

Re: Testimony by a Family Therapist

If a family therapist involved on a case of attachment-based “parental alienation” believes it is in the child’s interests to make the Court aware of the child’s treatment-related needs, the following are my thoughts on how to describe the treatment-related needs of the child.

Caveat: I am a clinical psychologist. I am not an attorney. I am speaking as a clinical psychologist describing the symptoms patterns associated with an attachment-based model for the construct of “parental alienation.”

1. **Avoid Recommendations for Custody:** A treating clinician has not conducted a child custody evaluation and so should avoid making recommendations for custody. The treating clinician should focus on the child’s treatment needs. If the child’s symptoms cannot be treated and resolved while the child is the primary care of one parent who is inducing the child’s symptomatic state, this is a treatment-related statement, not a custody recommendation.

- “In the clinical opinion of this treating therapist, the cause of the child’s severely symptomatic pathology is the direct result of pathogenic parenting practices by the allied and supposedly favored parent, which in this case is the <father or mother>. Since the child’s symptoms are the product of severely pathogenic parenting practices, the child’s pathology cannot be treated or resolved until there is a period of protective separation of the child from the pathogenic parenting practices of the allied and supposedly favored parent.”

- Q: Are you recommending a change in custody?

- A: Custody is a matter for the Court to decide. From a treatment perspective, the child’s display of severely pathological symptoms cannot be treated or resolved without first establishing a period of protective separation from the pathogenic parenting practices of the allied and supposedly favored parent during the period of the child’s treatment and recovery.

2. **Focus on the Child’s Symptoms:** Avoid using the construct of “parental alienation” as this shifts the focus to the parental conflict. The issue needs to remain focused on the severity of the child’s displayed pathology and the treatment needs of the child.

- The suppression of the normal-range functioning of the child’s attachment system is an extremely severe symptom of great clinical concern for the child’s healthy development.
- A role-reversal relationship in which the child is being used as a “regulatory object” to meet the emotional and psychological needs of a parent (the allied and

supposedly favored parent) is of extreme clinical concern for the child's healthy development.

- The presence in the child's symptom display of narcissistic and borderline personality symptoms is of extreme clinical concern for the child's healthy development

All of these child symptoms can only be the product of "pathogenic parenting" practices. None of these child symptom can emerge spontaneously or endogenously to the child.

In addition, none of these child symptoms can be caused through the child's relationship with a rejected parent. Even the suppression of the normal-range functioning of the child's attachment system cannot be caused by bad parenting by the rejected parent. Problematic parenting produces an **insecure attachment** that MORE strongly motivates the child for bonding to the bad parent. The attachment system is a "**goal-corrected**" primary motivational system (Bowlby, 1969, 1973; 1980) that maintains as its goal the establishment of an affectional parent-child bond. Problematic parenting can distort how the child seeks to achieve this goal, but it does not alter this primary motivational goal of the attachment system.

Chronically hostile-aggressive parenting may produce a child avoidance response, but not a suppression to the child's primary attachment bonding motivations. If the parent alters the aggressive-hostile parenting then the child's normal-range attachment bonding motivations re-emerge and the child's avoidance behavior ceases. In the presence of an affectionally available parent, the attachment system will always motivate the child to form an affectional bond to the parent. That is how the authentic human brain works.

All of these child symptoms are the product of pathogenic parenting practices. None of these child symptoms can be produced by the parenting practices of the rejected parent. Therefore, all of these symptoms are the product of the pathogenic parenting practices of the allied and supposedly favored parent, and none of these symptoms can be treated and resolved as long as the child remains under the pathogenic influence of the allied and supposedly favored parent.

- Q: Why are the child's symptoms untreatable if the child remains in the care of the pathogenic parent?
- A: Trying to treat the child's severely symptomatic pathology while the child remains under the pathogenic influence of the allied and supposedly favored parent, whose distorted parenting is creating the child's symptoms, will turn the child into a "psychological battleground" between the efforts of therapy to restore the healthy and normal-range functioning of the child, and the continuing efforts of the pathogenic parent to keep the child symptomatic.

Turning the child into a psychological battleground by trying to treat and resolve the child's severe symptomatology while the child is still under the ongoing pathogenic influence of the allied and supposedly favored parent will be harmful and psychologically destructive to the child.

- Q: The child is expressing being extremely bonded to the allied and supposedly favored parent, would separating the child from this parent during the child's treatment and recovery create any psychological harm to the child?
- A: No.

The seeming bond to the allied and supposedly favored parent is actually a symptomatic expression of a highly distorted role-reversal relationship in which the child is being used by the parent to regulate the parent's emotional and psychological state. So the child's apparent hyper-bonding to the allied and supposedly favored parent is actually a symptom of severe pathology involving a role-reversal relationship.

