a danger (to the child) is acquired by the child through socially referencing the meaning construction of the allied parent.

The allied-parent's (false) definition of the targeted parent as a danger serves to define the targeted parent as a source of threat (i.e., the predator), which nullifies the child's motivational drive for attachment bonding to the targeted parent. The perception of threat also activates the child's attachment system for bonding to the "protective" allied-parent, and activates the allied-parent's "parental expression" of his or her own attachment system, motivating the allied-parent to provide "protection" to the child from the danger (i.e., the predator; defined as the targeted parent).

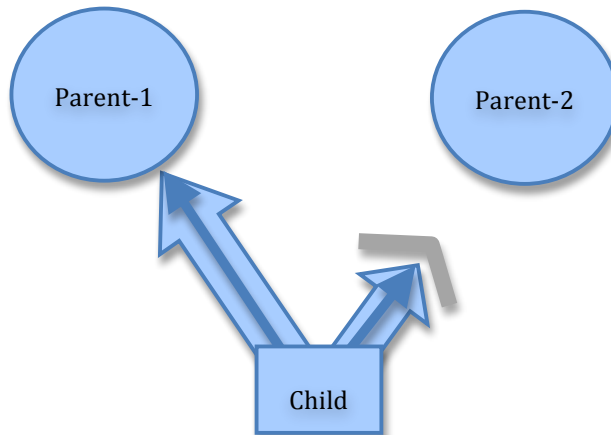


However, since the targeted parent is not, in truth, a threat, the actual situation appears as if the child is rejecting the targeted parent and that the allied parent is inappropriately shielding the child from the targeted parent. The targeted parent cannot understand why the child is rejecting the targeted parent's affectionate overtures (i.e., the nullified attachment bonding of the child) and attributes the child's aberrant behavior to the influence of the allied parent in shielding (protecting) the child and in negatively influencing (alienating) the child.



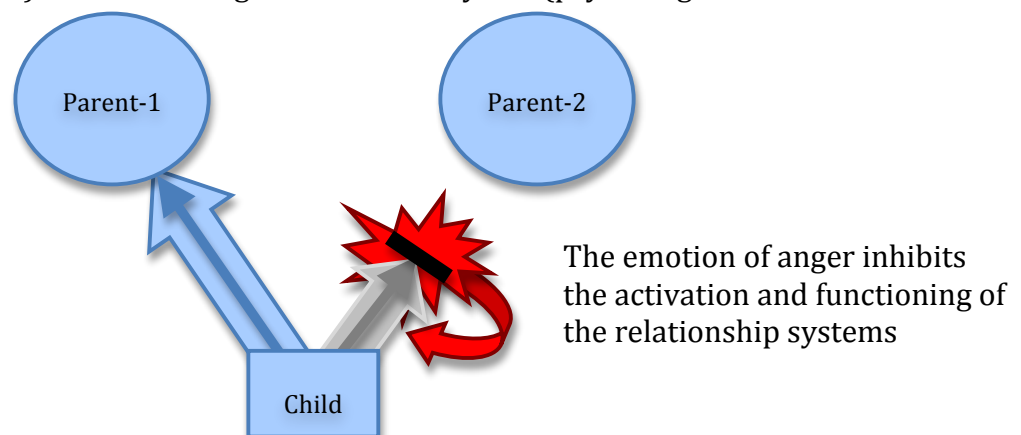
The Origins of Chronic Anger-Rejection

The natural functioning of the child's attachment system, however, will continue to strongly motivate the child to form an affectionate attachment bond with the targeted parent, and, in truth, the targeted parent is not an actual source of danger to the child. The continued normal functioning of the child's attachment system will therefore continually place pressure on the externally imposed defensive nullification of the child's natural motivational-drive system for attachment bonding with the targeted parent.



