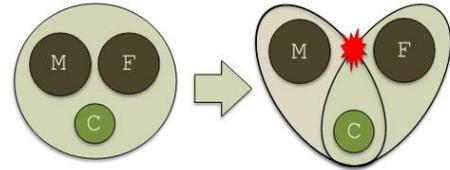


### Professional-to-Professional Consultation with Dr. Childress

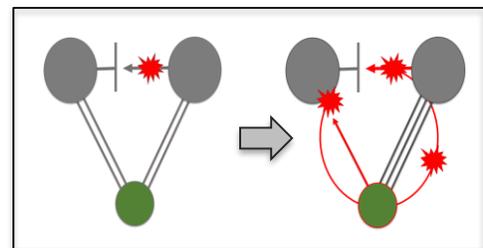
Divorce represents the family's transition from an intact family structure which is united by the marriage to a separated family structure that is now united by the child, and by the continuing mutual bonds of parent-child affection. This transition can be made more difficult by intense spousal conflict and anger that increases the forces of separation within the family even as the child's role becomes one of unifying the family. High levels of spousal conflict and anger can begin to psychologically rip the child apart or force the child to align with one parent or the other in the spousal conflict.



Unresolved spousal anger surrounding the divorce typically arises from difficulties in processing the sadness and grief surrounding the loss of the marital relationship. Marital partners who are better able to process their sadness surrounding the divorce are better able to develop a cooperative co-parenting relationship. Unresolved spousal sadness, grief, and loss is often expressed as excessive spousal anger and continual inter-spousal conflict.

The processing of sadness and grief is particularly problematic for persons with prominent narcissistic and/or borderline personality traits. These personality styles tend to translate sadness and grief into "anger and resentment, loaded with revengeful wishes" (Kernberg, 1975).<sup>1</sup> When one parent has prominent narcissistic or borderline personality traits, the transition of the family to a separated family structure, which is now united by the continuing parental relationships with the child, can dissolve into high parental conflict in which the child becomes "triangulated" into the spousal anger and conflict.

A common form of child "triangulation" into the continuing spousal conflict is through the formation of a cross-generational parent-child coalition of the child with one parent against the other parent (Haley, 1977; Minuchin, 1974).<sup>2</sup> When one spouse cannot express his or her anger directly toward the other spouse, the angry parent will sometimes divert this spousal anger through the child by forming a cross-generational coalition with the child (called a "perverse triangle" by Haley, 1977) in which the child is manipulated by the allied parent into expressing increased parent-child conflict (the spousal anger) toward the other parent, the targeted parent.



<sup>1</sup> Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.

<sup>2</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.

Minuchin, S. (1974). *Families and Family Therapy*. Harvard University Press.

In lesser forms of this cross-generational coalition, the allied parent induces and then supports the child's increased conflict with the other parent, but the child still maintains the desire for attachment bonding with the targeted parent. However, when the allied parent has prominent narcissistic or borderline personality pathology, the polarization of the "splitting" pathology of the narcissistic/borderline parent prevents ambiguity in relationships (Juni, 1995).<sup>3</sup> For the narcissistic/borderline personality the polarization inherent to the splitting pathology requires that the ex-spouse must also become an ex-parent. With the addition of the narcissistic/borderline parent's splitting pathology, the ex-husband must also become an ex-father; the ex-wife must also become an ex-mother. The addition of the splitting pathology associated with narcissistic and borderline personality pathology transforms the already pathological cross-generational coalition into a particularly malignant and virulent form in which the child is induced by the manipulation and exploitation of the narcissistic/borderline personality parent into seeking a complete termination of the child's relationship with the other normal-range and affectionally available targeted parent.

This type of severely malignant family pathology involving the addition of parental narcissistic and/or borderline personality pathology into a cross-generational coalition is exceedingly complex, involving the trans-generational transmission of attachment trauma from the childhood of the allied narcissistic/borderline parent to the current family relationships, mediated by the personality disorder pathology of the parent which itself is a product of this childhood attachment trauma of the allied parent. The assessment, diagnosis, and treatment of this particular form of severe family pathology, in which the child seeks to terminate the child's attachment to a normal-range and affectionally available parent, requires specialized professional expertise in family systems constructs, the expression and core dynamics of narcissistic and borderline personality disorder pathology, and the reenactment of childhood attachment trauma into current family relationships.

"Reenactments of the traumatic past are common in the treatment of this population and frequently represent either explicit or coded repetitions of the unprocessed trauma in an attempt at mastery. Reenactments can be expressed psychologically, relationally, and somatically and may occur with conscious intent or with little awareness. One primary transference-countertransference dynamic involves reenactment of familiar roles of victim-perpetrator-rescuer-bystander in the therapy relationship. Therapist and client play out these roles, often in complementary fashion with one another, as they relive various aspects of the client's early attachment relationships." (Pearlman & Courtois, 2005, p. 455)<sup>4</sup>

A high degree of professional caution needs to be exercised relative to believing the presentation by the child and allied narcissistic/borderline personality parent of a false *trauma-reenactment narrative* in the pattern of "abusive parent"/"victimized child"/"protective parent" that is not warranted by the actual clinical evidence. This is a

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<sup>3</sup> Juni, S. (1995). Triangulation as splitting in the service of ambivalence. *Current Psychology: Research and Reviews*, 14, 91-111;

<sup>4</sup> Pearlman, C.A., and Courtois, C.A. (2005). Clinical Applications of the Attachment Framework: Relational Treatment of Complex Trauma. *Journal of Traumatic Stress*, 18, 449-459.

false narrative created in the childhood trauma pathology of the allied narcissistic/borderline parent

Over the course of years of assessment, diagnosis, and treatment of this specific form of family pathology, Dr. Childress has established a specialized expertise in this particular form of parental personality disorder pathology as expressed within the family following divorce. Dr. Childress has written extensively in his online essays and recent books regarding the origins of this pathology in attachment trauma, and its assessment, diagnosis, and treatment.<sup>5</sup> Dr. Childress offers additional professional-to-professional consultation through Skype and by telephone to other mental health professionals who are assessing, diagnosing, and treating this form of family pathology. If a mental health professional believes that a professional-to-professional consultation with Dr. Childress would be helpful to improving the quality of service delivered to the client family, a request for this professional-to-professional consultation can be made by contacting Dr. Childress by email – [drchildress@gmail.com](mailto:drchildress@gmail.com) – with the subject heading of “Professional Consultation Request.”

*Craig Childress, Psy.D.*

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

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<sup>5</sup> Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Foundations*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Single Case ABAB Assessment and Remedy*. Claremont, CA: Oaksong Press.

Childress, C.A. (2015). *An Attachment-Based Model of Parental Alienation: Professional Consultation*. Claremont, CA: Oaksong Press.

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