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Introduction

Parental Alienation is an important mental condition that professionals in the field, especially those who work with children, adolescents and adults from divorced families should know. Although about thousand three hundred professional articles, book chapters and books, and also empirical studies, exist meanwhile (see website www.mc.vanderbilt.edu/pasg) from all over the world, there is still considerable controversy about the existence of Parental Alienation.

According to the Diagnostic and Statistical Manual (DSM-5) of the American Psychiatric Association (APA) Parental Alienation (PA) is a clinically relevant “parent-child relational problem” that has a considerable impact on the affected children. The term “Parental Alienation” is not officially recognised everywhere, which is why this disorder has so far not been given a generally valid name. That is the reason why the APA has so far not yet explicitly included the term “Parental Alienation” as such in the DSM-5.

But “Parental Alienation” has been implemented in the International Classification of Diseases (ICD-11) of the World Health Organization (WHO) as index-factor of the diagnosis “Caregiver child relationship problem” (Code QE 52.0) since 18th June 2018. This has been confirmed by the seventy-second World Health Assembly on 25th May 2019 (See: https://icd.who.int/dev11/l-m/en/#/http://id.who.int/icd/entity/547677013). Member states will start reporting using ICD 11 on 1st January 2022.

Some scholars refer to “parental alienation syndrome” [1-5], others to the “alienated child” [6], to “pathological alienation” [7], to “programmed and brainwashed children” [8,9], to “pathological alignment” [10,11], or to “parental alienation disorder” [12] or “parental alienation” [13].

In a severe case of parental alienation, a child will radically and without objective reasons refuse contact with one parent - father or mother (this is not a gender-specific issue!) - with whom s/he previously had a loving attachment, because s/he has internalised a false negative image of the parent.

This is usually found in the context of highly acrimonious separation or divorce of the child’s parents, or in “aggressor-victim relationships” in family violence cases with an inequality of power. In such cases, the child is - consciously or unconsciously - instrumentalised and controlled by one parent against the other, i.e. s/he suffers psychological abuse [14-17].

Parental Alienation is a custody issue but also a child...
protection issue. The supervisory bodies of the child welfare office and the family court should in this case be required to act accordingly [16].

It is unethical practice to ignore Parental Alienation as a form of 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 intervention. Stopping parental alienating behaviours is imperative for the promotion of the best interests of children and the health of families [17].

The ultimate authority who can either stop the alienation process or perpetuate it, is the family court in cooperation with a specialised psychological/psychiatric family court expert.

The lack of recognition of Parental Alienation as a serious relational disorder in professional practice makes it difficult to adequately deal with it in parent-child law. A lack of awareness of the disorder in the political arena, in society, and among professionals increases the risk for the child to develop externalising or internalising psychological symptoms as listed in ICD-10, Chapter V; these may be conduct disorders, anxieties, eating disorders, addictions, posttraumatic stress disorders, depressive episodes, or attachment - and identity disorders and other psychiatric and psychosomatic disorders.

The book Parental Alienation: The Handbook for Mental Health and Legal Professionals by Lorandos, Bernet & Sauber, [18] is therefore an excellent tool for professionals working in the field of parent-child law, helping them to deal with Parental Alienation. Decision-makers often face questions of what symptoms would help them recognise such a pathological process early; when to intervene and how; or whether there might be other reasons for an attitude of rejection. With its many case observations, this interdisciplinary textbook provides a wide range of well-illustrated and practical examples as well as offering possible solutions. The thirteen contributors are scholars, researchers and professionals in medicine, psychology and law, from the United States, Canada, Brazil and Germany. Drawing on extensive experience with Parental Alienation, they give an overview of the current state of research and global developments. The CD that comes with the handbook contains more than 1,000 scientifically relevant literature references from 36 countries and 25 sample court applications. It also discusses roughly 500 court cases from the United States and Canada, where expert psychologists or judges cited evidence of Parental Alienation in their decisions.

Chapters 2 to 5 deal extensively with diagnosis including differential diagnosis, and specific guidelines for treatment, each for a specific level of severity (mild, moderate, severe). They are illustrated using case examples. Chapter 6 discusses the handling of accusations of sexual abuse in the context of conflicts relating to custody and access rights. Chapter 7, “Reunification Planning and Therapy” presents an effective approach to rebuilding family relationships, even in seemingly hopeless cases where contact has been lost for many years. Chapter 8 describes from start to finish a highly complex custody conflict with Parental Alienation and alleged physical abuse. This case is used to explain in detail the methods for the pre-trial preparation of criminal and family law proceedings. Factual evidence from the case are combined with evidence-based scientific data on the manipulation of children’s memory, the suggestibility of children, the impact of interview techniques, and delayed statements by children. The chapter clearly highlights the contrast between legal practice in the United States and in other countries like for instance in Germany or in England, as well as demonstrating the need for scientifically sound methods to separate the “wheat from the chaff” (real vs. false memories).

Many US and Canadian family courts (see the case studies in Chapter 12 and on the accompanying CD) recognise Parental Alienation as a valid and reliable scientific concept, based on the statements and opinions of experts from clinical, medical and psychological research.

Chapter 13 cites examples from different continents to show that Parental Alienation is a global phenomenon. It describes, for instance, the developments in Europe, including rulings on Parental Alienation by the Strasbourg-based European Court of Human Rights (ECHR). One section of the chapter discusses in detail the situation in Germany, where internationally known (peer-reviewed) publications on Parental Alienation are still not receiving enough attention.

Chapter 14 discusses in detail the 2010 Brazilian law L12318 on Parental Alienation, which is intended to counteract early the effects of the alienation process.

In Chapter 16 an experienced family judge relates how difficult and unpopular cases involving Parental Alienation are. She presents strategies for lawyers and judges to successfully resolve such cases, which, however, require the acquisition of specialist knowledge.

This book is currently still the most up-to-date publication on Parental Alienation and recommended for all professionals dealing with children in high-conflict divorces - anywhere in the world! Political actors and the World Health Organisation (WHO) could do much to help stop Parental Alienation from spreading further endemically with rising divorce rates [16,19-22].

References