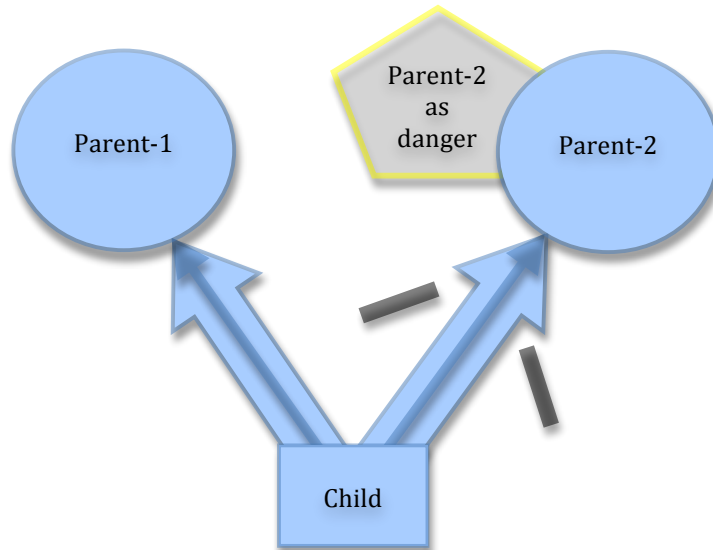
Because the targeted parent does not represent an actual threat, and is instead making affectionate-bonding overtures to the child that will actually increase the child's motivational press for attachment bonding with the targeted parent, the child must maintain a chronically activated state of anger in order to **sustain the suppression** of the attachment motivation for bonding with the targeted parent

The emotion of anger interrupts the activation of both neuro-biological relationship systems; attachment bonding (caring about the other person), and psychological connection² (feeling what the other person experiences as if we were having the experience ourselves). It is anger's neuro-biological inhibition of the two relationship systems that allows us to hurt people when we are angry; we no longer care about them (attachment system) and we no longer feel what they feel (psychological connection-empathy).

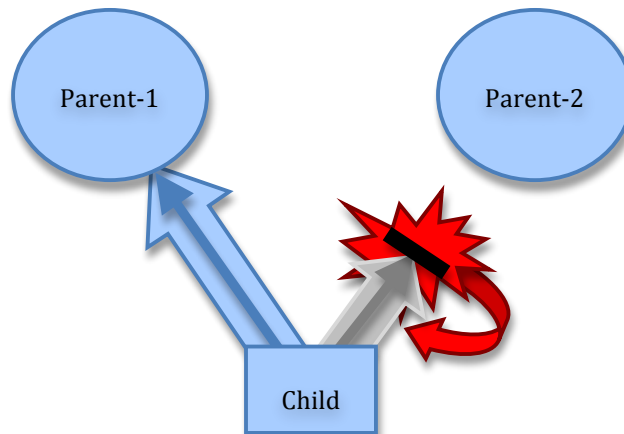


² The relationship system responsible for psychological connection is called "intersubjectivity" in the scientific literature, and is mediated by a set of brain cells called "mirror neurons" (<http://www.pbs.org/wgbh/nova/body/mirror-neurons.html>). It is this relationship system that allows us to feel what another person feels as-if we were having the experience ourselves (i.e., empathy).

In the absence of a chronic state of anger (hatred), the child's natural neuro-biologically embedded motivational-drive system for attachment bonding to the targeted parent would break through the suppressive effects of the false construction of meaning (i.e., that the targeted parent represents a threat), as the authentic affectionate-bonding overtures from the targeted parent counteract the false attributions of meaning provided by the other parent, and communicate the truth, that the targeted parent poses no threat to the child.



In order to maintain the suppression on normal attachment system functioning and its strong motivational press to form attachment bonds with the targeted parent, the child must sustain a chronic and perpetual state of anger when in the presence of the targeted parent.



Therapy, therefore, involves two factors:

1. The therapist actively provides the child with calm and relaxed social referencing that challenges the false construction of meaning that the targeted parent is somehow dangerous
2. The therapist gently, actively, and persistently challenges the child's chronic hyper-activation of anger, encouraging the child to enter a more relaxed and calm psychological state that will allow for the natural expression of the child's inherent motivational drive for attachment bonding

Anticipated Consequences of a Disrupted Attachment System

The attachment system is a fundamental neuro-biological motivational system analogous to the motivational drive of hunger. While the specific food target of the hunger drive will vary (such as pizza or broccoli, chicken or cookies), the specific nature of the food targeted by the hunger drive is separate from the fundamental motivational hunger drive itself. Similarly, while the specific features of a parent-child relationship will vary, these specific features are separate from the fundamental functioning of the neuro-biologically embedded motivational drive system for attachment bonding.

The disruption to the attachment system as a consequence of the pathogenic parenting associated with parental alienation processes represents a serious dysfunction to the child's fundamental drive system for attachment bonding. In the analogy to the hunger drive system, such a disruption to the attachment system would be analogous to the fundamental disruption to the hunger system seen in anorexia. The dysfunction of the attachment system created by the pathogenic parenting associated with parental alienation processes is not simply a "parent-child relationship problem" (analogous to being overweight and eating unhealthy foods), instead it represents a fundamental disruption to a very basic human motivational drive system itself (analogous to the fundamental disruption to the hunger system associated with anorexia), and the short- and long-term negative consequences for the child caused by the induced dysfunction to a fundamental neuro-biological motivational system will be severe (analogous to the seriously negative consequences of the disruption to the hunger system associated with anorexia).

