

## **Two Scenarios**

There is no support in the scientific or professional literature that would allow a professional opinion on the relative merits of a 60-40%, 70-30%, 80-20%, or 90-10% custody visitation time-share schedule in any given situation.

Consider two hypothetical scenarios involving one good parent and one bad parent:

### **Premise: The Good and Bad Parent**

Suppose we were able to conduct an assessment of parenting that allowed us to rate parenting on a scale from 1 to 100, from bad parenting to good, with 50 representing the average parent. Such a rating is an impossibility, but for the sake of this thought experiment just go along and pretend we could do this.

Now suppose our parenting rating for Parent-1 was 70 (a really good parent) and our parenting rating for Parent-2 was 30 (normal-range but somewhat problematic parenting).

Let's examine two possible scenarios for deciding child custody and visitation.

### **Scenario 1: Divide Custody Time Based on Parenting Skills**

In the first scenario, we decide that Parent-1 is the better parent, so we therefore allot the majority of the visitation time to this parent (70%) and we limit the child's time with the more problematic parent (30%).

### **Scenario 2: Equal Shared Parenting 50-50%**

In the second scenario, we decide that there is no information from professional psychology that would allow us to decide on the relative benefits from various custody visitation schedules. So, based on the foundational principle that the child benefits from a complex relationship with each parent (father-son, father-daughter, mother-son, mother-daughter), the recommendation is for a shared 50-50% custody time-share visitation schedule.

### **Outcome: Scenario 1**

Let's examine a possible outcome of this family structure decision to give more child time to the good parent.

The normal-range but problematic parenting of Parent-2 continues to create parent-child conflict during their times together. This is the reason for limiting the child's involvement with this parent. But this then leads to the situation that Parent-2 and the child do not have enough time together to resolve their differences. As a result, the conflict continues, and as the child matures the child becomes more and more averse to spending time with this problematic parent. The bond between Parent-2 and the child diminishes because of the continual conflict, and eventually the parent-child relationship is cut off because the conflict in the parent-child relationship is never resolved.

The psychological and emotional impact for the child caused by the damage to a primary relationship (father-son, mother-son, father-daughter, mother-daughter) will be considerable. The child develops deeply damaged self-esteem from the severely damaged and cut-off relationship to a parent. The child's damaged self-esteem will emerge in early adulthood as depression and a period of substance abuse.

When this child grows to adulthood and forms a family of their own, the damage in a primary relationship of childhood (father-son, mother-son, father-daughter, mother-daughter) will create a

faulty foundation to the marital relationship in the child's first marriage, leading to divorce and problematic post-divorce co-parenting (a replication of the child's own childhood as a psychological means to work-through the lost parent-child relationship from childhood).

In childhood, this child was never provided with the opportunity to learn how to fix problematic relationships. Instead, the child was encouraged to cope with conflict by escaping from and terminating relationships. The child grows into an adult who does not have the relationship skills necessary to resolve conflict in intimate relationship.

The child in this scenario has also become overly dependent on Parent-1, the good parent. The involved and good parenting of this parent has unfortunately also undermined the child's development of self-autonomy and independence, and instead the child has become dependent on the good parenting of Parent-1. The child's psychological insecurity and dependency is also fostered by the loss of the child's relationship to Parent-2, so that Parent-1 becomes the only parent available for the child.

The child's insecurity created in the loss of Parent-2, and the child's dependency on the good parenting of Parent-1, combine to undermine the child's launching into young adulthood, and the child has difficulty showing the adult initiative required to establish an independent life and career. The child's career path starts later in life and is filled with greater conflict and job turnover because the child-now-adult seeks to escape conflict and has never learned the relationship skills necessary for solving interpersonal conflict.

The child with divided custody based on a good-parent/bad-parent decision made by professional psychology has a troubled outcome in self-esteem and self-worth, future family relationships, and career.

## **Outcome: Scenario 2**

In Scenario 2, the child spends equal time with both parents. The child benefits from the support of the good parenting from Parent-1, and the child continues to have conflict with Parent-2, which prompts parent-child therapy.

In therapy, the family therapist discusses parenting options with Parent-2, highlighting potentially problematic outcomes of various choices. The therapist also supports the legitimate authority of Parent-2 to decide on parenting practices consistent with this parent's personal, cultural, and religious values. The structural family hierarchy of healthy parental leadership and authority is supported by the therapist. As long as parenting practices are normal-range and not abusive, parents have the right to establish values for their families consistent with their personal, cultural, and religious values.

