The Myth of Reunification Therapy

Within professional psychology,
- There are models for psychodynamic therapy (Kohut, Stolorow, Brandchaft, & Atwood),
- There are models for cognitive behavioral therapy (Beck, Ellis),
- There are models for family therapy (Minuchin; Haley; Madoness),
- There are models humanistic-existential therapy (Frankl, Rogers, Yalom)
- There are even post-modern models for therapy (Narrative therapy, Solution-Focused therapy)

Psychoanalytic models of therapy address the needs of clients as individuals
Cognitive behavioral models of therapy address the needs of clients as individuals
Humanistic-existential models of therapy address the needs of clients as individuals
Post-modern models of therapy address the needs of clients as individuals

The Emperor has No Clothes

There is no such thing as “reunification therapy”

But there exists no proposed or accepted model within professional psychology for what constitutes “reunification therapy.” The construct of “reunification therapy” is a myth. There is no such thing.
Only family systems models of therapy address interpersonal relationships.

The primary model of family systems therapy is Structural Family Systems – Salvador Minuchin.

Other primary theorists include:
- Jay Haley, Cloe Madonnes (Strategic)
- Virginia Satir (humanistic)

Family Systems models of therapy require training.

Most therapists do not acquire training in family systems models of therapy.

Most therapists work from either a Cognitive-Behavioral model (CBT) which is an individualistic therapy.

Or from an Object-Relations model (Kohut) which is an individualistic therapy.

But there is no such thing ever proposed or described as “reunification therapy.”

“Reunification Therapy” doesn’t exist.

Current “reunification therapists” don’t know what they’re doing.

“Reunification therapists” aren’t working from a CBT model, because CBT is an individualistic model.

“Reunification therapists” aren’t working from an object relations model, because object relations is an individualistic model.

“Reunification therapists” aren’t working from a humanistic-existential model, because humanistic-existential therapy is an individualistic model.

“Reunification therapists” aren’t working from a family systems model, because:

1) They are not trained in family systems therapy.

2) They are only working with a part of the family, and not the part containing the psychopathology.

“Reunification therapists” are just making it up as they go.

“Reunification therapists” don’t know what they’re doing.
So who knows how to do psychotherapy with “parental alienation”? No one. Because there is no coherent model for what “parental alienation”

Current State of the Field

- The legal system fails to appropriately respond to “parental alienation”
- The failure of the legal system is because the mental health system fails to speak with a single voice regarding “parental alienation”
- The failure of the mental health system to speak with a single voice is because of the failure of Gardner’s model of “parental alienation” as a paradigm

- Gardner’s model is a failed legal paradigm
- Gardner’s model is a failed theoretical paradigm
- Gardner’s model is a failed diagnostic paradigm
- Gardner’s model is a failed therapeutic paradigm

When the mental health system speaks with a single voice, the legal system will be able to act with the decisive clarity necessary to resolve “parental alienation”

Until mental health speaks with a single voice, the legal system will be unable to act and the tragedy of “parental alienation” will continue
Gardner’s model of “parental alienation” is a failed paradigm.

An attachment-based model of “parental alienation” represents an accurate description of “parental alienation” from entirely within standard, established, and accepted psychological constructs and principles.

An attachment-based model of “parental alienation” provides a theoretical framework that can bring mental health together into a single effective voice.

Until an attachment-based model of “parental alienation” achieves professional acceptance, no solution to “parental alienation” will be available. As soon as an attachment-based model of “parental alienation” achieves professional acceptance, the solution for “parental alienation” becomes available immediately.

Attachment-Based Model

**Disorganized-Preoccupied Attachment**

- Personality Disorder Processes
- Attachment Trauma
- Narcissistic & Borderline Traits
- Trauma Reenactment

“Parental Alienation”
Narcissistic Presentation:

“The perception [of narcissism in a patient] is hampered by the fact that narcissistic individuals may well be intelligent, charming, and sometimes creative people who function effectively in their professional lives and in a range of social situations.”


Narcissistic Presentation:

“While narcissism is recognized as a serious mental disorder, its manifestations may not be immediately recognized as pathological, even by persons in the helping professions, and its implications may remain unattended to.”


Narcissistic Presentation:

“Narcissistic parents are seen as treating their children as extensions of themselves, expecting them to meet their own narcissistic needs, as unable to meet their children’s needs for acceptance, as critical and angry when their children try to express their own feelings, will, and independent personality; and as obstructing the development of their children’s true self.”


Narcissistic Presentation:

“Nonetheless, narcissistic possessiveness of the child does not necessarily exclude emotional giving. Miller (1981) notes that the narcissistic mother often loves her child passionately. Much the same may be said of narcissistic father. Many such fathers will spend a great deal of time with their children and invest a great deal of energy in fostering their children’s development.”


