

## 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.<sup>1</sup> 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 inducing the child’s symptomatic rejection of a relationship with the other parent (the targeted/rejected) parent. The child’s induced symptomatic rejection of the other parent serves to projectively displace onto the targeted/rejected parent the narcissistic parent’s own sense of fundamental inadequacy (“I’m not the inadequate person/parent; you are”) and primal fear of abandonment (“I’m not the abandoned person/parent; you are”).

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<sup>1</sup> 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)

## **Inducing the Child's Symptomatic Rejection of the Other Parent**

The narcissistic parent induces the child's symptomatic rejection of the other parent by first eliciting through over-anxious and over-concerned parental questioning a criticism from the child regarding the other parent. The narcissistic parent then responds to this elicited child criticism of the other parent with over-exaggerated parental responses of excessive and hyperbolic concern and dismay that distort and inflame the elicited child criticism into supposed "evidence" of the "abusive" parental inadequacy of the other parent. Gradually but systematically these repeated parent-child interactions between the child and the narcissistic parent have the effect of creating the child's critical judgment of the other parent and a distorted false belief in the child that the essentially normal-range parenting practices of the other parent are somehow insensitive and "abusive."

Over time, the induced origins of the child's hostile-critical judgment and rejection of the other parent become hidden behind the child's (first elicited and now actively volunteered) offerings of criticisms, allowing the narcissistic parent to then exploit the child's induced symptomatology by hiding behind a presentation of simply "listening to the child." In exploiting the child's symptomatic rejection of the other parent, the narcissistic-borderline parent is able to adopt the coveted role of the ideal "nurturing and protective" parent to the offered presentation of the other parent as the "abusive" and insensitive parent who "deserves" the child's rejection (i.e., abandonment) because of the supposed inadequacy of the other parent.

The child's induced symptomatic rejection of the other parent is 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 to which the child becomes increasingly noncompliant, and to achieve the desired end of obtaining de facto sole custody of the child which serves to punish the other parent for the divorce and defines the other parent as being entirely inadequate and abandoned ("I'm not the abandoned person; you are. See, the child is abandoning you because of your fundamental inadequacy as a person. You're the inadequate person, not me. And you're being abandoned because of your inadequacy as a person. I, on the other hand, am the ideal parent and I'll never be abandoned. You're the abandoned one."). Once the child's induced symptomatic rejection of the other parent has been sufficiently acquired by the child, the narcissistic-borderline personality disordered parent is able to hide his or her manipulative control behind the presentation to others as the ideal "nurturing-protective" parent who is simply "listening to the child."

## **Distorted Misattribution of the Child's Grief Response to the Divorce**

From the child's perspective, the child's hostile rejection of the other parent represents the misattribution of a natural grief response at the loss of a relationship with the targeted parent following the divorce. The attachment system of children strongly motivates them toward affectional bonding with their parents. The divorce disrupts this bonding, which produces child sadness and grief for the loss of the family (and later for the loss of an affectionately bonded relationship with the beloved-but-rejected parent). However, under the distorting influence of the psychologically decompensating narcissistic parent, the child is led into a misinterpretation of this natural grief response that occurs surrounding a divorce.

The child's induced misinterpretation of a natural response of grief and sadness associated with the divorce is the direct product of the narcissistic parent's own deficiencies in experiencing sadness and grief. According to Kernberg (1975),<sup>2</sup>

They [narcissists] are especially deficient in genuine feelings of sadness and mournful longing; their incapacity for experiencing depressive reactions is a basic feature of their personalities. When abandoned or disappointed by other people they may show what on the surface looks like depression, but which on further examination emerges as anger and resentment, loaded with revengeful wishes, rather than real sadness for the loss of a person whom they appreciated. (p. 229)

Under the distorting influence of the narcissistic parent, the child is led into a similar interpretation of the child's own natural sadness and grief associated with the divorce and family's dissolution, as representing "**anger and resentment, loaded with revengeful wishes**" toward the other parent, who the narcissistic parent leads the child to believe is a bad person and as being responsible for the divorce because of the other parent's inherent badness.

When the child is with the targeted (now rejected) parent, the child's attachment system motivates the child toward bonding with this authentically loved parent. However, the child's failure to complete this attachment bonding motivation creates a heightened grief response, so that the child experiences greater emotional pain (grief) when in the presence of the other parent. On the other hand, when the child is with the narcissistic-borderline parent and away from the other parent, the child's attachment bonding motivation relative to the targeted-rejected parent decreases (because that parent is not present and available in the environment), so the child's grief response is less so the child experiences less emotional pain and distress.

