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Parental Alienation: A Serious Form of Child Psychological Abuse and a Worldwide Health Problem, that Affects Children and Victim Parents all Over the World

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ABSTRACT

Induced parental alienation is a specific form of psychological child abuse. Child psychological abuse was recently listed in the Diagnostic and Statistical Manual (DSM-5) of the American Psychiatric Association (APA) under the diagnostic code V995.51 and in the World Health Organization (WHO)'s International Classification of Diseases (ICD-11) used world- wide under code QE82.2. Untreated induced parental alienation can lead to long-term traumatic psychological and psychosomatic effects in the children concerned. This fact is still not given sufficient attention in family court cases. This presentation gives a condensed overview of parental alienation, summarising its definition, the symptoms and the various levels of severity. It also describes some major alienation techniques and possible psychosomatic and psychiatric effects of induced parental alienation. Finally, it gives examples of programmes of prevention and intervention in some countries, currently at the trial stage. The presentation concludes with a comprehensive list of international references.

Keywords
Induced parent-child alienation, Parental Alienation, Child psychological abuse, Psychotraumatic long term consequences, Intervention programs.

Introduction

As an adult psychiatrist and psychotherapist, I have been concerned with the field's parental alienation and the parental alienation syndrome/disorder for about 25 years. Time and again, I experience the suffering of affected adult children of divorce and affected excluded mothers, fathers and grandparents who have lost contact with their children or grandchildren for many years or altogether following separation or divorce. During this time, critics and opponents of the concept, both scientists and practitioners, have been engaging in major – partly ideological – debates [1,2] over whether or not the undoubtedly real phenomenon of induced parental alienation is a "syndrome", what it should be called, and whether it exists at all [3-5].

These debates appear very sterile. The key question is whether, in separation or divorce, there are fathers or mothers who manipulate their child in such a way that s/he permanently refuses contact with the other parent, and whether this has an adverse effect on the child's mental health and development.

In this context I have tried to show here that induced parental alienation (among international experts, the term "parental alienation" without the "syndrome" has more or less become established) is in fact a serious form of psychological child abuse that can be linked to longterm traumatic psychological and physical effects on the personality development of the child and later the adult [6,7].

With regard to parental alienation, the Diagnostic and Statistical

Manual of Mental Disorders (DSM5) (the applicable diagnostic tool in the United States, and also internationally) refers to a clinically relevant parent child relational problem that has a considerable impact on the affected children. This is not officially recognized everywhere under the term "parental alienation", which is why the American Psychiatric Association (APA) has so far not explicitly included the term in DSM5. Two new and two old diagnoses, have, however, been included: “child psychological abuse”, “parent child relational problem”, “child affected by parental relationship distress”, and “induced delusional disorder”. These permit clinical practitioners and court experts in psychology/psychiatry to identify children and young people affected by parental alienation and apply differential diagnosis [8,9].

The World Health Organization (WHO)’s “International Classification of Diseases” (ICD11) used worldwide referred to “parental alienation” since 18th June 2018. (Code QE 52.0, under “caregiver child relationship problem” as index factor. This was confirmed by the seventy-second World Health Assembly on 25th may 2019. The long discussion about PA seemed to be ended with that decision.

But then, in sept. 2019, a dubious and biased document was posted on the ICD11 (orange version) website by a group of “critics of the PA-concept” from the fields “Child abuse”, “Domestic violence” and with a feminist focus called “Collective Memo of Concern to World Health Organization”, which criticized that very decision. Thus, the Medical and Scientific Advisory Committee (MSAC) secretariat of the WHO removed it on 25th febr. 2020 without giving a convincing and detailed explanation of the investigation or research that supported such a belated decision. Transparency by the MSAC secretariat is here at issue. That means: The debate goes on. Since efforts are generally made to coordinate the content of DSM5 and ICD11, it can be assumed that similar diagnoses for parental alienation will be included in the ICD11.

