PARENTAL ALIENATION, DSM-5, AND ICD-11

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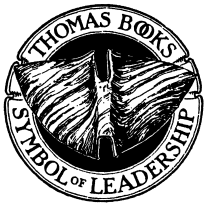

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This document was developed by a large number of mental health professionals, legal professionals, and other interested individuals. Many people contributed sections of the text and citations for the bibliography. While this is a consensus document, it should not be assumed that every contributor agrees with every statement made in this book. Also, the agencies and institutions mentioned here are for the purpose of providing each contributor's affiliations; it should not be inferred that each agency and institution officially endorses our proposal that parental alienation be included in DSM-5 and ICD-11.

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INTRODUCTION

Parental alienation is an important phenomenon that mental health professionals should know about and thoroughly understand, especially those who work with children, adolescents, divorced adults, and adults whose parents divorced when they were children. In this book, we define parental alienation as a mental condition in which a child–usually one whose parents are engaged in a high-conflict divorce–allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. This process leads to a tragic outcome when the child and the alienated parent, who previously had a loving and mutually satisfying relationship, lose the nurture and joy of that relationship for many years and perhaps for their lifetimes. We estimate that 1 percent of children and adolescents in the U.S. experience parental alienation. When the phenomenon is properly recognized, this condition is preventable and treatable in many instances.

There has been considerable discussion and debate regarding parental alienation among mental health and legal professionals. In order to understand the debate, it is important to know the difference between *parental alienation* and *parental alienation syndrome* as these terms are used in this book. The latter refers to a child with parental alienation who manifests several characteristic behaviors that have been said to constitute a syndrome. Also, the concept of parental alienation syndrome typically includes a causative factor, i.e., the alienating parent. This book discusses both parental alienation and parental alienation syndrome. While there has been almost universal acceptance of the reality and importance of parental alienation, there has been disagreement and debate regarding parental alienation syndrome. These discussions and debates have occurred for many years: parental alienation has been an issue in legal cases since at least the 1820s; parental alienation has been discussed in the mental health literature since the 1940s; parental alienation syndrome has been discussed and debated since the 1980s.

The authors of this book believe that parental alienation is not simply a

minor aberration in the life of a family, but a serious mental condition. Because of the false belief that the alienated parent is a dangerous or unworthy person, the child loses one of the most important relationships in his or her life. The alienated parent is at risk for experiencing chronic depression and anxiety. There have been scores of research studies and hundreds of scholarly articles, chapters, and books regarding parental alienation and parental alienation syndrome. Although we have located professional publications from about thirty countries on six continents, we agree that research should continue regarding this important mental condition that affects hundreds of thousands of children and their families.

The time has come for the concepts of parental alienation and parental alienation syndrome to be included in the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5) and the *International Classification of Diseases,* Eleventh Edition (ICD-11). This book provides in detail the bases for this recommendation.

With regard to the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (DSM-5), a group of mental health and legal professionals were invited to submit a formal proposal to the DSM-5 Disorders in Childhood and Adolescence Work Group. The proposal, "Parental Alienation Disorder and DSM-V," was submitted to the Work Group in August 2008. The August 2008 formal proposal included more than 50 citations and quotations from the mental health literature and more than 90 citations from the world legal literature. The authors concluded that the diversity of these publications supported the proposition that the concept of parental alienation is generally accepted by mental health and legal professionals. The August 2008 proposal was published in *The American Journal of Family Therapy* (Bernet, 2008).

After reviewing the August 2008 formal proposal, Daniel Pine, M.D., the chairman of the Disorders in Childhood and Adolescence Work Group, replied that the original proposal did not have enough information about the validity of parental alienation as a distinct mental condition, the reliability of the diagnostic criteria, and the prevalence of this condition. Dr. Pine provided constructive criticism to the authors of the proposal, and suggested that we either locate or conduct additional research regarding this topic. Dr. Pine indicated that the Work Group would be pleased to consider this additional research as they continue their deliberations regarding the child and adolescent aspects of DSM-5.

With regard to the *International Classification of Diseases,* Eleventh Edition (ICD-11) of the World Health Organization, we are aware that there is considerable interest in coordinating as much as possible the content of DSM-5 and ICD-11. With that in mind, the authors were invited to submit a proposal

regarding parental alienation to the WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders. This document–*Parental Alienation, DSM-5, and ICD-11*–has been submitted both to the DSM-5 Task Force and the ICD-11 International Advisory Group.

This book is based on the August 2008 proposal, "Parental Alienation Disorder and DSM-V," but is longer and much more detailed. This document contains much more information about the validity, reliability, and prevalence of parental alienation. It also includes a comprehensive international bibliography regarding parental alienation with more than 600 citations. Part of this document was published in *The American Journal of Family Therapy* (Bernet et al., 2010). In order to bring life to the definitions and the technical writing, this book also contains several short clinical vignettes. These vignettes are based on actual families and real events, but have been modified to protect the privacy of both the parents and children. In some instances, two or more cases have been merged into a single vignette.

