

Parental Alienation Processes: The Child's Expression of Personality Disorder Symptoms
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Children do not typically present with personality disorder traits. While not impossible, it is highly unusual for children to display features of personality disorders in their clinical presentations. However, children who are being incorporated into a Shared Psychotic (delusional) Disorder as part of a parental alienation dynamic consistently display personality disorder features as part of their symptom presentations with the targeted-Delta parent, although not in other settings or relationships.

The children's display of personality disorder features as part of a Shared Psychotic Disorder associated with a parental alienation dynamic would be expected if the alienating-Beta parent also had DSM-IV TR Axis II personality disorder traits. Inasmuch as the child is incorporating the delusional psychological processes and meaning constructions of the alienating-Beta parent as part of the Axis I psychopathology of the Shared Psychotic Disorder associated with the parental alienation dynamic, it is reasonable to expect that other psychological processes and meaning constructions of the alienating-Beta parent that involve Axis II Personality Disorder psychopathology would similarly be transferred to the child as part of the shared psychotic process.

Furthermore, this psychological importation and expression by the child of the Axis I and Axis II psychopathology of the alienating-Beta parent would be consistent with the absence of Axis I and Axis II symptom expression by the child in other settings and relationships, since the Axis I and Axis II psychopathology is not indigenous to the child but has, as its source-origin, the alienating-Beta parent and is only being imported and expressed by the child relative to the motivational intentions of the alienating parent to inflict suffering on the targeted-Delta parent through the child's hostile rejection-abandonment of the targeted-Delta parent. The selective symptom expression of Axis II personality disorder psychopathology by the child toward the targeted-Delta parent but not in other settings and relationships would appear to offer strong confirmatory evidence for a diagnosis of a Shared Psychotic Disorder when the diagnostic criteria for a Shared Psychotic Disorder are met and the alienating-Beta parent presents with prominent features of Personality Disorder traits.

Not all Personality Disorder features that are listed below as being relevant to parental alienation symptom expressions of the child are necessarily present in any specific case. However, the presentation of any significant degree of personality disorder features in children is a highly unusual symptom presentation in childhood and should be considered strongly suggestive evidence for a potential Shared Psychotic Disorder diagnosis involving a parental alienation process.

The personality disorder features presented by the child selectively toward the targeted-Delta parent include the following:

Narcissistic Personality Disorder: "A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy" (DSM-IV TR)

DSM-IV TR Narcissistic Personality Disorder Criteria Relevant to Parental Alienation and the Child's Symptom Presentation:

“(1) has a grandiose sense of self-importance”

Childress commentary: Within the alienation process, the child appears to express this narcissistic feature as a grandiose elevation of status above that of the targeted-Delta parent in the family hierarchy. The child seemingly **judges the parent** and finds the targeted-Delta parent to be inadequate. When the Delta parent does not meet the (grandiose) expectations of the child, the child appears to become retaliatory with a sense of justified retribution against the targeted-Delta parent (i.e., the child appears to maintain the belief that the targeted-Delta parent “deserves” the hostile-angry-abusive retaliation of the child because of the targeted-Delta parent’s primal parental failure to meet the entitled needs of the grandiose child, based on the judgment of the “superior-status”/grandiosely-inflated child).

“(5) has a sense of entitlement”

Childress commentary: Within the alienation process, the child appears to express this narcissistic feature in association with the child’s grandiose inflation of status and importance. The child seemingly expresses an expectation that the targeted-Delta parent is required to satisfy every whim and desire of the child, or else the child feels justified in retaliating against the targeted-Delta parent for the parental failure.

“(7) lacks empathy: is unwilling to recognize or identify with the feelings and needs of others”

Childress commentary: This is a very significant and serious symptom for a child to express. An absence of empathy is diagnostically associated with only two disorders within the DSM-IV TR, both of which are personality disorders; Narcissistic Personality Disorder, which is a highly unusual disorder for a child, and Antisocial Personality Disorder (a sociopath), which is diagnostically prohibited for a child under the age of 18 years old. Prior to the age of 18, the diagnosis of an Antisocial Personality Disorder is associated with a diagnosis of Conduct Disorder that involves a significant disregard for the rights of others and for appropriate authority structures. Within the alienation process, the child appears to express a narcissistic lack of empathy through the display of particularly “cold-hearted” rejections and verbal abuse directed toward the targeted-Delta parent and an apparently complete lack of concern from the child as to how these actions emotionally impact the targeted-Delta parent.

