

The Narcissistic Personality in Divorce and the Origins of Parental Alienation Processes:  
Millon, the Narcissist, and the Child's Expression of DSM Axis II Features

C.A. Childress, Psy.D. (2011)

www.drcachildress.org

---

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

Chapter 8: Confident Styles, Egoistic Types, Narcissistic Disorders: The CEN Spectrum

Co-Morbid Disorders and Syndromes

Axis II Co-Morbidities

“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)

Axis I Co-Morbidities

“Delusional Syndromes (DEL). 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. Rarely physically abusive, anger among narcissists usually takes the form of oral vituperation and argumentativeness. This may be seen in a flow of irrational and caustic comments in which others are upbraided and denounced as stupid and beneath contempt. These onslaughts usually have little objective justification, are often colored by delusions, and may be directed in a wild, hit-or-miss fashion in which the narcissist lashes out at those who have failed to acknowledge the exalted status in which he or she demands to be seen.” (pp. 407-408; emphasis added)

Childress Commentary: The divorce produces “conditions of unrelieved adversity and failure” that result in the decompensation of the narcissist into “paranoid” processes. The

narcissistic parent begins “to misinterpret events and to construct delusional beliefs” resulting in a “rapid unfolding of persecutory delusions” regarding the abuse potential and fundamental inadequacy of the targeted parent, who is ultimately to become rejected and abandoned by the child.

These delusional beliefs of the narcissistic parent are transferred to the child through the child’s natural developmental tendency to socially reference the meaning constructions of parents, particularly in situations of high ambiguity, such as occurs during divorce and the dissolution of the family. The narcissistic (alienating) parent “**gradually imposes** their own delusional beliefs on the more passive and initially healthy”<sup>1</sup> child, consistent with a DSM-IV TR diagnosis of a Shared Psychotic Disorder.

Through the imposed meaning constructions of the Shared Psychotic Disorder processes, the child not only absorbs and expresses the delusional meaning constructions of the pathological-narcissistic-alienating parent, the child also absorbs and expresses the aberrant personality disorder meaning constructions of the pathological parent, so that the child expresses these personality disorder traits of the pathological parent as symptom expressions of the child directed toward the targeted parent.

The possible personality disorder traits of the pathological parent that are displayed in the symptom presentation of the child include the following:

**DSM-IV TR Borderline Criterion 2:** “A pattern of unstable and intense interpersonal relationships characterized by alternating between **extremes of idealization and devaluation**”

(Childress: the child perceives the narcissistic-pathological parent as the “all-good” idealized parent and the normal-healthy rejected-abandoned parent as the “all bad” devalued parent. The child displays extreme, black-and-white, thinking)

**DSM-IV TR Narcissistic Criterion 7:** “**Lacks empathy**, is unwilling to recognize or identify with the feelings and needs of others”

(Childress: the child shows a surprisingly callous disregard for the feelings of the targeted rejected-abandoned parent)

**DSM-IV TR Narcissistic Criterion 9:** “Shows arrogant, haughty behaviors or attitudes”

(Childress: the child displays an arrogant-haughty attitude of entitlement and disrespect toward the targeted rejected-abandoned parent)

**DSM-IV TR Narcissistic Criterion 5:** “Has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations”

---

<sup>1</sup> American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author. Shared Psychotic Disorder; p. 333 (emphasis added).

(Childress: the child has an expectation of special treatment from the targeted rejected-abandoned parent, and will retaliate toward the rejected-abandoned parent if these entitlement expectations are not met. The child uses the failure by the targeted rejected-abandoned parent to meet these entitlement expectations as justification for the child's rejection-abandonment of that parent)

**DSM-IV TR Narcissistic Criterion 1:** "Has a grandiose sense of self-importance"

(Childress: the child sits in judgment of the targeted rejected-abandoned parent, and judges that parent to be inadequate as a person. This represents an inversion of the normal parent-child hierarchy in normal family processes, in which parents judge children's behavior as appropriate or inappropriate and take suitable supportive or corrective parental action)

