Attachment-Based Model of "Parental Alienation"
Diagrams and Brief Text Descriptions

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Diagrams:

Parental Alienation Schematic
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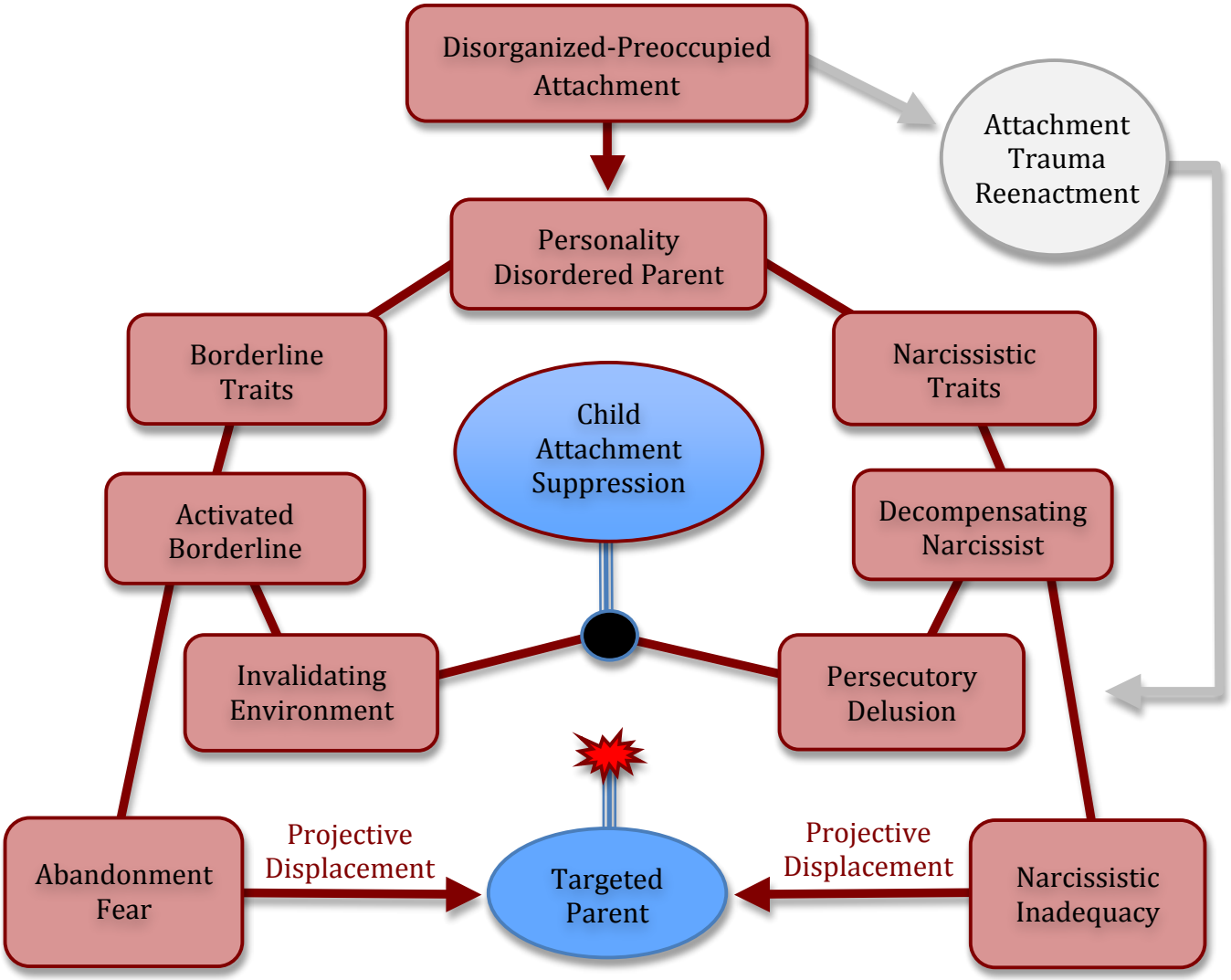
The alienating parent's disorganized-preoccupied attachment coalesced during childhood into narcissistic and borderline personality disorder traits that are reactivated during the divorce. The alienating parent's activated personality disorder dynamics then produce distorted relationship and communication processes with the child that induce the suppression of the child's attachment bonding motivations toward the targeted parent.

