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11/17/16

<Parent's Name>

<Address>

<Address>

Dear <Parent's Name>,

The family pathology of “parental alienation” in which a child rejects a relationship with a normal-range and affectionally available parent is an attachment-related pathology called “*disordered mourning*” (Bowlby) involving the pathological processing of sadness, grief, and loss by the child. The primary case of “disordered mourning” is the allied and supposedly favored parent who has formed a *cross-generational coalition* with the child against the other parent (Haley; Minuchin). The allied parent in this cross-generational coalition (called a “perverse triangle” by the preeminent family therapist, Jay Haley) is transferring this parent’s own disordered mourning surrounding the divorce and break-up of the family to the child through aberrant and distorted parenting practices that create a *loyalty conflict* for the child, in which the child is placed in a position of having to choose between parents in their spousal-marital conflict.

The attachment system is the brain system governing all aspects of love and bonding across the lifespan, including grief and loss (Bowlby). A child’s rejection of a parent is fundamentally a disorder of attachment-bonding. In the attachment-related pathology of “parental alienation,” the distorting parental influence of the allied parent is translating the child’s sadness, grief, and feelings of loss surrounding the divorce into “anger and resentment, loaded with revengeful wishes” (Kernberg) that are identical to how the allied parent (the primary case of disordered mourning) is processing this parent’s own experience of sadness, grief, and loss surrounding the divorce.

The attachment-related pathology of disordered mourning is relatively straightforward to resolve (once a protective separation period is obtained from the distorted parenting practices of the primary case). The treatment for disordered mourning is to mourn. The effective processing of sadness and grief through affectionate bonding with the beloved but currently rejected parent will restore the normal-range functioning of the child’s attachment system. On the other hand, as long as the child remains under the distorting parental influence of the allied parent, who represents the primary case of disordered mourning, the child’s own symptoms of pathological mourning will likely continue, reflected in the child’s continued rejection of a normal-range and affectionally available parent (the targeted-rejected parent).

Any therapist who is working with your family is free to contact me for additional professional-to-professional consultation if they believe this would be helpful, and you can feel free to provide them with my email address to request professional consultation.



Craig Childress, Psy.D.

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