Children’s Response to Problematic Parenting

In “parental alienation,” the proposal put forward by the child’s symptomatic rejection of a parent is that the parenting practices of the targeted-rejected parent are so problematic that they reasonably account for the child’s rejection of a relationship with the targeted parent. This allegation then invites an assessment of the parenting practices of the targeted-rejected parent to determine if the parenting of the targeted parent is sufficiently problematic as to account for the child’s symptomatic rejection of a relationship with this parent.

The question then emerges as to the features of problematic parenting that produce a child’s rejection of a parent.

It is extremely rare for a child to reject a parent. This is because of a specific primary motivational system in the brain called the “attachment system.”

The attachment system is a neuro-biologically embedded primary motivational system in the brain that compels children to form strong affectional bonds to their parents. As a primary motivational system, the attachment system is analogous to other primary motivational systems for hunger and reproduction in the obligating power of its motivational directives.

The attachment system developed as a primary motivational system across millions of years of evolution as a direct consequence of the selective predation of children. Predators target the old, the weak, and the young. Children are prey animals.

Children who formed strong attachment bonds to parents were able to receive parental protection from predators, so that genes promoting the formation of strong child attachment bonds to parents were passed on in the collective gene pool.

Whereas children who formed weak, or even moderate attachment bonds to parents were less likely to receive parental protection from predators (and from other environmental dangers) and so these children were differentially more likely to fall prey to predators (and other dangers), thereby selectively removing genes for weak or even moderate child bonding to parents from the collective gene pool.

Over millions of years of evolution involving the selective predation of children, a very powerful and resilient primary motivational system developed that strongly promotes children’s emotional and psychological bonding to parents.

Because the attachment system confers significant survival advantage to children it is a very strong and resilient system that does not dysfunction easily. It takes SEVERELY problematic parenting to terminate the attachment bonding motivation of children.

For example, the response of children to bad, or even abusive parenting is to develop an “insecure attachment” because the inadequate parental care of the bad and abusive parent exposes the child to potential predation (and other environmental dangers), so that the child becomes MORE motivated to form an attachment bond to the parent.

The response of children to bad parenting is to be MORE strongly motivated to seek attachment bonding with the abusive parent.

I want to be entirely clear on this, because this is how the authentic child brain works, the response of children to bad parenting is to be MORE strongly motivated to seek attachment bonding with the abusive parent.

While adults may sever adult relationships in response to poor treatment by the other person (such as in divorce), children DO NOT sever their relationship with a parent because of poor parenting. In fact, bad and abusive parenting produces an INSECURE attachment that MORE STRONGLY motivates children toward bonding to the bad and abusive parent.
So while a husband or wife may divorce their spouse for bad treatment during the marriage, exactly the opposite is true for children's relationships with their parents.

While on the surface this may seem counter-intuitive and we would expect children exposed to abusive parenting to seek to sever the attachment bonds to the abusive parent, but it's actually the reverse. No matter how problematic the parenting of the bad parent may be, the bad parenting is still better than even the best predator.

Children who rejected a relationship with a bad parent were more likely to die from neglect, starvation, predation, or environmental dangers than children who responded to the bad parenting by increasing their efforts to form an attached relationship bond to the bad parent. Children who become more motivated to bond to the bad parent survive. Children who become less motivated to bond to the bad parent don’t.

“All seven of these MM monkeys [i.e., Motherless Monkeys who were raised without mothers] were totally inadequate mothers… Initially, the MM monkeys tended to ignore or withdraw from their babies even when the infants were disengaged and screaming… Later the motherless monkeys ignored, rejected, and were physically abusive to their infants… A surprising phenomena was the universally persisting attempts by the infants to attach to the mother’s body regardless of neglect or physical punishment. When the infants failed to attach to the ventral surface of the mother, they would cling to the dorsal surface and attempt to move to the mother's ventral surface.” (Seay, Alexander, Harlow, 1964, p. 353)


“The paradoxical finding that the more punishment a juvenile receives the stronger becomes its attachment to the punishing figure, very difficult to explain in any other theory, is compatible with the view that the function of attachment behavior is protection from predators.” (Bowlby, 1969, 226-227)


“A potential evolutionary explanation suggests selection pressures supported infants that remained attached because it increased the probability of survival. From an adaptive point of view, perhaps it is better for an altricial animal to remain attached to an abusive caregiver than receive no care. (Raineke, Moriceau, Sullivan, 2010, p. 1143)


While these survival features may not be relevant in a parent-child relationship that occurs today, in the 21st Century, the advances in our civilization over the past several thousand years are not relevant to the functioning of the attachment system that evolved across a span of millions of years and that is neurobiologically embedded into the brain as a primary motivational system.