“(shows arrogant, haughty behaviors or attitudes”

Childress commentary: Within the alienation process, the child appears to express this narcissistic feature during the clinical interview as a generalized sense of calm self-confidence and hyper-maturity with the interviewer, as if the child views himself or herself as having adult-like status on par with the interviewer. This apparent attitude of “arrogant, haughty” self-confidence or even superiority (grandiosity) becomes more

pronounced when the child is interacting with the targeted-Delta parent. Verbal abuse of the targeted-Delta parent may arise calmly from this attitude during a joint parent-child session with the child and the targeted-Delta parent, with the child calmly making extremely hostile, derogatory, and hurtful (i.e., lack of empathy) statements from a position of haughty arrogance directly to the targeted-Delta parenting.

Borderline Personality Disorder: “A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity” (DSM-IV TR)

DSM-IV TR Borderline Personality Disorder Criteria Relevant to Parental Alienation and the Child’s Symptom Presentation:

“2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.”

Childress commentary: This criterion is called “splitting” in which the person is unable to maintain simultaneously positive and negative representations about other people. Others are either all-good, or all-bad. Along with the child’s apparent loss of empathy, this symptom is one of the prominent child symptoms associated with the parental alienation dynamic, and it is expressed relative to the differential relationships the child has with each parent. The alienating-Beta parent holds the representation of the all-good idealized parent while the targeted-Delta parent holds the representation of the all-bad evil parent. Unlike the classical expression of this borderline feature in which the representation for a single other person alternately switches back-and-forth from being all-good to all-bad (i.e., “unstable”), within the alienation dynamic the “split” is stable and fixed between the two parents, so that the alienating parent is ALWAYS the all-good idealized parent and the targeted-Delta parent is ALWAYS the all-bad evil parent. The child’s psychological ability to sustain a stable, albeit “split,” representation for each parent suggests that the Borderline Personality Disorder processes are not indigenous to the child’s psychological structure but are expressions of a family dynamic.

“(6) affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)”

Childress commentary: Within the alienation process, the child can reveal this borderline feature through intense episodic displays of anxiety (particularly around pick-up for visitations with the targeted-Delta parent) and intense episodic displays of crying and irritability toward the targeted-Delta parent over seemingly minor issues and inconveniences. Within the alienation dynamic, this instability of affect is typically only displayed with the targeted-Delta parent. In other situations and relationships, such as at school and with the alienating-Beta parent, the child does not typically display this feature of emotional instability. If the child does display emotional dysregulation across settings and relationships, such as at school and with the Beta parent, then this would be suggestive evidence (although not conclusive evidence) that the child’s issues may be more broadly based than in parental alienation processes.

“8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)”

Childress commentary: Within the alienation process, the child typically expresses this borderline personality disorder feature though intensely angry and virulent verbal abuse of the targeted-Delta parent. Along with the affective instability feature, the child does not typically display this borderline personality feature of intense and seemingly uncontrollable expressions of anger in other settings (such as at school) or in other relationships (such as with the alienating-Beta parent). The selectivity of these emotional dysregulation symptoms undermines their authenticity as symptoms of an indigenous Personality Disorder or neuro-behavioral affect regulation disorder and strongly suggests their interpersonal transmission from the “primary case” or “inducer” (DSM-IV TR) of the Shared Psychotic Disorder (i.e., the shared psychological state).

Antisocial Personality Disorder: “There is a pervasive pattern of disregard for and violation of the rights of others” (DSM-IV TR)

Childress commentary: The primary personality disorder features associated with a parental alienation dynamic appear to be generally organized around narcissistic and borderline processes, however additional Personality Disorder features may be present or symptoms may be interpreted differently, such as the narcissistically organized lack of empathy can be interpreted as an antisocial personality disorder “lack of remorse;” or a disregard of appropriate authority hierarchies can result from a narcissistically organized grandiosity, sense of entitlement, and haughty arrogance or from an antisocial failure to conform to social norms and lawful behavior.

Also note, according to the diagnostic criteria of the DSM-IV TR, an Antisocial Personality Disorder cannot be given to a child under the age of 18 years old. Prior to this age, a diagnosis of Conduct Disorder is frequently used for the symptoms that would otherwise result in a diagnosis of an Antisocial Personality Disorder.

DSM-IV TR Antisocial Personality Disorder Criteria Relevant to Parental Alienation and the Child’s Symptom Presentation:

“(1) failure to conform to social norms with respect to lawful behaviors”

Childress commentary: Within a parental alienation dynamic, this feature of antisocial personality disorder can be displayed as the child’s non-compliance with court orders regarding visitation with the targeted-Delta parent and might include unlawful behavior, such as vandalism and property destruction directed toward the targeted-Delta parent or runaway behavior.

“4) irritability and aggressiveness”

Childress commentary: Within the parental alienation dynamic, this antisocial personality disorder criterion might represent an alternate conceptualization of the

child's hostile aggressive treatment of the targeted-Delta parent associated with the emotional instability and difficulty with anger expression and anger control of Borderline Personality Disorder processes. However, the exact specification of a categorical attribution of a child's symptom is less important than the presence of personality disorder features in the symptom presentation of the child, whatever their specific attribution, since personality disorder features are highly atypical of symptom presentations during childhood.

