

Reunification Therapy: Treating “Parental Alienation”

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The treatment of “parental alienation” is often called “reunification therapy,” and therapists may sometimes even assert that they conduct “reunification therapy.” Unfortunately, no such thing as reunification therapy exists. A model for reunification therapy has never been proposed and there exists no theoretical foundation for anything called “reunification therapy.” Essentially, therapists are just making it up as they go. There are models for psychodynamic therapy, humanistic-existential therapy, cognitive-behavioral therapy, and family systems therapy, even post-modern therapies such as narrative therapy, solution focused therapy, feminist therapy and culturally focused therapy. But there exists no such thing as “reunification therapy.”

It is imperative that this void in treatment theory be filled, so that therapists treating “parental alienation” can begin to work from a coherent theoretical framework based in a theoretical understanding for the psychological and interpersonal processes involved. In an effort to begin this dialogue regarding what constitutes a theoretically defined approach to reunification therapy in cases of “parental alienation,” the following general insights are offered regarding treatment using an attachment-based model for conceptualizing “parental alienation” that recognizes the central role played by the narcissistic and borderline personality disorder dynamics of the alienating parent in creating the family dynamics traditionally referred to as “parental alienation.”

The focus of this model for reunification therapy is on treating the child’s symptomatic display. The personality disorder dynamics of the alienating parent are likely to be intractable and highly treatment resistant, so no focus is made toward altering the processes of the alienating parent within an attachment-based model of reunification therapy. While recognizing that the cause of attachment-based “parental alienation” lay in the distorted and pathogenic parenting practices of the narcissistic-borderline personality disordered parent, the treatment focus for reunification therapy is solely on the child’s relationship with the targeted-rejected parent in seeking to resolve the child’s symptomatic manifestations of the personality disordered parent’s pathogenic parenting practices

However, in order to accomplish this goal while not placing the child at additional psychological risk from the continuing influence of the distorted pathogenic parenting practices of the personality disordered alienating parent, it is necessary to establish a period of the child’s protective separation from the pathogenic parenting practices of the alienating parent during the active phase of the child’s treatment and recovery. Seeking to alter the child’s symptomatic state through therapy while the narcissistic-borderline parent is continuing pathogenic efforts to induce and maintain the child’s symptomatic state will have the effect of turning the child into a psychological battleground between the balanced and normal-range constructions of meaning being provided through therapy and the continuing distorted and pathogenic meanings being provided by the narcissistic-borderline parent.

Turning the child into a psychological battleground runs the considerable risk of harming the child psychologically and developmentally and should be avoided. Standard 3.04 of the APA Ethics Code¹ requires that “psychologists take reasonable steps to avoid harming their clients/patients... and to minimize harm where it is foreseeable and unavoidable.” Protectively separating the child from the severely distorted and pathogenic practices of the narcissistic-borderline parent during the active phase of the child’s treatment and recovery represents just this sort of “reasonable step” necessary to “minimize harm where it is foreseeable and unavoidable.” Reunification therapy for attachment-based “parental alienation” should not be engaged until a protective separation of the child from the distorted and pathogenic parenting practices of the narcissistic-borderline parent is achieved for the active phase of the child’s treatment and recovery.

Once a balanced and normal-range relationship is restored between the child and the formerly targeted-rejected parent, then the child’s relationship with the personality disordered parent can be reintroduced. The child’s relationship with the formerly targeted-rejected parent should be therapeutically monitored during the reintroduction of the distorted parenting practices of the narcissistic-borderline parent to ensure the stability of the child’s treatment gains and to prevent the reemergence of symptoms in response to the pathogenic parenting of the narcissistic-borderline parent. If the child’s symptoms reemerge upon reintroduction of the pathogenic parenting of the narcissistic-borderline parent, then another round of protective separation from the personality disordered parent or monitored visitations may be necessary to ensure the child’s healthy emotional and psychological development.

Treatment Framework for Attachment-Based Reunification Therapy

Treatment to restore a positive and affectionally bonded relationship between the child and the targeted-rejected parent involves three primary therapeutic features, 1) the emotional tone of the therapist that will provide the emotional context during the therapy sessions for relieving the child’s excessive anger, 2) reorienting the child to the child’s authentic experience of grief, sadness, and loss relative to the divorce, and the child’s authentic desire for affectional bonding with the targeted parent, and 3) resolving the child’s chronic and excessive anger and fostering the child’s authenticity through minor parent-child breach-and-repair conflicts.

1. A Relaxed and Positive Therapist Emotional Tone

The therapist’s emotional tone frames the therapeutic work and provides the emotional context in the therapy sessions to relieve the child’s excessive anger and hostility. There are four basic emotions, angry, sad, afraid, and happy. Anxious creates tension and communicates, “this is important” --- while the emotion of angry tries to force the world to be a certain way. These are unproductive background emotions for the therapist to adopt because they feed and further lock-up the emotional spasm of the family.