ACKNOWLEDGMENTS

This project began in June 2008, shortly after the American Psychiatric Association announced the membership of the various work groups that constitute the DSM-5 Task Force. Since then, a large number of colleagues have contributed to the two previous publications regarding parental alienation, DSM-5, and ICD-11 (Bernet, 2008; Bernet et al., 2010) and to this book, which is the most detailed publication to date addressing this topic.

When I was considering writing a proposal that parental alienation be included in DSM-5, I contacted two of the editors of *The International Handbook of Parental Alienation,* Demosthenes Lorandos and S. Richard Sauber. They encouraged me to forge ahead with this project and provided invaluable advice and guidance as we developed the formal proposals, the journal publications, and this book.

During these two years, the most important single event was an informal gathering that occurred in Florence, Italy, in April 2009. Wilfrid von Boch-Galhau, a psychiatrist from Germany, arranged a meeting of colleagues from several European countries. This international colloquium regarding parental alienation included: Eduard Bakalář (Czech Republic), Paul Bensussan (France), Benoit van Dieren (Belgium), Christian Dum (Germany), Anja Hannuniemi (Finland), Lena Hellblom Sjögren (Sweden), Ursula Kodjoe (Germany), and Olga Odinetz (France). In that meeting, it was obvious that mental health and legal professionals from many countries had observed the exact same phenomenon–that is, children of parents engaged in a high-conflict divorce may become alienated from a loving parent and lose their relationship with that parent. By the end of the meeting in Florence, our group had agreed: to stay in touch; to enlarge the scope of our proposal to include international professional literature regarding parental alienation; and to address our proposal to both DSM-5 and ICD-11.

In subsequent months, my new friends in Europe contributed much of the content of this book, that is, legal and mental health publications regarding parental alienation from their respective countries. The "Committee of Florence" put me in touch with colleagues in Spain, Italy, the United

Kingdom, and Canada. I quickly learned that there is a robust international literature regarding parental alienation that U.S. mental health professionals know almost nothing about. As a group, we ultimately collected references from the professional literature of 30 countries from six continents. Christian Dum, in particular, helped me develop the bibliography for this book. Some of these scholars and practitioners–for example, Ludwig Lowenstein (United Kingdom), Guglielmo Gulotta (Italy), José M. Aguilar (Spain), and Abe Worenklein (Canada)–provided frequent, friendly encouragement.

There were many individuals in the U.S. who contributed their expertise to this project. Amy J. L. Baker provided information regarding adult children of parental alienation. Barry Bricklin sent me information about his own research. Douglas Darnall offered suggestions, advice, and encouragement. Ken Lewis tracked down hard-to-locate documents at the Library of Congress. Stephen L. Morrison helped to organize the research regarding the validity and reliability of the concepts of parental alienation and PAS. Richard K. Stephens provided fascinating historical legal records. Larry Hellman, Randy Warren, and Thomas E. Schacht wrote the section on legal aspects of parental alienation. Fifteen contributors provided short clinical and legal vignettes that have been included in this book. In a few instances, contributors described their personal experiences with parental alienation.

As clinicians and forensic experts, my colleagues who are child and adolescent psychiatrists have had much experience with patients and evaluees who manifested parental alienation. I sincerely appreciate the support I received from Douglas A. Kramer (co-author of the earliest description of parental alienation in a peer reviewed journal); John E. Dunne (co-author of early research on the treatment of parental alienation); E. James Anthony (who described *folie à deux,* which can cause severe parental alienation); Allan M. Josephson (an authority regarding family therapy); John E. Meeks (an authority in evaluating and treating adolescents); and Wade Myers (an authority in child and adolescent forensic psychiatry).

My colleagues at Vanderbilt University School of Medicine have been very helpful, particularly Stephan Heckers (chair of the Department of Psychiatry and an expert in psychiatric nosology); James S. Walker (a forensic psychologist), Bradley W. Freeman (a forensic child and adolescent psychiatrist), Martha J. Morelock (a psychologist who specialized in child development), and Julie Lounds Taylor (a statistics consultant). Several medical students and psychiatry trainees contributed to this project: Katie Wilson collected material for the bibliography; Jesse Shaver located important research regarding parental alienation; and Andrew J. Chambers, both a lawyer and a medical student, developed Appendix C of this book, the summaries of legal cases. John Howser and Craig Boerner facilitated our interaction with the media. My assistant, Allison Kee, helped me in many ways to stay

focused on this project and to cope with a myriad of administrative details.

Finally, my family has been supportive. My wife, Susan Bernet (a psychiatric nurse), and daughter, Alice C. Bernet (a graduate student at Vanderbilt University School of Nursing), helped me develop the extensive bibliography regarding parental alienation. My daughter-in-law, Kristin C. Bernet (a librarian with Johns Hopkins University), tracked down obscure citations, even when the authors of the articles were unable to provide the information.

This book was a group effort of a large number of colleagues and collaborators in addition to the individuals mentioned here. I thank you all for your patience and perseverance in contributing to this important project.