The phenomenon of parental alienation has been described in the psychiatric literature for at least 60 years [10] however, it has only been labelled as such since the 1980s or 1990s. At least six researchers or teams of researchers have independently identified children from separated or divorced families who were alienated from one parent for no rational reason. Wallerstein and Kelly [11,12], Johnston [13] and Johnston & Roseby [14] referred to "pathological alignment" and to "visitation refusal". Gardner [15] coined the term "parental alienation syndrome", which was also used by Kopetski [16-18] and by Kopetski, Rand & Rand [19,20]. Clawar & Rivlin [21,22] refer to "programmed and brainwashed children". Kelly and Johnston [23] coined the term "the alienated child", and Warshak [24] refers to "pathological alienation". Bernet [25] and Bernet et al. [26] use the terms "parental alienation disorder" and "parental alienation".

The phenomenon of parental alienation has since been observed and described by many researchers and psychiatric/psychological practitioners around the globe, f. ex.: Kodjoe & Koeppel [27]; Hellblom Sjögren [28]; Gardner et al. [29]; Bernet [30]; Novković, Buljan Flander & Hercigonja [31]; Foran et al. [32]; Lorandos et al. [33]; Whitcombe [34]; Hinterhofer et al. [35]; Paricard [36]; Broca & Odinetz [37]; Hirigoyen [4]; Woodall & Woodall [38-40]; Fernández Cabanillas [41]; Bensussan [42]; Boch-Galhau [7,43-45]; Harman & Lorandos [46]; Warshak [47] and recently by Lorandos & Bernet [48].

In the current clinical literature, a distinction is made between parental alienation (unjustified rejection of one parent following manipulation and indoctrination of the child) and estrangement (justified rejection of one parent following a real history of neglect, physical and sexual abuse or domestic violence), for example Fidler et al., [49]; Sauber [50]; Baker et al., [51]; Fidler, Bala & Saini [52]; Lorandos et al., [48,53], Ackerman & Gould [54]; Bernet et al., [9,55]; Freeman [56]; Bernet et al., [57]. Today, the international specialist literature contains more than one thousand three hundred publications of scientific relevance from over 55 countries on parental alienation, the parental alienation syndrome and related subjects and especially the Parental Alienation database, 2016 of the Center for Knowledge Management, Vanderbilt University, Medical Center, Nashville, TN, USA.

The international specialist literature indicates that the prevalence of parental alienation in the United States is approximately 1 % of children and adolescents [30] or even more [59,60]. There are no precise figures for Europe.

Research in the US indicates that in Parental Alienation cases that are evaluated by an expert and/or decided by a trial and appelate judge in the period 1985 – 2018, 25 % are identified as male and 75 % as female alienators [48]. It also shows, that the number of cases has steadily grown over that period.

Definition of PA

The concept of parental alienation is defined by three elements [24]:

Rejection or denigration of one parent that reaches the level of a campaign, i.e. persistent behaviour rather than occasional episodes. The hostile attitude of rejection is irrational, i.e. alienation is not an appropriate response to the behaviour of the rejected parent and not based on actual negative experiences with the rejected parent. It is partially the result of influence of the alienating parent [and/or other important attachment figures].

Parental alienation is an interactional process where systematically one parent’s role, for the children, is eroded.

Symptoms of PA

- Irrational campaign of denigration and hatred
- Absurd rationalisations (unjustified, absurd reasons given for the attitude of rejection)
- Lack of normal ambivalence (idealisation of one parent and demonisation of the other, black and white thinking)
- Reflexive support of the programming parent
- Denigration not just of the targeted parent but also of that parent's extended family and friends

- The "independent thinker" phenomenon (the child's "own opinion" and "own will" are stressed)
- Lack of guilt over the cruel treatment of the alienated parent (the alienated parent is rejected with apparent lack of feeling or emotion)
- Use of "borrowed scenarios" (same accusations as those voiced by the alienating parent)

For validation see, for instance [61-66].

Differentiation of PA on a continuum of three levels of severity, each of which requires specific treatment methods

In mild cases of PA [67] the child refuses contact with the nonresident parent, but enjoys it when contact has been made. The child can still distance himself/herself from the denigrations of that parent made by the alienating parent.

In moderate cases of PA [68] the symptoms are strongly manifest, with considerable problems in contact and handing over of the child: the child will stubbornly refuse contact, but respond once contact is made and when the alienating parent is absent.