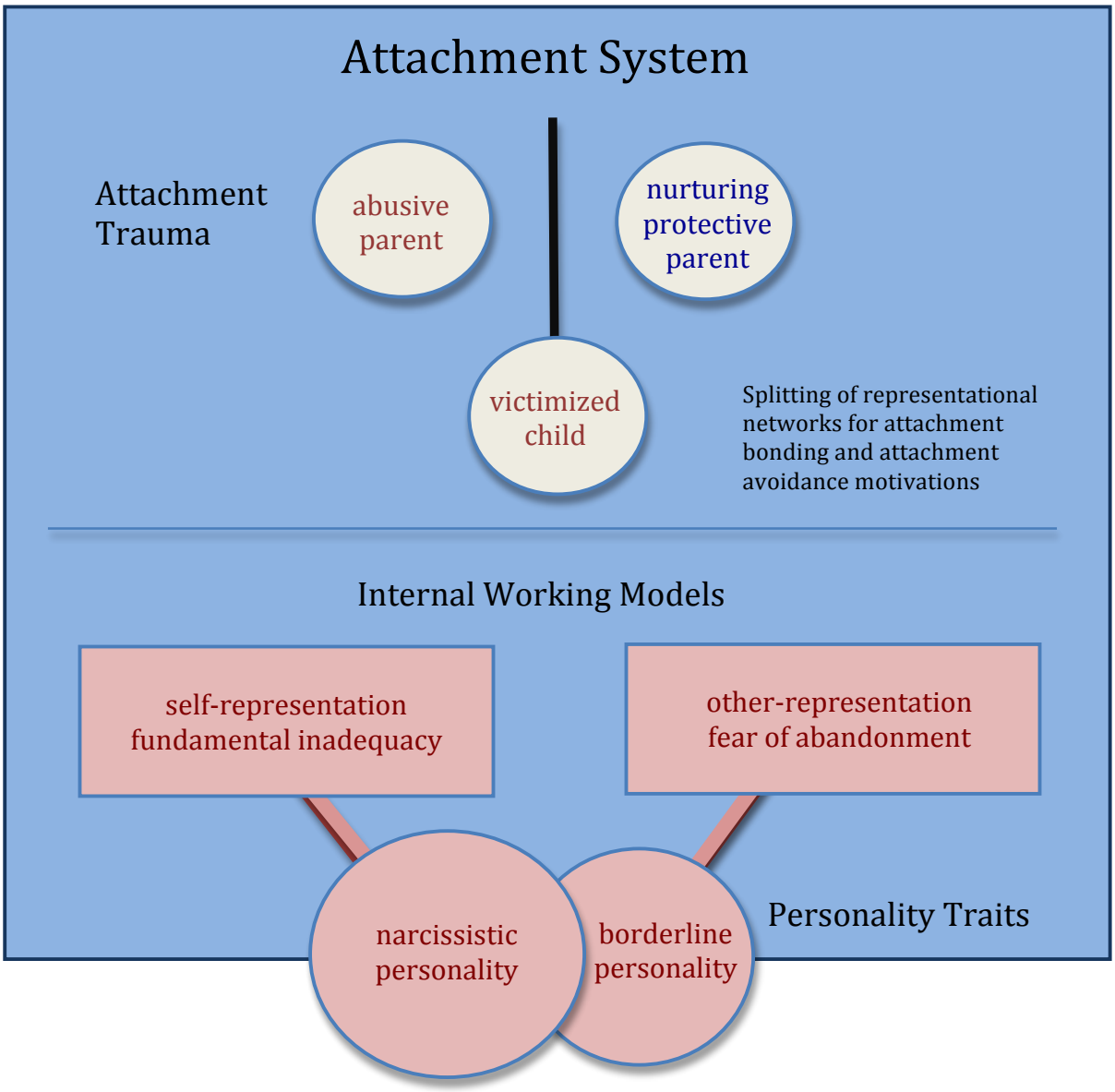


The child's symptomatic rejection-abandonment of the targeted parent serves to projectively displace the alienating parent's own fears of inadequacy and abandonment onto the targeted parent ("You're the inadequate and abandoned parent (person); not me").

The child's symptomatic rejection-abandonment of the targeted parent automatically define the targeted parent as the fundamentally inadequate and entirely abandoned parent, as opposed to the definition of the alienating personality disordered parent created by the child's symptomatic expressions of hyper-bonding as representing the ideal, perfect, and never-to-be-abandoned parent.

Figure 1. Parental Alienation Schematic

Attachment System of Alienating Parent



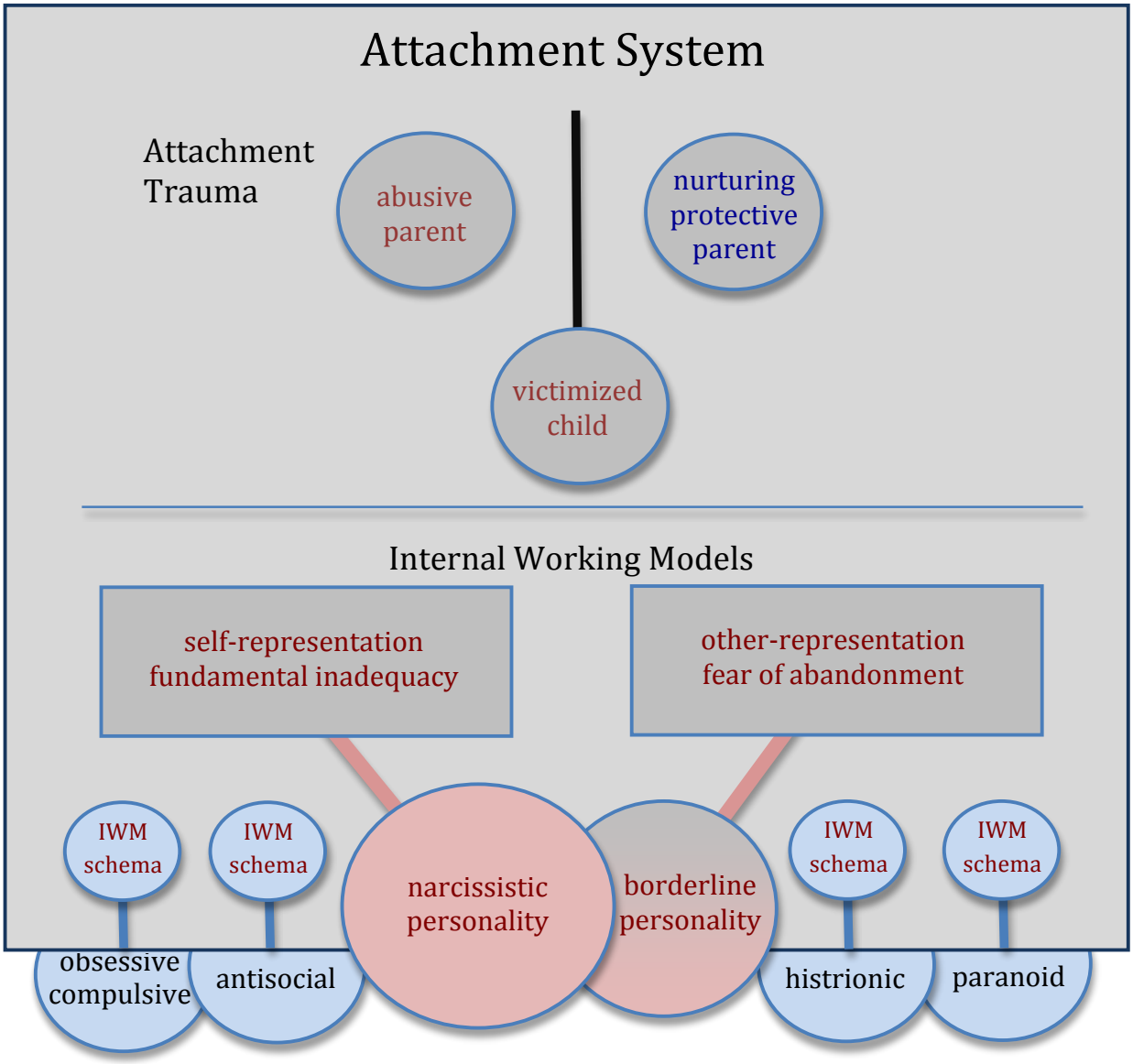
The simultaneous activation of attachment bonding and avoidance motivations in the childhood of the alienating parent created a psychological "split" of the motivational networks for attachment bonding and avoidance into two separate and isolated representational networks. This is the origin of the "splitting dynamic"

