

Parental Alienation-A Worldwide Health Problem

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Abstract

Parental Alienation is a serious mental condition that professionals who work with children, adolescents and adults should know. Parental Alienation is to be found mainly in situations of high conflict separation and divorce, however it exists also in some other contexts. In this article two case examples are presented. The first case example shows parental alienation in a high conflict divorce situation, the second demonstrates institutionally induced parental alienation as a consequence of wrong child sexual abuse accusations by a mentally ill neighbour. Although about thousand three hundred professional articles, book chapters and books, and also empirical studies, exist meanwhile (see website <https://ckm.vumc.org/pasg>) from all over the world there is still not enough awareness of Parental Alienation in professional practise.

Keywords: Child psychological abuse; False accusations of child sexual abuse; Family violence; High conflict separation/divorce' Parental alienation

Introduction

The internationally used "International Classification of Diseases" (ICD11) of the World Health Organisation (WHO) refers to "parental alienation" since 18 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 (blue version) <https://www.who.int/classifications/icd/en/> (accessed 20th may 2020).

Parental Alienation is in the Meantime an Endemic, Worldwide Health Problem

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 [1-9].

In some cases of severe parental alienation unsubstantiated sexual abuse allegations by alienating parents and their alienated children are found. Fabricated allegations have been considered to be a weapon used by a separating parent, to effectively end the child's relationship with the other parent. This is an extreme pressure and stress for the so confronted and affected victim parent [7,10,11-13].

The actual textbook on Parental Alienation: Science and Law, edited by Lorandos and Bernet [11] explains how a formerly loved parent

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can become an alien whom a child rejects and how the child's love can be turned to hate this parent. It contains "Clinical considerations and research" (chapter 1-6) and "Legal Issues" (chapter 7-13). For example it refers to the research of Clawar & Rivlin [14], observations on 1000 children in divorced families, to the research of Baker [15], who collected the life stories of adults who had experienced Parental Alienation as children. Baker & Sauber [16] and their colleagues explain the diagnostic methods and various interventions for families that experience PA. A reliable diagnostic includes considering the actions and attitudes of all the parties (the child and both parents). The conclusion that the child is alienated (as opposed to estranged, that means justified rejection of one parent following a real history of neglect, physical and sexual abuse or domestic violence) can only be drawn if the following factors are met:

- Factor 1: The child actively avoids, resists, or refuses a relationship with a parent
- Factor 2: Presence of a prior positive relationship between the child and the parent
- Factor 3: Absence of abuse or neglect or seriously deficient parenting on the part of the now rejected parent.
- Factor 4: Use of multiple alienating behaviours on the part of the favored parent
- Factor 5: Exhibition of many of the eight behavioral manifestations of alienation by the child (irrational campaign of denigration; absurd rationalisations; lack of normal ambivalence; black-and-white thinking; reflexive support of the favored parent; use of "borrowed scenarios"; "independent-thinker" phenomenon, etc.)

Warshak [17] explains the different levels of severity of Parental Alienation (mild, moderate and severe) and how to intervene and manage these cases. After running through Warshak's intervention program Family Bridges the percentage of resisting compliance by alienated children with the court-ordered contact with the alienated parent dropped from 85% to 6%.

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 [4,7,18].

Examples from psychiatric-psychotherapeutic practice

Interview situation (video transcript) with two severely alienated girls (10 and 13 years old) in a court ordered evaluation session with their mother and a forensic psychologist (abridged extract).