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PARENTAL ALIENATION, DSM-5, AND ICD-11

Chapter One

DEFINITIONS AND GOALS

Although parental alienation has been described in the psychiatric literature for at least 60 years, it has never been considered for inclusion in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). When DSM-IV was being developed, nobody formally proposed that parental alienation be included in that edition. Since the publication of DSM-IV in 1994, there have been hundreds of publications (articles, chapters, books, court opinions) regarding parental alienation in peer reviewed mental health journals, legal literature, and the popular press. There has been controversy among mental health and legal professionals regarding some aspects of parental alienation, and at times the professional discourse resembled the hostility manifested by entrenched and angry parents fighting over their children.

Regarding our proposed diagnostic criteria, we say that the essential feature of *parental alienation* is that a child–usually one whose parents are engaged in a high-conflict divorce–allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. The primary behavioral symptom is that the child refuses or resists contact with a parent, or has contact with a parent that is characterized either by extreme withdrawal or gross contempt. The primary mental symptom is the child's irrational anxiety and/or hostility toward the rejected parent. This anxiety and hostility may have been brought about by the preferred parent or by other circumstances, such as the child who avoids being caught between warring parents by gravitating to one side and avoiding the other side of the conflict.

In this document, we differentiate the general concept of *parental alienation* and *parental alienation syndrome.* Parental alienation refers to

the child's strong alliance with one parent and rejection of a relationship with the other parent without legitimate justification. Depending on the context, we sometimes use the term *parental alienation syndrome* (PAS), which is a more complex concept. When we refer to the research and published literature, we use the term PAS if that was the terminology in the original material.

PAS typically refers to a child with parental alienation who manifests some or all of eight characteristic behaviors, which include: the child's campaign of denigration against the alienated parent; frivolous rationalizations for the child's criticism of the alienated parent; lack of ambivalence; the independent-thinker phenomenon; reflexive support of the preferred parent against the alienated parent; an absence of guilt over exploitation and mistreatment of the alienated parent; borrowed scenarios; and spread of the child's animosity toward the alienated parent's extended family (Gardner, 1992a). (These eight behaviors or symptoms are defined in Appendix A of this book.) Another difference between parental alienation and PAS is that the latter typically includes the idea that one of the parents actively influenced the child to fear and avoid the other parent. Although we believe that occurs in many instances, it is not necessary to have an alienating parent for parental alienation to occur. Parental alienation may occur simply in the context of a high-conflict divorce in which the parents fight and the child aligns with one side to get out of the middle of the battle, even with no indoctrination by the favored parent.

Parental alienation and PAS do not describe or pertain to different groups of children. On the contrary, we believe that the children who experience parental alienation are almost exactly the same children who manifest PAS. The latter is a subset of the former. We believe that the great majority of children who experience parental alienation also manifest some or all of the eight characteristic behaviors of PAS. In other words, parental alienation is simply a general term that is not encumbered by the baggage associated with PAS, i.e., the eight symptoms that constitute the syndrome and the role of the alienating parent. In our use of these terms, parental alienation and PAS are typically descriptors of the child. (For example, "For several years, Jimmy lost the loving relationship he had with his mother because of parental alienation.") However, the terms could be used to describe the triadic relationship that involves two parents and a child. (For example, "Every member of the Smith family was damaged by a severe degree

of parental alienation.")

We are explaining these definitions in detail because we realize that some authors have given other meanings to "parental alienation." For example, some authors use "parental alienation" to describe the behaviors of the alienating parent and "PAS" to describe the condition of the child. Also, some authors use "parental alienation" to describe any estrangement between the child and a parent (including situations in which the parent was abusive) and "PAS" to describe the child's unjustified rejection of a parent (i.e., when the parent was not abusive).

When we refer to our proposal for DSM-5 and ICD-11, we use the term *parental alienation disorder* (because that is the terminology for mental disorders in DSM-5) or *parental alienation relational problem* (because that is the terminology for relational problems in DSM-5). See Appendix A for the proposed criteria for parental alienation disorder. See Appendix B for the proposed criteria for parental alienation relational problem. The proposed criteria for parental alienation disorder and parental alienation relational problem are partly based on the definition of PAS.

We use the phrase *contact refusal* for the behavior of the child or adolescent who adamantly avoids spending time with one of the parents. Contact refusal is simply a symptom that could have a number of possible causes, one of which is parental alienation. This terminology is similar to *school refusal,* which is simply a symptom that could have a number of possible causes.

In February 2010, the American Psychiatric Association changed the abbreviation for the next edition of DSM. It had previously been referred to as "DSM-V," but the organization changed the abbreviation to "DSM-5" when the new website, *www.dsm5.org,* was introduced. In this book, we use "DSM-V" when that was the term in the original source material, such as the name of a publication or a quotation. We use "DSM-5" when referring to the future, i.e., the next edition of DSM.

Our proposal is that one of the following will occur with regard to DSM-5:

- The text in Appendix A (regarding parental alienation disorder) will be included in the main body of DSM-5.
- OR, the text in Appendix A will be included in one of the appendices of DSM-5, that is, Criteria Sets and Axes for Further Study.