The childhood relationship trauma created internal working models (schemas) in the attachment networks of the alienating parent that view the self as fundamentally inadequate and the other as potentially abandoning.

During the childhood and adolescence of the alienating parent, these internal working models of primal self-inadequacy and an intense fear of abandonment coalesced into narcissistic and borderline personality traits.

Figure 2. Attachment System of the Alienating Parent

(Relatively) Dormant Psychopathology during Marriage



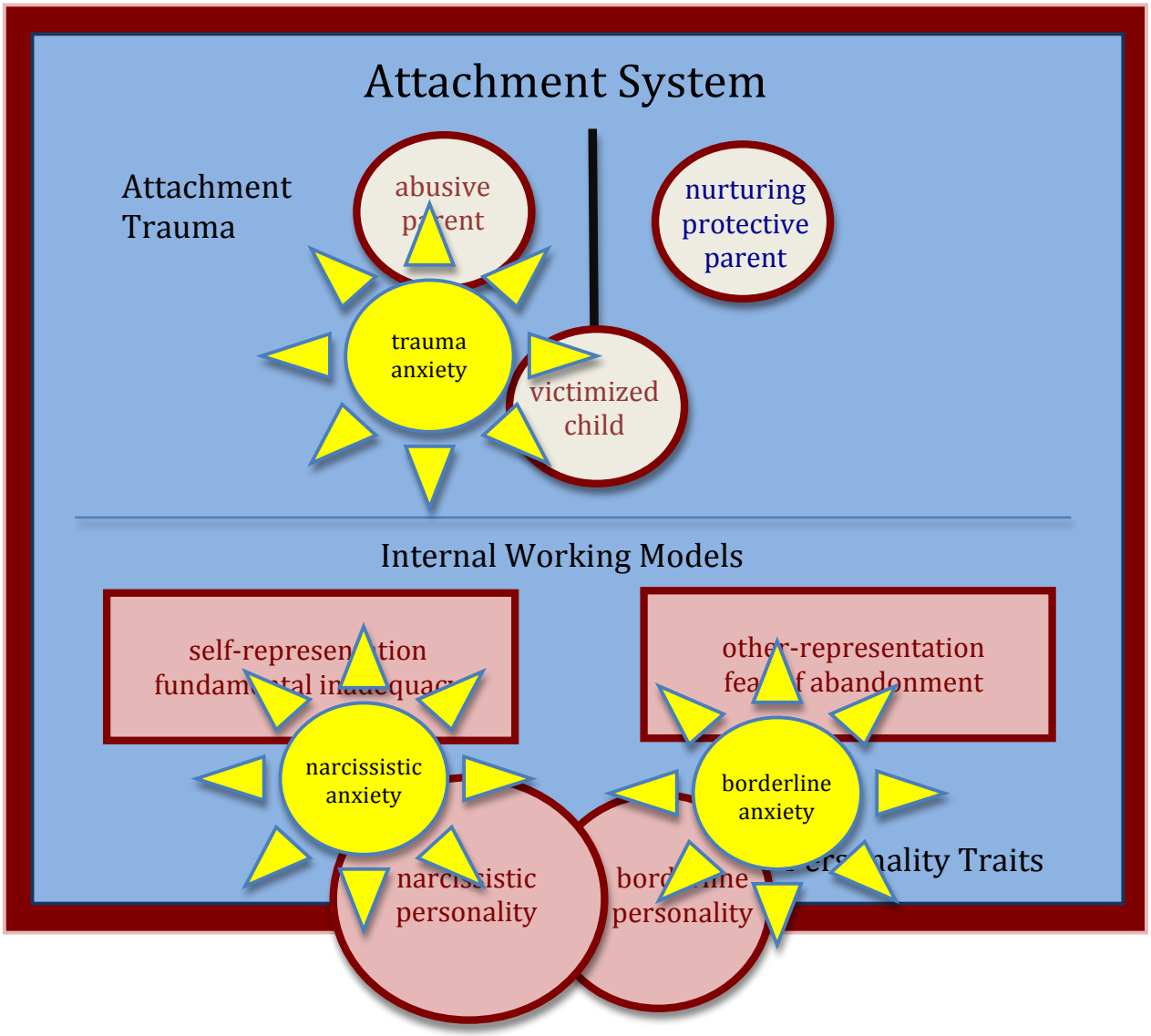
During the marriage, the attachment system remains (relatively) dormant.