Narcissistic Presentation:

“To be sure, they will generally focus not on their children’s emotional needs, but on promoting their intellectual, artistic, or athletic development, which will serve as reflections and proof of their own success as parents.”


Narcissistic Presentation:

“Nonetheless, while he is married, a narcissistic man may be a highly present father, concerned with and involved in his children’s lives. Even though his involvement stems from his own needs, he, his children, and those around him may well experience him as a caring father.”

Narcissist & Borderline:

Narcissist
- Primal core-self inadequacy
- Compensatory narcissistic defense of self-inflated importance
- Absence of capacity for empathy

Borderline
- Tremendous fear of abandonment
- Empty self

Narcissistic Injury & Borderline Activation:
- The divorce and family’s dissolution threatens the collapse of the narcissistic defense against primal core–self inadequacy
- And activates the borderline personality fear of abandonment

Projective Displacement
- I’m not the inadequate person; you are
- I’m not the abandoned person; you are
- Narrative: “You’re being abandoned because of your fundamental inadequacy as a parent and as a person”
- I’m the “all-wonderful” and ideal parent
- I’m the never-to-be-abandoned parent (and person)

To the narcissistic parent, the child represents a “symbol” of their superiority – their narcissistic victory
- They have the child – they win
AND... in possessing the coveted “child” – the borderline parent prevents the divorcing spouse from ever leaving (abandoning) them
- You can’t leave me, because I have something you want, I have the child, and if you want the child you have to continue to be involved with me

Narcissistic Process:
- Delusion formation

Borderline Process
- “Invalidating Environment”

The Narcissistic Personality
Decompensation into Delusions
Narcissistic Decompensation:
"Under conditions of unrelieved adversity and failure, narcissists may decompensate into paranoid disorders. Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct delusional beliefs."


Narcissistic Decompensation:
"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."


Narcissistic Decompensation:
"Among narcissists, delusions often take form after a serious challenge or setback has upset their image of superiority and omnipotence. They tend to exhibit compensatory grandiosity and jealousy delusions in which they reconstruct reality to match the image they are unable or unwilling to give up."


Narcissistic Decompensation:
"Delusional systems may also develop as a result of having felt betrayed and humiliated. Here we may see the rapid unfolding of persecutory delusions and an arrogant grandiosity characterized by verbal attacks and bombast."


Invalidating Environment
"A defining characteristic of the invalidating environment is the tendency of the family to respond erratically or inappropriately to private experience and, in particular, to be insensitive (i.e., nonresponsive) to private experience."


Marsha Linehan is considered a premier theorist in the domain of borderline personalities.
Invalidating Environment

“Invalidating environments contribute to emotional dysregulation by:
(1) failing to teach the child to label and modulate arousal,
(2) failing to teach the child to tolerate stress,”


Invalidating Environment

“(3) failing to teach the child to trust his or her own emotional responses as valid interpretations of events, and
(4) actively teaching the child to invalidate his or her own experiences by making it necessary for the child to scan the environment for cues about how to act and feel. “


Invalidating Environment

“In extremely invalidating environments, parents or caregivers do not teach children to discriminate effectively between what they feel and what the caregivers feel, what the child wants and what the caregiver wants (or wants the child to want), what the child thinks and what the caregiver thinks.”

“Parental Alienation”
Attachment Trauma Reenactment

The formation of narcissistic and borderline personality disorder processes is the product of attachment trauma during childhood.

The “internal working models” for attachment figures in the alienating parent’s traumatized attachment networks are:
1. Victimized Child
2. Abusive Parent
3. Nurturing-Protective Parent

Attachment Trauma:
- The formation of narcissistic and borderline personality disorder processes is the product of attachment trauma during childhood.
- The “internal working models” for attachment figures in the alienating parent’s traumatized attachment networks are:
  1. Victimized Child
  2. Abusive Parent
  3. Nurturing-Protective Parent

The divorce and the family’s dissolution results in the activation of the alienating parent’s attachment networks to mediate the loss experience.

Two sets of attachment-figure representational networks become concurrently activated, one from the internal working models of past relationships, and the other from the current relationships.

So that rather than responding to the actual people in the current family relationship situation...

The personality disordered alienating parent instead reenacts past childhood attachment trauma through the current relationships.