¹ American Psychological Association (2002). Ethical Principles of Psychologists and Code of Conduct. American Psychologist, 57, 1060-1073.

The emotional and relationship challenges of “parental alienation” will respond best to a relaxed and pleasant therapist emotional tone. So, within the emotional tone set by the therapist, things aren’t all that important (“no worries”) and we’re not trying to make something be a certain way. Instead, the therapist should adopt an observational tone of wondering, while gently but persistently encouraging greater kindness and compassion.

In response to the child’s excessively hostile and insulting cruelty toward the targeted parent, I will sometimes wonder aloud in a tone of relaxed curiosity whether the child believes that the problem with the world is that there is too little suffering in it, so that the child feels the need to add more suffering to the world. I then state my observation that I believe the problem with the world is that there is too much suffering, so that, in my view, we should try to remove suffering wherever and whenever we have the opportunity.

I will also sometimes follow this initial observation with the variant that I wonder if the child also believes that the problem with the world is that it has too much happiness in it, so that the child feels compelled not to add any more happiness to the world, and to withhold happiness from the world whenever possible because there’s too much happiness. I then follow this with my personal observation that I believe the problem with the world is that there is too little happiness in it, and that we should try to add happiness wherever and whenever we can.

These ideas provide an organizing framework for our relationship work together, that I will be encouraging the child to develop healthy value systems to guide interpersonal relationships, and that these values should consider the suffering and happiness of others. But these ideas are not offered as criticisms, or with an intent to somehow change the child’s behavior. They are simply a wondering that encourages the child’s self-reflection regarding values and ways of being in the world.

The emotion of pleasant-happy relaxes emotional spasms in others. An attitude of “no worries, it’s all good” relaxes. This doesn’t mean I don’t care, oh I do, very much so. It’s just that I’m not going to get locked up in low-level anxious “this is important” or low-level anger’s trying to make the situation or people be different. Instead, the therapist adopts a relaxed and patient tone of “it’s okay, we’ll get there, it’s all good... no worries,” of kindness and gentle compassion, that spreads to the family’s relationships and infuses them with the same calm and relaxed tone of pleasant acceptance. Effort is contrary to relaxation. The emotions within the family need to relax. This requires acceptance of what is while gently but persistently holding to a desire for greater kindness and compassion in human relationships.

The family’s emotions are in a tangled knot. If we try to untangle a knot with effort by pulling on the ends of the string we simply make the knot tighter and harder to unravel. Instead, we work to loosen the strings in the knot, getting under one string, then another, loosening, opening... and then we begin to unweave the tangles into straighter and straighter lengths of string. That’s the same thing we want to do with the tangled knot of emotions within the family. Loosen... loosen... loosen... through a relaxed therapist tone of positive, pleasant-happy relaxed... and then begin to untangle.

2. Understanding the Knot - Unresolved Grief

For the children, the fundamental issue is a misattribution of a natural grief response that occurred in response to the divorce and family's dissolution, and later for the children regarding their grief at the (induced) loss of a positive relationship with the targeted parent. Fundamentally, therapy is simply helping the children understand, process, and resolve their normal-range grief at the losses involved with the divorce and family's dissolution.

In life, this process happens all the time. Every time a family goes through a divorce process the family members grieve and they transition more or less successfully from the pre-divorced intact family structure to the post-divorce separated family structure. In families experiencing "parental alienation," however, the grieving became twisted by the narcissistic and borderline personality dynamics of one parent who has great difficulty processing grief and loss experiences. The difficulties of this one parent then distort the grieving process for the children, thereby creating the tangled knot of emotions characteristic of "parental alienation." Therapy needs to go back and help the children process their grief and loss in a normal and healthy way, consistent with what occurs in a large majority of divorce situations (to a lesser or better degree).

The core issue is the effective processing of sadness, grief, and loss. So how do we process sadness, grief, and loss? Through affectional bonding with our loved ones. When a loved one dies, we come together and grieve together at the funeral. We cry. We hug and receive support in our sadness. Through the social acknowledgement and sharing of our sadness we are able to release it and move on. Our grief and sadness is processed through affectional bonding with others. That is basically what needs to happen in the treatment of "parental alienation" processes with the children. They need to have their sadness and grief acknowledged, without blaming of parents, and the children need to receive affectional support from their parents, from both parents, for the loss.

