C. A. CHILDRESS, Psy.D.
LICENSED CLINICAL PSYCHOLOGIST, PSY 18857
547 MARENGO DR., STE. 150 • PASADENA, CA 91105 • (909) 821-5398

Professional-to-Professional Letter of Diagnostic Concern

Dear Mental Health Professional,

I am a licensed clinical psychologist in Pasadena, California, specializing in child and family therapy and parent-child relationship conflict. I have provided this letter to parents who believe that they are experiencing a particular type of family relationship dynamic involving significant personality disorder psychopathology with an ex-spouse that is being transmitted to their children through the distorted and pathogenic parenting practices of the personality disordered ex-spouse.

I have suggested to parents that they provide this diagnostic discussion letter to mental health professionals who become associated with the assessment or treatment of their children, and to request that the mental health professional consider and assess for these specific diagnostic features with their children.

Parent Psychopathology:

Personality Disorder: The particular type of parental psychopathology of concern with this family is a mixed personality disorder presentation of the ex-spouse that is primarily organized around narcissistic traits and that also includes prominent borderline personality features as well.[1] In some of these personality-disordered parents the narcissistic features will be particularly prominent, while in others the borderline features will be more evident.

These **narcissistic and borderline personality disorder traits** of the ex-spouse activated significantly in response to the divorce and dissolution of the family and are currently acting to severely distort family relationships. The divorce represented a **narcissistic injury** to the fragile narcissistic defenses of the personality disordered parent and triggered the borderline personality dynamics surrounding a **fear of abandonment**.

The narcissistic-borderline parent was unable to effectively integrate the divorce into his or her personality structure, and has responded in a pathological way by triangulating the child into the "spousal" conflict to regulate the personality disordered parent's own excessive anxiety emanating from **parental personality disorder dynamics**.

The personality-disordered parent is triangulating the child into the spousal conflict by encouraging and eliciting the child's symptomatic over-anxious rejection of a relationship with the other parent (the targeted/rejected parent) through displays of hyper-anxiety by the child regarding being with the other parent. The child's induced hyper-anxious rejection of the other parent serves several functions,

1. **Disempowerment of the targeted/rejected parent**: The child's induced and elicited excessive displays of anxiety toward the targeted parent serve to fully disempower this parent by immediately placing suspicion onto the parenting practices of this parent (i.e.,

---

[1] Kernberg (1975) identifies narcissistic personality processes as derivative of borderline personality dynamics, "One subgroup of borderline patients, namely, the narcissistic personalities… seem to have a defensive organization similar to borderline conditions, and yet many of them function on a much better psychosocial level." (p. xiii); and "Most of these patients [i.e., narcissistic] present an underlying borderline personality organization." (p. 16)

"why is this child anxious about being with this parent?") which immediately and continuously places this parent in a defensive posture of defending his or her parenting. This may be followed by accusations made by the narcissistic-borderline parent that the parenting practices of the other parent are somehow "abusive" of the child. Together, the child's symptoms and the personality disordered parent's accusations act to divert any accusatory attention away from the aberrant and distorted parenting practices of the narcissistic-borderline parent, who instead is invited by the child's symptom display of hyper-anxiety to present to others as the "all-wonderful nurturing and protective parent."

The ultimate exploitative goal of this disempowerment of the other parent is to nullify this parent's relationship with the child, the parental rights of this parent for visitation with the child, and Court orders obtained by this parent for visitation with the child, so that the narcissistic-borderline parent can achieve full possession (de facto sole custody) of the child as a narcissistic symbol of victory over the other parent. The child's induced and elicited hyper-anxious symptom display fully disempowers the targeted parent while simultaneously empowering the narcissistic-borderline parent to achieve sole possession of the narcissistic-object of the child.

2) **Role of the "All-Wonderful Protective-Nurturing Parent":** The child's induced and elicited hyper-anxious symptom display toward the other parent is exploited by the narcissistic-borderline parent to adopt, and to conspicuously display to others, the coveted role as the "all-wonderful nurturing and protective" parent, which contrasts with the role being **imposed** on the other parent by the child's hyper-anxious displays as the "all-bad and abusive parent." The narcissistic-borderline parent's coveted role as the "all-wonderful nurturing and protective parent" is then exploited as justification for intrusively disrupting the child's visitations with the other parent through excessive parental phone calls and contacts with the child during visitations with the other parent (ostensibly to nurture the "anxious-fragile" child who is supposedly at risk from the "abusive" parenting of the other parent) or through disruptions to visitation transfers to the other parent, whereby the child resists or actively flees from the other parent and then receives comforting affection and support for this behavior from the personality disordered parent (ostensibly to nurture the "anxious-fragile" child who is supposedly frightened to be with the other parent, with the implication that the other parent is somehow "abusive" of the child).

