

An Attachment-Based Model of Parental Alienation: Foundations

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Introduction

PARADIGM SHIFT

The Current Paradigm

The term “parental alienation” is used in discussions by mental health and legal professionals to characterize a set of family dynamics in which a child is influenced by one parent into rejecting a relationship with the other parent, who is otherwise a normal-range and affectionally available parent. This type of negative parental influence on the child typically occurs following a divorce, although the processes of the child’s “alienation” can begin while the family is still intact and before the actual divorce occurs. “Parental alienation” is often alleged in high-conflict custody disputes in which the parents can battle for years over custody issues surrounding the children, co-parenting, and visitation. However, despite the term “parental alienation” being used in professional contexts, the actual construct lacks a defined meaning within clinical psychology.

The construct of “parental alienation” was popularized in the 1980’s by a psychiatrist, Richard Gardner, who proposed a set of eight anecdotal clinical indicators for recognizing “parental alienation,” such as a campaign of denigration by the child directed against the targeted parent for reasons that are considered weak and frivolous, child criticisms of the targeted parent using “borrowed scenarios” provided by the alienating parent, or the child staunchly maintaining that the child’s animosity and rejection of the targeted parent were authentic to the child’s experience and were not being created by the negative influence of the allied and

favored parent, a characteristic that Gardner referred to as the “independent thinker” phenomenon for the child.

Unfortunately, none of these proposed indicators of “parental alienation” have any basis in established psychological principles or constructs within professional psychology. They were all developed by Gardner as uniquely representing what he claimed was a new psychological syndrome, which he termed “Parental Alienation Syndrome” (PAS). According to Gardner and the supporters of the PAS model, these eight diagnostic indicators may or may not be present in any individual case of PAS and the degree of “alienation” could range along a continuum from mild, to moderate, to severe, although it is unclear by what criteria placement along this continuum can be established. As a result, it is unclear what features of the PAS model constitute mild “alienation” versus moderate “alienation” versus severe “alienation,” so that making this determination of whether PAS is present and at what severity appears to be a matter of clinical judgment.

The methods by which one parent induces a child to reject a relationship with the other parent were also not adequately clarified by Gardner. As a result, the vague and non-clinical term of “brainwashing” is often applied to describe the processes by which the child is induced into rejecting a relationship with the other parent. This has led in the past to supposed treatments that were designed to “deprogram” the child. Since the symptom induction process is unclear, the required treatment for PAS remains equally unclear. This has resulted in situations where “parental alienation” is established as being responsible for the child’s rejection of a normal-range and affectionally available parent, yet the court nevertheless remains reluctant to separate the child from the alienating parent out of concern for the possibly detrimental impact on the child of severing the child’s seemingly bonded relationship with the allied and supposedly favored alienating parent.

While the clinical phenomenon identified by Gardner is valid, the PAS model he proposed is not based in any established or accepted psychological principles or constructs. None of the symptoms proposed for PAS represent defined constructs in clinical psychology, nor are the concepts of “brainwashing” and “deprogramming” defined and accepted constructs in clinical psychology. The PAS model proposed by Gardner was therefore met with considerable skepticism within many factions of

professional psychology and the legal system because it lacked sufficient theoretical foundation for the proposal of a new “syndrome” defined by anecdotal indicators, arbitrarily identified by Gardner, that were unrelated to any established psychological principles or constructs.

To further compound the controversy surrounding PAS, Gardner also proposed that the presence of PAS, despite being a vaguely defined theoretical construct, was often associated with false allegations of sexual abuse made by mothers against fathers in custody disputes. Gardner proposed that mothers used these false allegations of sexual abuse as manipulative tools to gain advantage in the post-divorce custody proceedings. According to Gardner, when PAS is present then allegations of sexual abuse against the father should be met with skepticism and could be discounted if PAS is present. This proposal by Gardner regarding false allegations of sexual abuse made by mothers in divorce proceedings against fathers because of PAS drew considerable criticism and generated considerable controversy.

Both sides in this controversy are correct. The clinical phenomenon of “parental alienation” is authentic, but Gardner’s description of the construct is inadequate. As a result of both sides being correct, the field of professional psychology became polarized into proponents and opponents of the PAS construct. The proposal for a new diagnosis of Parental Alienation Syndrome in professional psychology immediately drew supporters who advocated for the existence of this clinical phenomenon. Yet the inadequate theoretical foundations provided by Gardner for this new syndrome also created detractors as well, who staunchly argued that the PAS model lacked sufficient theoretical substance, and the phrase “junk science” was coined to describe the lack of scientific support for the PAS model. The authenticity of the clinical phenomenon combined with Gardner’s inadequate definition of the construct split professional psychology into polarized camps with regard to “parental alienation.” The controversy generated in professional psychology was then transferred into the legal arena as the proponents of PAS as a legitimate mental health construct tried to have it introduced into divorce and custody proceedings, while the opponents of PAS challenged the use of the construct in a legal setting as not having a sufficient scientific basis.