The problem occurs when one parent transforms the natural feelings of sadness and grief at loss into anger and blaming directed toward the other spouse – "it's your fault this happened, you deserve to be punished, you deserve to suffer" – and this pathological parent then leads the child into a similar interpretation of the child's own natural grief response. Blame regarding the divorce is not productive generally, but when it does occur it should always be contained within the spousal relationship and should never be allowed to slip into and infect the parent-child relationship. Why the divorce occurred is a spousal issue. However, that a divorce occurred is a family issue, and all family members need to process their sadness at the loss. Even if the marriage was problematic, still there will be sadness and loss at an ending. The therapist needs to help the children release blame, acknowledge the sadness, and work through the grief through affectional bonding with the targeted-rejected parent in order to resolve the grieving process for the child.

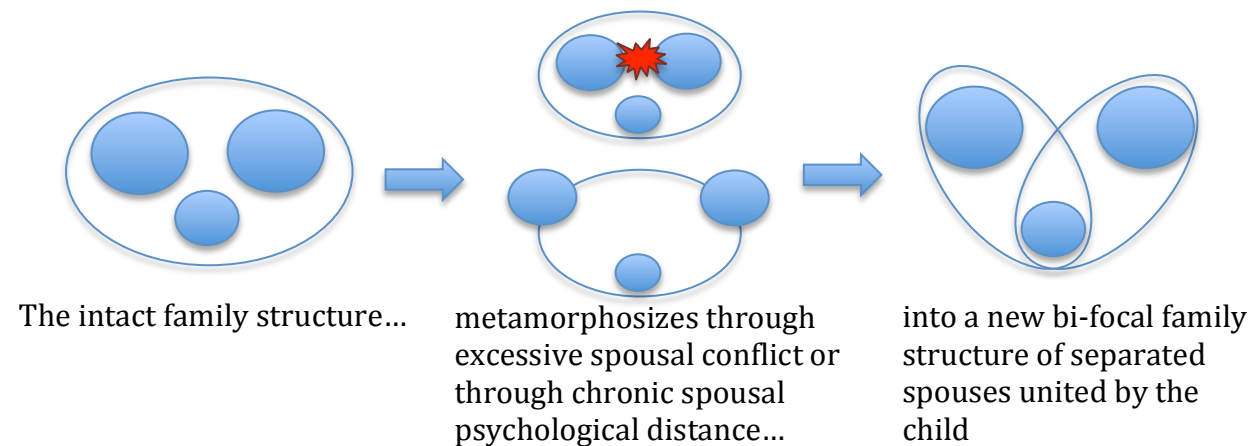
Reunification therapy for attachment-based "parental alienation" involves a prominent component of grief therapy, so therapists working with reunification therapy

for attachment-based “parental alienation” should become familiar with treatment approaches for the resolution of grief and loss.²

Families must navigate a variety of transitions during their existence, such as marriage, when two individuals become a couple; the birth of the first child when two become three and new roles are added (husband and father; wife and mother); when the child goes into the school-age years and new stresses of homework and social activities are added to the family; the birth of a second child that places increased demands on parents and creates a new sibling family unit; when a child enters adolescence and there is now another “adult” in the household; the period of launching the child into independent young adulthood and the emergence of the parental “empty nest” --- and, when it happens, the developmental transition of divorce.

Failure to successfully navigate any of these transitions will result in the emergence of symptoms within the family. The symptoms act to stabilize the family’s functioning in response to an incomplete accommodation to the transition’s challenges. With attachment-based “parental alienation” there has been a massive failure by the narcissistic-borderline parent to accommodate to the transition from an intact family structure to a separated family structure because the narcissistic-borderline parent perceives the divorce as a narcissistic injury that exposes his or her fundamental inadequacy as a person, and the dissolution of the family activates this parent’s fundamental fear of abandonment. The symptomatic manifestations of “parental alienation” represent the family’s coping with the failure of the narcissistic-borderline parent to effectively integrate the transition from an intact family structure to a separated family structure.

Divorce does not end the family. Children love their parents... both parents. The presence of children will always unite the parents into a family. The family does not end with divorce. Divorce simply changes the family structure from an intact family structure to a separated family structure... but there is still a family because the children will always unite the parents into a family --- it's just that now it is a separated family structure.



² e.g., James, J.W. and Cherry, F. (1989). The grief recovery handbook: A step by step program for moving beyond loss. New York; Harper Collins

However, the narcissistic-borderline parent is unable to successfully process grief and sadness at loss. According to Kernberg,³

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)

This is the essential feature of “parental alienation” relative to the child’s self-experience. The narcissistic-borderline personality disordered parent responds to his or her own personal sadness and grief at the loss of the intact family with “anger and resentment, loaded with revengeful wishes,” which then becomes how this pathological parent helps the child to interpret the child’s own sadness and grief response at the loss of the intact family (and later at the loss of the beloved targeted parent). The characteristic child response relative to “parental alienation” is “anger and resentment, loaded with revengeful wishes” toward the targeted parent.