3) **Regulation of parental abandonment fears:** The child's induced and elicited hyper-anxious symptom displays toward the other parent are exploited by the narcissistic-borderline parent to regulate that parents own fears of abandonment. The child's induced and elicited hyper-anxious symptoms allow the narcissistic-borderline parent to intrude into and disrupt the other parents ability to form an affectionately bonded relationship with the child; and the child's induced and elicited hyper-anxious symptoms will ultimately allow the personality disordered parent to restrict and limit the other parent's visitations with the child, so that the narcissistic-borderline parent ultimately achieves full possession of the child. Complete possession of the "narcissistic object" represented by the child acts to relieve the separation anxiety of the narcissistic-borderline regarding abandonment fears.

> The child's symptomatic hyper-anxious rejection of the other parent also acts to regulate the personality disordered parent's own fears of abandonment by psychologically expelling these fears through their projective displacement onto the other parent. It is the other parent who is being abandoned by the child, and the personality-disordered parent's possession of the narcissistic-object (i.e., the child) defines the narcissistic-borderline parent as the "never-to-be abandoned" parent. In addition, the personality disordered parent's possession of the child, whose relationship is coveted by the other parent, also acts to continually engage the involvement of the other parent with the narcissistic-borderline parent, thereby preventing the other parent's ability to separate from (i.e., abandon) the narcissistic-borderline parent. Without the conflict over the child the other parent would move on with his or her life following the divorce, essentially abandoning the narcissistic-borderline parent. However, the continuing conflict over visitations and custody serves to keep the other parent forever involved with, and so not abandoning of the narcissistic-borderline parent.

Inducing and Eliciting the Child's Symptomatic Rejection of the Other Parent

The narcissistic-borderline parent induces and elicits the child's symptomatic hyper-anxious rejection of the other parent primarily through the emotional signaling of the narcissistic-borderline parent of parental hyper-anxious over-concern at separations from the child when the child is to be with the other parent, and by parental displays of nurturing-affectionate support for the child's expressions of hyper-anxiety regarding the other parent.

The narcissistic-borderline parent is experiencing an intense anxiety associated with separations from the child as a product of the personality-disordered parent's own childhood trauma history that created the narcissistic and borderline personality disorder dynamics of this parent. This trauma history of the narcissistic-borderline parent is embedded in the "internal working models" of the attachment system, which is then activated by the divorce in order to mediate the loss experience associated with the divorce and family's dissolution. The reactivation of these embedded trauma networks of the personality disordered parent produce an excessive anxiety for the narcissistic-borderline parent, particularly surrounding fears of abandonment, and create a distorted and excessive perception of threat.

The narcissistic-borderline parent misattributes the anxiety produced by reactivated relationship-trauma networks as **falsely representing an actual threat** posed by the other parent, who is the triggering cue for the reactivation of the trauma networks as a consequence of the divorce process. In response to this **false perception of threat**, the narcissistic-borderline parent emits multiple and excessive emotional and social cues to the child that communicate to the child that the personality-disordered parent views the other parent as representing a danger and threat to the child's safety.

The nervous systems of children are predisposed to socially reference parents for the meaning of situations since social referencing parents for meaning confers significant survival advantage to children. This neurobiological predisposition to socially reference parents for meaning is particularly strong in ambiguous situations (such as the situation surrounding the divorce and family's dissolution) and for parental signals of threat or danger, since these are particularly important for children's survival.

The excessive emotional and social signaling by the narcissistic-borderline parent regarding the threat posed to the child by the other parent has the effect of turning off the child's natural attachment bonding motivations toward the other parent. Children are not motivated to bond to the threat (i.e., to the "the predator") but are instead motivated to flee from the threat (i.e., to flee from "the predator") and seek protective proximity with "the protective parent" – which in this case is the self-proclaimed role being adopted by the personality disordered parent and which is then being conspicuously displayed to the child and to others.

For the personality-disordered parent, the child's induced and elicited over-anxious rejection of a relationship with the other parent symbolically represents the personality disordered parent's own anxiety at separations. By adopting a "nurturing-protective" parental role relative to the child's anxiety displays, the personality-disordered parent is able to symbolically nurture, protect, and regulate through the child the personality-disordered parent's own excessive anxiety at separations (abandonment).

Once established, the child's induced excessive anxiety displays are then exploited by the narcissistic-borderline parent as a means to completely nullify the parental visitation rights of the other parent, including the effective nullification of court orders for visitation, through the stance taken by the personality disordered parent that he or she "can't force the child to go on visitations" because of the child's hyper-anxious symptom displays. The child's induced and elicited hyper-anxiety relative to the other parent thereby confers to the narcissistic-borderline parent the desired result of acquiring **full possession of the narcissistic-object** (i.e., de facto sole custody of the child), irrespective of the parental rights of the other parent and irrespective of Court orders for visitations with the other parent.