"7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another"

Childress commentary: Within the parental alienation dynamic, this antisocial personality disorder criterion might be an alternate conceptualization of the child's narcissistically organized lack of empathy. However, as with other symptoms of personality disorder features, the exact specification of a categorical attribution of a child symptom is less important than the presence of personality disorder features in the child's symptom presentation, since personality disorder features are an uncommon and atypical presentation during childhood.

Conduct Disorder: "A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated" (DSM-IV TR)

Childress commentary: According to the diagnostic criteria of the DSM-IV TR, if a child under the age of 18 years old displays symptoms associated with antisocial personality disorder these symptoms should likely be categorized within a diagnosis of Conduct Disorder. Evidence of Conduct Disorder before the age of 15 years old is a diagnostic criterion for an Antisocial Personality Disorder.

DSM-IV TR Conduct Disorder Criteria Relevant to Parental Alienation and the Child's Symptom Presentation:

"(9) has deliberately destroyed others' property"

Childress commentary: Within the parental alienation dynamic, this symptom is sometimes expressed by children who vandalize and destroy property belonging to the targeted-Delta parent.

"11) often lies to obtain goods or favors or to avoid obligations"

Childress commentary: Within the parental alienation dynamic, this symptom is sometimes expressed by children who treat the targeted-Delta parent as an object in that the child's only interest in the targeted-Delta parent is in obtaining access through them to desired material possessions or activities, and the child may frequently lie to the targeted-Delta parent in order to obtain the desired possessions or activities or to avoid unwanted obligations. Many times, the targeted-Delta parent is so solicitous of the child's positive or non-hostile/non-rejecting relationship that the parent is willing to be

used in this way in hopes of ultimately developing a more positive relationship with the child through providing access to desired goods and activities.

“4) has run away from home overnight at least twice while living in parental or parental surrogate home”

Childress commentary: Within the parental alienation dynamic, this symptom is sometimes expressed by children who are forced by court order to have visitations with the targeted-Delta parent or if a court order mandates a change in custody to the targeted-Delta parent. Children will sometimes arrange to “run away” from the targeted-Delta parent (in defiance of the court order) to be with the alienating-Beta parent, who either tacitly or sometimes actively supports the child’s run away behavior. This expression of the run away behavior differs somewhat from that displayed in Conduct Disorder, but it remains in the same genre in which the rights of others (i.e., the parental visitation and custody rights of the targeted-Delta parent) and societal norms (i.e., the court order mandating visitation and custody schedules) are violated.

Paranoid Personality Disorder: “A pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent” (DSM-IV TR)

Childress commentary: Within the parental alienation dynamic, the child’s belief in the malevolent intentions and acts of the targeted-Delta parent are part of a persecutory delusional disorder shared with the alienating-Beta parent and represents the child’s primary DSM-IV TR Axis I diagnosis of the Shared Delusional Disorder. However, this persecutory delusional process may also rest within the context of a Paranoid Personality Disorder process of the alienating-Beta parent that is being selectively expressed symptomatically by the child toward the targeted-Delta parent. With a Paranoid Personality Disorder process, the person’s feelings of suspiciousness and anxiety regarding the malevolent intentions of others are generalized throughout a broad social field. Within the parental alienation dynamic, the child’s symptom expressions of any Paranoid Personality Disorder processes emerging from the child’s shared psychological state with the alienating-Beta parent is restricted in focus to the targeted-Delta parent.

DSM-IV TR Paranoid Personality Disorder Criteria Relevant to Parental Alienation and the Child’s Symptom Presentation:

“1) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her”

Childress commentary: Within the parental alienation dynamic, this symptom is expressed by children as the generalized belief that the targeted-Delta parent is abusive (i.e., “exploiting, harming, or deceiving”) without being able to specifically identify a reason for this belief (i.e., “without sufficient basis”). This persecutory false belief of the child, which is also shared by the alienating-Beta parent, serves as the core of the shared persecutory delusion that is diagnosed within the context of a Shared Psychotic Disorder. The interpretation of this false belief as potentially representative of paranoid personality processes is noted here only to indicate that the persecutory

delusion may have a broader contextual foundation in a paranoid personality disorder process of the alienating-Beta parent.

“3) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her”

Childress commentary: Within the parental alienation dynamic, this symptom is sometimes expressed by children as an emotional-psychological withdrawal from the targeted-Delta parent. The child becomes emotionally and psychologically withholding from the targeted-Delta parent and simply stops communicating personal information to that parent.