The attachment bonding motivations are regulated primarily through the defensive narcissistic personality processes. The alienating parent presents as confident and self-assured. If the narcissistic elements predominate, then the presentation will be one of being emotionally aloof and distant. If borderline personality components are prominent, then emotionality and angry tantrums may be present.

Additional personality disorder processes, such as histrionic (high levels of over-dramatic emotional displays), paranoid (jealousy and suspiciousness), antisocial (aggressive, domestic violence, and verbal abuse), or obsessive-compulsive (rigid moralistic rules) may be evident during the marriage. These additional personality disorder features are the product of the specific attachment related internal working models (IWM), or "schemas," that developed during the childhood of the alienating parent

Figure 3. (Relatively) Dormant Psychopathology during Marriage

Activation of Attachment-Related Anxiety



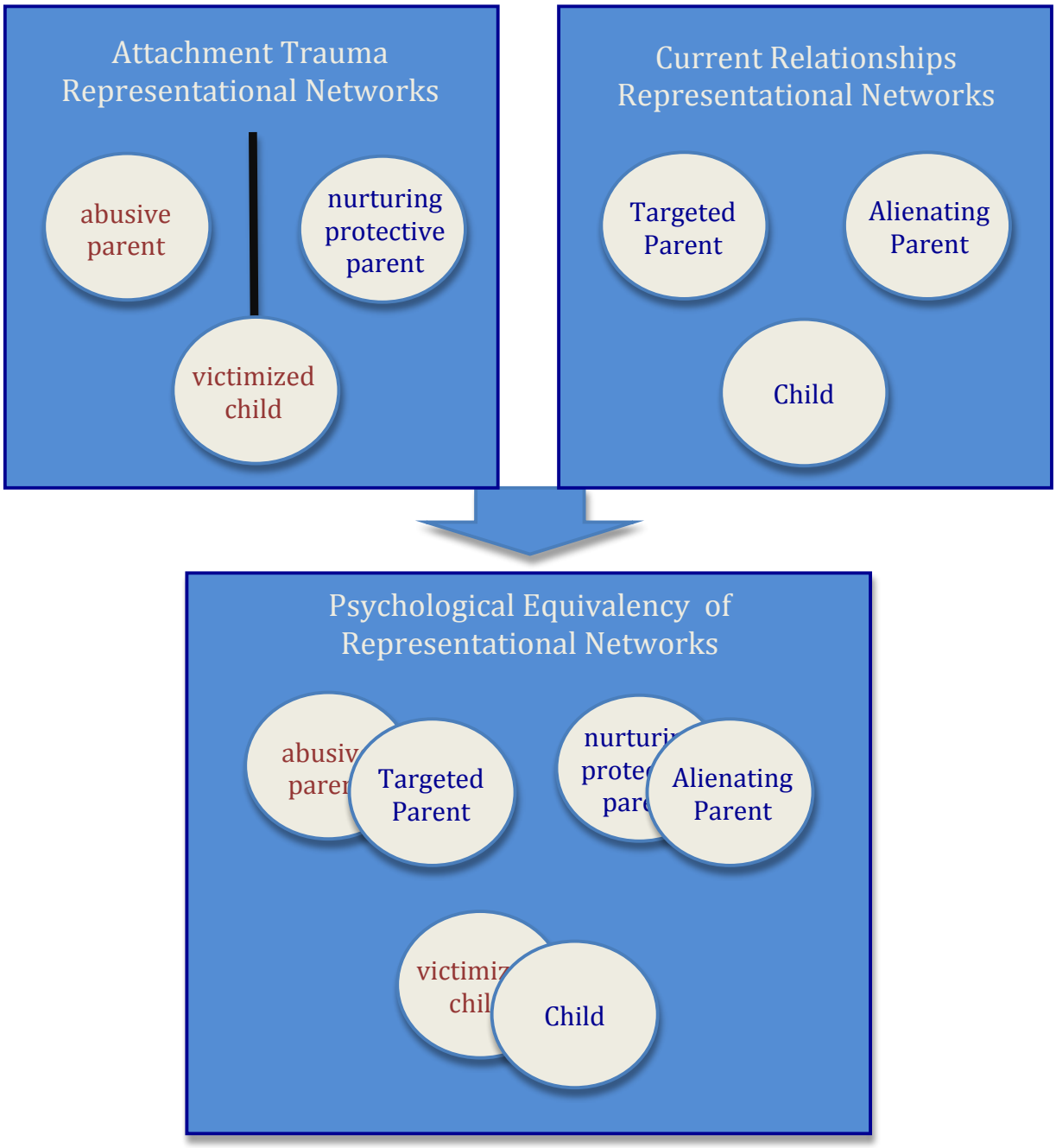
The divorce and family's dissolution activates the alienating parent's attachment networks to mediate the interpersonal loss experience. The activation of the attachment networks correspondingly active three sources of intense anxiety,

1) Trauma-related anxiety from the internal representations for attachment figures that contain the pattern of "abusive parent/victimized child"
2) Narcissistic anxiety from the threatened collapse of narcissistic defenses against the experience of core-self inadequacy
3) Borderline personality anxiety from an intense fear of abandonment activated by the loss of the attachment figure (i.e., the other parent/spouse)

The alienating parent misattributes the anxiety as being an emotional signal indicating that the other parent (i.e., the abandoning-rejecting attachment figure) represents an actual threat, which the alienating parent interprets within the trauma pattern of "abusive parent/victimized child" as the other parent (i.e., the targeted parent) presenting an "abusive" threat to the child

