

# Role of narcissism in parental alienation phenomenon. A narrative review

ARIANNA PALMIERI<sup>1,2</sup>, VALENTINA VISINTAINER<sup>1</sup>, LISA TOFFANIN<sup>1</sup>, VALENTINA CIMMINO PICONE<sup>1</sup>

<sup>1</sup>Department of Philosophy, Sociology, Education & Applied Psychology (FISPPA), University of Padua, Italy; <sup>2</sup>Psychological Assistance Service, University of Padua, Italy.

**Summary.** Parental Alienation Syndrome (PAS) is a term addressed to describe negative, psychopathological feelings, thinking and behaviours, including hostility and fear, exhibited by children who have been alienated from one parent by the other parent. Despite its relevance in the clinical psychology field, theoretical and empirical contributions to understanding and deepening the many facets of this concept are still few. In particular, literature aimed at disentangling the alienating parent's psychological characteristics is scarce and fragmented. Our contribution encompasses a narrative review of scientific literature since the term PAS was coined in 1987 by Gardner, to delineate narcissistic proneness in alienating parents. Namely, considering the narcissistic drift the western society is going toward, we hypothesised that narcissism has a pivotal role in parents' alienating behaviours against the alienated ones. Firstly, the elements that emerged from our literature search confirmed our theoretical hypothesis, in terms of the likely role of narcissism/narcissistic marked traits in alienating parents. In the second section, we contextualised the phenomenon in a psychodynamic/psychoanalytic theoretical framework. Finally, based on previous findings/considerations, the developmental trajectories of children with PAS have been traced. An improved theoretical knowledge of this phenomenon, also in terms of the psychopathology associated with its genesis, means to refine the diagnostic and treatment tools to prevent it.

**Key words.** Alienating parent, Parental Alienation Syndrome, PAS, narcissism, narcissistic traits.

*Il ruolo del narcisismo nel fenomeno dell'alienazione parentale. Una revisione narrativa.*

**Riassunto.** La sindrome di alienazione parentale (Parental Alienation Syndrome - PAS) è un termine utilizzato per descrivere i sentimenti, i pensieri e i comportamenti negativi e psicopatologici, tra cui l'ostilità e la paura, esibiti dai bambini che sono stati alienati da un genitore da parte dell'altro genitore. Nonostante la sua rilevanza, nell'ambito della psicologia clinica i contributi teorici ed empirici per comprendere e approfondire le molteplici sfaccettature di questo concetto sono ancora pochi. In particolare, la letteratura che mira a districare le caratteristiche psicologiche del genitore alienante è scarsa e frammentata. L'articolo presenta una panoramica della letteratura scientifica a partire dal 1987 da Gardner, anno in cui è stato coniato il termine PAS, per delineare la predisposizione narcisistica dei genitori alienanti. In particolare, considerando la deriva narcisistica verso cui sta andando la società occidentale, abbiamo ipotizzato che il narcisismo abbia un ruolo centrale nei comportamenti alienanti da parte di uno dei due genitori ai danni dell'altro/a. In primis, gli elementi emersi dalla nostra rassegna hanno confermato la nostra ipotesi teorica in termini di probabile ruolo del narcisismo o di tratti marcatamente narcisistici da parte di chi attua dinamiche di alienazione. Nella seconda sezione abbiamo contestualizzato il fenomeno in un quadro teorico psicodinamico/psicoanalitico. Infine, sulla base della letteratura e delle considerazioni precedenti, sono state tracciate le possibili traiettorie di sviluppo dei bambini con PAS. Una migliore conoscenza teorica di questo fenomeno, anche in termini di psicopatologia associata alla sua genesi, significa migliorare gli strumenti diagnostici e di trattamento per prevenirlo.