In normal grieving, the parent dies and the child grieves. In “parental alienation,” this is reversed, the child grieves so the parent must die (psychologically for the child). As long as the parent is psychologically alive for the child, the child grieves, and this grief becomes unbearable. So to cope with the grief, the child must psychologically kill off the parent (or therapy must instead help lead the child into an accurate interpretation of the grief response and an affectional re-bonding with a very much alive targeted parent).

The therapist needs to help reorient the child to the child’s authentic sadness (grief) and the child’s authentic and inherent bonding motivations for the targeted parent. Once the child can acknowledge his or her bonding motivation, and allow this affectional bonding to achieve completion, the grief response will resolve and the child will no longer feel the “anger and resentment” toward the targeted parent. However, in the absence of a healthy resolution to the child’s grief response, the child’s solution is to regulate the grief response by psychologically killing off the targeted parent.

(Therapist: “No, you’re not angry at your mother. You actually love your mother very much, and you miss her, and that hurts. That’s what’s hurting inside, you miss your mother. Once you let yourself love your mother, and bond to your mother, all that hurt inside is going to go away.”)

(Therapist: “Oh I don’t doubt for a second that you hurt inside when you’re around your dad, and you think it’s because of something your father is doing. But that’s not the reason. You hurt inside when you’re with your dad because you love him very much, and you want to love him and accept his love in return... but you’re not letting yourself, and that’s what hurts inside.”)

³ Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

Therapist: “That must have been hard on everyone when the divorce happened. Were you sad? It must have been sad...

But you know what, that wasn't the end of the family. The family just changed forms, from a family that's together into a family that's separated. But the family will always be here, because the children always will unite the parents, children will always mean there is the family. That's just the way it is. As long as there are children, the family will always exist. Things just change from a together family united by the parents in their marriage, to a separated family united by the children. That's all. The family still exists. It will always exist, because children will always unite the family...

But this family is having trouble transitioning to a separated family structure, isn't it. Do you know why? It's because people are interpreting their sadness and grief at the loss of the together family and the transition of the family into a separated family structure as being anger rather than sadness. They're blaming and angry rather than hugging and crying and loving. That's all. That's what the problem is. Once people stop being all angry and blaming, once people start crying and hugging and loving again, then this family can complete its transition into a healthy and loving separated family.”)

The therapist adopts a soft, pleasant, and relaxed persistence in helping the child reorient to the child's authentic grief response. The therapist becomes the anchor of sanity and reality. The narcissistic-borderline parent has created an invalidating upside-down world where the sky is yellow, then green, then whatever color the narcissistic-borderline parent asserts it to be. Borderline processes create an invalidating environment described by Linehan and Koerner,⁴

“A defining characteristic of the invalidating environment is the tendency of the family to respond erratically or inappropriately to private experience and, in particular, to be insensitive (i.e., nonresponsive) to private experience... Invalidating environments contribute to emotional dysregulation by:

- (1) failing to teach the child to label and modulate arousal,
- (2) failing to teach the child to tolerate stress,
- (3) failing to teach the child to trust his or her own emotional responses as valid interpretations of events, and
- (4) actively teaching the child to invalidate his or her own experiences by making it necessary for the child to scan the environment for cues about how to act and feel.” (p. 111-112)

⁴ 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.

From within this invalidating upside-down, Alice in Wonderland world, the child can no longer trust the targeted parent, and the child can no longer even trust his or her own self-experience of reality. Truth and reality are fluid and malleable. In this crazy upside-down world the therapist can serve as an anchor to reality (“Reality is over here. You’re feeling sad. You hurt because you’re sad. See? Right here. Reality is right here, this is what’s going on” --- calm, relaxed, pleasant, stable, and secure).

As the therapist helps to reorient the child to the child’s own authentic self-experience, the therapist also needs to foster the child’s own experiential capacity for recognizing the reality of self-experience. The sky isn’t red or green or blue because someone says it is. The child can look up to the sky for himself or herself and see what color it is. It’s blue because the child can see it’s blue. It’s not blue because the therapist says its blue. This orientation to self-experience can help the child rediscover the guiding path out of Wonderland through the authenticity of self-experience.

But first, the therapist needs to untwist the knot of grief in which sadness is being defined as anger and blaming.

3. Treating the Child’s Anger

In order to reject the beloved targeted parent, the child must sustain a suppression on the normal-range functioning of the child’s attachment and intersubjectivity systems, i.e., the child must suppress his or her affectional bonding motivations and empathy toward the beloved targeted parent. Anger suppresses the self-experience of both relationship systems (attachment bonding and intersubjectivity). When we are angry we no longer care about the other person (attachment) and we no longer feel the other person’s experience (intersubjectivity), which then allows us to do and say mean things when we are angry. So the child must maintain an active anger toward the targeted parent in order to maintain a continual suppression on the child’s affectional bonding motivations and empathy for the targeted-rejected parent. In order for the child to enact the continual cruelty necessary to reject a beloved and loving parent, the child must maintain an active suppression on the natural motivations for attachment bonding and empathy. The child’s chronic state of anger toward the targeted-rejected parent accomplishes this.

