In proposing the construct of “Parental Alienation Syndrome” (PAS), Gardner too quickly abandoned the professional rigor required by professionally established constructs and principles, and he instead proposed a “new syndrome” that was outside of established psychological constructs, and which was instead based solely on a set of anecdotal clinical indicators. Although Gardner was correct in identifying a characteristic constellation of clinical features, his absence of professional and scientific rigor has ultimately undermined our ability to achieve a solution to the family tragedy of “parental alienation.”

We need to return to the fundamental definition of what “parental alienation” is, and employ the necessary professional rigor required to re-define the interpersonal processes associated with the construct of “parental alienation” from entirely within standard and established psychological constructs and principles. We construct any building by first laying the foundation. The foundation provides the stability on which the rest of the structure can rely.

Gardner built the foundation for his theory of PAS on the shifting sands of anecdotal clinical indicators that were not anchored in any professionally recognized theoretical principles or constructs. When we then try to leverage the theory of PAS to achieve a solution in the mental health and legal settings, the sands shift beneath our feet and the structure collapses.

We cannot achieve a solution until we have established a firm, accurate, and substantial theoretical foundation for defining the construct of “parental alienation” that relies entirely on standard and established psychological principles and constructs. We begin constructing any structure by laying the foundation.

An attachment-based model of “parental alienation” establishes the required theoretical foundations for the construct of “parental alienation” on a bedrock of well-established psychological principles and constructs, which then allows us to leverage the theoretical foundations to create the diagnostic, legal, and treatment solutions needed within the mental health and legal systems.

Levels of Analysis

The construct of “parental alienation” can be understood at three distinct, and yet interrelated, levels of analysis,

1) The Family Systems Level
2) The Personality Disorder Level
3) The Attachment System Level,

Each of these levels rests upon the foundational structure provided by the underlying level. The family systems level of analysis is embedded within the deeper psychological context of the personality disorder level, which itself is embedded in the still deeper level of the attachment system.

At its core, “parental alienation” represents the trans-generational transmission of attachment trauma from the childhood of the alienating parent to the current family relationships, and involves the reenactment of relationship trauma embedded in the “internal working models” of the alienating parent’s attachment networks.

This trans-generational transmission of attachment trauma is mediated by the narcissistic and borderline personality disorder traits of the alienating parent that represent the coalesced product of the alienating parent’s insecure anxious-disorganized/anxious-preoccupied attachment patterns.

It is the influence of the narcissistic and borderline personality disorder traits of the alienating parent that create the primary driving force for the enactment of the alienation process within the family.

At the surface level, “parental alienation” represents the manifestation of a cross-generational parent-child coalition of the child with the narcissistic/(borderline) parent against the other parent, the targeted-rejected
parent, in which the child is used by the narcissistic/(borderline) parent as a weapon to inflict suffering on the other parent for having failed to properly appreciate the inflated self-grandiosity of the narcissistic/(borderline) parent, and for having the temerity to leave (abandon) the narcissistic/(borderline) parent.

“If others fail to satisfy the narcissist’s “needs,” including the need to look good, or be free from inconvenience, then others “deserve to be punished”… Even when punishing others out of intolerance or entitlement, the narcissist sees this as “a lesson they need, for their own good” (Beck, et al., 2004, p. 252).

Maintaining clarity in the complex dynamics of “parental alienation" requires understanding what level of analysis we are discussing; the family system processes, the personality disorder processes, or the attachment system processes, although all three are intertwined and interrelated.

Level 1: The Family Systems Level

The central construct at the family systems level is the child’s triangulation into the spousal conflict through a cross-generational parent-child coalition with one parent (the narcissistic/(borderline) against the other parent.

Haley (1977) refers to the cross-generational coalition as a “perverse triangle” and offers the following definition:

“The people responding to each other in the triangle are not peers, but one of them is of a different generation from the other two… In the process of their interaction together, the person of one generation forms a coalition with the person of the other generation against his peer. By ‘coalition’ is meant a process of joint action which is against the third person… The coalition between the two persons is denied. That is, there is certain behavior which indicates a coalition which, when it is queried, will be denied as a coalition… In essence, the perverse triangle is one in which the separation of generations is breached in a covert way. When this occurs as a repetitive pattern, the system will be pathological.” (Haley, 1977, p.37)

It is important to recognize that it is definitional of this construct that “the coalition between the two persons is denied." It is, therefore, entirely pointless for child custody evaluators and therapists to ask the child if the allied and supposedly “favored" parent is somehow influencing or creating the child’s hostility and rejection of the other parent.

A cross-generational coalition is, BY DEFINITION, denied.

Of course the child says, “no.” And the allied and supposedly “favored" parent supports the child in this denial by maintaining that it is entirely the child’s decision and the child’s choice. (“The child should be allowed to decide whether or not to go on visitations with the other parent. We should listen to the child.”).