**Parole chiave.** Sindrome da alienazione parentale, PAS, genitore alienante, narcisismo, tratti narcisistici.

## Introduction

The Parental Alienation Syndrome (PAS) has been formulated in the 1980s by the American forensic psychiatrist Richard Gardner<sup>1</sup>, who described it as the unjustified denigration campaign directed by a child towards a parent – i.e., the *alienated* parent – due to a sort of “indoctrination” from the other parent – i.e., the *alienating* parent<sup>2,3</sup>. It is a process of psychological refusal from a child towards his/her parent as a result of

the influence of the other parent. Such a phenomenon usually emerges from conflictual conditions and, notably, in cases of child custody disputes, evolving into “emotional abuse”<sup>4,5</sup>. PAS implies, in children, harmful consequences of reality-testing, weakening the ability to feel empathy, and lack of respect for authority, extended also to non-parental figures and development of narcissism in his/her adult age<sup>6</sup>. Gardner identifies three essential elements about the definition of PAS:

1. the refusal of a parent's denigration from a child, attaining a certain level of hostility and being per-

sistent, it is not built upon occasional episodes. Indoctrinated by a parent, the child, actively refuses the other and aims to destroy that relationship;

2. the refusal is “unjustified” (the alienation is not a reasonable response to the alienated parental behaviour, with whom the child previously usually had a good relationship);
3. it is the partial result of the influence that the alienating parent exerts on the minor.

Namely, as for the first point, the phenomenon is characterised by an intense, continuous, and persistent denigration, directed by a child towards a parent: the child actively participates, mimicking and reproducing the message of disdain of the alienating parents towards the alienated one. The alienating parent does not question this disrespect but encourages and nourishes it. Regarding the second and third points, the child’s refusal towards the alienated parent is superficially or absurdly related and motivated, resorting to illogical, nonsensical motivations, and lacking objective pieces of evidence. This all would be founded on a lack of ambivalence from the child, who affirms, at least at a verbal/conscious level, that the alienated parent only has negative features, while, inversely, the alienating parent is described in absolute and unilaterally positive terms. This process would determine the automatic support of the alienating parent, on whose side the child is always aligned. Two typical consequent phenomena are the so-called “independent thinker” (i.e., the child asserts he/her thinks autonomously, “with their brain”, without any influence from the alienating parent) and the “borrowed scenarios” (i.e., the child’s use of verbal expressions that belong to the adult language that cannot be independently elaborated).

According to Gardner’s model, these minors are characterised by an apparent absence of guilt, preventing them from showing feelings of empathy for the alienated parent’s suffering; on the contrary, the child’s hostility towards the alienated parent expands to the parent’s emotional ties, with a lack of respect toward all concerned adults. In his first conceptualization, Gardner suggested PAS be analysed as a down of a personality disorder. Later, in 1998, Gardner added to these primary PAS symptoms four diagnostic criteria, called “additional differential diagnostic considerations”<sup>7</sup>, which emphasise the modes of relation between the minor and the parents, shifting the focus from the child to the relational dynamics of the PAS, by highlighting the exclusive link of the minor with the alienating parent, as well as the positive ties to the alienating parent before the occurrence of the alienation process.

A quite recent controversy is emerging, however, about the ontological legitimacy of PAS as a syndromic picture<sup>8</sup>. The first criticism of such a PAS con-

ception has been provided by Kelly and Johnston<sup>9</sup>: according to these authors, a “syndrome” defines a constellation of signs and symptoms not associated with a single etiopathogenetic factor; therefore, they provided a different definition of PAS as a psychological process, rather than a clinical syndrome. The liminal position of PAS in theoretical clinical conception is well expressed by its role in the DSM-5: it is not included among the clinical syndromes but can be found in the section called “Other conditions that may constitute objects of clinical attention”. Currently, PAS, whatever its way of conceiving it, is one of the most cogent themes in the forensic psychology/psychiatry field<sup>9,10</sup>. We will refer to such a protean condition with the original term proposed by Gardner, i.e., PAS, as the most commonly known label, although we are aware that this definition is currently under development/modifications both in its conceptual and terminological shades.

Regardless this phenomenon is conceived as a clinical syndrome or a proteiform psychological, relational process, the consistent, progressively increasing rates of separations/divorces in western societies have been described as directly associated with PAS phenomena occurrence, hence implying in the long-term developmental trajectories, anxiety, anguish, depression, impulse dyscontrol, even to delusions, hallucination and, more general, social alienation<sup>5,6</sup>.