Figure 4. Activation of Attachment Related Anxiety

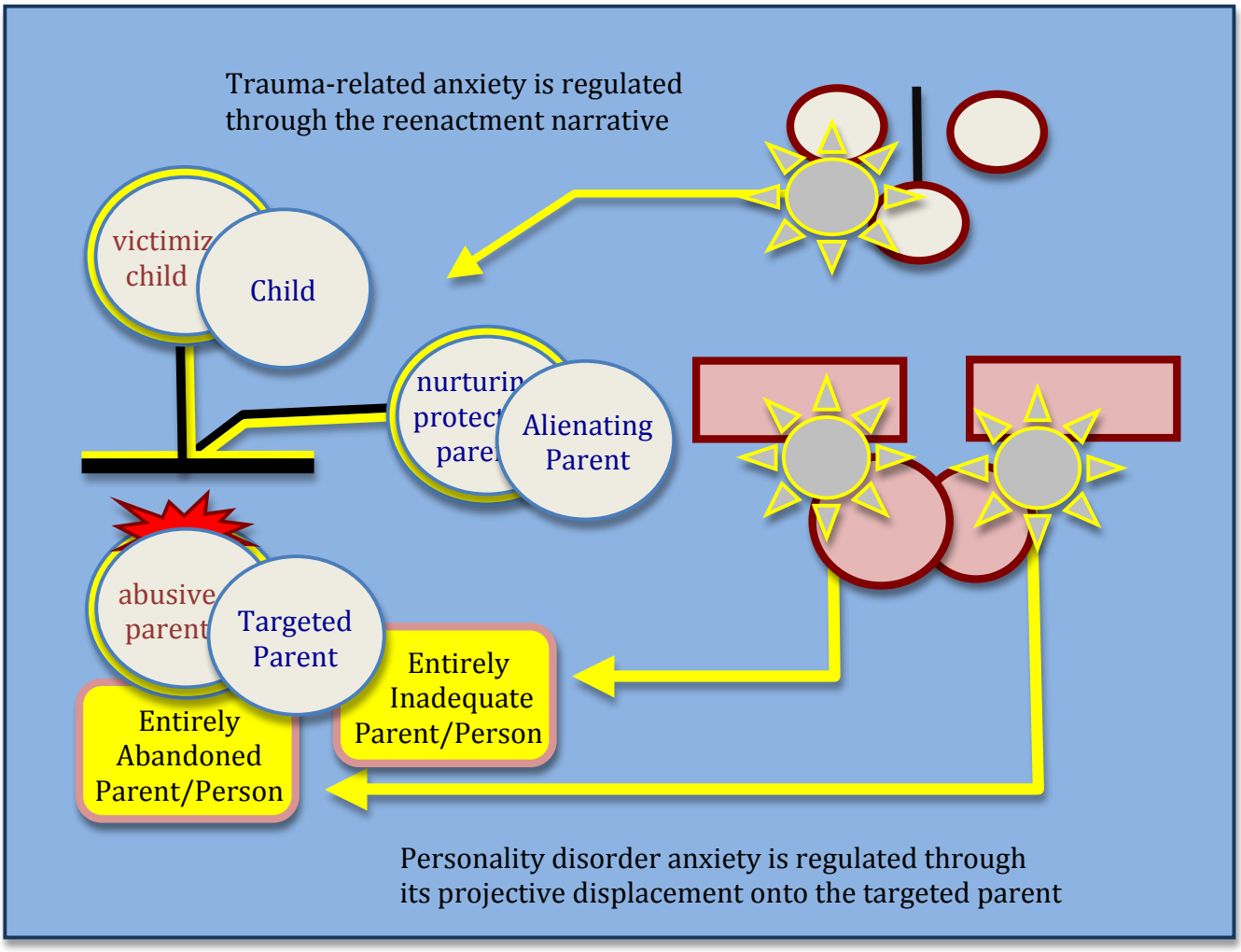
Psychological Equivalency of Representational Networks



The concurrent activation of two sets of attachment representations, one from the internal working models of the alienating parent's traumatized attachment patterns and one representing current relationships, results in a psychological fusion, or representational equivalency between these attachment representations. The current child becomes equivalent to the "Abused Child" representation; the targeted parent becomes equivalent to the "Abusive Parent" representation; and the alienating parent adopts the "Nurturing-Protective Parent" representational role, thereby setting the stage for the reenactment of childhood attachment trauma in the current relationships.

Figure 5. Psychological Equivalency of Representational Networks

Anxiety Regulation of the Alienating Parent



The alienating parent induces the child's rejection of the targeted parent by eliciting criticisms of the other parent from the child. that are then inflamed and distorted by the alienating parent through exaggerated responses of outrage and over-anxious concern into supposed "evidence" of the "abusive" parenting practices of the other parent. The child acquires these distorted constructions of meaning from the alienating parent (i.e., that the parenting of the other parent is "abusively" inadequate) so that the child is led into adopting the "Victimized Child" role of the reenactment narrative, which automatically defines the targeted parent into the "Abusive Parent" role, requiring a "protective" response from the alienating parent, who thereby adopts the "Nurturing-Protective Parent" role.

The child's induced symptomatic judgment and rejection (abandonment) of the targeted parent is then used by the alienating parent to psychologically expel through projective displacement the narcissistic fears of inadequacy and borderline personality fears of abandonment onto the other parent, who becomes, through the child's symptomatic rejection, the "entirely inadequate" and "entirely abandoned" parent (and person).

The child's symptoms also act to define the alienating parent as the "all-wonderful" and "perfect" parent (in support of this parent's narcissistic defenses), and as the "never to be abandoned" parent (allaying parental fears of abandonment).