“The coalition between the two persons is denied” (Haley, 1977)

That the child denies that there is a coalition is ENTIRELY CONSISTENT with there actually being a coalition. The presence of a cross-generational parent-child coalition must be determined by collateral evidence that “indicates a coalition” rather than by any direct evidence. The nature of this collateral evidence will be described in future posts.

Level 2: Personality Disorder Level

Beneath the distortions at the family systems level is the psychopathology of narcissistic and borderline personality dynamics. The inability of the family to navigate the transition from an intact family structure to a separated family structure is the direct result of the distorting influence on family relationships of prominent narcissistic and borderline personality traits of the alienating parent.

Narcissistic and borderline personality disorder traits represent very serious psychopathology that can severely distort child development and the relationship dynamics within the family.
Based on my professional knowledge of child development, child and family therapy, and the central role of parenting in influencing healthy and unhealthy child development, I would rank order the worst possible parenting as:

1. Sexual abuse/incest
2. Narcissistic and borderline personality parenting
3. Physical child abuse
4. Domestic violence
5. Suicidal/depressed parenting

Some professionals may argue that the psychological trauma resulting from physical child abuse is more developmentally problematic for the child than the effects of narcissistic and borderline parenting, and I certainly understand the concern regarding the impact on child development of physical child abuse. But I would argue that the psychological trauma from the childhood experience of parental violence is treatable, whereas the effects of narcissistic and borderline parenting distort the child’s very self-structure organization, resulting in potentially severe and lifelong deformations of personality and severe distortions to interpersonal relationships.

Obviously, all of the forms of distorted parenting noted above are extraordinarily bad, and all of them are extremely detrimental to child development. My rank ordering of them is simply to give an indication of how severely bad narcissistic and borderline personality parenting is on the child’s development.

“Parental alienation” is not a child custody issue; it is a child protection issue.

The distortions to the family processes created by the psychopathology of the narcissistic/(borderline) parent are manifestations of a variety of features of the parental psychopathology. One of the central features driving the alienation dynamic is the characterological inability of the narcissistic/(borderline) parent to experience and process sadness. According to Kernberg (1975),

“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 then 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 divorce and loss of the intact family structure creates an experience of sadness and loss for everyone involved. For the narcissistic/(borderline) parent, the experience of sadness and grief at the loss of the intact family is translated into “anger and resentment, loaded with revengeful wishes.”

Through the pathogenic parental influence of the narcissistic/(borderline) parent, the child is then also led into a similar interpretation of the child’s own sadness and grief at the loss of the intact family as being “anger and resentment, loaded with revengeful feelings” directed toward the targeted parent instead of the authentic feeling of “real sadness for the loss of a person whom they appreciated.”

The authentic child isn’t angry and resentful. The authentic child is sad.

At the core of the child’s experience is a misunderstood and misinterpreted grief response involving deep, deep, sadness, initially resulting from the loss of the intact family but later amplified by the loss of an affectionally bonded relationship with the beloved, but now rejected, targeted parent.

The child’s misinterpretation of an authentic experience of deep sadness (i.e., grief) surrounding the loss of the intact family and the loss of an affectionally bonded relationship with the beloved-but-rejected targeted parent, is created and fostered through the distorted pathogenic parenting practices of the narcissistic/(borderline) parent.
Level 3: The Attachment System Level

The principle feature at the attachment system level is the reenactment in current family relationships of attachment trauma embedded in the “internal working models” of the alienating parent’s attachment system.

The attachment system mediates both the formation and the loss of close emotional relationships.

The loss experience associated with the divorce activated the alienating parent’s attachment system in order to mediate the loss experience. The activation of the alienating parent’s attachment system activated the relationship trauma networks embedded in the “internal working models” of the alienating parent’s attachment system (it was this core trauma that led to the formation of the narcissistic and borderline personality traits).

So that, following the divorce, two sets of attachment representation networks become concurrently activated in the attachment system of the alienating parent, one set representing the current family members, and one set embedded in the internal working models of the alienating parent’s attachment system, representing patterns of attachment expectations formed in childhood.

The attachment representations in the internal working models of the alienating parent’s attachment system are in the pattern:

- Victimized Child
- Abusive Parent
- Protective Parent

The concurrent simultaneous activation of two sets of representational networks, one set from the past trauma patterns and one set involving the current family members, creates a psychological fusion, or equivalency, between these two sets of activated attachment networks.

So that, in the mind of the alienating parent, the current child represents the “Victimized Child” of the internal working models of attachment, the other parent corresponds to the “Abusive Parent” representation in the internal working models of the attachment system, and the coveted and ideal “Protective Parent” role is adopted by the alienating narcissistic/(borderline) parent.

The characters are now all in place for the reenactment of the attachment trauma. All that remains is to induce the child into initiating the reenactment drama by adopting the “Victimized Child” role.

Common thinking appears to be that the alienating parent induces the child’s rejection of the targeted parent by “bad-mouthing” and saying derogatory things about the other parent. While this does happen, it is not the driving communication force for inducing the child’s rejection of the other parent.

