

Parental Alienation International Reprint

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Interpersonal Boundary Violations: Often Missed, Often Dismissed

Boundary violations are a defining feature of PA.

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A BOUNDARY IS A LINE, LIMIT, OR SPACE that separates one thing from another. Boundaries can be physical and visible, or non-physical and invisible. A *physical* boundary is a structural barrier that often has a protective function. Our skin, for instance, not only serves as a container for our internal structures but also as a protective barrier to shield us from toxins, pathogens, and other environmental threats.

An *interpersonal* boundary is an invisible line, limit, or space that, in a given culture, separates one person from another. Like physical boundaries, interpersonal boundaries can have protective functions. Such boundaries reflect generally-accepted norms of behavior and define what is considered acceptable or unacceptable behavior. They define a "comfort zone" and are essential to physical, mental and emotional health. This is true for both children and adults, and especially for relationships between children and adults.

Very importantly, appropriate boundaries—in other words, *normal healthy boundaries*—play a major role in the development and maintenance of personality traits and personal qualities such as self-esteem, individuality, independence, autonomy, critical reasoning and decision-making. This latter point warrants emphasis because people who fail to develop appropriate boundaries tend to make poor decisions in many areas, especially in their relationships. Without an adequate understanding of interpersonal boundaries, it is difficult to get along with others, and difficult to get along in the world.

Crossing a line

A boundary violation (BV) occurs when one person crosses a line—physical, psychological, or emotional—that should exist between that person and another. Unfortunately—but not surprisingly—BVs are very common in dysfunctional families. And yet, some mental health and legal professionals, even those who work in the family court system, fail to recognize the presence and/or clinical significance of such violations with respect to diagnosis, treatment, prognosis and causation. This is a serious professional error that can have dire consequences for all members of the family.

The clinical literature contains massive documentation regarding the harmful effects of BVs on children and adults (see, for example, Minuchin, *Families and Family Therapy*, 1974; Minuchin, Reiter and Borda, *The Craft of Family Therapy: Challenging Certainties*, 2014). Since space does not permit a review of that documentation here, suffice it to say there are few things more damaging to a child than BVs, particularly if they are multiple, ongoing, or severe.

For illustration, physical BVs include trespassing; theft; inappropriate or unwanted touching; assault or battery; incest; rape; and any type of interpersonal violence (unless in self-defense and even then the law requires a measured reasonable response).

For psychological or emotional BVs, the list is long. It includes unkind comments; uninvited or unwanted criticism; racial, ethnic, religious, gender-based, or other slurs based on membership in a group or class; trivialization of another's thoughts, wishes, or feelings; over-controlling behavior; inappropriate familiarity; inappropriate or premature intimacy; inappropriate sharing (e.g., of personal, financial, or legal information); and many others. The unkind or unwanted criticisms not only include criticisms of an individual him- or herself, but of the individual's family, friends, associates or loved ones. For instance, most people understand that, even among close friends, it would generally be inappropriate to tell a friend that his or her partner is strikingly unattractive; the mere fact that it might be true (at least in the eyes of the speaker) is irrelevant. In our society, normal people do not do that.

For the same reason, it is a BV to make disparaging remarks to a child about the his or her parents or other relatives. This point is very relevant to parental alienation (PA), a family dynamic in which one parent has attempted to undermine a child's relationship with the other parent through the use of indoctrination, manipulation, and other techniques.

For children, there is another consideration. In judging whether the behavior of an adult represents a BV of a child, one must consider whether the adult's behavior is *age-appropriate* for the child. Thus, inappropriate sharing of personal, financial or legal information is a BV because, in general, it is not appropriate to share such information with a minor child.

BVs are exceedingly damaging to children. Children who are subjected to repeated or severe BVs rarely—if ever—recover completely. If one grows up in a home where BVs are common, one is not likely to develop a deep understanding of interpersonal boundaries. In adulthood, such individuals are likely to violate other people's boundaries, thus putting them at great risk for a wide variety of failures including failed marriages, failed relationships and failed careers.

Failure to recognize the potentially catastrophic effects of BVs on a child's psychological and emotional development is a serious error. Unfortunately, it is also a common error.

Child psychological abuse

BVs meet standard definitions for child psychological abuse. For instance, in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, or the DSM-5 (2013), the American Psychiatric Association (APA) defines child psychological abuse as: "Child psychological abuse is nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child." (DSM-5, page 719.)

One does not have to be a mental health or legal expert to see that BVs meet this definition (as does parental alienation and pathological enmeshment; see next paragraph). Thus, unless trivial, BVs are a type of child abuse (though we should not single out *children* in this regard since repeated or extreme BVs also meet standard criteria for abuse in *adults*).

Relevance to PA and enmeshment

For background, the diagnosis of PA usually is made by a qualified mental health professional using a family systems approach. To oversimplify, the basis for this approach is to consider certain key criteria or factors. These include: (1) a prior positive relationship between the child and the disfavored parent; (2) absence of

maltreatment by the disfavored parent; (3) use of alienating behaviors by the favored parent, e.g., the 17 alienating strategies described by Baker & Fine (see *Working With Alienated Children and Families: A Clinical Guidebook*, 2013, pages 95-97); and (4) presence of behavioral manifestations of alienation in the child, e.g., the "eight manifestations" of an alienated child (see Sauber & Worenklein in Baker & Sauber, *Working With Alienated Children and Families: A Clinical Guidebook*, 2013, page 62).

This approach is based on well-validated clinical concepts. Furthermore, the accuracy of the above factors in combination has recently been validated (see Baker, A.J.L., Reliability and validity of the four-factor model of parental alienation, *American Journal of Family Therapy*, 2018).

However, the widespread use of the above criteria has a downside. At times, their use has eclipsed other clinical clues as to the cause of a child's alignment. One such clue is a history of BVs in the family. Specifically, one should look for a history of BVs by one or both parents toward the aligned child, or by the child toward one or both parents. With alienation, the BVs tend to follow a pattern—there are BVs by the favored parent of both the child and the disfavored parent, but (for the most part) not by the disfavored parent. With estrangement, BVs tend to be committed by the disfavored parent. In hybrid cases, BVs tend to be committed by both parents.

That said, a caveat is in order. The pattern does not necessarily have to be "pure" to be significant. If a large majority of BVs are by one parent but not the other, that is probably significant. Still, that determination will generally require case-specific clinical judgment.

Incidentally, note that BVs are a *defining feature* of PA. Therefore, any parent who has engaged in PA has also engaged in BVs (although the inverse is not true). For example, badmouthing, limiting contact, undermining trust and authority, and other alienating behaviors almost always involve BVs.

BVs are also a defining feature of *pathological enmeshment*. In this context, enmeshment is a family dynamic in which one parent has essentially *engulfed* the child such that the parent has not only *violated* the child's boundaries but *obliterated* them. By definition, the enmeshed parent has erased the normal healthy boundaries that should exist between a parent and a child—thus wreaking havoc on the child's psychological and emotional development—while essentially hijacking the child to meet that parent's own needs. Concurrent enmeshment is common in cases of severe alienation. For obvious reasons, enmeshment, like BVs, is exceedingly damaging to children. That is not surprising since, at its core, enmeshment entails severe BVs, and childhood BVs are known to be major risk factors for a multitude of serious problems in adulthood.

Conclusion

Although BVs are a hallmark of both alienation and enmeshment, they have received relatively little attention in that regard. Often, their clinical significance and the need for urgent intervention is not appreciated by those who evaluate and manage cases of child alignment. To assist with evaluation and management, professionals should actively seek evidence of BVs.