Although it is common clinical experience, as reported by further previous authors<sup>11,12</sup>, that in alienating parent often occurs a clinical personality disturbance or clinical sub-traits mainly referring to antisocial/psychopathic, borderline or narcissistic attitude, the focus/interest in the PAS topic from the parents’ personality profile perspective seem to be lacking in clinical psychology literature field. Given the known harmfulness of psychopathic/antisocial disorder and borderline personality disorder, it is understandable that clinical attention could have a particular focus in investigating these characteristics, while narcissism, despite its frequency, is often not described as having an immediate detrimental impact to the education and care of children. Furthermore, the inherent characteristics of manipulativeness, seduction, and the pursuit of apparent social adequacy may elude clinical attention when it comes to diagnosing narcissism.

In this vain, our general purpose is to encourage scientific literature to address more attention to PAS phenomenon in the light of parental psychopathology in terms of narcissism, in order to better understand and thus prevent PAS manifestation/exacerbation in children. In other words, shifting the focus from the psychological characteristics of the minor who presents the PAS, for which literature is quite fecund, to the personality characteristics of the alienating parent, can be a privileged point of view that first-

ly clinical psychology lens not only could but mainly should investigate.

In detail, our idea is that parental narcissism can be one of the factors of vulnerability for the child in the context of the development of a family dynamic characterised by alienation. Parental personality vulnerabilities that are described as associated with parental alienation manifestations, including idealization and devaluation dynamics, and the lack of guilt and empathy toward the alienated parent seem to suggest, indeed, the pivotal role of narcissism as a trait or a clinical disturbance.

To deepen the idea of parental narcissism as crucial in developing PAS in children and adolescents, we performed a narrative review by searching from the main scientific electronic databases, i.e., Scopus, PubMed, and PsycInfo, on the topic of parental narcissism as a possible concomitant/predisposing factor for the emergence of PAS behaviours in children. Namely, the keywords entered were “narcissistic” (or “narcissism”, “narcissistic personality disorder”, “pathologic narcissism”) and “parental alienation” (or “PAS”) in the last thirty years.

In line with narrative review criteria<sup>13,14</sup>, we did not adopt stringent data extraction and synthesis guidelines, but we relied on our research and clinical experience.

The emerging data will be further interpreted from a psychodynamic/psychoanalytic perspective, taking also into account the possible evolutionary trajectory of children involved in these family situations.

### Increasing narcissism in western societies

Since 1970 several authors have highlighted the probable “narcissistic drift” of western society, defining narcissism as much more than a personality disorder as it may appear in some singular individuals. It is, according to some authors<sup>15,16</sup>, a social large-scale phenomenon that cannot be disentangled.

According to other authors, such as Bourgeois et al.<sup>17</sup>, the concept of narcissism can constitute a useful lens to understand identity-formation dynamics within neoliberal societies.

As with every phenomenon concerning human beings and their relations, it is necessary to insert narcissism construct within the socio-cultural context in which it emerges. Historian and anthropologist Lasch<sup>18</sup> uses the concept of narcissism to analyse social developments and grounds his thesis on the assumption, later confirmed by other scholars<sup>16,19</sup>, that narcissistic personality disorders spread out within the American society<sup>15,20</sup>. Twenge and Campbell<sup>16</sup> defined such a phenomenon as a “narcissism epidemic” and described it as composed of two intersecting levels: the first one concerns individuals experiencing,

while the other one reflects a shift of shared cultural values at a society-level towards narcissistic tendencies. While narcissistic personality disorder remains a rather rare clinically – diagnosed condition – the disorder concerns 1% of the general population and 2% of the clinical population, despite a rise in the last decades<sup>19,20</sup> – subclinical narcissism or narcissistic traits have in fact attained epidemic proportions, with significant consequences for the social fabric and individuals<sup>16</sup>. Many are the clues of a narcissistic tendency within our culture<sup>21</sup>, such as the fall of authority attribution, within and outside the domestic contest<sup>22</sup>, and the propensity to consider limits as useless and unnecessary restrictions<sup>23</sup>; the current concerns for appearance and body<sup>20</sup>; the centrality of victory and power dynamics, and the massive use of seduction and manipulation mechanisms<sup>21</sup>. Rising levels of greed, self-obsession, superficial relationships, arrogance, and vanity are combined with alterations of family life, changes in technological development, including a certain use of social media, attitudes towards death, and the cult of celebrities are characteristics of success within our narcissistic society and appear to be interconnected tendencies<sup>24-26</sup>.