The critical feature for initiating the trauma reenactment narrative is NOT to define the targeted parent as the “Abusive Parent,” it is getting the child to adopt the “Victimized Child” role. This is critical to understand,

The key feature of enacting the alienation process is to induce the child into adopting the “Victimized Child” role relative to the other parent.

Because once the child adopts the “Victimized Child” role this immediately defines the targeted parent into the “Abusive Parent” role, and the child’s victimization role also immediately allows the alienating narcissistic/(borderline) parent to adopt (and conspicuously display to others) the coveted role as the ideal and all-wonderful “Protective Parent.”

The key defining feature in enacting the alienation process is not that the targeted parent is abusive, it is that the child is a victim. The focus of alienation is inducing the child’s false belief that the child is the “victim” of “abusive” parenting practices by the targeted parent, which is then used to justify the child’s attitude toward the targeted parent of hostile rejection because the targeted parent “deserves” to be punished” for his or her “abusive” parenting.
This represents a key feature of the trauma reenactment narrative, that the targeted parent “deserves to be punished” for the “abusive” parenting toward the child (it is so central to the dynamic that it could almost be diagnostic).

“If others fail to satisfy the narcissist’s “needs,” including the need to look good, or be free from inconvenience, then others “deserve to be punished” (Beck, et al., 2004, p. 252).

Now, none of this reenactment narrative is true. The targeted parent is not abusive, the child is not victimized, and the narcissistic/(borderline) parent is not the all-wonderful protective parent. But truth is not a relevant consideration for a narcissistic/(borderline) parent in the throes of pathology.

“Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct delusional beliefs. Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally invalid suspicions.” (Millon, 2011, p. 407)

The trauma reenactment narrative captivates the psychological state and functioning of the narcissistic/(borderline) parent. In the mind of the narcissistic/(borderline) parent, the trauma reenactment is absolute truth, and there is no amount of contradictory evidence that can convince the narcissistic/(borderline) parent that the constructed storyline of the reenactment narrative isn’t true.

In the distorted psychopathology of the narcissistic/(borderline) parent, the child is being victimized by the abusive parenting of the other parent, so that the child is in desperate need of the protective parenting of the all-wonderful narcissistic/(borderline) parent who is rescuing the “victimized child” from the “abusive parent.” In the mind of the narcissistic/(borderline) parent, this is truth.

But it is a false story, born of the psychopathology of a narcissistic/(borderline) personality, a narrative reenactment of childhood trauma with constructed characters and a constructed “truth.”

And the child can be induced into adopting the “Victimized Child” role because the child does have an authentic experience of sadness and grief that is being triggered by the presence of targeted parent, which, under the distorting influence of the narcissistic/(borderline) parent, is being misinterpreted by the child as “evidence” of the “abusive” parenting of the targeted parent.

Something about being with the targeted parent hurts.

(i.e., the child feels an authentic sadness and grief at the loss of an affectionally bonded relationship with this parent).

It must be something bad that the targeted parent is doing that’s making me hurt.

(no it’s not, the hurt is just normal sadness as the result of an unfulfilled attachment bonding motivation).

The alienating parent must be right, something the targeted parent is doing is “abusive,” and that’s what’s causing my hurt.

(no, the hurt is just sadness at the unfulfilled attachment bonding motivation with the beloved-but-rejected targeted parent).

When a therapist or the child’s attorney believes the constructed false story of the reenactment narrative, they become co-opted into colluding with the severe psychopathology, to the extreme detriment of the child’s healthy development and in abrogation of their professional responsibilities to the child.

I am personally appalled by the level of professional ignorance and incompetence that exists in diagnosing and treating this family process. While complex, all the facets of this dynamic are entirely within standard and accepted domains of professional knowledge, principles, and constructs, and should be expected domains of professional competence when diagnosing and treating this “special population” of children and family processes.
• Family systems constructs of triangulation and a cross-generational parent-child coalition are standard and established professional constructs that should represent a domain of expected clinical competence in diagnosing and treating child and family dynamics, particularly in high-conflict divorce settings.

• Narcissistic and borderline personality traits are established and accepted professional constructs defined within the DSM diagnostic system and as such should be within the domains of professional competence for all mental health practitioners, particularly when diagnosing or treating potential role-reversal parent-child relationships within the context of high-conflict divorce settings.

• The nature and functioning of the attachment system is an established psychological construct with extensive empirical support in the research literature, and should be an expected domain of professional competence for all mental health practitioners who are diagnosing and treating family processes involving a disruption to the child’s attachment bonding motivations toward a parent.

In both my personal and professional view, there is absolutely no reason why a mental health professional should miss diagnosing the severity of the psychopathology involved, and the consequences of professional failure are so devastating to the child’s development as to raise for me serious professional concerns regarding the professional competence of any mental health professional who does miss the diagnosis. If you don’t know what you’re doing, you shouldn’t be working with this “special population” of children and family processes.

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References