The therapist must therefore challenge the child’s chronic anger as both unwarranted toward the targeted parent, who is essentially a normal-range and loving parent, and as being unhealthy for the child. At the same time, the therapist needs to support the authenticity of the child, and to find truth in the child’s conflict with the targeted parent when this truth exists. The child’s authentic self-experience has been nullified by the invalidating environment of the narcissistic-borderline parent. In place of the authenticity of the child’s grief response to the divorce and family’s dissolution the child has been led into interpreting sadness as anger toward the other parent. Therapy should not simply seek to replace the child’s reliance on the personality-disordered parent to define reality by a reliance on the therapist or targeted parent to define reality. The goal is an authentic child who can recognize and rely on self-experience for a definition of reality.

Restoring the authentic child involves three interrelated aspects, the first is to nullify the child's chronic anger and acquired narcissistic symptom display in order to relieve the chronic suppression on the child's attachment and intersubjective systems, the second is to help orient the child regarding the child's authentic grief response and desire for affectional bonding with the targeted parent, and the third is to find the truth in authentic breaches that occur between the parent and child, and to speak for the child in amplifying the authenticity of the child's authentic grievances with the targeted parent.

Nullifying the Anger

The therapist should gently but persistently provide the child with social referencing regarding what represents appropriately socialized behavior (see Appendix 1; Social Skills and Social Graces). The therapist's general background emotion of happy-pleasant is used to counteract the child's attitude of chronic anger. The therapist is not seeking behavior change, since the intention of behavior change would involve a low-level background state of angry (i.e., making the world be a certain way). We are not trying to force the child to do anything. If the child wants to nurture and maintain a chronic state of anger, the child has that existential choice. What we do want to do is encourage the child to adopt appropriate social skills and social graces through a relaxed and pleasant attitude of wonderment and gentle dismay. We treat people well not because they are nice, but because we are.

How we treat others defines who we are. From the child's association with the narcissistic-borderline parent the child has acquired the value system that we can treat others poorly if we determine that the other person "deserves" it. The therapist should explore and examine this belief system (i.e., cognitive therapy). Is this the value system the child wants to adopt? Or does the child wish to become the type of person who is kind and nice to all people, not because they deserve it but because that is who the child is as a person, that the child is a kind and nice person. This leads to values-based discussions regarding kindness, judgment, and forgiveness. The use of quotes by others (see Appendix B) can provide the organizing core for some of these discussions.

In addition to challenging the child's distorted belief system regarding "justified" anger and cruelty that has been acquired from the child's close psychological association with a narcissistic-borderline parent, the discussion of social skills, social graces, and personal values transitions the parent-child conflict with the targeted parent away from "hot" emotional responding to "cool" cognitively mediated dialogue, which will help in relaxing the inflamed emotional system of the child. The cognitive and emotional systems cross-inhibit each other; if we feel we don't think, and if we think we don't feel. By increasing the child's cognitive consideration during sessions we are inhibiting the over-inflamed expression of emotion and we are bringing a degree of cognitive mediation to the child's emotional experience.

If we can inhibit the child's experience of chronic anger, this will relieve the suppression of the child's attachment and intersubjective systems, which will allow the

child's natural affectional bonding motivations and empathy to sneak into the relationship with the targeted parent.

Orienting to Authentic Grief

The second concurrent intervention is to help reorient the child to his or her experience of authentic grief and sadness regarding the divorce and family dissolution generally, and with regard to the loss of an affectionally bonded relationship with the targeted parent specifically. The child authentically feels sad and hurt (i.e., the grief response at the non-fulfillment of the child's attachment bonding motivations with the targeted parent). When the child is with the targeted parent the child's attachment bonding motivations increase, so that the child hurts more (i.e., grieves more) because of the unfulfilled attachment bonding motivation. When the child is away from the targeted parent (i.e., in the care of the alienating parent), then the child feels less sadness and hurt because the targeted parent is not available and so isn't triggering the child's attachment bonding motivation.

Under the distorting influence of the narcissistic-borderline parent, the child has been led into misinterpreting this rise and fall in sadness triggered by the targeted parent as meaning that it must be something the targeted parent is doing to create the child's sadness (i.e. the targeted parent is somehow a "bad parent") since the child hurts more in the presence of the targeted parent and hurts less when the child is away from the targeted parent. In actuality, however, there is nothing wrong with the parenting of the targeted parent. The differential rise-and-fall of the child's sadness and hurt is simply related to the child's natural grief response at the lost affectional bonding relationship with the targeted parent. The moment the child restores an affectional bond with the targeted parent, the child's sadness and pain will resolve.