**DSM-IV TR Borderline Criterion 8:** "Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)"

(Childress: the child is verbally abusive toward the targeted rejected-abandoned parent that "takes the form of oral vituperation and argumentativeness. This may be seen in a flow of irrational and caustic comments in which [the targeted rejected-abandoned parent is] upbraided and denounced as stupid and beneath contempt")

**DSM-IV TR Borderline Criterion 6:** "Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)"

(Childress: the child may display intense episodic anxiety (or sadness, or anger) at the scheduled transfer of visitation-custody to the targeted rejected-abandoned parent)

**DSM-IV TR Paranoid Criterion 1:** "Suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her"

(Childress: the child reports that the targeted rejected-abandoned parent is abusive in some way. The specifics are typically vague or superficial and are not compelling, reflecting the paranoid origins of the belief, i.e., "without sufficient basis")

**DSM-IV TR Paranoid Criterion 5:** "Persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights"

(Childress: the child staunchly and inflexibly maintains grudges against the targeted rejected-abandoned parent, and is entirely and inflexibly unforgiving regarding what the child perceives as past wrongs done by the targeted rejected-abandoned parent. This process includes the grandiose judgment by the child of the rejected-abandoned parent as fundamentally inadequate as parent, for which the child then expresses a continued righteous justification for retaliating toward the judged "inadequate-abusive" parent for the judged parental failures of the past)

**DSM-IV TR Paranoid Criterion 3:** “Is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her”

(Childress: the child withholds self-disclosures from the targeted rejected-abandoned parent. The child may not engage in normal-range reporting on daily events or disclose to the targeted rejected-abandoned parent regarding school events or extracurricular activities and interests)

**DSM-IV TR Paranoid Criterion 4:** “Reads hidden demeaning or threatening meanings into benign remarks or events”

(Childress: the child quickly over-reacts to perceived slights from the targeted rejected-abandoned parent, and may become excessively angry, evidenced in “arrogant grandiosity characterized by verbal attacks and bombast” and “a flow of irrational and caustic comments in which [the targeted rejected-abandoned parent is] upbraided and denounced as stupid and beneath contempt”)

### Persecutory Delusional Disorder

The psychological decompensation of the narcissist as a consequence of the “unrelieved adversity and failure” associated with the divorce results in the “rapid unfolding of persecutory delusions.” The DSM-IV TR diagnostic criteria for a Delusional Disorder require that the delusion be “nonbizarre” (Criterion A) and that “apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired and behavior is not obviously odd or bizarre” (Criterion C).

Through continual association with the child, the narcissistic parent “gradually imposes” (DSM-IV TR; p. 333) the aberrant delusional beliefs onto the child, consistent with a DSM-IV TR diagnosis of a Shared Psychotic (delusional) Disorder. The child begins to symptomatically express the narcissistic parent’s aberrant meaning constructions associated with both the persecutory delusion as well as the aberrant personality disorder traits of the pathological parent. The DSM-IV TR diagnosis of a Shared Psychotic (delusional) Disorder specifies that this type of shared psychopathology can occur in “family situations in which the parent is the primary case and the children, sometimes to varying degrees, adopt the parent’s delusional beliefs.”

Aberrant parenting behavior that produces psychopathology in a child is called “pathogenic parenting.” What is typically referred to as “parental alienation” represents a manifestation of the psychological decompensation of a narcissistic parent in response to the “unrelieved adversity and failure” associated with the divorce, so that the narcissistic parent’s psychopathology is transferred to and expressed by the child through pathogenic parenting.

Regarding treatment of the child’s Shared Psychotic (delusional) Disorder, the DSM-IV TR indicates that “without intervention, the course is usually chronic,” but that “with separation from the primary case, the individual’s [i.e., the child’s] delusional beliefs disappear, sometimes quickly and sometimes quite slowly” (p. 333).