Figure 6. Anxiety Regulation of the Alienating Parent

Induced Attachment Suppression

The attachment system is a neuro-biologically embedded primary motivational system that evolved in response to the selective predation of children. Children who formed strong attachment bonds to parents were more likely to receive parental protection from predators, so that their genes increased in the collective gene pool. Children who formed weak, or even moderate, attachment bonds to parents were more likely to fall prey to selective predation, so that genes allowing weak or moderate attachment bonding to parents were selectively removed from the gene pool (Bowlby, 1969; 1973; 1980).[1]

In falsely identifying to the child that the parenting practices of the other parent represent an "abusive" threat to the child, the alienating parent essentially defines the other parent as being "the predator" relative to the functioning of the child's attachment system. Children are not motivated to bond to the predator. Instead, children's attachment system motivates them to flee from the threat, from "the predator," and to seek the continual protective proximity of the protective parent (which, in the case of "parental alienation," is the self-adopted role of the alienating parent). This is exactly the symptom display evidenced in "parental alienation," where the child seeks to "flee from the predator," from the threat (i.e., terminate visitations with the targeted parent), and seeks to maintain continual proximity (i.e., 100% custody) with the "protective" alienating parent.

In defining the other parent as being a threat (i.e., as "the predator" relative to the functioning of the child's attachment system), the alienating parent effectively turns off the expression of the child's attachment bonding motivations toward the other parent. The child then seeks to flee from the threat (i.e., from "the predator") by avoiding and resisting visitations with the other parent, and sometimes even isolating from the targeted parent during visitations with this parent, such as hiding in the bathroom behind a locked door to avoid the targeted parent. The child might also express to others an excessive and unwarranted anxiety about going on visitations with the other parent, indicative of the child's perception that a relationship with the other parent represents a threat to the child.

In addition, the alienating parent will often emit a high frequency of "retrieval behaviors" (Bowlby, 1969)[2] when the child is with the other parent, involving frequent or extended phone calls, text messages, and emails to the child when the child is in the care of the other parent. These "retrieval behaviors" further signal to the child that a relationship with other parent represents a threat to the child. In severe cases, the child may even try to overtly "flee" from the targeted parent by actively running away from the care of the targeted-rejected parent, often in coordination with retrieval behaviors from the alienating parent.

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

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

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

[2] In response to a perceived threat, parents emit "retrieval behaviors" to keep the child in protective proximity. As a response to threat, parental retrieval behaviors serve as cues that trigger the child's attachment system to maintain protective proximity to the parent.

Misinterpreted Grief Response

When an attachment-mediated relationship is lost, the child experiences a grief response of mourning for the lost relationship. One of the premier researchers in the functioning of the attachment system, Mary Ainsworth, describes the attachment bond,

> "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… 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." (1989, p. 711)[3]

In "parental alienation" the child is led into adopting the distorted meaning constructions being provided by the alienating parent (i.e., that a relationship with the other parent represents a threat), and the child accepts this meaning construction because the child is experiencing an authentic, but uncomprehended, feeling of sadness and emotional pain triggered by the presence of the targeted parent. The child's authentic, but uncomprehended, experience of sadness and pain represents the grief response of the attachment system at the loss of an "affectional bond" to the targeted-rejected parent.

While the alienating parent is effectively turning off the overt expression of the child's attachment bonding motivations toward the targeted parent (by defining this parent as "the predator" relative to the functioning of the child's attachment system), the child's attachment system represents a neuro-biologically embedded primary motivational system (analogous to the systems for hunger and reproduction) that nevertheless continues to function normally beneath the induced suppression of its expression. The child's attachment system is motivating the child toward affectional bonding with the targeted parent, but because the child is not completing this motivational press the child is experiencing a grief response at the loss of the attached bond with the targeted parent.

However, the child does not comprehend why he or she is feeling sad and hurt when in proximity to the targeted parent, and under the distorted meaning constructions being provided to the child by the alienating parent, the child is induced into believing that the source of this sadness and pain is the other parent's "abusive" parenting practices, rather than the real reason; an authentic grief response at the loss of an "affectional bond" with the targeted parent.

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

The narcissistic alienating parent is unable to help the child understand the child's authentic experience of grief and loss because narcissistic personalities are characterologially unable to experience grief and mourning themselves, so that the alienating parent is unable to comprehend the child's self-experience at the loss of an affectional bond with the other parent. According to Kernberg (1975),[4]

> "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 narcissistic personality of the alienating parent is unable to comprehend the child's authentic experience of loss, grief, and mourning, and so the narcissistic alienating parent cannot help the child to comprehend this experience. Instead, the alienating parent leads the child into an interpretation of this authentic, but uncomprehended self-experience of grief and mourning which will be consistent with the alienating parent's own narcissistic interpretation of the experience as "anger and resentment, loaded with revengeful wishes rather that real sadness for the loss of a person whom they appreciated."

This induced misattribution of an authentic but uncomprehended grief response represents the formative seed around which the child's symptomatic hostile rejection of a relationship with the targeted parent takes shape. The child authentically experiences a sadness and hurt when in proximity to the targeted-rejected parent because the child experiences increased attachment bonding motivations when the targeted parent is available, which then produces a more intense grief response at the loss of an affectional bond with this parent. The child hurts more when the targeted parent is around. On the other hand, when the child is in the custody of the alienating parent, the targeted parent is not available so the child's attachment bonding motivations toward the targeted parent decrease, producing a lessening of the grief response.

Under the distorting interpretive influence of the narcissistic/borderline alienating parent, the child interprets this differential rise and fall in emotional pain related to the presence or absence of the targeted parent as falsely indicating that it must be something the targeted parent is doing, or just something about who the targeted parent is as a person, that is creating this pain, which the child interprets as "abusive" parenting (i.e., that the parent is "doing" something to create the child's sadness and emotional pain) under the distorting influence of the alienating parent (who is reenacting his or her own attachment trauma patterns of "abusive parent/victimized child" through the current family relationships) In actuality, however, the child is simply experiencing a normal grief and mourning response at the loss of an affectional attachment bond with the targeted parent. Once this affectional parent-child bond is restored, the child's sadness and pain associated with the targeted parent will vanish.