Over the decades since Gardner first proposed the PAS model, proponents for the construct of “parental alienation” have tried to establish a research-based foundation for the validity of the anecdotal clinical indicators identified by Gardner, and they have tried repeatedly, but without success, to have the construct of “parental alienation” included as a recognized diagnostic entity within the DSM diagnostic system of the American Psychiatric Association. Gradually, through the persistent efforts of the proponents for a PAS model, the mental health and legal systems have grudgingly recognized the existence of “parental alienation,” although the construct remains poorly defined. With the increased recognition for the construct by professional mental health, the existence of “parental alienation” has also been granted some recognition in the legal setting as well.

However, within clinical psychology the construct of “parental alienation” still lacks a clearly defined meaning, which limits its usefulness as a clinical construct for diagnosis and treatment. Yet within clinical psychology the component family dynamics and psychological processes that have traditionally been called “parental alienation” in the general popular culture have already been defined in established and accepted psychological principles and constructs. It is simply that these established psychological principles and constructs have not been applied to define the construct of “parental alienation.” At some level, this theoretical failure is understandable given the complexity of the psychological and interpersonal processes, yet at the same time this failure is puzzling given that the processes involved in “parental alienation” are clearly recognized mental health constructs.

From the perspective of clinical psychology, there is absolutely nothing new or unique about the construct of “parental alienation” except the name. The component psychological and family processes within clinical psychology that define the clinical phenomenon of “parental alienation” are all standard and well established psychological principles and constructs, but these established principles and constructs of professional psychology were simply not applied by Gardner within the PAS model, or subsequently by his supporters. Gardner was correct in identifying an authentic clinical phenomenon, yet he too quickly abandoned the professional rigor necessary for defining “parental alienation” within established psychological principles and constructs. The subsequent supporters of the PAS model have likewise failed to

accept the constructive criticism offered by establishment mental health which would have led them to develop a more substantial theoretical foundation for defining the construct of “parental alienation.” Instead, both sides in the debate have maintained polarized positions of argument and counter-argument without recognizing the validity of the other position and without seeking a synthesis of views that would better serve the needs of targeted parents and their children.

Syndrome

From the perspective of an attachment-based reconceptualization and redefinition for the construct of “parental alienation,” there is nothing new about the psychological or family processes involved. All of the component processes that comprise an attachment-based model for the construct of “parental alienation” are established and accepted psychological principles and constructs. Yet the psychological and interpersonal processes are complex, at least on first pass, so that it is helpful to have a label by which the complex dynamics can be efficiently labeled in discussion.

My approach has been to continue using the label “parental alienation” but to place this term in quotes to indicate that the construct itself does not have a defined clinical meaning, but is instead comprised of component processes that are defined within clinical psychology. In order to differentiate this new definition for the construct of “parental alienation” from Gardner’s inadequate PAS model, I have applied the additional phrase “attachment-based” ahead of the term “parental alienation” to indicate that I am not discussing the Gardnerian PAS model, and also to emphasize the importance of the attachment system in understanding the dynamics surrounding the clinical phenomenon traditionally described as “parental alienation.”

Does the construct of “parental alienation” warrant the designation as a syndrome? The definition of a syndrome according to the Merriam-Webster Dictionary (2015) is:

1. a group of signs and symptoms that occur together and characterize a particular abnormality or condition
2. a set of concurrent things (as emotions or actions) that usually form an identifiable pattern

An attachment-based reconceptualization for the construct of “parental alienation” seemingly meets the definitional criteria as a syndrome, although the theoretical foundations for an attachment-based model of “parental alienation” bear no resemblance to the anecdotal definition of the Gardnerian PAS model. In order to avoid any confusion between the attachment-based model of “parental alienation” and the Gardnerian PAS model, I am going to refrain from using the term “syndrome” in my discussions of “parental alienation.” But eventually, once the paradigm has shifted away from the Gardnerian PAS definition to an attachment-based reconceptualization, then the re-application of the term “syndrome” would seemingly be appropriate for the complex and interwoven family systems, personality disorder, and attachment system processes evidenced in an attachment-based model for the construct of “parental alienation.”

In the professional and legal debate that has surrounded the construct of “parental alienation” for nearly three decades, both sides are correct. There is a valid clinical phenomenon that is manifested in an identifiable pattern of symptoms that occur together (i.e., a syndrome) involving a child’s induced rejection of a relationship with a normal-range and affectionally available parent as a product of the distorting parental influence on the child by the allied and supposedly favored parent, AND the PAS model for defining this phenomenon lacks sufficiently established scientific foundation. The definition of “parental alienation” proposed by the PAS model is professionally inadequate. The critics of the PAS model are absolutely correct in their assertion that the PAS model lacks scientifically supported theoretical grounding. This does not mean, however, that Gardner was incorrect in identifying the existence of a valid clinical phenomenon, only that his initial effort at defining this phenomenon lacked sufficient professional precision.