### The narcissism of the alienating parent

Craig Childress<sup>27</sup> believes that parental alienation is the transgenerational transmission of the Attachment Trauma, meaning the disorganised attachment<sup>28</sup>, from the childhood of the narcissistic parent to the current family relations, mediated by narcissistic personality traits of the parents, that are themselves the result of an attachment trauma. It would be indeed interesting to explore the empirical relationship of these two phenomena – narcissism and parental alienation – adopting a systemic approach, through which the family structure and its links are conceived as an open sociocultural system and connected to the social reality. Some direct and indirect considerations emerge from our Narrative review as to the current presence of narcissistic traits within the interested population. Particularly, many scientific contributions investigate or find evidence on this topic<sup>26,28-31</sup>; their focus is on the analysis of the psychological dynamics of those families that seem to have witnessed parental alienation phenomena from one parent towards the other and have highlighted the narcissistic features of one or both members of the couple, which seem to contribute to the process of parental alienation<sup>30,32,33</sup>. Notably, despite this limit, narcissism and narcissistic vulnerabilities are considered psychological grounds common to parents involved in high-conflict divorces<sup>28</sup>. Indeed, narcissism has been used to explain how some parents negate and refuse the value of the other parent

for the child, preventing the child from maintaining a healthy relationship with the other parent and refusing to share the parenthood of their child with their ex-partner. Parents involved in PAS situations seem not to have – or to have lost – the ability to consider the needs of their children, acting to gratify their own needs, even at the expense of the child who is, thus, considered as an extension of the parent. This type of narcissism has been described as pathological narcissism<sup>34</sup> and is characterized by an egocentric conception in which the others are not perceived as full-fledged individuals, but rather as extensions of the self. Differences are ignored or, worse, interiorized as attacks, and parents who have such features turn to their children to satisfy their own needs for love and approval<sup>28</sup>.

In a recent study by Roma et al.<sup>11</sup>, the personality features of mothers involved in PAS situations have been examined through a comparative analysis of MMPI-2 profiles. The comparison between alienating parents and healthy controls has resulted in interesting outcomes: while control-group mothers are described as moderately favourable towards themselves, seeing themselves as suited and sufficiently able to face difficulties, not feeling the need to bring attention to themselves, the score of alienating mothers has suggested a high self-favourable judgment, with unrealistic self-referring adaptation, the need to deny problems and weaknesses and the desire to put forward an image of adequacy and self-control, incoherent with the real personality, ends suggesting the idea of spitting mechanism. A further study by Gordon et al.<sup>32</sup> had previously exploited the MMPI-2 tool on alienating parents, to investigate their primitive defences. Traditional validity scales MMPI – L (lie), F (infrequency) and K (correction) – are useful indicators not only for the managing of impressions but also for measurement of the durable defensive traits<sup>35</sup>. The results of the study showed that alienating mothers and fathers had higher indicative scores for the use of primitive defences, such as splitting and projective identification. These above mentioned parental defence mechanisms are typical of narcissistic pathology, that Kernberg<sup>35,36</sup> described as a process of archaic defensive processes. In detail, the splitting is characterized by an emotional disconnection between conflicting parts of the self, which leads to experiencing in a totally split way idealized and devalued perceptions, sometimes even persecutory. Projective identification is constituted by the unconscious tendency to induce in the significative other behaviours and relations stemming from projections of negative and aggressive features of the self, and subsequently control the other who is imagined acting under the rule of these projections. This defensive psychic mechanism enhances the feeling of omnipotence sustaining the narcissistic asset. Similarly, in the article “Autopsy of the

narcissistic parental alienator” by Summers and Summers<sup>30</sup>, the authors support the hypothesis according to which parental narcissism generates a proneness toward alienating behaviours and they quote Baker’s ideas, who affirms that in these families «the normal love and respect that children naturally feel for a parent appeared to be insufficient to satisfy the narcissistic demands of the alienating parent» (p. 8)<sup>37</sup>. In a retrospective further study<sup>30</sup> on 40 adults having experienced parental alienation dynamics as children, the results of the alienation process in the alienating parent have been analysed. These results show models of alienation in which the latter seems to be fuelled by narcissism: despite the powerful personality shown to the world, narcissists tend to feel empty inside and to experience anger at the first signs of humiliation or abandonment<sup>31</sup>. It is therefore very likely that the end of their marriage has triggered these subjects with feelings of shame and anger, poured on their partner. As Masterson<sup>31</sup> noted, when a narcissist feels devalued or psychologically abandoned, they «avoid, deny and/or devalue the offensive impulse or perception, thus re-establishing their narcissistic equilibrium» (p.16)<sup>31</sup>. The desire by the partner to continue the relationship with the children, despite the end of the couple, was perceived as an ulterior narcissistic wound.