Because of the child's unfulfilled attachment bonding to the targeted-rejected parent, the child's emotional pain (grief and sadness) increases when the child is with the targeted parent (because of increased attachment bonding motivations that remain unfulfilled) and decreases when the child is away from the targeted parent (because of lessened attachment bonding motivations, and so a lessened grief response). The child, however, misinterprets (through the influence of the distorted parenting practices of the narcissistic-borderline parent) this differential rise and fall in emotional pain which varies according to the presence or absence of the targeted-rejected parent, as incorrectly representing that it is something that the targeted-parent is doing that is creating this emotional pain, since it increases in the presence of the targeted-rejected parent and decreases when that parent is not present. This false attribution of meaning by the child receives active validation and support from the narcissistic-borderline parent, who overtly commiserates with the child over the supposedly "abusive" parenting of the other parent under the guise of being "supportive" of the child.

Through the continual subtle but pervasive pathogenic parenting practices of the narcissistic-borderline parent that distorts the child's self-experience and perception of the other parent, the child is induced into rejecting a relationship with the other parent. The child is thus psychologically seduced by the narcissistic-borderline parent into forming a

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<sup>2</sup> Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

cross-generational coalition against the other parent<sup>3</sup> (referred to as a “perverse triangle” by Haley,<sup>4</sup> one of the premiere family systems theorists).

### **Diagnosing Narcissistic-Borderline Pathogenic Parenting**

This post-divorce dynamic involving the pathogenic parenting distortions of a narcissistic parent with borderline features 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 entirely 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 chronic alcoholism or drug abuse, or the physical or sexual abuse of the child) that would account for the child’s complete 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. **Personality Disorder Symptoms:** The child’s symptoms evidence a specific set of narcissistic and borderline personality disorder symptoms comprised of,
  - **Grandiosity:** an inappropriately elevated sense of grandiosity in which the child perceives himself or herself to be of an elevated status in the family hierarchy above that of the targeted parent that allows the child to feel entitled to sit in judgment of the targeted parent’s adequacy, both as a parent and as a person (DSM-5 Narcissistic Personality Disorder criterion 1),
  - **Entitlement:** the child’s prominent sense of entitlement in which the child feels justified in expecting that every child desire be met by the targeted parent to the child’s satisfaction, and if these entitled expectations are not met to the child’s satisfaction then the child feels justified in exacting a retaliatory revenge against the targeted parent, punishing the parent for the alleged failures as a parent, (DSM-5 Narcissistic Personality Disorder criterion 5),
  - **Absence of Empathy:** a complete absence of normal-range empathy for the suffering inflicted by the child on the targeted-rejected parent (DSM-5 Narcissistic Personality Disorder criterion 7)
  - **Haughty-Arrogant Attitude:** a haughty and arrogant attitude of contemptuous disdain for the targeted-rejected parent (DSM-5 Narcissistic Personality Disorder criterion 9),
  - **Splitting:** a splitting dynamic of polarized relationships in which the alienating parent is perceived by the child as being the ideal and perfect parent, while the

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<sup>3</sup> “The sharing of hate feelings toward an object serves to cement a positive alliance.” (p. 101). Juni, S. (1995). Triangulation as splitting in the service of ambivalence. *Current Psychology: Research and Reviews*, 14

<sup>4</sup> Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 31-48). New York: Norton.

targeted-rejected parent is entirely devalued and demonized as being a fundamentally inadequate, and therefore “abusive,” parent (DSM-5 Borderline Personality Disorder criterion 2).

These narcissistic and borderline personality disorder features in the child’s symptom display are the product of the child’s psychological relationship with a narcissistic-borderline parent in which the narcissistic-borderline parent is psychologically influencing the child, thereby transferring the narcissistic and borderline traits of the personality disordered parent to the child’s symptom manifestation.

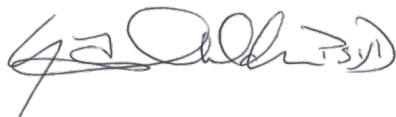
3. **Delusional Belief System:** The child’s symptoms display an intransigently held, fixed and false belief regarding the fundamental parental inadequacy of the targeted-rejected parent that characterizes the targeted-rejected parent as being emotionally or psychologically “abusive” of the child (i.e., that the child is in need of “protection”).

### **Professional Consideration of these Diagnostic Possibilities**

I have suggested to parents who believe that they are experiencing this 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.



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## Appendix 1: Quotes About the Narcissistic Personality

### **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 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

“The need to *control* the idealized objects [i.e., persons], 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.

“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)

“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)

“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.

### **Association of Narcissistic and Borderline Personality Traits**

“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.

“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.

“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.

### **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.

## **Nature of Borderline Personality Processes**

“Arntz (1994) hypothesized that childhood traumas underlie the formation of core schemas, which in their turn, lead to the development of BPD.” (p 192)

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.

“The specific themes [of borderline personalities] are loneliness, unlovability, 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.

“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.

“They [borderlines] 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... 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

“Young’s schema model... patients with BPD were characterized by higher self-reports of beliefs, emotions, and behaviors related to the four pathogenic BPD modes (detached protector, abandoned/abused child, angry child, and punitive parent model)” (p. 192)

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.

## **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.” (p. 37.)