Ever since a highly conflicted discussion between the mother and the mother-in-law, which was reinforced two years later by the mother separating from her husband and leaving the house, the father and paternal grandmother of the children had been convinced that the mother was suffering from a psychosis. To this day they had been unable to correct their attitude, although a court-appointed psychiatrist, and also a second psychiatrist who the mother had privately consulted, had excluded a psychosis, and although, in addition, the court had threatened to impose a severe fine for any repetition of such allegations. The father, who is described as authoritarian, uncooperative, stubborn and manipulative in the court records, had told his children and also professionals, such as teachers, social workers, physicians and a guardian ad litem, that his wife was suffering from psychosis. This psychosis is a projection by the father and his mother onto the children's mother, because of their own mental problems. There was no outside intervention—the simple statement of fact that the mother is not suffering from psychosis is not sufficient. As a result, the children, who have been living with the father for years, have adopted this projection for reasons of self-protection, fear and dependence, and firmly reject their mother (similar to Stockholm syndrome). Because of the distorting negative influence of the father, the children's feelings of grief and pain at the loss of the relationship with their mother are displayed as extreme anger and aggression towards the mother. The children no longer perceive their own feelings of loss correctly, which makes them unable to process grief and pain [18,19].

From the interview

Child 1: Mum, when I look into your eyes, I feel sorry for you, how can such a sick cow, stuffed with medication, be left to freely roam around. Our situation..., it's a danger for everyone, but I can't change it, and, to be honest, I don't want to change it either. It's your decision. When you hit me, earlier or later and so on, as I've been told by several people—you're not my mother anymore anyway.

Child 1: Recently I saw a story on TV where a crazy woman had kidnapped a policeman and the police had to imagine her crazy world. They said that crazy people twist facts in such a way that everything has a logical order, a logical agreement. So that it is a logical world for them.

Child 1: And that's what I experienced for years with my mother and had to observe, which makes me sad.

Expert: Do you mean by that your mother is sick?

Child 1: It really makes me sad. But I've already been told a few times by several people that I can never turn my back on my mother again, not ever again in my life.

Expert: Because she is sick, you mean?

Child 1: Yes!

Expert: You say that your mother is crazy. Do you have the impression that your mother is sick?

Mother: I believe you that many people have reinforced in you the belief that your mother is crazy.

Child 1: If that weren't the case, then she'd simply have to be locked up, then she'd simply belong behind bars. In America she would've been put on the electric chair for it.

Child 1: I'll be 13 soon, and my sister 10, and by now we can't be subjected to brainwashing any longer. Gradually this is becoming impossible and I'm also beginning to think it's enough. Be cause we are now reaching an age where causal relationships are slowly becoming clearer, and when I turn 18 and it carries on like this....

Child 2: You can't talk to a crazy person.

Mother: But you can write her a letter, draw her a few flowers, simply say Happy Birthday on her birthday. How about that?

Child 1: You should simply leave a crazy person alone.

Expert: I have to tell you something. I've worked on a psychiatric ward, and you can actually talk even to crazy people. Crazy people are humans, too.

Child 2: But a person as crazy as that belongs on the electric chair.

Expert: But that's really serious, what you are saying.

Child 2: She belongs on the electric chair.

Expert: Now that's something that truly horrifies me.

The two girls, who, of their "own free will", live with their father, have been highly indoctrinated and alienated from their mother. The video shows that both children behave in a pathological manner, having been affected by this environment for several years already. It is remarkable to see their bizarre reactions, characterised by denigration and aggressive rejection of their mother. They avoid all eye contact while accusing her of being under massive influence of medication, of having physically abused them, and of bothering them with "nuisance calls" ("124 calls in an evening"). They refer to their mother in extreme language "a mentally ill person", "a cow stuffed with medication", and "a threat to all humans" who should disappear forever, through death on the electric chair.

After meeting the mother and accessing the court files, it becomes clear that the two girls have internalised completely unrealistic, distorted, even delusional false convictions. The cited allegations correspond to the PA(S) symptom "borrowed scenarios". Other symptoms described by Gardner as typical of PA(S) can also be clearly seen in this video: a campaign of denigration (against the mother), the "independent thinker phenomenon", absurd rationalisations, absence of ambivalence, and absence of guilt feelings. In their emotions and cognition, as well as in their behaviour, both children show signs of a true "disorder", as a result of the suggestive, reality-distorting influence and indoctrination in the paternal environment.