Once the child's induced and elicited hyper-anxious rejection of the other parent is sufficiently embedded in the child's symptomatic displays with the other parent, the narcissistic-borderline personality disordered parent is then able to hide the underlying agenda of restricting separations from the child and achieving full possession of the narcissistic-object represented by the child behind the presentation to others as the ideal "nurturing-protective" parent who is simply trying to "protect the child" from the supposedly "abusive" parenting of the other parent.

Diagnosing Narcissistic-Borderline Pathogenic Parenting

This post-divorce dynamic involving the pathogenic parenting distortions of a narcissistic parent with borderline features that is inducing an excessively over-anxious response in the child to the other parent is recognizable by a characteristic set of three diagnostic indicators in the child's symptom display,

1. **Attachment System Suppression:** The child's symptom display evidences a selective and targeted suppression of the normal-range functioning of the child's attachment bonding motivations toward one parent, in which the child symptomatically rejects a relationship with this parent. A clinical assessment of the parenting behavior of the rejected parent provides no evidence for severely dysfunctional parenting (such as the prior physical or sexual abuse of the child) that would account for the child's symptomatic hyper-anxious rejection of the parent, and the parenting of the targeted-rejected parent is assessed to be broadly normal-range (with due consideration for the

range of parenting practices typically displayed in normal families and with appropriate regard for the normal-range exercise of parental authority and discipline).

2. **Specific Phobia Symptoms:** The child's anxiety symptoms displayed toward the targeted parent meet DSM-5 diagnostic criteria for a Specific Phobia, as evidenced by the following:

   A. Marked fear or anxiety about a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). (Dr. Childress note: i.e., in this case, the phobic object is the parent)

   B. The phobic object or situation almost always provokes immediate fear or anxiety.

   C. The phobic object or situation is actively avoided or endured with intense fear or anxiety

   D. The fear or anxiety is out of proportion to the actual danger posed by the specific object or situation and to the sociocultural context

   E. The fear, anxiety, or avoidance is persistent, typically lasting for 6 months or more.

   F. The fear, anxiety or avoidance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

However, the type of phobia is an absurd and unrealistic "mother type" or "father type" which reveals the inauthentic and induced/elicited origin of the child's anxiety symptoms. The attachment system in children would prevent the development of a phobic response toward a parent since a phobic response toward a parent would significantly reduce the child's survival chances. Furthermore, authentic phobias are in response to categories of experiences, such as a fear of heights generally, not toward one specific stimuli within the category, such as a fear of heights in one specific building by not in any other building.

A "mother phobia" or "father phobia" is absurd and unrealistic. And yet the child's anxiety symptoms will nevertheless meet diagnostic criteria for a Specific Phobia.

Furthermore, the attribution offered for the development of the child's phobic response to the other parent is that the child's hyper-anxiety is supposedly the product of past trauma experiences involving the child's relationship with the other parent, i.e., that the child's hyper-anxiety toward the other parent reflects a PTSD response to prior relationship trauma with this parent. Yet the clinical presentation of the child's anxious symptoms are not consistent with a PTSD origin, primarily because there is no prior trauma event of sufficient intensity to reasonably create a phobic anxiety response as displayed by the child. In evaluating supposed "traumas" offered by the child (and parent), a standard of "normal-range parenting" should be applied. If the supposed "trauma" was accepted as a reasonable precipitant to the development of PTSD phobic anxiety, in what percentage of normal-range families should we expect to see PTSD phobic anxiety in children toward their parents? Also of note in assessing the "traumatic" event offered as justification by the child, consider that criterion A of the DSM-5 diagnosis of PTSD defines the precipitating trauma as "exposure to actual or threatened death, serious injury, or sexual violence."

3. **Delusional Belief System:** The child's symptoms reflect an intransigently held, fixed and false belief regarding the parental threat posed by the targeted-rejected parent that characterizes the targeted-rejected parent as being potentially "abusive" of the child (i.e., that the child is in need of "protection") in the absence of evidence from a clinical assessment of the parenting practices of this parent that this perception of threat is warranted.