An attachment-based model of “parental alienation” returns to the roots of the clinical phenomenon identified by Gardner and redefines the construct of “parental alienation” from entirely within standard and established psychological principles and constructs of the attachment system, personality disorder characteristics, and family systems constructs. By applying the necessary professional rigor needed to redefine the construct of “parental alienation” from entirely within standard and established psychological principles and constructs, an attachment-based model of “parental alienation” represents a complete

break with the earlier PAS model proposed by Gardner. An attachment-based model for the construct of “parental alienation” represents an entirely different paradigm for understanding and defining the clinical phenomenon traditionally referred to as “parental alienation.”

Pathogenic Parenting

As noted earlier, throughout this book and in my other writings I always place the term “parental alienation” in quotes. I do this because, in my view as a clinical psychologist, the construct of “parental alienation” is not a defined clinical construct. From the perspective of clinical psychology the more accurate clinical term for “parental alienation” is “pathogenic parenting” (patho=pathological; genic=genesis, creation). Pathogenic parenting refers to parenting practices that are so aberrant and distorted that they produce significant psychopathology in the child. In professional psychology, the term “pathogenic parenting” is most often used in the context of distortions to the child’s attachment system, since the attachment system does not spontaneously or independently dysfunction, but only becomes dysfunctional in response to problematic and “pathogenic parenting” practices.

The correct clinical term for what has traditionally been referred to as “parental alienation” is pathogenic parenting involving a parentally induced suppression of the child’s attachment bonding motivations toward a normal-range and affectionally available parent. Going forward, I would encourage mental health professionals to gradually transition to the more accurate clinical term of “pathogenic parenting” in describing the pathology associated with an attachment-based model of “parental alienation.” As a label for the complex pathology of attachment-based “parental alienation,” mental health professionals may wish to link the terms “pathogenic parenting” and “parental alienation” in order to specify the associated type of pathogenic parenting, thereby creating the combined phrase of “pathogenic parenting associated with attachment-based “parental alienation” as a more accurate label for the pathology.

The reason for the recommended shift in phrasing within mental health is to achieve greater clarity and accuracy in diagnosis and treatment. Shifting to the term “pathogenic parenting” subtly shifts the conceptual focus of mental health professionals from diagnosing the distorted parenting practices of the alienating parent to a more direct

clinical focus on the impact of these distorted parenting practices on the child, who is developing and expressing symptoms of great clinical concern.

An Attachment-Based Model

In the descriptions to follow, an attachment-based model for the construct of “parental alienation” will be elaborated. The component clinical constructs that make up the complex family dynamics will be described through three levels of analysis that comprise an integrated model; first at the level of the family system dynamics, then at the level of the personality disorder processes of the narcissistic/(borderline) parent, and then finally at the underlying substrate of the attachment system level. The clinical phenomenon of “parental alienation” is comprised of these three component psychological levels, so that an overall clinical description of “parental alienation” incorporates all three levels of analysis.

Clinical Definition of “Parental Alienation”

The construct of “parental alienation” represents the child’s triangulation into the spousal conflict through the formation of a cross-generational coalition with a narcissistic/(borderline) parent. This cross-generational coalition of the narcissistic/(borderline) parent with the child is directed against the other parent, causing a breach in the child’s relationship with the targeted parent. In this cross-generational coalition, the child is being used by the narcissistic/(borderline) parent in a role-reversal relationship as a “regulatory object” for the regulation of excessive parental anxiety triggered by the divorce.

The anxiety experienced by the narcissistic/(borderline) parent that is being regulated through the child’s induced symptomatic rejection of the targeted parent originates from three interrelated sources:

- 1) **Narcissistic Anxiety:** The threatened collapse of the parent’s narcissistic defenses against the experience of primal self-inadequacy;
- 2) **Borderline Anxiety:** A borderline personality dynamic surrounding an intense fear of abandonment;

- 3) **Trauma Anxiety:** The re-experiencing by the parent of childhood attachment trauma (called “complex trauma” or “developmental trauma”) that was responsible for creating the narcissistic and borderline personality processes that are driving the “parental alienation.”