Problematic and abusive parenting produces an insecure attachment that more strongly motivates the child to seek attachment bonding to the abusive parent.

John Bowlby, who first identified and described the attachment system, referred to the attachment system as a “goal corrected” motivational system, meaning that in response to problematic parenting the attachment system maintains its goal of forming an attached relationship bond with the parent, so that the child’s behaviors then become distorted in an effort to achieve this goal to the greatest extent possible in the context of the problematic parenting.

Avoidance of Aversive Parenting

Problematic parenting may lead children to avoid the painful parenting of the problematic parent, but it does not result in a termination of the child’s attachment bonding motivations toward the parent. The attachment
system of the child **CONTINUES** to motivate the child to **want to form** an attached parent-child bond, but the problematic parenting prevents the formation of this attached bond.

The frustrated motivation of the child to form an affectional attachment bond with the parent increases the child’s distress at not being able to form an attachment bond with the parent, and this increased distress creates the child’s “protest behavior” – see Parenting and Protest Behavior – to **elicit the involvement** of the parent.

In **authentic** parent-child conflict created by problematic parenting, the child’s “protest behavior” emerges from a frustrated effort to **FORM** a parent-child bond, it is **NOT** from a desire to **SEVER** the parent-child bond.

Change the problematic parenting that acts as a barrier to the formation of the affectional parent-child bond, and the protest behavior that is being caused by the child’s distress at not being able to form an affectional parent-child relationship goes away.

That’s called “therapy.”

Resolve the features of the problematic parenting, and the child’s **CONTINUING** attachment bonding motivation will allow the formation of an affectionally attached parent-child relationship.

Problematic parenting may produce an avoidance response in the child, but **NOT** a termination of the attachment bonding motivation itself.

The attachment system is a **primary motivational system**, just like the hunger system. When we don’t eat, we experience the distress of hunger. But just because we are experiencing distress caused by not eating, that doesn’t mean that we don’t want to eat. In fact, we want to eat even **MORE** when we’re hungry.

When the child’s desire for affectional attachment bonding with a parent is unfulfilled, the child experiences emotional distress (and so emits protest behavior). But just because the child is experiencing distress and emitting protest behavior, that doesn’t mean that the fundamental motivational system for attachment bonding isn’t still active. In fact, it’s even **MORE** active.

Just because we’re experiencing the distress of being hungry doesn’t mean that we don’t want to eat, and in an authentic parent-child relationship just because the child is experiencing distress at an unfulfilled attachment bond with the parent doesn’t mean that the child doesn’t want an attachment bond with the parent.

A child desire to terminate the child’s relationship with a parent is extremely unusual and is **not at all** a normal response to problematic parenting.

The primary motivational system still remains active even if we are in distress at our inability to satisfy the motivational press.

**Parent-Child Conflict**

Parent-child conflict is normal and developmentally healthy (see, Parenting and Protest Behavior).

In some cases, child vulnerabilities or problematic parenting practices may elevate the severity of parent-child conflicts into unhealthy levels of excessive and extreme child displays of protest behavior.

Under **no circumstances**, however, is parent-child conflict ever lethal to the parent-child relationship, meaning that in no circumstances does parent-child conflict result in the termination of the child’s attachment motivations toward the parent. No matter how bad the parent is, a bad parent is still far better than the predator.
Exceptions:

There are several exceptions, however, that CAN transmute parent-child conflict into a lethal strain that motivates the child to terminate the child’s relationship with the parent. These exceptions are what should be assessed for in evaluating the parenting of the targeted parent that could be producing a termination of the child’s attachment bonding motivations.

• **Sexual abuse/incest**

  Parental sexual abuse of the child immediately and completely terminates the child’s attachment bonding motivations toward that parent.

  The complete termination of the child's attachment bonding motivation toward a parent is a very characteristic and singularly unique feature of the attachment system in response to incest.

    The presence in “parental alienation” of the child’s motivated desire to entirely terminate a relationship with a parent, which is a singularly distinctive feature of the attachment system’s response to incest, suggests the possible presence of sexual abuse “source code” in the “files” of the attachment system that is being trans-generationally transmitted through distorted parenting practices from the original entry of the sexual abuse into the family system a generation or two prior to the current “parental alienation” iteration of the attachment system distortions.

• **Chronic parental violence expressed in physical child abuse**

  **Years** of excessive parental violence as expressed though physical abuse of the child, such as beatings with fists, belts, switches, or electrical cords, can sometimes result in the termination of the child’s attachment bonding motivations toward the violent parent.

  When it occurs, the termination of children’s attachment bonding motivations toward a parent because of chronic parental violence toward the child tends to occur during early or middle adolescence (between the ages of 12-16).

