

Research Article

Parental Alienation (Syndrome)-A serious form of psychological child abuse

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ABSTRACT

Induced parental alienation is a specific form of psychological child abuse, which is listed in DSM-5, the current Diagnostic and Statistical Manual of the American Psychiatric Association (APA), under diagnostic code V 995.51 “child psychological abuse”. Untreated induced parental alienation can lead to long-term traumatic psychological and physical effects in the children concerned. This fact is still not given sufficient attention in family court cases. The article 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, attention is drawn to programmes of prevention and intervention now used and evaluated in some countries. The article concludes with two real-life examples from psychiatric practice, and a comprehensive list of international references.

Keywords: Induced parent-child-alienation, Parental alienation, High conflict separation/divorce, Child psychological abuse, Psychotraumatic long term consequences, Intervention programs

Introduction

As an adult psychiatrist and psychotherapist, I have been concerned with the fields parental alienation and the parental alienation syndrome/disorder for 20 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, supporters and opponents of the concept, both scientists and practitioners, have been engaging in major-partly ideological-debates Warshak [1], Rand [2], over whether the undoubtedly real phenomenon of induced parental alienation is a “syndrome”, what it should be called, and whether it exists at all [3,4].

Critical debate is essential for scientific progress. It is, however, a problem that reactions to PA(S) are frequently not based on scientific arguments and empirical research findings, but instead on subjective opinions or even ideologies. Controversies between advocates and opponents or critics of the PA(S) concept are still marked by considerable misconceptions and reservations such as these: that there is insufficient empirical research; that PA(S) is a simplistic, pseudoscientific theory; an “entity without scientific foundation and an ideology”; that PA(S) is not recognised by professional organisations and particularly not in DSM-5; that it is a fabrication by Richard A. Gardner and his colleagues, who are even the target of personal attacks for propagating paedophilia; that the practice of interventions is “threat therapy”, which “traumatises” the children concerned; that PA(S) is a gender topic, which involves

abusive or violent fathers seeking to revoke the custody rights of protective mothers with the help of the courts; that accusations of sexual abuse are always true and that the declared will of children cannot be manipulated. These are some misconceptions and instances of gross misinformation. They feature particularly in the literature concerning domestic violence, child abuse and or with a feminist focus [5-11].

Examples in the United States include Faller [12], Bruch [13], and recently Clemente, Padilla-Rac-ero et al. [14,16], Dallam & Silberg [17], US articles by Lorandos [18], Kopetski [19], Warshak [20,21], Rand [2], Bernet & Baker [22], Bernet [4], Baker, Kase-Gottlieb & Verroccio [23], discuss in depth these one-sided or false claims about the theory and practice of parental alienation and strongly reject them. Controversies now focus mainly on the role of the so-called alienating parent and on which models of intervention are appropriate.

For years, the contentious key questions have been: Are there fathers or mothers who manipulate their child after separation or divorce in such a way that s/he permanently refuses contact with the other parent? Does this have an adverse effect on the child’s mental health and development? What types of intervention are promising? The answers to these questions are of practical importance both for family law and for mental health practitioners working with the families of divorce concerned.

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 long-term traumatic psychological

and physical effects on the personality development of the child and later the adult [24,25].

With regard to parental alienation, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (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 recognised everywhere under the term “parental alienation”, which is why the American Psychiatric Association (APA) has so far not explicitly included the term in DSM-5. Moreover, as PA(S) does not naturally occur “in the child”, it is not a personal “mental condition”. Two new and two old diagnoses, have, however, been included: “child psychological abuse”, “child affected by parental relationship distress” (CAPRD), “parent-child relational problem” 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 [26,27].

The World Health Organisation (WHO)’s “International Classification of Diseases” (ICD-11) used world-wide will only be completed in 2018. Since efforts are generally made to coordinate the content of DSM-5 and ICD-11, it can be assumed that similar diagnoses for parental alienation will be included in the latter. The diagnosis “Parental Alienation” is discussed in a Beta draft of ICD-11 within the concept of “Caregiver Child Relation Problem”.

The phenomenon of parental alienation has been described in the psychiatric literature for at least 60 years Stephens, [28], 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 [29,30], Johnston & Roseby [31] and Johnston [32], referred to “pathological alignment” and to “visitation refusal”. Gardner [33] coined the term “parental alienation syndrome”, which was also used by Rand [34,35], by Kopetski [19,36,37] and by Kopetski, Rand & Rand [38,39]. Clawar & Rivlin [40,41], refer to “programmed and brainwashed children”. Kelly and Johnston [42] coined the term “the alienated child”, and Warshak [20], refers to “pathological alienation”. Bernet [43] and Bernet et al. [44] use the terms “parental alienation disorder” and “parental alienation”.