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

Diagnostic Indicators

The psychological and family relationship processes traditionally referred to as "parental alienation" represent a characteristic set of signs and symptoms associated with the trans-generational transmission of attachment trauma from the childhood of the alienating parent to the current family relationships, mediated by narcissistic and borderline personality disorder processes of the alienating parent that represent the coalesced product of insecure anxious-disorganized/anxious-preoccupied attachment networks involving internal working models of fundamental self-inadequacy and an intense fear of abandonment. From a clinical diagnostic framework, the processes associated with "parental alienation" can be recognized by a characteristic set of three child symptom features,

1. **Attachment System Suppression:** The child's symptom display evidences a selective and targeted suppression of the normal-range functioning of the child's attachment bonding motivations toward one parent, in which the child entirely rejects a relationship with this parent. A clinical assessment of the parenting behavior of the rejected parent finds no evidence for severely dysfunctional parenting (such as chronic alcoholism or drug abuse, or the physical or sexual abuse of the child) that would account for the child's complete rejection of the parent, so that the parenting of the targeted-rejected parent is assessed to be broadly normal-range, with due consideration for the wide range of parenting practices typically displayed in normal families and with appropriate regard for the normal-range exercise of parental authority and discipline.

2. **Personality Disorder Symptoms:** The child's symptoms evidence a specific set of narcissistic and borderline personality disorder symptoms comprised of,

    1) Grandiosity: the child evidences a grandiose self-perception of having an elevated status in the family hierarchy above that of the rejected parent that allows the child to feel entitled to sit in judgment of the rejected parent, as both a parent and as a person

    2) Entitlement: the child evidences an over-empowered sense of entitlement in which the child expects that his or her desires will be met by the rejected parent to the child's standards, and if the rejected parent fails to meet the child's entitled expectations to the child's satisfaction then the child feels entitled to enact a retaliatory punishment on the rejected parent for the perceived parental failure.

    3) Absence of Empathy: the child displays a complete absence of empathy for the emotional pain of the rejected parent that is being caused by the child's hostility and rejection toward the rejected parent.

    4) Haughty Arrogant Attitude: the child evidences a haughty and arrogant attitude of contemptuous disdain for the rejected parent.

5) Splitting: the child displays the splitting dynamic expressed in the child's differential relationship with his or her parents, in which the favored parent is idealized as the "all-good" and nurturing parent while the rejected parent is devalued as the "all-bad" and entirely inadequate parent.

Anxiety Variant: Younger children may not yet display these personality disorder symptoms but may instead evidence an excessive anxiety regarding the rejected parent. The child's excessive anxiety is the product of the child's acquisition of the alienating parent's perception of the other parent as representing a threat to the child. The younger child is not yet cognitively sophisticated enough to acquire the alienating parent's personality disorder distortions, but still acquires the alienating parent's anxiety related to the parental perception of threat regarding the other parent, so that the younger child more directly expresses these acquired anxiety distortions. In the anxiety variant of "parental alienation," the child's anxiety symptoms will evidence diagnostic criteria for a Specific Phobia, but the type of phobia will be a bizarre and unrealistic "father type" or "mother type." The attachment system would prevent children from developing an authentic phobic response to a parent since a "mother phobia" or "father phobia" would differentially expose children to increased survival risk, thereby systematically removing their genes from the collective gene pool, so that child symptoms of a "mother type" or "father type" of Specific Phobia represent an inauthentic child symptom display reflecting the induced product of the distorted parenting practices of the alienating parent.

3. **Delusional Belief System:** The child's symptoms display an intransigently held, fixed and false belief regarding the fundamental parental inadequacy of the targeted-rejected parent that characterizes the targeted-rejected parent as being emotionally or psychologically abusive of the child.

DSM-5 Diagnosis

The appropriate DSM-5 child diagnosis regarding an attachment-based model[5] for conceptualizing "parental alienation" is,

309.4 Adjustment Disorder with mixed disturbance of emotions and conduct
V61.20 Parent-Child Relational Problem
V61.29 Child Affected by Parental Relationship Distress
V995.51 Child Psychological Abuse, Suspected/Confirmed (child exposure to narcissistic/borderline personality disordered parenting practices that are inducing prominent child pathology)

[5] Childress, C.A. (2013). DSM-5 Diagnosis of "Parental Alienation" Processes. Retrieved 11/18/13 from http://www.drcachildress.org/asp/Site/ParentalAlienation/index.asp

Treatment

The family processes involving the trans-generational transmission of attachment trauma from the childhood of the alienating parent to the current family relationships, mediated by the narcissistic and borderline personality disorder processes of the alienating parent (a family dynamic traditionally referred to as "parental alienation") represents standard family systems dynamics (Haley, 1977;[6] Minuchin, 1974[7]) involving the child's triangulation into the spousal conflict through the actions of the alienating parent, who forms a cross-generational coalition with the child referred to by Haley (1977) as a "perverse triangle," whereby the child becomes over-empowered and inappropriately elevated in the family hierarchy to a status above that of the targeted parent (Minuchin, 1974). The child's over-empowered elevation in the family hierarchy is created, supported, and maintained by the child's coalition with the allied and favored parent.

The variation from standard family systems dynamics is that the allied parent has a narcissistic personality disorder process with borderline features, through which the child is incorporated into a psychologically destructive role-reversal relationship with the alienating parent who is exploiting the child's induced symptomatic rejection of the other parent as a means to regulate the personality disordered parent's own psychological processes. The personality disorder dynamics of the alienating parent significantly entrench this type of family process and make it highly treatment resistant to normal-range psychotherapeutic interventions.