In severe cases of PA [69] the child will radically and without objective reasons refuse con tact with one parent (father or mother) with whom s/he previously had a loving attachment, because s/he has internalised a false negative image of the parent. The attitude of rejection and level of negativity vary considerably between the mild and moderate forms. The child manifests an extremely polarised view of his/her parents (black and white). In such a case, the family court in collaboration with a specially trained expert psychologist or therapist will be the final authority who can either interrupt the alienation process (for instance, with sanctions or a believable announcement or possibly implementation of custody transfer) or ensure its permanence (through passive waiting: "If the child does not want to, there is nothing we can do.") [19,70,71].

The presence and degree of PA are diagnosed on the basis of the behaviour observed in a child, not on the basis of the degree of manipulation to which the child is exposed. A careful evaluation [72,73] of the entire family system and identification of the manipulating person(s) is indispensable. Also, the role of the so called alienated parent and his or her possible contribution to the process of alienation need to be evaluated, in order to avoid a misdiagnosis.

PA is not the same as obstructing access for the noncustodial parent, or any kind of refusal of contact or alienation, as many believe (Summary of the debate in Germany by Gödde, [74]; it is, in fact, a psychiatrically relevant disorder in children that results from traumatisation [24,70,71,75-77]. It concerns the child's cognitive and emotional levels and his/her behaviour. In contrast to other – for instance, psychodynamic – interpretations of contact refusal by children [78], PA always involves a severe obstruction of contact and/or manipulation and indoctrination of the child by others. Active manipulation is carried out – consciously or not – by the primary caregiver and/or other important attachment figures for the child. These manipulative persons are usually found to have specific psychological problems, such as severe narcissistic and/or borderline personality disorders [4,16,17,79], traumatic childhood experiences [5,80], paranoid coping with the divorce conflict, or psychosis [13,75,76,81].

The attitude and behaviour of professionals accompanying the divorce process also play an important role in the course of the alienation process [82,83,58].

Important alienation techniques in PA

Significant alienation techniques in the induction of PA are, among others, denigration, reality distorting negative presentation of the other parent, boycott of visitation, rupture of contacts, planned misinformation, suggestive influence, and confusing doublebind messages. Sometimes direct psychological threats (such as withdrawal of love, suicide threats) or physical threats (hitting, locking in) are used against children. [63,64]. Two documentaries by G. Gebhard "Victims of Another War – The Aftermath of Parental Alienation" [84] and “Sarah Cecilie” [85], show the problem from the point of view of formerly alienated children. (I recommend to look at these two films.) This enhances the loyalty conflict in the child, which exists in any case in a divorce situation. Fear, dependence on, submission of the child, making him/her pliable, and his/her identification with the alienating party play an important role [86-89]. Related psychodynamics can be found in the Stockholm syndrome, in cases of hostage taking and in the Muenchhausen by proxy syndrome, a disorder that involves parents artificially inducing or exaggerating symptoms of illness in their children [90,91]. The affected children depend upon outside help.

Psychiatric and psychosomatic effects of PA induction on affected adult children of divorce

A number of international authors consider PA induction as a form of psychological child abuse [4,7,23,31,40,43–45,47,48,60,70, 71,75–77,92–95] and others. This places PA in the field of psychotraumatology.

In legal terms, it can be classified as a psychological hazard to the welfare of a child resulting from an abuse of parental care that exploits the dependency relationship of the child [27,96-98]. Some critics of the PA concept trivialise this or deny it, reducing the problem to the "parental conflict" or the child's "conflicting loyalties" or mixing the notion “Parental Alienation” with the issue of “abuse allegations” during separation or divorce.

Lorandos & Bernet [48] address this seriously distorted and biased misinformation on Parental Alienation theory and practice in considerable detail. They provide a precise rebuttal of the abundant and outright false information that has been published regarding Parental Alienation (for example by [99-113].

Children and adolescents experiencing their parents repeated severe marriage crises, aggressive conflicts and traumatic separation and divorce, may suffer from personal development disorders as

a result of these chronic, diffuse stresses [114]. In 70 – 90 % of borderline personality disorders found in adults, childhood trauma could be shown retrospectively [115].

In PA cases of the severe form, there is often a longterm, or even permanent, rupture of the relationship and contact between the child and the parent, sometimes also between siblings, with the related pathological consequences [116;117].