The developmental trauma experienced by the narcissistic/(borderline) parent during childhood is contained in the internal working models of the narcissistic/(borderline) parent’s attachment networks in the representational pattern of “abusive parent”/“victimized child”/“protective parent.” These attachment trauma patterns (as well as the additional role of “bystander”) from the childhood attachment trauma of the narcissistic/(borderline) parent are being reenacted in current relationships with the current child and targeted parent as a means for the narcissistic/(borderline) parent to regulate the reactivated anxiety from the childhood trauma. In the trauma reenactment narrative, the current child is assigned the attachment trauma role as the “victimized child,” the targeted parent is assigned the role as the “abusive parent” in the trauma reenactment, and the narcissistic/(borderline) parent adopts the coveted role as the “protective parent” in the trauma reenactment narrative. Through the reenactment of childhood attachment trauma into the current family relationships the narcissistic/(borderline) parent is able to obtain psychological mastery over the childhood trauma experience, and over the associated trauma-related anxiety that is embedded in this parent’s attachment networks.

But this clinical definition becomes a very long and complicated description to repeatedly say each time we wish to reference the clinical phenomenon, so it would benefit us to have a shorter label to represent this underlying clinical phenomenon. We could call it “trauma reenactment alienation,” or “induced child rejection through role-reversal,” or “parentally induced child alienation,” or any of a variety of other labels. However, the label used over the past thirty years within the mainstream culture for this clinical phenomenon has been “parental alienation.” Therefore, I have decided to continue in this tradition, but I have placed the phrase “parental alienation” in quotes to indicate that it is not, in itself, a defined clinical construct, but is instead defined by a set of component clinical constructs that have defined meanings within the scientific literature. In addition, to differentiate this new model for the construct of “parental alienation” from the prior PAS model of Gardner, I

have added the phrase “attachment-based” in front of the popularized term of “parental alienation” to indicate the reference to this new model rather than the older Gardnerian PAS model.

Paradigm Shift

The attachment-based redefinition for the construct of “parental alienation” that is based entirely within standard and established psychological principles and constructs as a replacement for the earlier laudable but professionally inadequate PAS model proposed by Gardner represents a fundamental paradigm shift for how the construct of “parental alienation” is defined. The attachment-based model described here is completely separate from and has no association with the earlier PAS model proposed by Gardner, except that they both use the term “parental alienation” (although I place this term in quotes to indicate that it is not, in itself, a defined clinical term) and both paradigms address a similar, but not necessarily identical, clinical phenomenon.

While the Gardnerian PAS model and the attachment-based model for the construct of “parental alienation” share some overlap in the identified clinical phenomenon, there is nevertheless some variation in the actual clinical phenomenon being addressed by the attachment-based model as compared to the PAS model. The attachment-based redefinition for the construct of “parental alienation” is dichotomous rather than the dimensional definition of Gardnerian PAS, meaning that attachment-based parental alienation is diagnostically either present or absent, whereas the Gardnerian PAS model allows mild, moderate, and severe forms (although it does not specify clear criteria for differentiating various degrees of “alienation”). In an attachment-based model of “parental alienation,” there are no mild or moderate cases. Attachment-based “parental alienation” is **always** a manifestation of severe psychopathology within the family that is either present or absent.

The diagnostic indicators for the presence (or absence) of attachment-based “parental alienation” are also entirely different from the anecdotal diagnostic signs proposed by Gardner for PAS. Gardner proposed a set of eight anecdotal clinical indicators that may or may not be present in any given case, and the nature of these clinical signs had no relationship to established psychological constructs or symptoms but were unique to the Gardnerian diagnosis of PAS. An attachment-based

model, on the other hand, relies instead on a theoretical formulation of the pathology to identify a specific set of three diagnostic indicators based in both the theory of attachment-based “parental alienation” and in standard clinical symptom indicators. This set of three diagnostic indicators for attachment-based parental alienation must all be present in order for the clinical diagnosis of attachment-based “parental alienation” to be made, and the application of these three diagnostic indicators yields a dichotomous diagnosis of attachment-based “parental alienation” as being either present or absent in any specific case.

In addition, the means by which the child’s symptoms are induced are conceptually different, or perhaps simply more elaborated within an attachment-based model of “parental alienation.” The attachment-based model of “parental alienation” does not rely on the poorly defined construct of “brainwashing” the child or inducing the child’s symptoms through direct parental denigration of the targeted parent by the allied and supposedly favored alienating parent. Instead, an attachment-based model of “parental alienation” turns to the sophisticated scientific evidence from parent-child communication research, and relies on a more thorough understanding regarding the functioning of the attachment system during childhood for explaining how the child’s rejection of a relationship with the targeted parent is induced. This description of the symptom induction process involves a more fully considered understanding for the reenactment of trauma to then describe the subtle and complex means of interpersonal influence on the child that leads to the suppression of the child’s attachment-bonding motivations toward a normal-range and affectionally available parent and that induces the child’s specific symptom display.