When the child offers misattributions for the inner experience of sadness and hurt regarding the targeted parent (i.e., the child's judgmental claims about the "abusive" parental inadequacy of the targeted parent based on essentially normal-range parenting practices), the therapist should invalidate these misattributions and instead validate the normal-range parenting of the targeted parent, and should re-interpret the child's inner experience as sadness at the loss of an affectionally bonded relationship with the targeted parent.

For adolescents, a direct psychoeducational discussion of the attachment system and the primary motivational system for affectional bonding can be engaged to further support the development of cognitive mediation of the child's affective experience. When the child makes statements such as "I hate my mother" or "I never want to see my father again," the therapist should calmly, gently, but assertively challenge the accuracy of this statement based on the therapist's understanding for the normal range functioning of the attachment system in children ("No, that's not true. All children love their parents. Children even love bad parents. You're feeling sad and hurt. That's true. But that's because you want an affectionate relationship with your mom/dad but can't seem to find a way to achieve it. But we'll help with that.").

The breach in attachment bonding associated with divorce and the family's dissolution creates a grief response (i.e., sadness) in all normal-range families and in all normal-range children. This is natural. In the "parental alienation" family, the narcissistic-borderline parent is unable to process and metabolize this sadness and grief in an appropriate and healthy way, and it becomes translated into excessive anxiety, anger, and blaming, and the child becomes a regulating narcissistic object for the personality disordered parent. The narcissistic-borderline parent then leads the child into the same distorted interpretation of the child's own sadness and grief as is being made by the narcissistic-borderline parent (i.e., that the other parent is "bad" and is to "blame" for the divorce, and "deserves" punishment for "abandoning the family," i.e., abandoning the narcissistic-borderline parent). The therapist's role is to help reorient the child to the child's own authentic and natural sadness and grief response that does not include "blaming" a parent for the divorce and family's dissolution, and which allows the child to experience the authenticity of the child's sadness and grief associated with the divorce and family's dissolution, rather than translating these feelings into anger and hostility as the child has been doing under the distorting influence of the narcissistic-borderline parent. So when the child expresses anger, the therapist should seek to reframe this as sadness, thereby reorienting the child to the authenticity of the child's inner experience.

Authentic Breach-and-Repair Sequences

The goal of therapy is not simply to achieve an obedient, well-behaved child. The goal is to restore an authentic child. Normal-range parent-child conflicts, called "breach-and-repair sequences," play an important developmental role in establishing interpersonal boundaries within a relationship. Without these normal range breach-and-repair sequences, relationships run the risk of becoming enmeshed, in which there is an absence of appropriate psychological differentiation. The two key therapeutic elements of working with appropriate breach-and-repair sequences (appropriate parent-child conflict) are, 1) limiting the intensity and destructiveness of the interpersonal anger, and 2) helping the participants navigate an effective repair to the breach in their relationship.

Limiting Anger

Expressing anger toward another person represents a form of emotional assault. Anger produces stress hormones in the brains of both the aggressor and the recipient, and these stress hormones have the effect of killing off brain connections and brain cells, processes called synaptic and neural "pruning." In some cases, we want this pruning, such as when a child behaves inappropriately we want to prune the neural pathways that led to the inappropriate behavior. However, chronic and excessive anger over-prunes pathways and inhibits the growth of positive, pro-social connections. The emotion of anger is essentially a poison within the brain, killing off brain cells and connections. We want to use this toxin very sparingly, and whenever we use anger we need to recognize that we have created these stress hormones in the child's brain, so that we need to then repair the relationship with affectional bonding to eliminate the stress chemicals from the child's

neural networks and promote the growth and development of healthier, pro-social networks and connections.

Breaches occur naturally in relationships through the empathic failure of one person or the other. The parent-child relationship (or marital relationship) is composed of two separate people. For periods of time these two people can share a state of mutual understanding (called an “intersubjective field”), but inevitably one or the other of these individuals will have an empathic failure in which he or she fails to be fully understanding or sensitive to the needs of the other. This breach in intersubjectivity, in the shared psychological state, caused by the empathic failure of one person creates a small burst of anger in the other person which serves both to signal that there has been an empathic failure that has ruptured the shared psychological state, and the anger also acts to more fully complete the separation of the two people as individuals, thereby ensuring a full-breach in the intersubjectivity necessary for individuation of self-authenticity within the relationship.

