

The structure of the narcissistic/borderline personality is fragile. It has difficulty regulating the intensity of emotions, particularly the emotions surrounding sadness, loss, and grief. It readily collapses into intense anger as a means to provide emotional coherence to the fragmenting personality in response to sadness and loss (i.e., rejection and perceived abandonment by the attachment figure).

In addition, the intensity of the unregulated emotions dislodges cognition (thinking and reasoning) from its anchors in reality. For the narcissistic/borderline personality, "Truth and reality are what I assert them to be." If they need the sky to be red, they simply assert that it's red. If, ten minutes later, they need the sky to be yellow, they simply assert that it's yellow. For the narcissistic/borderline personality, "Truth and reality are what I assert them to be."

If we try to hold them accountable to actual truth and reality, or even to consistency, they unleash a series of accusations that create communication chaos, because in chaos it is easier for them to assert whatever altered truth and distorted reality they need.

Clarity is the enemy of the narcissistic/borderline personality; chaos is their ally.

In their self-defined truth, reality shifts according to their needs. "Truth and reality are what I assert them to be." This creates a crazy-making situation for their communication partner who begins to doubt the accuracy of his or her own perceptions – "That's not what happened. Did I miss something? Is it me?"

In working with narcissistic and borderline pathology, clarity and structure are essential.

Clarity:

Three diagnostic indicators in the child's symptom display:

- 1) Attachment system suppression toward a normal-range and affectionally available parent
- 2) Five specific narcissistic/borderline personality traits in the child's symptom display
- 3) A delusional belief in the supposedly "abusive" parenting of a normal-range and affectionally available parent.

When all three of these diagnostic indicators are present in the child's symptom display, there is ONLY one possible diagnostic explanation: pathogenic parenting by an allied narcissistic/borderline parent that is inducing the child's symptomatic rejection of the other parent as means to stabilize the psychopathology of the narcissistic/borderline parent.

That is the ONLY possible way that the child will develop this specific set of symptoms. No other form of pathology or parent-child conflict will produce this specific set of symptoms.

When these three diagnostic indicators are all present in the child's symptom display, the child's attitudes and beliefs are being manipulated and exploited by the pathology of the narcissistic/borderline parent as a means to meet the emotional and psychological needs of the parent.

Manipulation and exploitation are hallmarks of the narcissistic and borderline personality. Indeed, exploitation is so characteristic that it is a diagnostic indicator of a narcissistic personality disorder in the DSM-5.

Pathogenic parenting. Patho=pathology; genic=genesis, creation. Pathogenic parenting is the creation of severe psychopathology in the child through highly aberrant and distorted parenting practices.

The creation of severe developmental pathology (Diagnostic Indicator 1), personality disorder pathology (Diagnostic Indicator 2), and delusional-psychotic psychopathology (Diagnostic Indicator 3) in order to meet the emotional and psychological needs of the parent warrants a DSM-5 diagnosis of V995.51 Child Psychological Abuse Confirmed.

Clarity: Pathogenic parenting (i.e., producing severe psychopathology in the child in order to stabilize the psychopathology of the parent) = a DSM-5 diagnosis of V995.51 Child Psychological Abuse

The DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed warrants a child protection response.

Our protective response in cases of physical child abuse is to protectively separate the child from the abusive parent. Our protective response in cases of sexual child abuse is to protectively separate the child from the abusive parent. Our protective response in cases of psychological child abuse is to protectively separate the child from the abusive parent.

We NEVER abandon an abused child to remain in the abusive care of a physically, sexually, or psychologically abusive parent. Never.

Once we have enacted a child protection response of protectively separating the child from the abusive parent, we then treat the child for the psychological and emotional consequences of the abuse and help the child heal from and resolve the emotional and psychological consequences inflicted by the abuse. In addition, we require that the abusive parent receive psychotherapy for the issues that caused the initial abuse and resolve these issues BEFORE we re-expose the child to this abusive parent.

The abusive parent must show insight into the causes of the prior abuse and must demonstrate the capacity for normal-range parenting. We must be reassured that a restoration of the child's relationship with this abusive parent - physically, sexually, or psychologically abusive parent - will not result in re-exposing the child to physical, sexual, or psychological child abuse.

The narcissistic/borderline parent will make allegations that the other parent is supposedly the "abusive" parent. This is called "projection." Narcissistic and borderline personalities are particularly prone to the defensive process of projection.

The American Psychiatric Association defines projection as:

"Projection. The individual deals with emotional conflict or internal or external stressors by falsely attributing to another his or her own unacceptable feelings, impulses, or thoughts." (American Psychiatric Association, 2000, p. 812)

Pathogenic parenting = producing severe psychopathology in the child in order to meet the emotional and psychological needs of the parent.

Producing severe developmental pathology (Diagnostic Indicator 1), personality disorder pathology (Diagnostic Indicator 2), delusional-psychiatric pathology (Diagnostic Indicator 3) in the child in order to meet the emotional and psychological needs of the parent warrants a DSM-5 diagnosis of V995.51 Child Psychological Abuse, Confirmed.

The allegation that the targeted-rejected parent is supposedly "abusive" is a projection; "falsely attributing to another his or her own unacceptable feelings, impulses, or thoughts." (APA, 2000)

Clarity.

All efforts at clouding the dialogue with arbitrary accusations and diverting-distracting allegations are simply efforts by the narcissistic/borderline personality to create communication chaos in which they can more easily assert whatever distorted truth and false reality meets their needs, irrespective of actual truth and actual reality.

Clarity. Pathogenic parenting. Three diagnostic indicators. V995.51 Child Psychological Abuse, Confirmed. Protective Separation. Treatment and healing of the child's symptoms. Ensuring the abusive parent will not continue the child abuse.

Clarity.

This pathology is not a child custody and visitation issue; it is a child protection issue.

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American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (Revised 4th ed.). Washington, DC: Author.