Attachment System

Internal Working Models
- **Victimized Child**
- **Abusive Parent**
- **Protective Parent**
- **Alienating Parent**

Personality Traits
- **Narcissistic Personality**
- **Borderline Personality**

Self-representation: fundamental inadequacy
Other-representation: fear of abandonment
The Attachment System

Attachment-Based Model

Attachment Theory:
“Define an “affectional bond” as a relatively long-enduring tie in which the partner is important as a unique individual and is interchangeable with none other. In an affectional bond, there is a desire to maintain closeness to the partner.”

Mary Ainsworth is considered a premier theorist in the domain of attachment theory.
Attachment Theory:

“An "attachment" is an affectional bond, and hence an attachment figure is never wholly interchangeable with or replaceable by another, even though there may be others to whom one is also attached.”


Mary Ainsworth is considered a premier theorist in the domain of attachment theory

Part 1


Inducing the Symptoms

Attachment-Based Model

Part 2

The alienating parent induces the child’s symptoms through over-anxious over-concerned, subtly directive questioning that...

...elicits a criticism of the targeted parent from the child

The alienating parent then distorts and exaggerates this elicited child criticism into "evidence" of the "abusive" parental inadequacy of the other parent

In doing this, the alienating parent effectively defines for the child that a relationship with the targeted parent represents an "abusive" threat


AP: How was your dad’s house?
Child: Ok.
AP: Did you have any problems?
Child: No, it was okay.
AP: Really, you and your dad get along? You guys didn’t argue about anything?
Child: Well, he got mad at me because I didn’t empty the dishwasher.
AP: Why would he ask you to empty the dishwasher? That’s a parent’s job. I can’t believe he’s asking you to do that. You two have so little time together, you’d think he’d want to spend it with you rather than making you do his work for him. He’s just doesn’t care about anybody else, it always has to be his way...

Typically the threat is defined as the targeted parent being emotionally “abusive,” i.e., that the targeted parent is not sufficiently sensitive to the child’s emotional needs.

Although sometimes the threat is defined as physical abuse (or anger management) or as a sexual abuse threat.

In defining the targeted parent as a threat to the child, the alienating parent effectively defines the targeted parent as “the predator” relative to the functioning of the child’s attachment system.

In the case of “parental alienation,” the “protective parent” role is the self-adopted role of the alienating parent (in contrast to the “abusive parent”-“predator” role being imposed on the targeted parent).

Children are not motivated to bond to “the predator” — but are instead motivated to flee the predator and seek protective bonding with the “protective parent.”

Ultimately, this perception of threat shared by the alienating parent and child regarding the “abusive” parental inadequacy of the targeted parent results in a shared, fixed and false belief that is non-responsive to change from contrary evidence (i.e., a delusion).

Treating “parental alienation” therefore involves treating an induced suppression of the child’s attachment bonding motivations as a result of the child’s shared delusion with a narcissistic-borderline personality disordered parent.

Regarding the “abusive” inadequacy of the targeted parent

In which the child’s symptomatic rejection of the targeted parent acts to regulate the alienating parent’s own anxieties originating in, Activated attachment trauma networks

The threatened collapse of narcissistic defenses against the experience of primal self-inadequacy

An activated borderline personality fear of abandonment.
Treating mental health professionals must therefore possess professional-level competence in diagnosing and treating
1. The induced suppression of a child’s attachment bonding motivations
2. Induced delusional beliefs systems (shared delusional process)
3. Distortions to family relationships caused by the narcissistic and borderline personality disorder processes of a parent

In treating the attachment system suppression **the therapist**
Must actively re-engage the child’s attachment bonding motivations toward the targeted parent by **actively challenging** the child’s false, delusional belief in the supposedly “abusive” parenting of the targeted parent (i.e., treating a shared delusional belief)

Thereby **re-validating** and **re-establishing** the targeted parent into the nurturing protective parental role that will allow the child’s attachment bonding motivations to activate (i.e., treating an induced suppression of the child’s attachment bonding motivations)

Understanding what is going on at a psychological level guides our treatment response
An attachment-based model provides this underlying conceptual framework
Gardner’s model does not

Why the Child Rejects
Understanding the Child

When an attached relationship is severed, the attachment system produces a **grief response** of mourning over the lost relationship
Attachment Theory:

“In attachments, as in other affectional bonds, there is a need to maintain proximity, distress upon inexplicable separation, pleasure and joy upon reunion, and grief at loss.”


Mary Ainsworth is considered a premier theorist in the domain of attachment theory

The narcissistic alienating parent cannot help the child understand an authentic grief response...

Because narcissistic personalities cannot comprehend grief

Narcissistic Grief:

“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.”


Otto Kernberg is considered a premier theorist in the domain of personality disorders

Narcissistic Grief:

When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated.