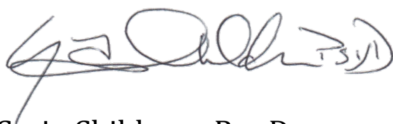
Professional Consideration of these Diagnostic Possibilities

Displays of anxiety naturally provoke protective responses in others, particularly when it is a child displaying the anxiety. Inexperienced, naïve, and unsophisticated mental health professionals, especially those whose approach is to focus solely on child symptoms (i.e., individual child therapy) without considering those symptoms as potentially being embedded within broader family relationship contexts (family systems theory), may be misled by the induced and elicited child anxiety symptoms that are the product of the severely distorted parenting practices of a narcissistic and borderline personality disordered parent, leading these mental health professionals to **inadvertently collude with the psychopathology** in the family by accepting and validating as authentic the induced and elicited hyper-anxious symptoms of the child.

I have suggested to parents who believe that they are experiencing this type of family dynamic that they request professional consideration and evaluation of this possibility from mental health professionals working with their child and family.

After professional consideration, if these diagnostic possibilities are excluded then I have also suggested to parents who believe that they are experiencing this family dynamic that they request from the mental health professional the specific reasons for the exclusion of these differential diagnostic possibilities so that clarity of the child's diagnosis and the family's treatment needs can be achieved.

I am available for professional consultation regarding these issues if this would be considered helpful. Thank you for your consideration of these diagnostic and treatment-related possibilities.



Craig Childress, Psy.D.
Licensed Clinical Psychologist, CA PSY 18857

Consultation: drcraigchildress@gmail.com

Appendix 1: Quotes About the Narcissistic-Borderline Personality

Fear Induction in Juveniles through Parental Emotional Signaling

Mineka, S., Davidson, M., Cook, M. and Keir, R. (1984). Observational Conditioning of Snake Fear in Rhesus Monkeys. *Journal of Abnormal Psychology*, 93, 355-372.

Dr. Childress Commentary: The researchers in the Mineka et al. study wanted to examine how monkeys acquired their fear of snakes.

The researchers first placed a baby monkey alone in a cage with a snake. The baby monkey showed absolutely no fear of the snake. The researchers then placed a baby monkey and its mother in the cage with a snake. The mother monkey showed an intense fear of the snake, climbing the side of the cage and making distress calls. From that point on, the baby monkey evidenced the same intense fear of the snake.

The baby monkey had acquired its fear of the snake by **socially referencing** the **emotional signaling** of the mother.

Association of Borderline and Narcissistic Personality Traits

"Patients with BPD [borderline personality disorder] consistently meet criteria of one to five other personality disorders." (p. 196)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"One subgroup of borderline patients, namely, the narcissistic personalities… seem to have a defensive organization similar to borderline conditions, and yet many of them function on a much better psychosocial level." (p. xiii)

Kernberg, O.F. (1975). Borderline conditions and pathological narcissism.. New York: Aronson.

"Several personality disorders often covary with the narcissistic (CEN) spectrum. Most notable among these are the antisocial (ADA) (Gunderson & Ronningstram, 2001; P. Kernberg, 1989) and histrionic (SPH) spectrum variants. Also listed are covariations seen with the sadistic (ADS), paranoid (MPP), negativistic (DRN) personality spectra, as well as borderlines (Plakun, 1987; Ronningstam & Gunderson, 1991)." (p. 406)

Millon. T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

"The defensive organization of these patients [narcissists] is quite similar to that of the borderline personality organization in general… what distinguishes many of the patients with narcissistic personalities from the usual borderline patient is their relative good social functioning, their better impulse control, and… the capacity for active consistent work in some areas which permits them partially to fulfill their ambitions of greatness and of obtaining admiration from others." (p. 229)

Kernberg, O.F. (1975). Borderline conditions and pathological narcissism.. New York: Aronson.

Nature of Borderline Personality Processes

"Patients with BPD [borderline personality disorder] are a burden for relatives, friends, and colleagues, and there is a high risk that they induce psychopathology in their offspring." (p. 188)

> Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Frantic efforts to avoid real or imagined abandonment."

> DSM-5 diagnostic criterion 1 for borderline personality disorder.

"The specific themes [of borderline personalities] are loneliness, unlovabilty, rejection and abandonment by others, and viewing the self as bad and to be punished." (p. 192)

> Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Arntz (1994) hypothesized that childhood traumas underlie the formation of core schemas, which in their turn, lead to the development of BPD [i.e., borderline personality disorder]." (p 192)

> Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Patients with BPD [borderline personality disorder] are characterized by hypervigilance (being vulnerable in a dangerous world where nobody can be trusted) and dichotomous thinking." (p. 193)

> Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Various studies have found that patients with BPD are characterized by disorganized attachment representations (Fonagy et al., 1996; Patrick et al, 1994). Such attachment representations appear to be typical for persons with unresolved childhood traumas, especially when parental figures were involved, with direct, frightening behavior by the parent. Disorganized attachment is considered to result from an unresolvable situation for the child when "the parent is at the same time the source of fright as well as the potential haven of safety" (van IJzendoorn, Schuengel, & Bakermans-Kranburg, 1999, p. 226)." (P. 191)

> Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Underdiagnosis constitutes a big problem that results in insufficient treatment. In many cases we saw, it took years of fruitless attempts to treat these patients before it became clear they were in fact suffering from BPD." (p. 196)

> Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"They tend to see reality in polarized categories of "either-or," rather than "all," and within a very fixed frame of reference. For example, it is not uncommon for such individuals to believe that **the smallest fault makes it impossible for the person to be "good" inside.** Their rigid cognitive style further limits their abilities to entertain ideas of future change and transition, resulting in feelings of being in an interminable painful

situation. **Things once defined do not change. Once a person is "flawed," for instance, that person will remain flawed forever."** (p. 35)

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford

Borderline Personality and the Invalidating Environment

"A defining characteristic of the invalidating environment is the tendency of the family to respond erratically or inappropriately to private experience and, in particular, to be insensitive (i.e., nonresponsive) to private experience… Invalidating environments contribute to emotional dysregulation by: (1) failing to teach the child to label and modulate arousal, (2) failing to teach the child to tolerate stress, (3) failing to teach the child to trust his or her own emotional responses as valid interpretations of events, and (4) actively teaching the child to invalidate his or her own experiences by making it necessary for the child to scan the environment for cues about how to act and feel." (p. 111-112)

Linehan, M. M. & Koerner, K. (1993). Behavioral theory of borderline personality disorder. In J. Paris (Ed.), Borderline Personality Disorder: Etiology and Treatment. Washington, D.C.: American Psychiatric Press, 103-21.

"In extremely invalidating environments, parents or caregivers do not teach children to discriminate effectively between what they feel and what the caregivers feel, what the child wants and what the caregiver wants (or wants the child to want), what the child thinks and what the caregiver thinks." (p. 1021)

Fruzzetti, A.E., Shenk, C. and Hoffman, P. (2005). Family interaction and the development of borderline personality disorder: A transactional model. Development and Psychopathology, 17, 1007-1030.

Divorce as Triggering a Narcissistic Injury

"…divorce and loss of custody pose a special threat to the narcissist's weak self" (p. 195)

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

"The failure to be superior or regarded as special activates underlying beliefs of inferiority, unimportance, or powerlessness and compensatory strategies of self-protection and self-defense." (p. 241)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"For the narcissistic man, divorce brings another major threat: the threat to his grandiose self-image and, with it, to the very fragile sense of self it protects. By its very nature, divorce constitutes a narcissistic threat. It raises questions about the individual's ability to love and be loved and embodies his or her failure to maintain an important relationship. The individual's shortcomings are, moreover, publicly exposed." (p. 200)

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

Dr. Childress note: the divorce represents a narcissistic injury that activates the narcissistic parent's "underlying beliefs of inferiority, unimportance, or powerlessness" and the "compensatory strategies of self-protection and self-defense" that involve inducing the child's symptomatic rejection of a relationship with the other parent as a means of projectively displacing onto the other parent the

narcissistic parent's own fears of inadequacy and abandonment, and to achieve narcissistic possession of the child as a symbol of power and as external validation and public "proof" that the narcissistic parent is the better parent (person).

Narcissistic Disregard of Court Orders and the Rights of the Other Parent

"They [narcissists] are above the rules that govern other people." (p. 43)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Unlike the antisocial personality, they [narcissists] do not have a cynical view of rules that govern human conduct; they simply consider themselves exempt from them." (p. 44)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"There is also a tendency for them [narcissists] to flout conventional rules of shared social living. Viewing reciprocal social responsibilities as being inapplicable to themselves, they show and act in a manner that indicates a disregard for matters of personal integrity, and an indifference to the rights of others." (p. 389)

Millon. T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

"Out of their vehement certainty of judgment, boundary violations of all sorts may occur, as narcissists are quite comfortable taking control and dictating orders ("I know what's right for them") but quite uncomfortable accepting influence from others" (p. 215)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Narcissistic individuals also use power and entitlement as evidence of superiority… As a means of demonstrating their power, narcissists may alter boundaries, make unilateral decisions, control others, and determine exceptions to rules that apply to other, ordinary people." (251)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

Dr. Childress note: this feature of the narcissistic personality is evidenced in the narcissistic parent's complete disregard for court orders and the parental rights of the other parent following the divorce. Narcissistic parents believe themselves exempt from the rules that govern other people, so that court orders simply don't apply to them.