The phenomenon of parental alienation has since been observed and described by many international researchers and psychiatric/psychological practitioners around the globe [45-56].

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) [57-63]. Today, the international specialist literature contains more than one thousand three hundred publications of scientific relevance from over 45 countries on parental alienation, the parental alienation syndrome and related subjects. They can

be found especially in the Parental-Alienation-database, 2016 of the Center for Knowledge Management, Vanderbilt University, Medical Center, Nashville, TN, USA. (www.mc.vanderbilt.edu/pasg).

The international specialist literature indicates that the prevalence of parental alienation in the United States is approximately 1 % of children and adolescents [47,64]. There are no precise figures for Europe.

Definition of PA(S)

The concept of parental alienation is defined by three elements [20]:

- 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].
- Where one of these three elements are missing, the terms PA or PAS cannot be applied.

Symptoms of PA(S)

- 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 [65-70].

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

In mild cases of PA(S) Darnall [71], the child refuses contact with the non-resident 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(S) Worenklein [72], the symptoms are strongly manifest, with considerable problems in contact

and handing over of the child: the child will stubbornly refuse contact, but re-respond once contact is made and when the alienating parent is absent.

In severe cases of PA(S) Warshak [73], the child will radically and without objective reasons refuse contact 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.") [21,38,74].

The presence and degree of PA(S) 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 Bricklin & Elliott [75], Sauber & Worenklein [76], 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(S) is not the same as obstructing access for the non-custodial parent, or any kind of refusal of contact or alienation, as many believe (Summary of the debate by G6dde [77], it is, in fact, a psychiatrically relevant disorder in children that results from traumatisation [20,21,74,78-80]. It concerns the child's cognitive and emotional levels and his/her behaviour. In contrast to other for instance, psycho-dynamic – interpretations of contact refusal by children Figdor [81], PA(S) 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 Kopetski, [36,37], Siegel & Langford [82], Hirigoyen [54], traumatic childhood experiences Blank [83], Bernet et al. [84], paranoid coping with the divorce conflict, or psychosis [78,79,85].

The attitude and behaviour of professionals accompanying the divorce process also play an important role in the course of the alienation process [64,86,87].

Important alienation techniques in PA(S)

In a study of 97 adults who described themselves as victims of parental alienation Baker & Darnall [67] (2006) identified 66 different alienation strategies, 11 of which were mentioned by at least 20 % of the study subjects. Significant alienation techniques in the induction of PA(S) are, among others, denigration, reality-distorting negative presentation of the

other parent, boycott of visitation, rupture of contacts, planned misinformation, suggestive influence, and confusing double-bind messages. Sometimes direct psychological threats (such as withdrawal of love, suicide threats) or physical threats (hitting, locking in) are used against children [67,68]. Two documentaries by G. Gebhard (see the References), "Victims of Another War-The Aftermath of Parental Alienation" [88] and "Sarah Cecilie" [89], 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 [90-93]. Related psychodynamics can be found in the Stockholm syndrome, in cases of hostage taking.

In a separate chapter of his book, Lowenstein [94] explains the Stockholm syndrome in the context of the well-known "Natascha Kampusch abduction case" in Austria, showing how it relates to the parental alienation (syndrome). In sect systems, too, [95,96] similar mechanisms come into play. Some cases of the severe form of PA(S) show similarities in their dynamics with the Munchausen by proxy syndrome, a disorder that involves parents artificially inducing or exaggerating symptoms of illness in their children [97,98]. The affected children depend upon outside help.

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

A number of international authors consider PA(S) induction as a form of psychological child abuse like Gardner [78-80], Kelly & Johnston [42], Deegener & K6rner [99], Hirigoyen [54], this places PA(S) 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 [100-103]. Some critics of the PA(S) concept trivialise this or deny it, reducing the problem to the "parental conflict" or the child's "conflicting loyalties" during separation or divorce.

Children and young people 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 [104]. In 70-90 % of borderline personality disorders found in adults, childhood trauma could be shown retrospectively [105].

In PA(S) cases of the severe form, there is often a long-term, or even permanent, rupture of the relationship and contact between the child and the parent, sometimes also between siblings, with the related pathological consequences [106,107].