Finally, since an attachment-based model of “parental alienation” is based in established and accepted psychological principles and constructs, it leads directly to more definitive treatment recommendations than does the earlier PAS model. An attachment-based model identifies four interrelated phases for the treatment of the distortions to the functioning of the child’s attachment system that are created by the child’s role-reversal relationship with the narcissistic/(borderline) parent. The initial phase of treatment for the severe pathology being expressed in attachment-based “parental alienation” requires a child protection response during the active phase of the child’s treatment and recovery stabilization period. Once the child is protected from the ongoing and

relentless pathogenic influence of the narcissistic/(borderline) parent, then the treatment involves two interrelated phases of recovering the child's authenticity from the role-reversal relationship with the narcissistic/(borderline) parent and the restoration of an affectionally bonded relationship with the normal-range targeted parent. The final phase of treatment involves the monitored reintroduction of the pathology of the narcissistic/(borderline) parent which allows the child to establish healthy attachment bonds to both parents.

The attachment-based model for "parental alienation" and the Gardnerian PAS model are distinctly different. They represent two separate paradigms for conceptualizing the construct of "parental alienation." After 30 years of the PAS model as representing the dominant paradigm for describing the clinical phenomenon of "parental alienation," the Gardnerian model of PAS has failed to produce a solution to the family tragedy of "parental alienation." The Gardnerian PAS model represents a failed paradigm across a range of considerations and it needs to be replaced by a more scientifically grounded model for the construct of "parental alienation." After 30 years as the dominant paradigm, the PAS model of Gardner is a failed theoretical paradigm, it is a failed diagnostic paradigm, it is a failed legal paradigm, and it is a failed treatment paradigm.

PAS as a Failed Theoretical Paradigm

In defining the construct of PAS, Gardner too quickly abandoned the professional rigor required to define his proposed construct of "parental alienation" within scientifically established and professionally accepted psychological principles and constructs. Instead, he proposed a new "syndrome" that was not based in any established psychological principles or constructs, and was defined solely through anecdotal clinical indicators. When we build any structure, we start by first laying a firm foundation that can support the structure we build. By proposing a new "syndrome" that is not anchored in any established psychological principles or constructs, Gardner too quickly abandoned the necessary professional rigor required to first lay a solid theoretical foundation for the construct of "parental alienation."

Instead, Gardner built the theoretical structure for the construct of PAS on the shifting sands of anecdotal clinical signs, rather than on the theoretical bedrock of established psychological principles and constructs.

As a result, when targeted parents and the legal profession then tried to leverage the PAS model of “parental alienation” to achieve a solution to the family pathology, the shifting sands of its theoretical foundation shifted beneath their feet and the theoretical structure of PAS collapsed. In the 30 years since its introduction, the PAS model has failed to provide and actualized solution to the family tragedy of “parental alienation.”

An attachment-based model for the construct of “parental alienation” returns to the core bedrock of the theoretical foundations on which the construct of “parental alienation” is based. An attachment-based model of “parental alienation” is established on the solid bedrock of standard and established psychological principles and constructs. This opens the door to a wealth of scientifically grounded research literature, which then allows the mental health and legal professions to leverage an attachment-based model of “parental alienation” into an actualizable solution for the family. When the theoretical foundations for an attachment-based model of “parental alienation” are relied on to achieve a solution, our feet will be firmly grounded on the bedrock of scientifically established psychological principles and constructs.

PAS as a Failed Diagnostic Paradigm

The eight anecdotal diagnostic signs of PAS proposed by Gardner are too vague and ill-defined to be useful in clinical practice. The diagnostic indicators may or may not be present in any individual case, with no established guidelines for how many diagnostic indicators are necessary for either the diagnosis in any individual case or for establishing the level of severity of “parental alienation” in any individual case. This has led to a great deal of debate surrounding the relative contribution of the targeted parent to the child’s symptom display even when highly distorted parenting practices by the allied and supposedly favored parent have been identified.

Since the PAS diagnostic model is dimensional, it allows cases of “parental alienation” to be placed along a continuum from mild, to moderate, to severe. This dimensional diagnostic structure for the PAS model permits mental health professionals to divide parental responsibility for the child’s symptoms between the alienating parent and the targeted parent. Dividing responsibility for the creation of the child’s severe symptomatology fails to recognize the actual truth behind the child’s symptoms; i.e., that they are the sole result of severely distorted

parenting practices by a narcissistic/(borderline) parent. The dimensional quality of the Gardnerian PAS model undermines the clarity of diagnosis. Even when highly distorted parenting practices by the alienating parent are identified and acknowledged by mental health professionals, these professionals are often reluctant to absolve the targeted parent of responsibility for having at least some role in the child's symptomatic rejection displayed toward the targeted parent. This, in turn, leads to treatment efforts that are misguided because they fail to fully comprehend the nature of the severe psychopathology being expressed in the family processes.