The Child as a Narcissistic Symbol of "Victory" & Validation of Superiority

"Instead of learning to accept and master normal and transient feelings of inferiority, these experiences are cast as threats to be defeated, primarily by acquiring external symbols or validation." (p. 247)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"The need to *control* the idealized objects, to use them in attempts to manipulate and exploit the environment and to "destroy potential enemies," is linked with inordinate pride in the "possession" of these perfect objects totally dedicated to the patient." (p. 33)

Kernberg, O.F. (1975). Borderline conditions and pathological narcissism.. New York: Aronson.

"The support of their fragile and threatened self-concept may also be another aim of the litigation for greater access and custody, the award of which could be interpreted as a public confirmation of their capacity as fathers and proof that they are the better parent." (p. 206)

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

"For the non-custodial narcissistic father, the fight for custody seems to be less a fight for access than a fight for possession of his children that he is unwilling to relinquish." (p. 205)

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

Dr. Childress note: for the narcissistic parent, possession of the child (i.e., the "idealized object" totally dedicated to the narcissistic parent) represents the "external symbol or validation" that restores the narcissistic parent's "fragile and threatened self concept" that was exposed by the inherent rejection associated with the divorce.

Narcissistic Parenting as Psychological Child Abuse

"The breakdown of appropriate generational boundaries between parents and children significantly increases the risk for emotional abuse." (p. 6)

Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. Journal of Emotional Abuse, 5, 5-42.

"Only insofar as parents fail in their capacity for empathic attunement and responsiveness can they objectify their children, consider them narcissistic extensions of themselves, and abuse them. It is the parents' view of their children as vehicles for satisfaction of their own needs, accompanied by the simultaneous disregard for those of the child, that make the victimization possible." (p. 104)

Moor, A. and Silvern, L. (2006). Identifying pathways linking child abuse to psychological outcome: The mediating role of perceived parental failure of empathy. Journal of Emotional Abuse, 6, 91-112.

"An empathically responsive environment precludes abuse and objectification of children. Correspondingly, the act of child abuse by parents is viewed in itself as an outgrowth of parental failure of empathy and a narcissistic stance towards one's own children. Deficiency of empathic responsiveness prevents such self-centered parents from comprehending the impact of their acts, and in combination with their fragility and need for self-stabilization, predisposes them to exploit children in this way." (p. 94-95)

Moor, A. and Silvern, L. (2006). Identifying pathways linking child abuse to psychological outcome: The mediating role of perceived parental failure of empathy. Journal of Emotional Abuse, 6, 91-112.

"To the extent that parents are narcissistic, they are controlling, blaming, self-absorbed, intolerant of others' views, unaware of their children's needs and of the effects of their behavior on their children, and require that the children see them as the parents wish to be seen. They may also demand certain behavior from their children because they see the children as extensions of themselves, and need the children to represent them in the world in ways that meet the parents' emotional needs. (p. 2)

Rappoport, A. (2005). Co-narcissism: How we accommodate to narcissistic parents. *The Therapist*.

"When parent-child boundaries are violated, the implications for developmental psychopathology are significant (Cicchetti & Howes, 1991). Poor boundaries interfere

with the child's capacity to progress through development which, as Anna Freud (1965) suggested, is the defining feature of childhood psychopathology." (p. 7)

Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. Journal of Emotional Abuse, 5, 5-42.

"Barber (2002) defines psychological control as comprising "parental behaviors that are intrusive and manipulative of children's thoughts, feelings, and attachments to parents, and are associated with disturbances in the boundaries between the child and the parent" (p. 15) (see also Bradford & Barber, this issue)." (p. 12)

Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. Journal of Emotional Abuse, 5, 5-42.

"Rather than telling the child directly what to do or think, as does the behaviorally controlling parent, the psychologically controlling parent uses indirect hints and responds with guilt induction or withdrawal of love if the child refuses to comply. In short, an intrusive parent strives to manipulate the child's thoughts and feelings in such a way that the child's psyche will conform to the parent's wishes." (p. 12)

Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. Journal of Emotional Abuse, 5, 5-42.

Dr. Childress note: the narcissistic parent engages the child in a role-reversal relationship in which the child (or more accurately the child's induced symptomatic rejection of the other parent) is exploited by the narcissistic parent to meet the emotional/psychological needs of the narcissistic parent. This pathological role-reversal relationship produces induced/acquired personality disorder symptoms in the child and the child's loss of relationship with a normal-range affectionate parent.