The court expert failed to recognise or refused to acknowledge PA(S) at the time and recommended to the court that contact should be suspended. As a result, the mother has not seen her two daughters, both now students, for more than 10 years. The (maternal) grandmother has died without having seen her grandchildren again. The (maternal) grandfather has no contact either and is deeply hurt by this until today.

False accusations of child sexual abuse in an institutionally induced parental alienation case

In this specific case, suggestive interrogation led to wrong conclusions, ill-informed decisions and a fatal chaining about the family situation, as demonstrated in the research by Ceci & Bruck [20]. They showed that repetition of questions within the same interview, selective reinforcement and other suggestive interview techniques led to false assertions.

As a result of unfounded accusations of sexual abuse against her father, the girl was separated from her parents and placed with a foster family when she was 8 years old for a period of more than two years; this was at the instigation of the family's mentally ill neighbour. The child protection centre, the youth welfare office, the court expert psychologist who prepared the initial report and the judge took the child's statements, which had been obtained by repeated intensive leading questioning and through manipulation by the neighbour, at face value. The parents' right to custody was terminated and the child's biological mother was granted only very limited (once a week) supervised access to her daughter by court order. The father was not allowed access. The parents were by now desperate and hired a private investigator-at considerable expense-who very quickly established that the neighbour herself had been sexually abused as a child and had projected her early traumatic experiences onto the father of the child. A second court expert, experienced in the psychology of witness statements, uncovered the fatal chain of institutional misdiagnoses and misplaced interventions. She was finally able to have the girl admitted to a children's psychiatric hospital as an inpatient, out-patient treatment was not sufficient. Multimodal psychotherapy, which also included EMDR sessions, was initiated by a senior consultant at the hospital, child psychiatrist Dr. H., with the involvement of the girl, parents and the foster parents. The child, who had been institutionally misprogrammed for two years and, as a result, refused contact with her parents, especially the father, was reintegrated into her family within a period of about four weeks. (A video exists of the psychotherapeutic interventions).

In a civil case that was eventually brought by the parents against the expert witness who had prepared the initial psychological report, the court awarded the parents a large sum in compensation and damages due to gross negligence in the preparation of this report.

From the interview with the then 16 years old girl, which was alienated when she was 8 years (tape recorded, abridged abstract):

D.: The judge explained they would first of all prepare a report. He said the man doing it was good and he knew him. He would always find out what he wanted, he'd always get to the bottom of things.

D.: That's why I always said "Yes". The way they asked their questions, you knew exactly what they wanted to hear. That's why there were so many different statements. I couldn't tell them anything because there wasn't anything to tell. I would always just confirm what they'd said.

D.: Just like a teacher at school who asks you a question in such a way that the answer is already in the question. So, to keep them happy, that is how I answered.

v. Boch-G.: What did you think about your parents?

D.: They were somehow blocked out. When the youth welfare told me that I couldn't go back to my dad, that that would be out of the question, and they even went as far as telling me that my parents were dead. They told me quite a lot of rubbish, the foster parents, the guardians ad litem etc. There were a lot of people and a lot of opinions on this. Quite confusing. All I knew was that I was in this foster family. And then I finally saw my mum again. Then I knew: my parents are still there, they still love me.

v. Boch-G.: Did you actually realise that your parents were fighting very hard for you?

D.: No, I wasn't aware at all that they were fighting for me. I only realised when my foster parents told me that my parents were in the process of losing their reputation. So they put it not in a positive way, but the other way round.

v. Boch-G.: Is it important for you today to know that your parents fought for you?

D.: Yes of course! Because I know that I'm important to them and that they were even willing to give up their livelihood for me, that still gives me a lot of inner strength today. They struggled against the whole load of other people involved.

v. Boch-G.: How did the first expert witness question you then?

D.: Just like the others. So I told the whole story again, just like I'd told the others, maybe I made up some bits, made it a bit more colourful.

v. Boch-G.: Did it become a kind of game for you then?