The diagnostic structure for an attachment-based model of "parental alienation," on the other hand, is dichotomous. This means that the use of the diagnostic indicators for an attachment-based model of "parental alienation" will provide a definitive diagnostic identification of "parental alienation" as being either present or absent, and as being the sole causative agent for the child's symptomatic rejection of a relationship with the normal-range and affectionally available targeted parent. Furthermore, the diagnostic indicators for an attachment-based model of "parental alienation" are derived from the underlying theoretical constructs that form the foundational bedrock of the model, rather than from anecdotally suggestive clinical indicators, so that the foundations for the diagnostic indicators are professionally sound and definitive.

PAS as a Failed Legal Paradigm

The PAS model requires that targeted parents prove "parental alienation" in court in order to obtain legal remedies for their problems in shared custody, and for their child's symptomatic displays of rejection. However, proving "parental alienation" in court is far too long and protracted a process, allowing the child's symptomatic state to go unresolved for years. Proving "parental alienation" in court is also far too expensive for most targeted parents to achieve. In most cases, proving "parental alienation" in court is financially beyond the reach of the targeted-rejected parent.

In addition, only the most egregious cases of "parental alienation" can typically meet the standards of evidence required for proof in legal proceedings. The complex psychological manipulation and exploitation involved in "parental alienation" is too subtle and difficult to describe for the court during trial. The role-reversal processes by which the

narcissistic/(borderline) parent induces the child's symptomatic rejection of the targeted parent are extremely subtle and insidious, and do not provide the exposed evidence necessary for proof of distorted parenting in a legal context. As a result, the pathology of "parental alienation" often goes unrecognized within the legal context.

Furthermore, proving "parental alienation" in court can become an excessively long and drawn out effort, often requiring years of repeated litigation that never resolves the problem, and this extensive and repeated litigation disproportionately clogs and over-burdens the family law courts. Of considerable concern is that throughout the years of unproductive litigation the child and targeted parent lose precious time from their affectionally bonded relationship during important developmental periods of childhood. Once lost, these periods of child development and lost relationship can never be recaptured. The requirement imposed by the PAS model that targeted parents prove "parental alienation" in court does not provide targeted parents and their children with a realistic and actualizable solution for the pathology being expressed within the family.

An attachment-based model of "parental alienation" takes the diagnosis of mental health pathology out of the courtroom and returns it to the mental health profession. By analogy, the diagnosis of a patient with schizophrenia or bipolar disorder does not require years of protracted litigation in the legal system to prove the patient has the diagnosed disorder. Unusual cases regarding diagnosis may sometimes enter the legal system, yet even in these rare cases the legal system tends to rely more fully on professional diagnosis rather than litigating the applicability of diagnostic criteria for a mental health disorder.

By returning to established and accepted psychological principles and constructs for the definition of "parental alienation," an attachment-based model allows the mental health profession to bring to a close its unnecessary and destructive internal polarization regarding the validity of the construct of "parental alienation." Once the mental health profession becomes unified in recognizing and describing the nature of the pathology, a united mental health profession can provide the legal system with clear and unambiguous identification of the family pathology, and with clear and definitive recommendations for the treatment remedy necessary for restoring healthy and normal-range child development and

family relationships. When mental health speaks with a single united voice then the legal system will be able to act with the decisive clarity necessary to solve the family processes of attachment-based “parental alienation.” Once mental health achieves clarity regarding the nature of the pathology, the legal system will be able to rely on the professional diagnosis of the pathology and on the recommendations for needed treatment, resulting in greater efficiency and clarity in court decisions and substantially reduced financial cost and time required for litigating family conflict.

PAS as a Failed Treatment Paradigm

Since Gardner’s PAS model lacks theoretical foundations in established psychological principles and constructs, it cannot offer guidelines regarding treatment recommendations. Any treatment recommendations derived from the PAS model are only speculative since the PAS model is not defined or explained within any linking theoretical structure for understanding the processes involved.

An attachment-based model of “parental alienation,” on the other hand, defines the construct of “parental alienation” through its underlying dynamics. These dynamics are based in established psychological principles and constructs which then lead directly to the required treatment interventions that are necessary for resolving the identified psychological pathology being expressed within the family. We cannot understand how to treat a disorder until we first understand what that disorder entails. By defining the core pathology of “parental alienation,” an attachment-based model for the construct of “parental alienation” leads to identifiable and clearly defined treatment recommendations.

An attachment-based model of “parental alienation” represents a paradigm shift in which the prior Gardnerian model for the construct is retired and is replaced by a more robust and scientifically grounded attachment-based model for the construct of “parental alienation.” By returning to the foundational definition that describes the construct of “parental alienation,” an attachment-based model recognizes the actuality of the clinical phenomenon while correcting the fundamental weakness of the PAS model in defining the nature of this clinical phenomenon. This change in paradigms provides targeted parents and their children with immediately actualizable solutions for the pathology,

and courts will be able to rely on the unified voice of mental health for clarity in identifying the diagnosis and treatment needs of the child.