A second fundamental reason for alienation fuelled by narcissism seemed to be the rage of the alienating power towards the children that wished to maintain the relationship with the other parent, despite the abandonment. These mothers seemed to consider, being wounded and angry with the father, that their child should have been too: this is coherent with the narcissistic difficulty to understand that others have separated feelings and experiences of the world<sup>38</sup>. Lastly, narcissistic mothers could have felt alone and weak after the divorce and could have increasingly relied on their children for comfort and reassurance: the time spent by the children with the father would then have been perceived as a deep loss. Many narcissists, indeed, do not know how to be alone and need an audience to make them feel real and reassure them of their grandeur<sup>39</sup>. The end of marriage seems to have elicited in this group intolerable feelings of shame and rage, directed towards the ex-partner, whose devaluation allows to restore the narcissistic equilibrium. Following separation, these mothers turn to children for comfort, in need of an audience able to reassure them of their grandeur, and the children’s desire to maintain a relationship with the father is perceived as treason. Alienation patterns of narcissistic mothers within united families are as well highlighted: the fact that some forms of parental alienations can take place in united, non-divorced families are worth noting, for these situations – that generally emerge through the legal procedures related to custody – may elude clinical attention. In these

cases, both patterns – narcissistic mothers in separated and united families – have in common the strong emotional link between the child and the mother, who used the situation to her advantage, to satisfy her needs. In these terms, several authors refer to a “boundary dissolution” (for a review, see Emery<sup>40</sup>) a phenomenon that requires the loss of psychological differentiation between the members of a family, the confusion of roles and, thus, the loss of intergenerational ties. On this topic, some authors<sup>41–43</sup> point out the increased risk of this phenomenon in the context of divorced families, in which it is expected from the child to fill a vacant place.

An analysis of this phenomenon can also be found in psychoanalytic literature. Recalcati<sup>43</sup> cites the Bible “First book of Kings”, in which two women fight over a child, both declaring him to be their son. They thus went to meet the wise king Salomon who, after evaluating the situation, stated that he would have cut the child in two to divide it into two equal parts. The two women reacted differently to the offered solution: the first agreed and said: “if me, who’s his real mother, can’t have him, then it’s better to cut him in half, so that she can’t have it either”. The second woman begged the king not to hurt the baby: «give it to her, I prefer losing him than watching him die», she said. With this ruse, the king managed to individuate the real mother of the child. This passage is metaphorically quoted by the analyst to express how PAS and narcissistic phenomena, expressed in the figure of the “false mother”, share a certain idea of possession of the child, which leads to confusion about the parent’s own will and the well-being of the child: the minor is treated as an object who, instead of being accompanied on his/her process of separation and individuation, is manipulated to satisfy the parent’s need. These processes leave no room for the symbolic level and maintain the internal representation of the parental-child relationship at a level of exclusivity. In the vein of psychoanalytic perspective, Racamier highlights that symbiotic and fusional phenomena are grounded on an underlying dimension that he defines as “incestual”<sup>44</sup>, in which privileged relations are created when two, fused and confused with each other, eliminate and exclude the third one. Such ideas are surprisingly similar and overlapping with the typical dynamics of PAS-characterized family situations in which a parent sees the child as his narcissistic extension in a pseudo-fusional way and excludes the other one from the relationship<sup>45</sup>.