D.: Well, it was always exactly this story that everybody wanted to hear and found really great, so I just kept adding bits here and there, and then they would leave me in peace.

v. Boch-G.: Looking back, what do you think now about the way that the therapist reunited you with your parents as an inpatient in the children's psychiatric hospital? Do you think it could have been done in a more gentle way?

D.: It would've been easier if the foster family hadn't been so clingy. Other than that, it was quite good that I didn't have any contact with my foster parents then for a while.

v. Boch-G.: Why do you think you believed more and more what you had been talked into believing?

D.: My only chance was to get on as well as possible with the foster family, so I had to make sure that my foster parents would accept me. So I tried to fit in. I'd never do that today, but as a child I had to somehow make sure I was accepted. So I made an effort to tell them what they wanted to hear, so they'd listen at all.

v. Boch-G.: You were returned to your parents in the hospital, while you were an inpatient there. Why was it not possible for you to do it as an outpatient?

D.: As an outpatient, I'd go for a brief "reintegration therapy session", play some games, and then I'd go back to the foster family and they'd say: "Well now, you don't want to go back to your parents, do you?"

D.: I was never asked "Do you like your foster parents?" or anything else personal. If I had, I could've said whether I was happy with things or not. I couldn't focus on myself, there was always someone there. I would've needed to get things straight with myself, then I would've realised what I was saying all that time. And they would've realised earlier that there was no truth in the accusations.

There was also this boy in the foster family, who asked me why I was there. I told him: "I don't want to go back to my parents", and when I met him later I told him that I was going back to my parents. That really brought it home to me clearly that there was something not quite right. At first, I was happy that I could go home again, of course. And then I realised that I hadn't been with my parents for two years. Life was completely different in the foster family: just a few miles away but a completely different way of life; those weren't my parents, I was only a foster child. That's quite a change.

v. Boch-G.: Based on your experience, what do you think about the statement "You can't force a child to do anything when the child isn't willing"?

D.: I think with children, but also with adults, there are some who you just have to force. I was basically made to see what I knew myself deep down. It was only explained to me why it is better. I was shown that I know myself that it is better this way.

D.: In fact, the doctor had an appointment with my foster parents, but

in the morning she came to see me and said: "At such and such a time, we are meeting your parents in room XX!" "No, I won't!" "Yes, you will!" At first, I fought against it, and then we just did it, because I had convinced myself I was afraid of my father. For instance, once there was a visit scheduled and I thought he was just outside the door. But he wasn't. But I thought he was, my foster parents had told me so. I was sitting inside and didn't want to go out, I was crying and shaking, and then at some point the doctor said: "You will see him now!"

v. Boch-G.: So in a way she took you back to reality.

D.: Yes, and all the others would always say: "No, if you don't want to see him, you don't have to." So I was really forced to do it, but looking back it was so much better afterwards. It was like a different kind of life for me. I knew again that I am my parents' daughter and that I was myself again.

Without a competent assessment and a clear diagnosis of Parental Alienation and a specific inpatient intervention by an experienced child psychiatrist/psychologist, the girl would have lost the relation to her parents, with the well known psychological and psychiatric long term consequences [3,8,11,13,15,17-19,21].

Concluding Remarks

In view of the tragic experiences and of the psycho-traumatic long-term effects of pathological alienation and contact loss as shown in these special above examples, the development of Parental Alienation cannot be viewed as a private family affair. In cases of high-conflict separations, divorce battles and other conflictual contexts where children are used and manipulated, there is thus a risk of Parental Alienation development, the early active and interdisciplinary collaboration of all professions involved is essential. The special psychological issue of alienating behaviour needs to be considered in depth. Compulsory psychological counselling, directive or confrontational interventions and structural family court actions are required (sanctions or custody transfer with psychological support). Parental Alienation is a child protection issue and the child protection authorities and the courts have to act accordingly. Diagnostic and intervention must occur as promptly as with all other forms of abuse (sexual abuse, physical abuse and neglect).

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