The psychological trauma suffered by the PA child, the left behind parent and other close relatives (such as the grandparents) is rarely given adequate consideration [118,119]. People who have been traumatized in this way will later often suffer considerable psychological, psychosomatic or psychiatric problems and seek treatment at psychiatric and/or psychotherapeutic practices and clinics [120-122].

This matches a finding from divorce research, which says that the primary negative aspect of parental divorce is the resulting loss of a parent for the child. The consequences for the child resulting from a lack of availability of the mother or father have been described widely in the literature [12,123].

PA induction in a child result in a confused self perception and perception of others, and in profound self alienation. The children forget how to trust their own feelings and perceptions. They are dependent on the goodwill of the programming, manipulating parent. They lose their sense of reality and of their own profile. Their own identity becomes uncertain, faded and brittle. This can result in a negative selfassessment or a completely exaggerated opinion of oneself (grandiosity), a lack of selfesteem and a deep sense of insecurity. The children cannot adequately develop their individuality and independence. This can result in specific personality disorders (F. 60 in ICD10) with the "false self" phenomenon [162], such as can be found with eating disorders, addictions, personality disorders, posttraumatic stress disorders and other mental and psychosomatic disorders [124].

The imposed, active rejection, denial and reality distorting negative image of a previously loved parent are more damaging to the children's self and their core, particularly parts of their autobiographical self and their roots, than the loss as such (for instance, in the event of a death). Both severe feelings of guilt and the parent's share in the child's personality have to be suppressed or split as a mechanism of defence [121]. He or she has no stable roots in the severed parent's family of origin system. This can result in additional longterm developmental and relationship problems, some of which may be passed on to the next generation [125-127].

Once the child is set in a strong attitude of rejection, it becomes very difficult to introduce suitable help and intervention. Many parents, but also social workers from the youth welfare office, judges, therapists and court experts, resign in such cases, which appear unsolvable. They advise waiting until the child one day initiates contact with the rejected parent. Opinions of professionals are divided on this issue. It may work in some cases. However, quite many cases exist, where contact was established only after many years, when the child was already a mature adult, or not at all, because the inner and outer emotional relationship had been fundamentally destroyed.

Psychological abuse is difficult to identify because it often manifests itself not as an intention to harm. However, because of its devastating and longterm psychopathological impact, it must be no more tolerated than other forms of abuse [128]. Children must be kept safe from it.

As with the age of criminal responsibility, an assessment of the supposed wishes of a child needs to take into account whether the child's level of development is such that he or she can be assumed to make freewill decisions or whether the apparently "independent wishes of the child" are not in fact based on manipulation ("independent thinker phenomenon" as a symptom of PA).

In view of the research into associated aspects of developmental psychology and systemic components (such as loyalty conflicts and the destructive conflict dynamics of divorce [129] as well as into children's memory and their suggestibility from adults, social influences or forced influence [130,131] and in view of the experiences gained with indoctrination of children and adolescents in sects and ideological systems [88,132], the wishes a child voices and a child's recollection are particularly significant in acrimonious separation and divorce, in the diagnosis of PA, and particularly PA linked with accusations of child sexual abuse.

To prevent seriously wrong decisions (Cases that caused particular controversy in Europe for instance: In Germany the "Wormser Missbrauchsprozesse" [sexual abuse trials of Worms], [133] and in France “l’ Affaire d’Outreau” [The affair of Outreau] [161]; Dossier special Outreau, www.acalpa.org), for children and parents as regards contact and custody rights, differential diagnosis in the latter case must distinguish carefully between a) real sexual abuse; b) "abuse of abuse" as a strategy or pathology (for instance, projection of sexual fantasies onto a later partner after traumatic childhood experiences of abuse; paranoid response to the experience of separation and divorce; psychoses) and c) false accusations of abuse in cases of parental alienation [133-136].