### **Clinical considerations and long-term consequences on children with PAS**

Our narrative review aimed at investigating whether contributions dedicated to the association between parental narcissism and PAS induction in

children appeared in the clinical psychology scientific literature. In line with our main idea, a very poor and fragmented literature emerged, both at a theoretical and empirical level<sup>29,30,33</sup>, which nevertheless confirms the value of our hypothesis. After some clinical considerations from a psychodynamic perspective to suggest some probable developmental trajectories of PAS children type. In cases of PAS, indeed, preventing children from psychologically accessing the other parent has harmful consequences on the minor’s healthy psychological development, who appears psychologically emptied/voided<sup>46</sup>. Being the object of parental projections and identifications triggers for the child the use of primitive defences in her/himself psychological functioning. At the intrapsychic level, we can infer a splitting in which the child shows a relationship of complete connivance and loyalty with one idealized parent, at the expense of the relationship with the other parent, refused and devalued. Through primitive defences such as splitting, projection and projective identification, the child splits the images of parents between good and bad, projecting negative images on the parent targeted by alienation, hitting not only the real parent, but also his internal representation. Despite what the child explicitly expresses, at an unconscious level, he/she likely has a strong desire for the refused parent; however, as this desire is unacceptable – for it would mean the loss of love from the idealized parent – the latter is projected onto the alienated parent and so perceived as persecutory<sup>47</sup>. The process of affective distancing and emotional freezing often accompanies these children in their interactions with the parent targeted by alienation. It is only through such a process that they manage to renounce the link with that parent without suffering. Such a defence presents the risk, nevertheless, to become chronic and to reactivate anytime the child is exposed to highly emotional situations.

Baker<sup>37</sup> highlights a few constant elements emerging as a result of childhood experiences of alienation, such as low self-esteem characterizing these subjects, as a result of the internalization of the hatred towards the alienated parent<sup>34</sup> and the feeling of guilt for having refused and denigrated the parent. As far as long-term effects are concerned, Stahl<sup>48</sup> points out that in cases in which parental alienation is not recognized and properly treated, the subjects tend to experience separations in their relationships, difficulty in the establishment of relational intimacy, psychosomatic symptomatology, eating and/or sleeping disorders, psychological vulnerability, dependency and conflicts with figures representing authority, and trouble in tolerating rage and/or hostility in relationships<sup>49</sup>, or, as the other side of the coin, to inflict violence to others, the same violence they experienced. Several authors have, indeed, drawn parallels between PAS conditions and psychological violence<sup>4,5</sup>. In PAS gen-

esis contexts, the child is exploited as a “regulating other” for the parent<sup>26</sup>: the minor is forced to express attitudes and behaviours desired by the parent, since not doing so would expose him to the risk of parental reactions of rage and narcissistic rejection. In other terms, the combination of intense rage, rejection and disgust of the parents can be extremely worrying for a child. Indeed, children who were exposed to the narcissistic rage of a parent<sup>50</sup> become strongly motivated to avoid exiting the psychological status desired by the narcissistic parent. This requires the child to have a constant control of the narcissistic parent’s internal psychological status, to remain aware of his/her emotional and psychological needs, allowing him/her to satisfy these and avoid narcissistic rage and rejection. Such unconscious interpersonal pressures in children cannot but imply a developmental trajectory towards a personality development which in turn will probably be on the narcissistic drift.

## Conclusions

Narcissism seems to represent a risk and vulnerability factor for PAS. Our hope is that this theoretical contribution could encourage more deep investigation on PAS genesis both among scientific and clinical community, mainly but not only in the field of forensic psychology and psychiatry, and indirectly in all social services operators, in order to prevent such a dramatic phenomenon in children and, in turn, in severe psychopathological consequences in the alienated parent.

An accurate diagnosis of parents’ personality, considering the potential risks of the malignant narcissism subclinical traits of narcissistic clinical disturbance in parent to whom partial or full custody will be addressed, should be provided in order to eventually prevent PAS development. Given the callous manipulative attitude and the lack of remorse to which these individuals are prone<sup>50</sup>, such a psychopathological feature could not be noticed, in fact, in a general screening interview<sup>51</sup>. Specific diagnostic tools should be used, or better developed, to prevent the eventuality of full custody of a child from a clinical or subclinical narcissistic parent. In the absence of alternatives to a narcissistic parent in parental custody, it could be crucial to identify children who may need further psychological support to prevent the possible development of the devastating syndrome (or psychological processes) so called as PAS.