The Presentation of the Narcissistic Parent

"Their need to prove that they are wonderful fathers seems to exceed their need for actual contact with their children. They constantly tell of what they do or have done for their children, while denigrating both the contribution of the child's mother and the abilities and achievements of the child." (p. 206)

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

"The perception [of narcissism in a patient] is hampered by the fact that narcissistic individuals may well be intelligent, charming, and sometimes creative people who function effectively in their professional lives and in a range of social situations (Akhtar, 1992; Hendler, 1975)." (p. 197)

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

"Narcissists can display a deceptively warm demeanor." (p. 241)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

While narcissism is recognized as a serious mental disorder, its manifestations may not be immediately recognized as pathological, even by persons in the helping professions, and its implications may remain unattended to. (p. 197)

Cohen, O. (1998). Parental narcissism and the disengagement of the non-custodial father after divorce. Clinical Social Work Journal, 26, 195-215

"If others fail to satisfy the narcissist's "needs," including the need to look good, or be free from inconvenience, then others "deserve to be punished"… Even when punishing others out of intolerance or entitlement, the narcissist sees this as "a lesson they need, for their own good" (p. 252).

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"These patients present an unusual degree of self-reference in their interactions with other people, a great need to be loved and admired by others, and a curious apparent contradiction between a very inflated concept of themselves and an inordinate need for tribute from others. Their emotional life is shallow. They experience little empathy for the feelings of others, they obtain very little enjoyment from life other than from the tributes they receive from others or from their own grandiose fantasies, and they feel restless and bored when external glitter wears off and no new sources feed their self-regard. They envy others, tend to idealize some people from whom they expect narcissistic supplies, and to depreciate and treat with contempt those from whom they do not expect anything (often their former idols). In general, their relationships with other people are clearly exploitative and sometimes parasitic. It is as if they feel they have the right to control and possess others and to exploit them without guilt feelings – and behind a surface which very often is charming and engaging, one senses coldness and ruthlessness." (p. 17)

Kernberg, O.F. (1975). Borderline conditions and pathological narcissism.. New York: Aronson.

"The conditional beliefs are, "If others don't recognize my special status, they should be punished" (p. 44)

Beck, A.T., Freeman, A., Davis, D.D., & Associates (2004). Cognitive therapy of personality disorders. (2nd edition). New York: Guilford.

"Narcissistic parents are seen as treating their children as extensions of themselves, expecting them to meet their own narcissistic needs, as unable to meet their children's needs for acceptance, as critical and angry when their children try to express their own feelings, will, and independent personality; and as obstructing the development of their children's true self. Nonetheless, narcissistic possessiveness of the child does not necessarily exclude emotional giving. Miller (1981) notes that the narcissistic mother often loves her child passionately. Much the same may be said of narcissistic father. Many such fathers will spend a great deal of time with their children and invest a great deal of energy in fostering their children's development. To be sure, they will generally focus not on their children's emotional needs, but on promoting their intellectual, artistic, or athletic development, which will serve as reflections and proof of their own success as parents. Nonetheless, while he is married, a narcissistic man may be a highly present father, concerned with and involved in his children's lives. Even though his involvement stems from his own needs, he, his children, and those around him may well experience him as a caring father." (p. 199)

Rappoport, A. (2005). Co-narcissism: How we accommodate to narcissistic parents. *The Therapist*.

"The defensive organization of these patients [narcissists] is quite similar to that of the borderline personality organization in general… what distinguishes many of the patients with narcissistic personalities from the usual borderline patient is their relatively good social functioning, their better impulse control, and… the capacity for active consistent

work in some areas which permits them partially to fulfill their ambitions of greatness and of obtaining admiration from others. Highly intelligent patients with this personality structure may appear as quite creative in their fields: narcissistic personalities can often be found as leaders in industrial organizations or academic institutions; they may also be outstanding performers in some artistic domain." (p. 229)

Kernberg, O.F. (1975). Borderline conditions and pathological narcissism.. New York: Aronson.

"When not faced with humiliating or stressful situations, CENs [i.e., narcissists] convey a calm and self-assured quality in their social behavior. Their untroubled and self-satisfied air is viewed by some as a sign of confident equanimity." (p. 388-389)

Millon. T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

"Under conditions of unrelieved adversity and failure, narcissists may decompensate into paranoid disorders. Owing to their excessive use of fantasy mechanisms, they are disposed to misinterpret events and to construct delusional beliefs. Unwilling to accept constraints on their independence and unable to accept the viewpoints of others, narcissists may isolate themselves from the corrective effects of shared thinking. Alone, they may ruminate and weave their beliefs into a network of fanciful and totally invalid suspicions. Among narcissists, delusions often take form after a serious challenge or setback has upset their image of superiority and omnipotence. They tend to exhibit compensatory grandiosity and jealousy delusions in which they reconstruct reality to match the image they are unable or unwilling to give up. Delusional systems may also develop as a result of having felt betrayed and humiliated. Here we may see the rapid unfolding of persecutory delusions and an arrogant grandiosity characterized by verbal attacks and bombast. "

Millon. T. (2011). Disorders of personality: introducing a DSM/ICD spectrum from normal to abnormal. Hoboken: Wiley.