Parental Alienation is an international phenomenon, which empirical studies have shown to exist in various countries [137], and which is reflected in around 1500 court rulings, for instance, in the United States and Canada [30;33,48]; in the Brazilian law on Parental Alienation/Law 12318 of 2010; in the laws of some other South American countries [137] and in rulings by the Strasbourg based European Court of Human Rights (ECHR) for instance, Sommerfeld v. Germany; Koudelka and Zavrel v. Czech Republic (2006 and 2007); Plasse Bauer v. France (2006); Mincheva v. Bulgaria (2010); Bordeiana v. Moldova (2011) and others [138]; and recently: K. B. and others v. Croatia (2017) (https://strasbourgobservers.com/2017/04/25/kbandothersvcroatiathe-courtsfirststepstotackleparentalalienation); Aneva and others v. Bulgaria (2017): http://hudoc.echr.coe.int/eng?i=001176982;

Case of R. I. and others v. Romania (2018) http://hudoc.echr.coe.int/eng?i=001187931 and Case of Pisică v. Moldavia (2019): http://hudoc.echr.coe.int/eng?i=001197214.

Recently the High Court of England and Wales published four judgments. From the judgments it can be seen, that the High Court of England and Wales has a high degree of awareness what Parental Alienation is and how to manage these cases (see: https://www.judiciary.uk/judgments/aandbparentalalienationno1no2no3andno4/).

In France, by the national court of appeal (Cour de Cassation, 2013) and also in rulings by the higher regional courts of several european countries, for instance, England, France, Germany, Italy, Romania, Spain, Sweden and Switzerland and others [30] parental alienation was explicitly named.

Despite the significance of parental alienation both for mental health and legal professionals, and despite its acceptance in hundreds of court rulings around the world, the phenomenon is still denied and rejected by some colleagues. This continues to lead to questionable recommendations in expert reports and decisions in family courts, i.e., alienating parents are – unconditionally – awarded sole custody while alienated parents are excluded from contact, supposedly to let the child settle down [139]. But this settling down is a deceptive calm; in fact, it is "harmful to child development" [140-142]: "stages of protest – despair – resignation – detachment/denial", in the sense of reactive depression and mental deprivation in childhood).

Some programmes of prevention and intervention

In Canada, England, USA, Australia, South Africa, Mexico, Israel, Croatia and Spain some programs of psychological intervention are now used and evaluated; the following are some examples: See: "Therapeutic interventions for children with parental alienation syndrome" [76]; "The psychological effects and treatment of the Parental Alienation Syndrome" and "Parental Alienation: How to understand and address parental alienation resulting from acrimonious divorce or separation" [143,144]; "Family bridges: Using insights from social science to reconnect parents and alienated children" [145]; "Commentary on 'Family bridges …'" [146]; "Helping alienated children with family bridges", [147]; "When a child rejects a parent: tailoring the intervention to fit the problem" [148]; "Toxic divorce: A workbook for alienated parents" [149]; "The psychosocial treatment of parental alienation" [150]; "A Family therapy and collaborative system approach to amelioration." [151]; "PIVIP–Programa de intervención para victimas de interferencias parentales" [152]; "Reunification planning and therapy" [153]; "Working with alienated children and families – A clinical guidebook" [154]; "The application of structural family therapy to the treatment of Parental Alienation Syndrome" [155]; "Understanding and working with the alienated child" [38-40]; "Family reflections: A promising therapeutic program designed to treat severely alienated children and their family system" [156]; "An attachment based model of Parental Alienation Foundations", [157]; "Restoring family connections" [158]. The latter is a new resource available for licensed mental health professionals working with targeted parents and their adult alienated children to use in their outpatient practice.

Two concrete examples of intervention

Warshak [47,70,71,93,94], who describes the serious fallacies, that can compromise decisions in court and therapy, explains the different levels of severity of parental alienation (mild, moderate and severe) and how to intervene and manage these cases. He developed an intervention program, called Family Bridges, a structured, court ordered, evaluated, four-day, educational workshop in which the rejected parent and children participate together without the favoured parent and other family members. The workshop materials are drawn from universally accepted research in social, cognitive, and child developmental psychology, sociology, and social neurosciece about how to create a safe atmosphere for alienated children and their rejected parent to be together and work on healing the relationship. After running through this intervention program, the percentage of resisting compliance by alienated children with the court ordered contact with the alienated parent dropped from 85% to 6%.