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tions related to the accuracy or integrity of any part of the work have been appropriately investigated and resolved.

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## References

1. Gardner RA. The Parental Alienation Syndrome and the differentiation between fabricated and genuine child sex abuse. Cresskill, NJ: Creative Therapeutics, 1987.
2. Gardner RA. Parental Alienation Syndrome (PAS): sixteen years later. *Acad Forum* 2001; 45: 10-2.
3. Gardner RA. Parental Alienation Syndrome vs. Parental Alienation: which diagnosis should evaluators use in child-custody disputes? *Am J Fam Ther* 2002; 30: 93-115.
4. Gagné MH, Drapeau S, Hénault R. L'Aliénation Parentale: un bilan des connaissances et des controverses. *Can Psychol* 2005; 46: 73-87.
5. von Boch-Galhau W, Kodjoe U. Syndrome d'Aliénation Parentale: une forme de maltraitance psychologique des enfants en cas de séparation ou de divorce conflictuel des parents. *Divorce et Séparation* 2005; 3: 91-115.
6. Ben-Ami N, Baker AJL. The Long-term correlates of childhood exposure to Parental Alienation on adult self-sufficiency and well-being. *Am J Fam Ther* 2012; 40: 169-83.
7. Gardner RA. The Parental Alienation Syndrome. 2nd ed. Cresskill, NJ: Creative Therapeutics, 1998.
8. Lorandos D. Parental Alienation in US Courts, 1985 to 2018. *Fam Court Rev* 2020; 58: 322-39.
9. Kelly JB, Johnston JR. The alienated child: a reformulation of Parental Alienation Syndrome. *Fam Court Rev* 2001; 39: 249-66.
10. Casonato M, Mazzola MA. Alienazione genitoriale e sindrome da alienazione parentale. Aprilia, Latina: Aracne Editrice, 2016.
11. Roma P, Marchetti D, Mazza C, et al. MMPI-2 profiles of mothers engaged in Parental Alienation. *J Fam Issues* 2021; 42: 722-40.
12. Baker AJL. Patterns of Parental Alienation Syndrome: a qualitative study of adults who were alienated from a parent as a child. *Am J Fam Ther* 2006; 34: 63-78.
13. Green BN, Johnson CD, Adams A. Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *J Chiropr Med* 2006; 5: 101-17.
14. Pae CU. Why systematic review rather than narrative review? *Psychiatry Investig* 2015; 12: 417.
15. Rand DC. The spectrum of Parental Alienation Syndrome (Part I). *Am J Forensic Psychol* 1997; 15: 23-52.
16. Twenge JM, Campbell WK. The narcissism epidemic: living in the age of entitlement. New York, NY: Simon and Schuster, 2009.
17. Bourgeois JA, Hall MJ, Crosby RM, et al. An examination of narcissistic personality traits as seen in a military population. *Mil Med* 1993; 158: 170-4.
18. Lasch C. The culture of narcissism. *Bull Menninger Clin* 1980; 44: 426-40.
19. Stinson FS, Dawson DA, Goldstein RB, et al. Prevalence, correlates, disability, and comorbidity of DSM-IV narcissistic personality disorder: results from the Wave 2 National Epidemiologic Survey on alcohol and related conditions. *J Clin Psychiatry* 2008; 69: 1033-45.
20. Twenge JM, Miller JD, Campbell WK. The narcissism epidemic: commentary on modernity and narcissistic personality disorder. *Personal Disord* 2014; 5: 227-9.
21. Zimmerman M, Rothschild L, Chelminski I. The prevalence of DSM-IV Personality Disorders in psychiatric outpatients. *Am J Psychiatry* 2005; 162: 1911-8.