  Chronic parental violence expressed in spousal domestic abuse

  Years of excessive parental violence as expressed though physical spousal abuse can sometimes result in the termination of the child’s attachment bonding motivations toward the violent parent. In other cases, the child may develop an identification with the aggressor in which the child joins in the abuse directed toward the victimized parent/spouse.

  When it occurs, the termination of children’s attachment bonding motivations toward a parent because of the chronic domestic violence directed by this parent toward the child’s other parent tends to occur during early or middle adolescence (between the ages of 12-16), at which time the child may stand up to the violent parent in an effort to protect the victimized parent.

• **Chronic parental alcoholism or substance abuse addiction**

  Most often, chronic parental alcoholism or substance abuse addiction creates a role-reversal parentification of the child into a caretaking role relative to the inadequate and addicted parent. In some cases, after years of a dysfunctional parent-child relationship created by the alcoholic or substance addicted parent, the child may seek to terminate the parent-child relationship with the addicted parent.

  When the child terminates the attached relationship with an addicted parent, the attachment bonding motivation remains active but is severed as a product of the parent’s continuing addiction-related dysfunctions, so that should the parent ever enter recovery and become non-addicted, the child’s attachment bonding motivation can become reactivated toward reconciliation in seeking and forming a parent-child bond.

  When it occurs, the child’s efforts to terminate the parent-child relationship with an alcoholic or substance addicted parent tends to occur during the child’s early adulthood (between the ages 18-30).
Attachment-Based “Parental Alienation”

The only other family dynamic that can produce a lethal strain of parent-child conflict in which the child seeks to entirely terminate the child’s relationship with a parent occurs in a cross-generational parent-child coalition of the child with a narcissistic/(borderline) parent.

The addition of parental narcissistic/(borderline) psychopathology to a cross-generational parent-child coalition against the other parent can transmute the child’s conflicts with the other parent into a particularly malignant and virulent form of parent-child conflict in which the child seeks to entirely terminate the child’s relationship with the targeted parent.

The termination of the child’s attachment bonding motivations toward a normal-range and affectionally available parent as a result of a cross-generational parent-child coalition of the child with a narcissistic/(borderline) parent (i.e., attachment-based “parental alienation”) will be evident in a specific set of three characteristic and definitive diagnostic indicators in the child’s symptom display (see post, Diagnostic Indicators and Associated Clinical Signs).

In none of the other lethal strains of parent-child conflict (i.e., incest, chronic physical child abuse, chronic domestic violence, chronic parental alcoholism or substance addiction) will the child’s symptoms in seeking a child-initiated cutoff in the parent-child relationship evidence the specific set of three characteristic and definitive diagnostic indicators associated with an attachment-based model of “parental alienation.”

Assessment of Parenting

1.) Targeted Parent: If the child’s symptoms are evidencing a motivated desire from the child to terminate the child’s relationship with a parent, then the parenting behavior of the targeted parent should be assessed for the presence of the severely dysfunctional parenting that can sometimes result in the termination of the child’s attachment bonding motivations toward a parent,

- Incest
- Chronic physical abuse of the child (years)
- Chronic domestic violence (years)
- Chronic alcoholism or substance addiction (years)

The presence of these parenting behaviors would indicate pathogenic parenting by the targeted-rejected parent as the causal agent in the termination of the child’s attachment bonding motivations toward this parent.

2.) Allied Parent: If the child’s symptoms are evidencing a motivated desire from the child to terminate the child’s relationship with a parent, then the parenting behavior of the supposedly allied and “favored” parent should be assessed for the presence of the three characteristic and definitive diagnostic indicators in the child’s symptom display of the child’s triangulation into the spousal conflict through a cross-generational coalition of the child with a narcissistic/(borderline) parent (i.e. attachment-based “parental alienation”),

- Attachment System Distortion: The child seeks to terminate the child’s relationship with a normal-range and affectionally available parent.
- Personality Disorder Symptoms: The child’s symptoms evidence a specific set of five narcissistic and borderline personality traits.
- Delusional Belief: The child’s symptoms evidence an intransigently held fixed and false belief in the supposedly (abusive) parental inadequacy of the targeted-rejected parent.

The presence of this specific set of child symptoms would represent definitive diagnostic evidence for pathogenic parenting by the allied and supposedly “favored” parent as the causal agent for the termination of the child’s attachment bonding motivations toward the targeted-rejected parent.

3.) Avoidance of Aversive Parenting: If the child is seeking to avoid aversive parenting by a parent, then the child’s attachment system remains active so that altering the aversive parenting practices of the parent
that are creating the child’s avoidance of this parent will allow the formation of an affectionally bonded parent-child relationship.