Dr. Childress note: the narcissistic parent can present well in superficial encounters, and may appear charming, confident, and assertive. The narcissistic parent will describe what a wonderful and caring parent he or she is, and will contrast this with descriptions of the other parent as inadequate and insensitive to the child's needs (unlike the narcissistic parent's self-presentation as being wonderfully sensitive to the child). The most diagnostically distinctive feature in initially identifying a narcissistic personality is the absence of empathy. Diagnostic questions that probe for empathy will yield a clearly discernable vacancy of normal-range empathic responsiveness. A narcissistic parent who is actively decompensating may display persecutory delusional beliefs centered on perceived threats posed by the other parent directly toward the narcissistic-borderline parent or indirectly toward the child (i.e., from the supposedly "abusive" parenting practices of the other parent).

The Presentation of the Child of a Narcissistic Parent

"Co-narcissistic people, as a result of their attempts to get along with their narcissistic parents, work hard to please others, defer to other's opinions, worry about how others think and feel about them, are often depressed or anxious, find it hard to know their own views and experience, and take blame for interpersonal problems." (p. 2)

Rappoport, A. (2005). Co-narcissism: How we accommodate to narcissistic parents. *The Therapist*.

"In a narcissistic encounter, there is, psychologically, only one person present. The co-narcissist disappears for both people, and only the narcissistic person's experience is important. Children raised by narcissistic parents come to believe that all other people are narcissistic to some extent. As a result, they orient themselves around the other

person in their relationships, lose a clear sense of themselves, and cannot express themselves easily nor participate fully in their lives." (p. 3)

Rappoport, A. (2005). Co-narcissism: How we accommodate to narcissistic parents. *The Therapist*.

"Often, the same person displays both narcissistic and co-narcissistic behaviors, depending on circumstances. A person who was raised by a narcissistic or a co-narcissistic parent tends to assume that, in any interpersonal interaction, one person is narcissistic and the other co-narcissistic, and often can play either part. Commonly, one parent was primarily narcissistic and the other parent primarily co-narcissistic, and so both orientations have been modeled for the child. (p. 2)

Rappoport, A. (2005). Co-narcissism: How we accommodate to narcissistic parents. *The Therapist*.

"In order to carve out an island of safety and responsivity in an unpredictable, harsh, and depriving parent-child relationship, children of highly maladaptive parents may become precocious caretakers who are adept at reading the cues and meeting the needs of those around them. The ensuing preoccupied attachment with the parent interferes with the child's development of important ego functions, such as self-organization, affect regulation, and emotional object constancy. (p. 14)

Kerig, P.K. (2005). Revisiting the construct of boundary dissolution: A multidimensional perspective. Journal of Emotional Abuse, 5, 5-42.

Dr. Childress note: the child of a narcissistic parent presents as well behaved and socially mature (often precociously socially mature). The child may appear to be socially sensitive to the needs of others, but this apparent social sensitivity actually reflects a hyper-anxiety about reading social cues (emitted by a narcissistic parent) as a protective response to living with the unpredictable hostility and rejection of a narcissistic-borderline parent rather than actual empathic sensitivity for other people. However, in other contexts (such as with the targeted-rejected parent) the child will display a full range of narcissistic attitudes and behaviors involving a haughty and arrogant attitude of contempt, a grandiose attitude of entitlement, and a complete absence of empathy for the feelings of the targeted-rejected parent.

The Attachment System

Ainsworth, M.D.S. (1989). Attachments beyond infancy. American Psychologist, 44, 709-716.

"I define an "affectional bond" as a relatively long-enduring tie in which the partner is important as a unique individual and is interchangeable with none other. In an affectional bond, there is a desire to maintain closeness to the partner. In older children and adults, that closeness may to some extent be sustained over time and distance and during absences, but nevertheless there is at least an intermittent desire to reestablish proximity and interaction, and pleasure – often joy – upon reunion. Inexplicable separation tends to cause distress, and permanent loss would cause grief." (p. 711)

"An "attachment" is an affectional bond, and hence an attachment figure is never wholly interchangeable with or replaceable by another, even though there may be others to whom one is also attached. In attachments, as in other affectional bonds, there is a need to maintain proximity, distress upon inexplicable separation, pleasure and joy upon reunion, and grief at loss." (p. 711)

The “Perverse Triangle” Parent-Child Coalition

Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), The interactional view (pp. 31-48). New York: Norton.

> “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 between generations is beached in a covert way**. When this occurs in a repetitive pattern, the system will be pathological.” (p. 37.)
> ” (p. 37.)