“(4) reads hidden demeaning or threatening meanings into benign remarks or events”

Childress commentary: Within the parental alienation dynamic, this symptom can be expressed by children as an over-reaction to relatively minor actions of the targeted-Delta parent, whereby the child escalates the perceived insult or injury from the targeted-Delta parent to unreasonable proportions. This symptom expression may be combined with the emotional instability and excessive anger expressions of borderline personality disorder features.

(5) persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights

Childress commentary: Within the parental alienation dynamic, this symptom is expressed by children who hold on to perceived “abusive” events allegedly perpetrated by the targeted-Delta parent over extended periods, potentially lasting up to years. The children use these perceived “abusive” events involving the targeted-Delta parent to justify and explain the children’s subsequent and current acts of rejection toward the targeted-Delta parent, and the children are rigidly unforgiving and steadfast in their insistence on maintaining these “grudges.”

General Comment on Interpretation of Symptoms

Differences in the clinical conceptualization of the child’s symptom presentation may depend on differences in the clinical interpretation regarding the Axis II psychopathology of the alienating-Beta parent. For example, if the child’s symptom presentation is one that is primarily characterized by the child’s abandonment of the targeted-Delta parent, then the organizing shared personality disorder features may be the borderline personality disorder processes of the alienating-Beta parent; if the child’s symptom presentation is primarily characterized by issues of interpersonal power, control, and domination, then the organizing shared personality disorder features may be the narcissistic personality disorder processes of the alienating-Beta parent; if the child’s symptom presentation is primarily one of hostile and aggressive retaliation, then the process may be organized by antisocial personality disorder features of the alienating-Beta parent; and if the child’s symptom presentation is primarily characterized by an anxious protection of the child from the perceived malevolent treatment of the targeted-Delta parent, then the organizing process

may be centered on the paranoid personality disorder features of the alienating-Beta parent.

However, in the absence of empirical research in this area, this is only a tentative hypothesis regarding differences in the expression of child symptomatology, and whatever the organizing focus of the shared personality disorder dynamics, both the alienating-Beta parent's and the child's presentation will likely contain prominent features of several personality disorder constructs that do not readily organize themselves into any single DSM-IV TR personality disorder category. Yet the Narcissistic Personality Disorder features involving a lack of empathy and a grandiose sense of entitlement, and the Borderline Personality Disorder process of "splitting" expressed differentially across parental relationships, with the alienating-Beta parent being the all-good, over-idealized, and never-to-be-abandoned parent while the targeted-Delta parent is the all-bad, demonized, and entirely abandoned parent, appear to be consistent presentations within the child's symptomatology across cases involving a parental alienation dynamic, which would seemingly suggest that these personality disorder features represent the core personality disorder dynamics driving the parental alienation process.

Diagnosis of a Personality Disorder with the Alienating-Beta Parent

The DSM-IV TR indicates that the diagnosis of, "Personality Disorder Not Otherwise Specified is the appropriate diagnosis for a "mixed" presentation in which criteria are not met for any single Personality Disorder but features of several Personality Disorders are present and involve clinically significant impairment." Furthermore, even if the symptom presentation does not meet the threshold for a diagnosis of a Personality Disorder, the DSM-IV TR allows the clinician to list the personality disorder traits on Axis II, "for example, the clinician might record 'Axis II: V71.09 No diagnosis on Axis II, histrionic personality traits.'"

In assessing for personality disorder features with the alienating-Beta parent, administering an MCMI-III (Millon Clinical Multiaxial Inventory-III) with the alienating-Beta parent may be helpful in documenting Personality Disorder processes.

Diagnosis of a Personality Disorder with the Child

Personality Disorders in children are very uncommon and are atypical presentations of childhood.

In cases involving a parental alienation dynamic, the child's primary DSM-IV TR diagnosis is a Shared Psychotic (delusional) Disorder involving a nonbizarre encapsulated persecutory delusion shared between the child and the alienating-Beta parent regarding the abuse potential or parental inadequacy of the targeted-Delta parent. It is through this shared psychological process that the child has with the alienating-Beta parent that the Axis I (delusional) and Axis II (personality disordered) psychopathology of the alienating-Beta parent is being "gradually imposed" (DSM-IV TR; Shared Psychotic Disorder) on the child.

Therefore, the child's symptom expressions of Axis II Personality Disorder features do not represent an Axis II Personality Disorder indigenous to the child. Instead, the presence within the child's symptom presentation of Axis II Personality Disorder features is strongly suggestive evidence of Personality Disorder psychopathology with the alienating-Beta parent that is being induced in the child as a component of the Shared Psychotic Disorder, along with the alienating-Beta parent's persecutory delusional belief system. If Personality Disorder processes are confirmed for the alienating-Beta parent, then the presence of Personality Disorder features in the child's symptom expressions seemingly represents strongly supportive confirmation for the Shared Psychotic Disorder diagnosis.