22. Dhawan N, Kunik ME, Oldham J, et al. Prevalence and treatment of narcissistic personality disorder in the community: a systematic review. *Compr Psychiatry* 2010; 51: 333-9.
23. Lowen A. *Narcissism: denial of the true Self*. New York, NY: Simon and Schuster, 2004.
24. Salvatore S, Palmieri A, Pergola F. Trasformazioni sociali, affettivizzazione della sfera pubblica e ricerca di. *EES* 2019; 10: 206-25.
25. Recalcati M. *L'uomo senza inconscio: figure della nuova clinica psicoanalitica*. Milano: Raffaello Cortina Editore, 2011.
26. MacDonald P. Narcissism in the modern world. *Psychodyn Pract* 2014; 20: 144-53.
27. Childress CA. *An attachment-based model of parental alienation: professional consultation*. Claremont, CA: Oaksong Press, 2015.
28. Bowlby J. *Attachment and Loss: Attachment v. 1*. London: The Hogarth Press, 1969.
29. Donner MB. Tearing the child apart: the contribution of narcissism, envy, and perverse modes of thought to child custody wars. *Psychoanal Psychol* 2006; 23: 542-53.
30. Summers DM, Summers CC. Unadulterated arrogance: autopsy of the narcissistic parental alienator. *Am J Fam Ther* 2006; 34: 399-428.
31. Masterson JF. *The Narcissistic and Borderline Disorders*. New York, NY: Brunner/Mazel, 1981.
32. Gordon RM, Stoffey R, Bottinelli J. MMPI-2 Findings of primitive defenses in alienating parents. *Am J Fam Ther* 2008; 36: 211-28.
33. Greenberg JR, Mitchell SA. *Object relations in psychoanalytic theory*. Cambridge, MA: Harvard University Press, 1983.
34. Gordon RM. The powerful combination of the MMPI-2 and the psychodynamic diagnostic manual. *Indep Pract* 2007; Spring Issue: 84-5.
35. Kernberg OF. Factors in the psychoanalytic treatment of Narcissistic Personalities. *J Am Psychoanal Assoc* 1970; 18: 51-85.
36. Kernberg OF. *Borderline conditions and pathological Narcissism*. Lanham, MD: Rowman & Littlefield, 1985.
37. Baker AJL. The cult of parenthood: a qualitative study of parental alienation. *Cultic Stud Rev* 2005; 4: 1-18.
38. Golomb E. *Trapped in the mirror: adult children of narcissists in their struggle for Self*. New York, NY: William Morrow and Company, 1992.
39. Kerig PK. Revisiting the construct of boundary dissolution. *J Emot Abuse* 2005; 5: 5-42.
40. Emery RE. *Marriage, divorce, and children's adjustment*. Thousand Oaks: Sage, 1999.
41. Johnston JR, Walters MG, Olesen NW. Is it alienating parenting, role reversal or child abuse? A study of children's rejection of a parent in child custody disputes. *J Emot Abuse* 2005; 5: 191-218.
42. Sroufe LA, Fleeson J. The coherence of family relationships. In: Hinde RA, Stevenson-Hinde J (eds). *Relationships within families*. Oxford: Oxford University Press, 1988.
43. Recalcati M. *Le mani della madre: desiderio, fantasmi ed eredità del materno*. Milano: Feltrinelli Editore, 2015.
44. Racamier PC. *Incesto e incestuale*. Roma: Franco Angeli, 1995.
45. Labatut E. The effects of Parental Narcissistic Personality Disorder on families and how to defend 'invisible victims' of abuse in family court. *SUL Rev* 2020; 48: 225.
46. Mazzoni S, Nassisi V. Dalla Parental Alienation Syndrome (PAS) allo studio delle diverse forme di alienazione genitoriale. *Infanzia e Adolescenza* 2014; 13: 44-54.
47. Waldron KH, Joanis DE. Understanding and collaboratively treating Parental Alienation Syndrome. *Am J Fam Law* 1996; 10: 121-33.
48. Stahl PM. Alienation and alignment of children. *Calif Psychol* 1999; 32: 23.
49. Kohut H. Thoughts on narcissism and narcissistic rage. *Psychoanal Study Child* 1972; 27: 360-400.
50. Wai M, Tiliopoulos N. The affective and cognitive empathic nature of the dark triad of personality. *Personal Individ Differ* 2012; 52: 794-9.
51. Melchers KG, Roulin N, Buehl A. A review of applicant faking in selection interviews. *Int J Sel Assess* 2020; 28: 123-42.

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Corresponding author:  
 Arianna Palmieri  
 Department of Philosophy, Sociology, Education & Applied  
 Psychology  
 University of Padua  
 Via Venezia 14  
 35131 Padova, Italy  
 E-mail: arianna.palmieri@unipd.it