Effective treatment of the family systems processes associated with an attachment-based model of "parental alienation" involves four component phases.

1) Protective Separation

The initial phase of therapy requires a protective separation of the child from the ongoing psychopathology of the narcissistic/borderline personality disordered parent that is inducing significant developmental, psychological, and psychiatric pathology in the child. Treatment that does not first protectively separate the child from the ongoing distorting influence of the personality disordered parent will risk further triangulating the child into the parental conflict by making the child a psychological battleground between the distorted and aberrant meaning constructions being continually provided by the narcissistic/borderline parent and the normal-range and balanced meaning constructions being provided through therapy. Appropriate protection for the child's healthy psychological development requires the child's protective separation from the ongoing distorted parenting practices of the narcissistic/borderline parent during the active phase of the child's treatment and recovery.

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

[7] Minuchin, S. (1974). Families and Family Therapy. Harvard University Press.

2) Recovery of the Child's Self-Authenticity

Once the child is protected from the ongoing pathogenic parenting of the personality disordered parent, therapy can be initiated to recover the child's authentic self-experience. During this treatment phase, four therapeutic features can help restore the child's authenticity of self-experience,

1) Attuned therapist responses to child expressions of healthy attachment motivations for affectionate emotional bonding with the targeted parent, including attuned therapist support for the restoration of the child's normal-range empathic resonance with the targeted parent.

2) Directly misattuned therapist responses to the child's symptom expressions that include the child's misattribution of the grief response, the child's over-empowered sense of entitlement, the child's inappropriate elevation in the family hierarchy in which the child judges the adequacy of the parent, and the child's absence of normal range empathic responding toward the targeted parent.

3) Therapist attunement with, and balanced elaboration of, authentic child disputes and grievances with the targeted parent (i.e., normal-range parent-child conflict) that provides voice to the child's authentic concerns while maintaining an appropriate respect for parental authority and a healthy family hierarchy.

4) The development of the child's own critical thinking skills that allow the child to self-evaluate the authenticity of his or her self-experience and that provide the child with balanced coping skills for responding to triangulation.

3) Restoration of the Parent-Child Relationship

Integrated within the recovery of the child's self-authenticity is the therapeutic restoration of a positive, affectionate, and bonded relationship with the targeted parent.

Central to this process is helping the child develop an accurate attribution of meaning regarding his or her authentic emotional pain originating in the grief response at the loss of an affectionally bonded relationship with the targeted parent. During this co-occurring phase of therapy, the therapist seeks to reactivate the normal-range functioning of the child's attachment motivations for bonding with the targeted parent by revalidating the targeted parent as a nurturing and protective parent, while the therapist also directly invalidates the child's false assertions and beliefs that the parenting of the targeted parent is inadequate and abusive.

Through active therapist intervention in revalidating the normal-range legitimacy and role of the targeted parent as a nurturing protective parent, the child's distorted perceptions regarding the parenting practices of the targeted parent that were induced by the pathogenic parenting practices of the personality disordered parent are provided with normal-range balance by allowing the child to socially reference the therapist's more reasonable and balanced perceptions regarding the parenting practices of the targeted parent. Restoring the targeted parent as a nurturing and

protective parent allows the child's natural attachment bonding motivations toward the targeted parent to become active and achieve completion, thereby resolving the child's grief response at the loss of an attached relationship with the targeted parent, and in resolving the child's grief response the child will gain accurate insight into the authentic attribution of causality regarding the child's prior emotional pain with the targeted parent.

In addition to restoring an affectionate and bonded parent-child relationship with the targeted parent, this co-occurring phase of treatment should also seek to identify, elaborate, and support authentic child disagreements with the targeted parent that are normal-range and expressed with appropriate respect for parental authority within a legitimate family hierarchy. Some degree of parent-child conflict is a normal and healthy function of individuation and the establishment of psychological boundaries. In evaluating parent-child conflicts, therapists should be guided in their assessments by a professional judgment regarding what typically occurs in normal-range families, recognizing the broad range afforded to normal parenting practices, including normal-range assertions of parental authority and discipline; and by the absence of child symptomatology in the expression of the child's grievances, such as the absence of child entitlement, lack of empathy, and grandiose judgment of the parent.

The goal of therapy is not simply to achieve a compliant child, the goal of therapy is to achieve an authentic child who can work effectively with the parent to resolve normal-range interpersonal breech-and-repair sequences that includes both the authentic expression of individual differences and their effective resolution through dialogue, compromise, mutual respect, and mutual affection.

4.) Reunification with the Pathogenic Parent

Once the child's symptoms have been resolved, and the child is expressing normal-range and affectionate attachment bonding motivations toward the formerly rejected parent, the final phase of treatment can be engaged in which the child is reintroduced to the pathogenic parenting practices of the narcissistic/borderline parent. The attachment system motivates children to bond with both parents, even to pathological parents. The goal of the child's protective separation from the distorted and pathogenic parenting practices of the personality disordered parent is to protect the child during the active phases of therapy from the continuing pathogenic parenting practices of the personality disordered parent that will otherwise place increasing pressure on the child to remain symptomatic while therapy is seeking symptom resolution.

However, once the child's relationship with the formerly targeted-rejected parent has been restored, and the child's symptoms have resolved, then therapy should focus on reunifying the child with the personality disordered parent while closely monitoring the child for any reemergence of symptomatology. If the child's symptoms reemerge in response to the child's re-exposure to the pathogenic parenting practices of the personality disordered parent, then monitored supervisions with the personality disordered parent may be warranted, or the reestablishment of the child's protective separation from the psychopathology of the personality disordered parent during another cycle of treatment may be necessary in order to protect the healthy emotional and psychological development of the child.