John Bowlby, who first identified and described the attachment system in the 1960s, discussed how the attachment system formed a neuro-biologically embedded "internal working model" for intimate relationships that guides the formation and expression of future close attachment bonds, and subsequent research has amply demonstrated that the fundamental attachment patterns formed in childhood, the "internal working models" of the attachment system, are expressed in future close bonding relationships such as the marital relationship, and are transferred across generations to future children. Based on the research regarding attachment system functioning and dysfunctioning, the large-scale disruption to the child's attachment system that results from the pathogenic parenting of parental alienation processes could be expected to severely disrupt the child's ability to successfully form close marital relationship bonds in the future (which are also based on the functioning of the attachment system) and could be expected to be transferred to future generations through disrupted parent-child relationship bonding of the current-child with his or her own children when the current-child becomes an adult (referred to in the scientific literature as the "trans-generational transmission of relationship trauma").

The parent-child conflicts associated with the pathogenic parenting of parental alienation processes do not simply represent an expression of typical parent-child relationship conflicts, but instead involve a much deeper, more fundamental, and more serious disturbance to a basic and inherent neuro-biological drive system for the child that, unless the dysfunction is successfully treated and resolved, will likely have serious long-term negative consequences for the child, for the future spouse and for the marital relationship of the child-as-adult, and will likely be continued and transferred to the children of the current-child when the current-child becomes a parent (although in a somewhat attenuated form with each generational transmission).

Treatment Implications for Child Custody Decisions

The degree of hostility and rejection expressed by the child toward the targeted parent may lead some mental health evaluators, therapists, and Courts to decide that it is in the child's "best interests" not to force the child into a relationship with the targeted-rejected parent, thereby acceding to the child's expressed desire for exclusive attachment bonding to the allied-parent (the idealized parent). In some cases, these decisions may be modulated by recommendations or orders for some limited parent-child contact with the targeted parent, and possibly "reunification therapy" to help restore the parent-child relationship with the targeted-rejected parent.

From both a developmental and a clinical child psychotherapy perspective, these recommendations and orders would be **contra-indicated**, and would likely be potentially harmful to the child's long-term psychological, social, and emotional development. From a developmental perspective, it is **imperative** that the normal-range functioning of the child's attachment system be restored. To allow continued serious dysfunction within the child's attachment system would be analogous to allowing the anorexic patient to refuse food and nourishment because of the intensity with which the anorexic patient expressed a rejection of food.

The child's healthy emotional, social, and psychological development is dependent upon the healthy and normal-range functioning of the child's neuro-biologically embedded and fundamental relationship system of attachment bonding... to both parents. It is therefore imperative to the child's "best interests" that we do everything possible to ensure that a normal-range and healthy parent-child attachment bond be restored between the child and the currently rejected parent (i.e., the targeted parent). Abandoning this goal is developmentally tantamount to abandoning the child to serious mental health dysfunction.

To the extent that the source-origin of the serious dysfunction/nullification to the child's healthy attachment functioning lay in the pathogenic parenting of the allied/idealized parent, then the psychopathology inherent to this relationship must be fully addressed. To the extent that this psychopathology involves a fixed false belief by the allied-parent that the other parent is dangerous or is a threat to the child, thereby disrupting the child's capacity for normal-range attachment system bonding with the other parent, then it may be necessary to separate the child from the source-origin of this **pathogenic false belief** for the period in which the child's normal-range attachment system functioning is restored.

Once the child's normal-range and healthy attachment system functioning is restored, then the child can be re-introduced to the false beliefs of the pathological parent, with continued monitoring of the child's attachment system functioning to ensure that dysfunctional nullifications and inappropriate activations of the attachment system do not re-emerge.

From the perspective of healthy child development and clinical child psychotherapy, the child's "best interests" are served by a determined focus on the restoration of normal-range and healthy attachment system functioning. Treatment or custody recommendations that acquiesce to maintaining the dysfunctional attachment system because of the child's symptomatic expressions of excessive hostility and rejection toward the targeted-nullified parent are not consistent with the healthy emotional, social, or psychological development of the child, and would therefore not be in the child's best interests.