While the laudable early conceptual work of Gardner should be appreciated for highlighting the presence of an authentic and important clinical phenomenon, it is long-past overdue to shift toward a more scientifically and professionally grounded definition for the construct of “parental alienation.” The professional definition for the construct of “parental alienation” needs to be based in established and accepted psychological principles and constructs that can be used to define the theoretical foundations, the diagnostic indicators, and the treatment structure for the construct of “parental alienation.”

Theoretical Overview

The psychological processes involved in attachment-based “parental alienation” are complex, but they become increasingly self-evident with familiarity. The primary reason for the initial apparent complexity of the dynamics is that they involve the psychological expressions within family relationship patterns of a narcissistic/(borderline) personality structure that has its origins in early attachment trauma from the childhood of the parent which is influencing, and in fact driving, the patterns of relationship interactions currently being expressed within the family. The inner psychological processes of the narcissistic/(borderline) mind are inherently complex and swirling, and linking these distorted personality processes into the functioning of the underlying attachment system adds another level of complexity. However, the nature of the pathology is stable across cases of “parental alienation,” so that this consistency in the pathology provides ever increasing clarity of understanding from increasing familiarity for the concepts.

Fully understanding these seemingly complex psychological and family factors requires an integrated recognition of the psychological and interpersonal dynamics across three interrelated levels of clinical analysis, 1) the family systems level, 2) the personality disorder level, and 3) the attachment system level. Each of these levels individually provides a coherent explanatory model for the dynamics being expressed in “parental alienation,” and yet each individual level is also an interconnected expression of the pathology contained at the other two levels of analysis as well, so that a complete recognition of the

psychopathology being expressed as “parental alienation” requires a conceptual understanding of the process across all three distinctly different, yet interconnected, levels of analysis.

The family systems processes involve the family’s inability to successfully transition from an intact family structure that is united by the marital relationship to a separated family structure that is united by the continuing parental roles with the child. The difficulty in the family’s ability to transition from an intact family structure to a separated family structure is manifesting in the child’s triangulation into the spousal conflict through the formation of a cross-generational coalition with one parent (the allied and supposedly favored parent) against the other parent (the targeted-rejected parent). These principles are standard and established family systems constructs that are extensively discussed and described by preeminent family systems theorists, such as Salvador Minuchin and Jay Haley.

The problems occurring at the family systems level of analysis have their origin in the narcissistic/(borderline) personality dynamics of the allied and supposedly favored parent. The personality pathology of the narcissistic/(borderline) parent is creating a distorted emotional and psychological response in this parent to the psychological stresses associated with the interpersonal rejection and perceived abandonment surrounding the divorce. The inherent interpersonal rejection associated with divorce triggers specific psychological vulnerabilities for the narcissistic/(borderline) parent, who then responds in characteristic but pathological ways that adversely influence the child’s relationship with the other parent.

The characteristic psychopathology of the narcissistic/(borderline) parent draws the child into a role-reversal relationship with the parent in which the child is used by the narcissistic/(borderline) parent as an external “regulatory object” to help the narcissistic/(borderline) parent regulate three separate but interrelated sources of intense anxiety that were triggered by the divorce,

- 1) **Narcissistic Anxiety:** The threatened collapse of the parent’s narcissistic defenses against an experience of core-self inadequacy that is being activated by the interpersonal rejection associated with the divorce;

- 2) **Borderline Anxiety:** The triggering of severe abandonment fears as a result of the divorce and dissolution of the intact family structure;
- 3) **Trauma Anxiety:** The activation and re-experiencing of excessive anxiety embedded in attachment trauma networks from the childhood of the narcissistic/(borderline) parent that become active when the attachment system of the narcissistic/(borderline) parent activates in order to mediate the loss experience associated with the divorce.

At the core level of the psychological and family dynamics that are traditionally described as “parental alienation” is the attachment trauma of the narcissistic/(borderline) parent that is being triggered and then reenacted in current family relationships. It is this childhood attachment trauma of the narcissistic/(borderline) parent that is responsible for creating the narcissistic and borderline pathology of this personality. The childhood attachment trauma experienced by the narcissistic/(borderline) parent subsequently coalesced during this parent’s adolescence and young adulthood into the narcissistic and borderline personality structures that are driving the distorted relationship dynamics associated with the “parental alienation.” The childhood attachment trauma (i.e., a disorganized attachment) creates the narcissistic and borderline personality structures that then distort the family’s transition from an intact family structure to a separated family structure.