If the child’s complaints regarding the problematic parenting behavior of the targeted-rejected parent are **credible and confirmed** through clinical interviews and observation, such as,

- Overly intrusive, over-anxious parenting
- Overly sad, depressed, and dependent parenting
- Overly angry, hostile, critical, and punitive parenting
- Overly controlling parenting relative to adolescent development

Then the problematic parenting practices should be **specifically identified** and therapy to change the identified problematic parenting practices should be initiated. Changes made in the parenting responses provided to the child will produce changes to the child’s behavior.

If changes to the parenting behavior of the targeted parent do not produce corresponding changes in the child’s behavior, then the diagnosis of the parent-child relationship problems as representing the child’s efforts to avoid aversive parenting practices is in error (i.e., the child’s responses to the targeted parent are not under the **“stimulus control”** of the parent’s behavior, suggesting the presence of a cross-generational coalition of the child with the allied and supposedly “favored” parent against the other parent.

**Note on Normal-Range Parenting:**

There is wide variability in normal-range parenting, from lax and permissive parenting to more structured and firm parenting. Both ends of the parenting continuum can be normal-range and both approaches to parenting can produce healthy child development.

Parents have the fundamental right to establish **family values** through their approach to parenting. Some parents will value the improved relationship features available from parenting along the more lax and permissive spectrum of parenting practices, while other parents will value the improved child maturation of personal responsibility available from parenting along the more structured and firm end of the parenting continuum.

The decisions regarding the establishment of family values through parenting practices is the **legitimate right of parents** and is embedded within **cultural values**.

**Broad latitude** should be granted to parents in establishing family values through their parenting with their children.

It is only when parenting reaches the extremes on either end of the spectrum, either excessively lax and permissive parenting so as to represent **child neglect**, or excessively structured and firm parenting so as to represent emotional or physical **child abuse**, should broader societal standards for appropriate parenting be applied.

If we place parenting behavior along a continuum from 1 to 100, with lax and permissive parenting at the lower end of the spectrum and structured and firm parenting at the higher end, then **normal-range** parenting would fall between 20 and 80 on this scale.

Each style of parenting has positive and negative features, so that professional psychology tends to recommend parenting that falls in the mid-range spectrum (been 40 and 60 on a 100 point scale) that employs a balance of both reasonable parent-child dialogue and reasonable parent-imposed structure.

The relative balance of these two features, parent-child dialogue and parentally imposed structure, changes with the child’s increasing maturation, so that the amount of structure we provide to younger children, such as with a 5 or 6 year old child, is greater than the parental structure we would apply for older children, such as with a 15 or 16 year old adolescent who is preparing for entry into young adulthood.

As parenting practices move toward the more prominent use of a lax and permissive parenting approach over a structured and firm parenting style (20-40 on the 100 point scale), or toward the more prominent use of a structured and firm parenting style over a lax and permissive approach (60-80 on the 100 point scale)
more problematic family issues can begin to emerge based on the parenting style employed, yet parenting from these more distinctively pronounced frameworks nevertheless remains normal-range and within the parental rights and legitimate prerogatives of the parent.

**Broad latitude** should be granted to parents in the establishment of values within their families.

Except in cases of prominent parental neglect or abuse, parents have a **legitimate right** to establish family values through their parenting practices, and it is up to children to adjust to parental values and expectations. Adjusting to parental rules, values, and expectations is an important part of child maturational development. As long as the parenting practices are broadly normal-range (i.e., between 20 and 80 on a 100 point scale), then the rights and legitimate prerogatives of the parent should be **respected and supported**, and it is up to the child to adjust and adapt to the parenting approach.

If desired, therapeutic dialogue with the parent can be engaged regarding possible parenting approaches within the mid-range of the parenting spectrum that use a balanced blend of reasonable dialogue and reasonable structure, but such therapeutic dialogue should **not undermine** the legitimate parental right and the legitimate authority of the parent to establish **family values** that are consistent with the parent’s values as long as the parenting practices employed are broadly normal-range.

Healthy child development **REQUIRES** that the child adjust and adapt to imposed restrictions on the “degrees of freedom” available to the child that “constrain their children’s behavior in a way that promotes transitions to more highly organized, complex phases of organization.” (Cherkes-Julkowski & Mitliina, 1999, p. 7; see *Parenting and Protest Behavior*). As long as parenting practices are broadly normal-range, healthy child development **requires** that the child adjust and adapt to the values of the parent as expressed in the parenting practices.

Reasonable parent-child dialogue that provides some restrictions on the child’s developing brain systems “while at the same time allowing enough degrees of freedom for the child to self-organize according to her or his own periodicities” (Cherkes-Julkowski & Mitliina, 1999, p. 14; see *Parenting and Protest Behavior*) can be encouraged, it nevertheless remains centrally important to healthy child development to support the legitimate rights, authority, and leadership of the parent in determining and establishing family values through the choice of parental responses and parenting practices.

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References