Breaches in the intersubjective field of shared mutual understanding are natural, normal, and developmentally healthy products of the inevitable empathic failures that occur within the relationships (see Kohut,⁵ Stolorow, Brandchaft & Atwood,⁶ and Tronick⁷ for more on this process). The issue is not the breach in the relationship itself, the issue is in the repair of this breach. Effective repairs of intersubjective breaches within the relationship lead to the formation of increased trust and intimacy, or what Tronick calls “thickness,” in the relationship. Kohut discussed how minor parental empathic failures result in a process he referred to as “transmuting internalizations” that lead to the development of the child’s own independent self-structure. Relationship breach-and-repair sequences are normal and healthy developmental processes.

However, failure to repair the breach in the relationship can result in prolonged conflict and ultimately estrangement within the relationship. This is true for any relationship, the parent-child relationship, the marital relationship, other family relationships, or even work-related relationships. Breach-and-repair sequences are normal and healthy, but the failure to repair the breach can have a long-term destructive impact on the relationship.

The goal of therapy is not to eliminate parent-child conflict, since normal-range breach-and-repair sequences are developmentally important for the formation of authentic self-structure and individuation. Instead, the goal of therapy is to help the parent and child develop the communication and relationship approaches that will result in the effective repair of relationship breaches. The therapist needs to listen for authentic areas of parent-

⁵ Kohut, Heinz. (1971). *The analysis of the self*. New York: International Universities Press.

⁶ Stolorow, R. Brandchaft, B., and Atwood, G. (1987). *Psychoanalytic Treatment: An Intersubjective Approach*. Hillsdale, NJ: Analytic Press.

⁷ Tronick E.Z., Brushweller-Stern N., Harrison A.M., Lyons-Ruth K., Morgan A.C., Nahum J.P., Sander L., Stern D.N. (1998). Dyadically expanded states of consciousness and the process of therapeutic change. *Infant Mental Health Journal*, 19, 290-299.

child conflict in which the child is appropriately asserting independent self-experience. The therapist should then highlight the child's authentic voice in these relationship breach sequences, and then lead the parent and child through an effective resolution of the breach.

The therapist should never join with the child's voice when the child is expressing narcissistic symptoms of grandiose and entitled judgment of the targeted parent, or a haughty and arrogant attitude of contempt and disdain for the targeted parent. However, when the child expresses a reasonable grievance within an appropriate parent-child hierarchy, then the therapist may want to join with the child's voice in articulating the grievance and work with the parent toward a resolution. In joining with the child's voice, the therapist must be careful not to undermine an appropriate family hierarchy and must show respect for parental prerogatives. In doing this, the therapist models for the child a mature way of expressing grievances and seeking their resolution.

The goal of therapy is not to produce an obedient child; the goal is to achieve an authentic child. The child's pathology is the product of the "invalidating environment" associated with the borderline personality processes of the alienating parent. Therapy should not simply replace the child's reliance on the narcissistic-borderline parent with reliance on the targeted parent. Instead, therapy needs to help the child recover from the "invalidating environment" by helping the child find his or her own authentic voice, and sometimes this voice will differ from that of the parent. Relationship breach-and-repair sequences are important for the development of authentic self-experience within the relationship. But these breach-and-repair sequences should always remain interpersonally respectful, with due empathic consideration of the other person's feelings and fundamental humanity.

Family Therapy and Individual Child Therapy

A family therapist should be able to effectively manage all components of the therapy process, including individual sessions with parents and children as necessary, which prevents the fragmentation of the therapy process. A single family therapist also allows for effective integration of material covered in individual sessions with material covered in family sessions. However, many therapists are not comfortable with the multiple roles of a family therapist, and sometimes therapy is separated into component parts of a conjoint family therapist for the parent-child relationship and individual therapists for the children. This structure for the therapeutic team runs a considerable risk of fragmenting treatment efforts, including the potential for "staff splitting" associated with treating borderline personality processes. Linehan⁸ describes the potential for "staff-splitting" when treating borderline personality disorder dynamics,

"Staff splitting," as mentioned earlier, is a much-discussed phenomenon in which professionals treating borderline patients begin arguing and fighting about a

⁸ Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford

patient, the treatment plan, or the behavior of the other professionals with the patient... arguments among staff members and differences in points of view, traditionally associated with staff splitting, are seen as failures in synthesis and interpersonal process among the staff rather than as a patient's problem... Therapist disagreements over a patient are treated as potentially equally valid poles of a dialectic. Thus, the starting point for dialogue is the recognition that a polarity has arisen, together with an implicit (if not explicit) assumption that resolution will require working toward synthesis." (p. 432)

If therapy is divided between a conjoint family therapist for the parent-child relationship and individual child therapists, then extra consideration needs to be taken for continual consultation within the treatment team to coordinate ongoing treatment interventions and prevent staff splitting. A division of therapeutic responsibility might be for the individual therapists to focus more fully on helping the child recognize and process the child's natural sadness and grief at the divorce and family's dissolution, with care being taken not to validate the child's symptomatic anger and blaming, while the treatment responsibility of the dyadic therapist would be to treat the child's excessive anger being expressed through narcissistic personality symptoms and facilitate the resolution of authentic breach-and-repair sequences. In this division of treatment responsibilities, both individual and dyadic therapists should assist the child in a cognitive appraisal of socially organized values regarding appropriate interpersonal behavior.