In healthy child development, the child uses the parent to regulate the child's emotional and psychological state. This is an extremely important process in healthy child development because it is crucial to the formation of healthy self-structure.

However, in a role-reversal relationship the parent and child roles are reversed, so that in a role-reversal relationship it is the parent who uses the child to regulate the parent's emotional and psychological state. Essentially, in a role-reversal relationship the parent's psychopathology is "raiding" the child's healthy development to support, and in essence feed, the inadequate emotional and psychological development of the parent. A role-reversal relationship is extraordinarily destructive to the healthy development of the child and it is considered a sign of an extremely pathological parent-child relationship.

But superficially, the role-reversal relationship will appear to be a hyper-bonded and extremely close relationship, and to the trained eye, too close. This represents a pathological symptom of the parent's feeding off of the child's self-structure to support the parent's own inadequate self-development. It is the parent who needs this displayed hyper-bonding closeness by the child, it's not an authentic expression of the child's own needs. Separating the child from the pathology of the pathogenic parent will initially produce a display of protest behavior from the child, but the separation of the child from the severe psychopathology of a role-reversal relationship is necessary to restore the child's healthy psychological development. If the child is left in a role-reversal relationship with a pathogenic parent, it essentially represents abandoning the child to the pathology. If we leave the child with the pathogenic parent, the parent will continue to psychologically feed off of the child's self-structure,

robbing the child of healthy development, in order to meet the emotional and psychological needs of the deficient and inadequate parent.

- Q: How do you know that this role-reversal relationship with the allied and supposedly favored parent is present?
 - By the nature and pattern of the child's symptoms. The nature and pattern of symptoms displayed by the child in this case can only be caused by a role-reversal relationship in which the child is being used by a parent, by the allied and supposedly favored parent, to meet the emotional and psychological needs of the parent. Other causes of parent-child conflict produce different types and patterns of child symptom. The child's symptom pattern in this case can only be caused by the pathogenic parenting practices of the allied and supposedly favored parent.
3. **Describing the Family Dynamics:** The family dynamics in attachment-based "parental alienation" represent the "triangulation" of the child into the spousal conflict through the formation of a "cross-generational" coalition of the child with the allied and supposedly favored parent against the other parent.

The triangulation of the child into the marital-spousal conflict is extensively documented and discussed in the family systems literature. The formation of a cross-generational coalition of the child with one parent against the other parent is independently described by both of the major theorists in family systems therapy, Salvador Minuchin and Jay Haley. Minuchin refers to the cross-generational coalition as a "rigid triangle," and Haley refers to it as a "perverse triangle."

"The rigid triangle can also take the form of a stable coalition. One of the parents joins the child in a rigidly bounded cross-generational coalition against the other parent." (Minuchin, 1974. 102)

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

- When there is spousal conflict, the child often becomes triangulated into the spousal conflict. There are two types of triangulation patterns.

In the first type of triangulation the two parents form a coalition against the child, who becomes the “identified patient.” In this form of triangulation, the child’s symptoms act to bring the parents together over their concerns for the child, so that the child’s symptomatic state in this pattern of triangulation often serves to keep the marriage together which would otherwise collapse into divorce if the parents were not united by their shared concern about the child’s symptoms. This type of pattern often occurs prior to divorce and is a symptomatic effort within the family system to prevent the parents from divorcing.

In the second type of triangle, a parent forms a cross-generational coalition with the child against the other parent (i.e., the “rigid triangle” described by Minuchin and the “perverse triangle” described by Haley). This triangulation pattern often occurs in high-conflict spousal contexts and following divorce. In these situations one parent, the allied parent, uses the coalition with the child to inflict retaliatory emotional pain on the other parent. The allied and supposedly favored parent in the cross-generational coalition is essentially using the child as a weapon against the other parent.

- The triangulation of the child into the spousal conflict through a cross-generational coalition is symptomatic of a role-reversal relationship of the child with the allied and supposedly favored parent in which the child is being used to meet the emotional and psychological needs of the allied parent to inflict emotional pain on the other parent in retaliation for any of a variety of perceived grievances. As noted by Haley in referring to this type of triangle as “perverse,” this pattern of a cross-generational coalition of the child with the allied and supposedly favored parent actually represents extremely pathological parenting.

Clinical Consultation with Therapists

If requested by a therapist, I am willing to make myself available to provide a 1-hour consultation with any therapist without charge on cases of possible attachment-based “parental alienation.” Therapists can contact me through my email at drcraigchildress@gmail.com.

References:

- Bowlby, J. (1969). Attachment and loss. Attachment, Vol. 1. NY: Basic Books.
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- Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.