The treatment goals of parent-child therapy are to develop the communication skills of the breach-and-repair sequence and emotional self-regulation, and therapy supports the development of perspective-taking abilities of mutual empathy and understanding. The parent-child conflict with Parent-2 continues for two years, and during this period the child learns important self-maturity skills in coping with the more problematic aspects of Parent-2.

These self-maturity skills for coping with problematic situations and resolving interpersonal conflict are going to serve the child well in future career development. The interpersonal skills developed by the child through interactions with a more problematic parent will lead to the child's future success in business.

One day, two years after the 50-50% custody decision, the child and Parent-2 have an argument that results in a breakthrough in mutual perspective taking and mutual understanding. The previous discussions in therapy bear fruit. The breach in the parent-child relationship is effectively restored through the communication and relationship skills developed in therapy. In this process, Parent-2 develops insight into some of the prior discussions in therapy about parenting alternatives, and the parent-child relationship evolves into a close bond of deep love and affection, in large measure because of the insight and understanding the parent and child have both developed for each other through their ongoing conflict and assertions of self-identity.

In Scenario 2, the child is given the opportunity to fix the conflict with Parent-2 and develop a bonded relationship to this parent. This teaches the child important life and relationship skills for solving conflict that leads to successful family relationships when this child grows to adulthood. Because of the opportunity provided in childhood by shared visitation to learn how to fix relationships, the now grown child will have a more successful marriage and family that does not end in divorce, providing an intact family as a foundation for the next generation of children in the family.

Because this child has developed a bonded relationship with both parents, the child has a healthy self-esteem born in both the father-child relationship and the mother-child relationship. Each type of parent-child relationship (mother-son, mother-daughter, father-son, father-daughter) provides the child with key experiences for the child's healthy emotional and psychological development. Healthy mother-son, father-son, mother-daughter, and father-daughter relationships are each integral to the child's healthy emotional and psychological development. None of these relationships are expendable. Forming a healthy attachment bond to both parents provides a positive developmental foundation for the child's healthy emotional and psychological development.

The child in Scenario 2 feels more secure and self-confident, having successfully navigated establishing bonded relationships to both parents with differing parenting styles, so that this child then launches more successfully into the young adulthood period of independence and self-autonomy. This child enters a career track more successfully and at an earlier age, and the child is successful in establishing a bonded and affectionate family supported by the child's healthy career.

When the issue of determining which parent is the "better parent" is ignored relative to child custody and visitation, and a shared 50-50% custody visitation is initiated in all cases except child abuse, the potential outcome for the child from shared 50-50% custody, even with a problematic parent, is improved self-esteem generated from a positive relationship with both mother and father, improved relationship and communication skills for resolving conflict, improved emotional regulation and maturity, improved capacity for self-reflection and perspective taking, and an improved outcome in the child's family and career.

## Conclusion

Are there other possible storylines that can be constructed for Scenarios 1 and 2? Of course. That's the point. We have no idea what the future holds.

Suppose, for example, a third possible outcome. A decision is made to divide custody on a 70-30 schedule with preference given to the good parent, and six months into this visitation schedule the problematic parent dies in a car accident. The child feels tremendous guilt for having rejected this parent while this parent was alive, and psychologically the child takes responsibility for "causing" the parent's death by rejecting this parent.

The child does not disclose this inner turmoil because of the tremendous guilt, and these feelings of guilt and responsibility continue unresolved into adulthood. As a result, the child develops a self-destructive lifestyle of drug abuse and unstable relationships as a psychological means of inflicting self-punishment for perceived responsibility in causing the death of a parent.

No one can predict the future, and professional psychology should not be in business of pretending as if it could predict future outcomes. The parameters are too complex and too many, and the impact of future events cannot be known. Psychologists are not fortune telling arcade machines on the carnival boardwalk. Professional psychology cannot predict the future and should not pretend to know what the future portends.

Professional psychology can assess, diagnose, and treat pathology. That should be the scope of professional practice.

**With regard to child custody schedules, in all cases except child abuse the only professional opinion supported by the scientific research and professional literature would be for shared 50-50% custody, based on the foundational principle that a child benefits from a complex**

**relationship with both parents. Parents can cooperatively decide on alternative visitation schedules that meet the needs of their specific family. That is their parental right and prerogative.**

However, when a professional opinion is sought from professional psychology, the only opinion supported by the scientific and professional literature is for a shared 50-50% custody in all cases except child abuse, because there is no information in professional psychology that would allow a psychologist to differentiate between the relative outcomes from a 60-40%, 70-30%, 80-20%, or 90-10% custody visitation schedule in any specific case.

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