At the foundational core for triggering this integrated psychological and interpersonal dynamic is the reactivation by the divorce of attachment trauma networks from the childhood of the narcissistic/(borderline) parent that are contained within the internal working models of this parent’s attachment system. The representational schemas for this childhood attachment trauma are in the pattern of “victimized child”/“abusive parent”/“protective parent,” and it is this trauma pattern from the childhood of the “alienating” narcissistic/(borderline) parent that is being reenacted in the current family relationships.

The childhood trauma patterns for role-relationships contained within the internal working models of the narcissistic/(borderline) parent’s attachment system are being reenacted in current family relationships. The current child is adopting the trauma reenactment role as the “victimized child.” The child’s role as the “victimized child” then

imposes the reenactment role of the “abusive parent” onto the targeted parent, and the coveted role in the trauma reenactment narrative of the all-wonderful “protective parent” is being adopted and conspicuously displayed by the narcissistic/(borderline) parent to the “bystanders” in the trauma reenactment. The “bystanders” in the trauma reenactment are represented by the various therapists, parenting coordinators, custody evaluators, attorneys, and judges. Their role in the trauma reenactment is to endorse the “authenticity” of the reenactment narrative. These “bystanders” also serve the function of providing the narcissistic/(borderline) parent with the “narcissistic supply” of social approval for the presentation by the narcissistic/(borderline) parent as being the idealized and all-wonderful “protective parent.”

At its foundational core, “parental alienation” represents the reenactment of a false drama of abuse and victimization from the childhood of a narcissistic/(borderline) parent that is embedded in the internal working models of the “alienating” parent’s attachment networks. This false drama of the reenactment narrative is created by the psychopathology of a narcissistic/(borderline) parent in response to the psychological stresses of the divorce and the reactivation of attachment trauma networks as a consequence of the divorce experience. In actual truth, there is no victimized child, there is no abusive parent, and there is no protective parent. It is a false drama, an echo of a childhood trauma from long ago, brought into the present by the pathological consequences of the childhood trauma in creating the distorting narcissistic/(borderline) personality structures of the alienating parent.

The child, for his or her part, is caught within this reenactment narrative by the distorting psychopathology and invalidating communications of the narcissistic/(borderline) parent that nullify the child’s own authentic self-experience in favor of the child becoming a narcissistic reflection for the parent. Under the distorting pathogenic influence of the narcissistic/(borderline) parent, the child is led into misinterpreting the child’s authentic grief and sadness at the loss of the intact family, and later at the loss of an affectionally bonded relationship with the targeted parent, as representing something “bad” that the targeted parent must be doing to create the child’s hurt (i.e., the child’s grief and sadness). The (influenced) misinterpretation by the child for an authentic experience of grief and loss is then further inflamed by distorted communications from the narcissistic/(borderline) that

transform the child's authentic sadness into an experience of anger and resentment toward the targeted parent who (supposedly) caused the divorce and who (supposedly) is causing the child's continuing emotional pain (i.e., the child's misunderstood and misinterpreted feelings of grief and sadness).

Through a process of distorted parental communications by the narcissistic/(borderline) parent, the child is led into adopting the "victimized child" role within the trauma reenactment narrative. Once the child adopts the "victimized child" role within the trauma reenactment narrative, this "victimized child" role automatically imposes upon the targeted parent the role as the "abusive parent," and then the combined role definitions of the "abusive parent" and "victimized child" that are created the moment the child adopts the "victimized child" role allows the narcissistic/(borderline) parent to adopt the coveted trauma reenactment role as the all-wonderful nurturing and "protective parent," which will then be so conspicuously displayed to the "bystanders" for their validation and "narcissistic supply."

The description of an attachment-based model for the construct of "parental alienation" will uncover the layers of pathology, beginning with the surface level of the family systems dynamics involving the family's difficulty in making the transition from an intact family structure to a separated family structure. The description will then move into the personality disorder level to describe how the pathological characteristics of the narcissistic/(borderline) personality structures become expressed in the family relationship dynamics, particularly surrounding the formation of the role-reversal relationship of the narcissistic/(borderline) parent with the child in which the child is used (exploited) as a "regulatory other" for the psychopathology and anxiety regulation of the narcissistic/(borderline) parent. Finally, the origins of the "parental alienation" process in the attachment trauma networks of the narcissistic/(borderline) parent will be examined, with a particular focus on the induced suppression of the child's attachment bonding motivations and the formation and expression of the trauma reenactment narrative.

Following this discussion of the theoretical foundations for an attachment-based model of "parental alienation," a broad overview of the diagnostic considerations emanating from an attachment-based model of "parental alienation" will be discussed, and three definitive

diagnostic indicators for identifying attachment-based “parental alienation” will be described. A descriptive framework for a model of reunification therapy will also be presented which will be based on the theoretical underpinnings for an attachment-based model of the “parental alienation.” Finally, a discussion of the domains of knowledge necessary for professional competence in diagnosing and treating this special population of children and families will be identified.