If possible, however, I would recommend a single treating family therapist. If the individual child therapists are added, then it becomes vital that the individual therapists work from the same treatment model for reunification therapy as the family therapist, meaning the full recognition of an attachment-based model for "parental alienation." The individual therapists should not work from a humanistic model of "validating the child's feelings" as this would be contra-indicated for the treatment of induced symptoms within a parentally imposed invalidating environment, in which the child's authenticity has been nullified. If treatment is separated into component parts, the family therapist should be empowered to provide leadership within the treatment team and should be sufficiently empowered to select, and if needed change, individual therapists.

Appendix 1: Social Skills and Social Graces

Plato:

Be kind, for everyone you meet is fighting a hard battle.

Social Skills & Social Graces

1) Magic words:

Please, thank you, excuse me, you're welcome, I'm sorry

2) Pleasantly conversational:

Exchange social pleasantries (hello, goodbye) upon greeting and departure, engage in conversation, respond to others when approached, listen, and offer views and opinions

3) Pleasant mood:

Pleasant and relaxed emotional tone, treating others with common human courtesy and respect, minimal-to-no displays of angry tone

4) Cooperative:

Responsive on approach, participatory, try new things when asked



“Treat everyone with politeness, even those who are rude to you - not because they are nice, but because you are.” – Author Unknown

“A few kind words can boost someone's ego and turn an ordinary day into a memorable one. Look for the good in people and you might be surprised at what you find.” – Susan Gale

“Courtesy is as much a mark of a gentleman as courage.” – Theodore Roosevelt

“Manners are a sensitive awareness of the feelings of others. If you have that awareness, you have good manners, no matter what fork you use.” – Emily Post

Appendix 2: Values Quotations

“Our prime purpose in this life is to help others. And if you can't help them, at least don't hurt them.” – Dalai Lama

“When you judge another, you do not define them, you define yourself.” – Wayne Dyer

“The weak can never forgive. Forgiveness is the attribute of the strong.” – Mahatma Gandhi

Without forgiveness, there's no future. – Desmond Tutu

“To forgive is to set a prisoner free and discover that the prisoner was you.” – Lewis B. Smedes

“Forgiveness says you are given another chance to make a new beginning.” – Desmond Tutu

“Be kind whenever possible. It is always possible.” – Dalai Lama

“When we feel love and kindness toward others, it not only makes others feel loved and cared for, but it helps us also to develop inner happiness and peace.” – Dalai Lama

“When you carry out acts of kindness you get a wonderful feeling inside. It is as though something inside your body responds and says, yes, this is how I ought to feel.” – Harold Kushner:

“Too often we underestimate the power of a touch, a smile, a kind word, a listening ear, an honest compliment, or the smallest act of caring, all of which have the potential to turn a life around.” – Leo Buscaglia:

“Be kind, for everyone you meet is fighting a hard battle.” – Plato

“The true essence of humankind is kindness. There are other qualities which come from education or knowledge, but it is essential, if one wishes to be a genuine human being and impart satisfying meaning to one's existence, to have a good heart.” – Tenzin Gyatso The 14th Dalai Lama

“Whoever one is, and wherever one is, one is always in the wrong if one is rude.” – Maurice Baring

“Rudeness is the weak man's imitation of strength.” – Eric Hoffer

“He who is devoid of the power to forgive, is devoid of the power to love.” – Martin Luther King, Jr.

“The best way to cheer yourself up is to try to cheer somebody else up.” – Mark Twain

“If you want others to be happy, practice compassion. If you want to be happy, practice compassion.” – Dalai Lama

“I'm bored' is a useless thing to say. I mean, you live in a great, big, vast world that you've seen none percent of. Even the inside of your own mind is endless, it goes on forever, inwardly, do you understand? The fact that you're alive is amazing, so you don't get to say 'I'm bored.'” – Louis C.K.

“Spread love everywhere you go: first of all in your own house. Give love to your children, to your wife or husband, to a next-door neighbor... Let no one ever come to you without leaving better and happier. Be the living expression of God’s kindness; kindness in your face, kindness in your eyes, kindness in your smile, kindness in your warm greeting.”

Mother Theresa (1910-1997)

Nun, order of the Missionaries of Charity, Nobel Peace Prize winner 1979