Otto Kernberg is considered a premier theorist in the domain of personality disorders

Under the distorting influence of the narcissistic-borderline alienating parent, the child is led into a misinterpretation of the child’s authentic grief response that is instead consistent with the narcissistic parent’s experience of grief, “as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated.”
Furthermore, in the child’s experience, every time the child is with the targeted parent, the child feels an increased affectional bonding motivation from the authentic functioning of the child’s attachment system. However, the child’s failure to manifest and complete this primary motivation for affectionate bonding with the targeted parent produces an increased grief response.

On the other hand, every time the child is away from the targeted parent, and is in the custody of the alienating parent, the child’s attachment bonding motivations toward the targeted parent decrease because the targeted parent is not present and is not available for attachment bonding. Therefore the child’s grief response decreases.

The child, therefore, authentically feels an increased emotional pain (i.e., the grief response) when in the presence of the targeted parent, which is being triggered by the presence of the targeted parent.

And the child authentically feels a decrease in emotional pain (i.e., in the grief response) whenever the child is away from the targeted parent.

Under the distorting influence of the alienating parent, who has an unconscious motivational agenda to define the targeted parent as “abusive,” the child is led into misinterpreting this authentically experienced, but uncomprehended, rise and fall in emotional pain — that’s authentically associated with the presence or absence of the targeted parent — as “evidence” that something the targeted parent doing is causing the pain, — i.e., is “abusive.”

The misattribution of the grief response produces a paradoxical feature of “parental alienation”: The nicer and kinder the targeted parent is... The more hostile and rejecting the child becomes.

This is because the kindness of the targeted parent increases the child’s attachment motivations for affectional bonding, which thereby increase the child’s grief response, causing the child increased emotional pain, which the child misinterprets as a response to something “abusive” the parent is doing.
Treating “parental alienation” therefore involves helping the child to make an accurate attribution of causality for the authentic experience of grief that is the product of the loss of an affectional bond with the targeted parent.

Therapist: “No, you don’t hate your mother (father). You actually love her very much. It’s just that you don’t allow yourself to love her because of all the crazy messed-up family stuff going on.”

“So the fact that you’re not expressing and receiving love is making you sad. Once you let yourself express and receive love from your mother (father), the pain you’re experiencing, it will just vanish.”

Treating “parental alienation” without resolving the child’s misattribution of an authentic but uncomprehended grief response will be ineffective in restoring the parent-child relationship.

Treatment Phases

Phase 1: Protective Separation

Failure to protectively separate the child during the active phase of treatment from the ongoing psychopathology of the narcissistic-borderline parent will result in making the child a “psychological battleground” between the aberrant and distorted meaning constructions emanating from the personality disordered parent, who is continually trying to induce child symptomatology, and the balanced and normal-range meaning constructions being provided by therapy.

Making the child a psychological battleground is not healthy for the child.

A protective separation of the child from the personality disordered psychopathology of the narcissistic-borderline parent during the active phase of the child’s treatment and recovery is a necessary prerequisite for effective therapy that protects the child’s psychological and emotional well being.
Phase 2: Recovering Child Authenticity
Once the child is protected from the psychopathology of the personality disordered parent, the second phase of treatment is recovering the child’s authentic self-experience. This involves active therapist attunement to expressions of child authenticity and active therapist misattunements to the child’s symptomatic expressions.


Phase 3: Restoring the Parent-Child Relationship
This co-occurring phase involves the therapist’s active revalidation of the targeted parent as an affectionate, nurturing, and protective parent, thereby allowing the child’s natural attachment bonding motivations to activate. The therapist should also support normal-range parent-child conflict, and lead the parent and child through a healthy resolution of normal-range conflict.


Phase 4: Reintegration with the Pathogenic Parent
Once the child’s symptoms have resolved, the final phase of therapy is the reintroduction of the child to the psychopathology of the narcissistic-borderline parent. If the child’s symptoms return, then the personality disordered parent may need to be placed on monitored visitations, or another period of protective separation and therapy may be needed.


However, the necessary and appropriate therapy will not be available until a standard of professional practice is established. A standard of professional practice is not available from Gardner’s model of “parental alienation.” Effective therapy only becomes available from within an attachment-based model of “parental alienation” that can be used to guide treatment.


The longer Gardner’s model of “parental alienation” remains the active paradigm, the longer the nightmare of parental alienation will continue. The sooner an attachment-based model of parental alienation is adopted within mental health, the sooner a solution becomes available.


Craig Childress, Psy.D.
547 S. Marengo Ave, Ste. 105
Pasadena, CA 91101
(909) 821-5398
drcraigchildress@gmail.com
www.drcachildress.org