Another example in Europe is the intervention program of the Family Separation Clinic, London, U. K., directed by Karen and Nick Woodall a child protection approach is used. They say: "Where alienation is identified, we utilise a legal and mental health interlock (in which the legal intervention deals with the power and control element through the threat of sanctions and the mental health intervention deals with the issue within the family) to produce the conditions in which dynamic change for the child becomes possible, and implement a structured intervention based on immediate relief of splitting in the child. This typically involves an immediate reconnection with the rejected parent through in situ therapeutic interventions where possible or, where determined by the court, a change of residence with a therapeutic bridging plan. This approach seeks protect the child as a matter of priority by constraining the alienating parent's behaviours, where possible, or protecting the child from the source of harm where constraint is not possible. Further, it always seeks to protect the child's right to a relationship with both parents and supports a permanent resolution of child's defensive splitting." [40].

These psycho-educational and family therapy programmes, which may also be of interest to other countries, attempt to help severely alienated children of divorce rebuild the lost relationship to one parent and their lost identity. They show that – contrary to popular opinion – it is indeed possible to mitigate parental alienation in high conflict cases [70,71].

These are the aims of these programmes: to initiate contact and a relationship between the child and the alienated parent; to provide psycho-educational training to the parents; child focused parental involvement; to reestablish reality and correct the child's and parents' distorted perceptions of the self and others' perceptions; to relieve the burden on the children and assist them in distancing themselves in the conflict of loyalties between the parents; to rebuild the destroyed emotional relationship with new, forward

looking shared experiences in a clearly structured, safe and relaxed context; to restore functioning communication; to improve the handling of conflicts and reorganize family relationships. The children learn to develop a more realistic and balanced view of both their parents and to reduce black and white thinking.

Experiences with these programmes and evaluations have so far shown a high success rate. If interested, you can find details of this work in the literature mentioned.

Concluding remarks

In view of the psycho-traumatic long-term effects of pathological alienation and contact loss, the development of PA in children and parents cannot be viewed as a private family affair. In cases of high-conflict separation or divorce battles where the children are used and manipulated and there is thus a risk of PA development, the early active and interdisciplinary collaboration of all professions involved is essential, to reduce the parental conflict through adequate interventions. In particular the special psychological issue of alienating parents needs to be taken into account in this.

Where this is not possible, because of one parent's or even both parents' psychopathological situation, compulsory psychological counselling and directive or confrontational interventions and/or structural family court actions are required (such as sanctions or custody transfer with psychological support), because this is where the limits of family autonomy are reached. Parental alienation is then no longer a custody issue but a child protection issue.

Reports of experiences gained in Canada, Britain, the United States, Australia, South Africa, Croatia, Spain and in a few cases in Germany, encourage a stronger directive and confrontational approach. They are supported by research findings that rate these interventions as having a similar level of success as interventions of a voluntary nature [7, 40, 43-46, 48, 53, 60, 93, 152, 154, 155, 156, 159, 160] Complementary legislation may well have to be considered.

As regards future scientific research (particularly in the fields child and adult psychiatry, psychosomatics and psychotraumatology), it will be necessary to conduct further systematic empirical studies of larger samples with standardised measures and suitable scientific controls to resolve some of the existing controversies regarding the validity and reliability of the PA diagnosis – in the sense of a secondary disorder in children that results from severely manipulative misconduct by the parents and/or other important attachment figures – and to further strengthen the scientific validity of the PA concept. This also includes further epidemiological clinical studies of the long-term progression and effects of PA, and of the result of effective interventions at different severity levels of the disorder. Findings from future studies should help us gain a better understanding of improved ways to help pathologically alienated children and their families, in view of the rising divorce rate. – As for inclusion of "Parental Alienation" in the World Health Organisation (WHO)'s "International Classification of Diseases" (ICD-11), it remains to be seen what the responsible scientists ultimately will decide.

From psychiatric and psychosomatic view, it is "unethical practice to ignore parental alienation as a form of psychological child abuse and family violence. Reducing the severe and substantial harm to children, parents and extended family members caused by parental alienation should remain the main focus of professional interventions. Stopping parental alienating behaviours is imperative for the promotion of the best interests of children and the health of families" [95]. The ultimate authority who can either stop the alienation process or perpetuate it, is the family court in cooperation with a specialized psychological/psychiatric family court expert.

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Competing Interests

Author has declared that no competing interests exist.

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