The psychological trauma suffered by the PA(S) child, the left behind parent and other close relatives (such as the grandparents) is rarely given adequate consideration [108,109]. People who have been traumatised in this way will later often suffer considerable psychological, psychosomatic or psychiatric problems and seek treatment at psychiatric and/or psychotherapeutic practices and clinics [110-112].

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 [30,113].

In her book, Hummel (2010) explains why it is particularly common that fathers are more often victims of induced parental alienation. In the chapter “Entfremdete Kinder” [Alienated children] the author presents the well researched-PA(S) case of “Timo”, an object lesson for professionals involved in divorce processes.

PA(S) induction in a child results 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 self-assessment or a completely exaggerated opinion of oneself, a lack of self-esteem 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 ICD-10) with the “false self” phenomenon Winnicott, [114], such as can be found with eating disorders, addictions, post-traumatic stress disorders and other mental and psychosomatic disorders [115].

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. 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 [116,118].

Psychological abuse is difficult to identify because it often manifests itself not as an intention to harm. However, because of its devastating and long-term psychopathological impact, it must be no more tolerated than other forms of abuse. 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 free-will 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[S]).

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 Minuchin [119] as well as into children’s memory and their suggestibility from adults, social influences or forced influence Loftus & Ketcham [120], Pope, Oliva & Hudson

[121], Ceci & Bruck [122] and in view of the experiences gained with indoctrination of children and adolescents in sects and ideological systems Thaler-Singer [95], Baker [96], the wishes of a child and a child’s recollection are particularly significant in acrimonious separation and divorce, in the diagnosis of PA(S), and particularly PA(S) 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] Steller [123] and in France l’Affaire d’Outreau [The affair of Outreau] Beermann [124], Dossier Special Outreau, (www.acalpa.org) for children and parents as regards criminal proceedings and 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 (syndrome) [123,125-127].

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. But this settling down is a deceptive calm; in fact, it is “harmful to child development” Klenner [128], citing John Bowlby [129,130]: “stages of protest despair resignation detachment/denial”, in the sense of reactive depression and mental deprivation in childhood).

Excursus

An example from the legal perspective based on a court ruling on contact rights in Germany [131].

In his article: “Kardinalfehler der Rechtsprechung im Umgangsrecht: Rechtsfehler, Rechtsverletzungen und die (In-) Effizienz prozess- und materiell-rechtlicher Korrekturmechanismen im Instanzenzug am Beispiel der Eltern-Kind-Entfremdung (Parental Alienation Syndrome “PAS”)) [Cardinal errors in judgements on access rights – legal errors, violations of rights and the (in)efficiency of corrective mechanisms in procedural and substantive law through the appeals process with reference to the example of Parental Alienation Syndrome “PAS”] [German],“ Heuchemer is extremely critical in his discussion of the case where a father was denied contact with his son by the courts for several years, between the ages of 11 and 17, without any legally justifiable reason. The decision was based on a debatable expert assessment of the situation of an alienated boy, which the courts at all levels up to the European Court of Human Rights (ECHR) in

Strasbourg espoused. The expert witnesses drew the following conclusions: contact would be contrary to the child's declared own will; the boy would be "traumatised" if contact were to be enforced against his will, and he needed to "settle down".

According to Heuchemer's assessment, however, based on an abundance of research findings from recent years in the fields psychiatry, child psychiatry and psychosomatics, it is precisely these court decisions that expose the child to "continued psychological child abuse and considerable trauma" (p. 370). This, Heuchemer says, is a case of misinterpretation by the experts regarding the impact of parental alienation in the short and long term, resulting in serious miscarriages of justice.

I recommend this article to the reader, to gain an impression of the unsatisfactory current situation of parental alienation, particularly in Germany.

International developments

Parental Alienation is an international phenomenon, which empirical studies have shown to exist in various countries Dum [132], and which is reflected in around 600 court rulings, for instance, in the United States and Canada Bernet [47], Lorandos [133], in the Brazilian law on Parental Alienation/Law 12318 of 2010 Brockhausen [134] in the laws of some other South American countries Dum [132] and in rulings by the Strasbourg-based European Court of Human Rights (ECHR) for instance, Sommerfeld v Germany (2003); Koudelka and Zavrel v Czech Republic (2006 and 2007); Plasse-Bauer v France (2006); Minecheva v Bulgaria (2010); Bordeiana v Moldova (2011) and others, Dum [135], in France by the national court of appeal Cour de Cassation [136], and in rulings by the higher regional courts of several European countries, for instance, England, France, Germany, Italy, Romania, Spain, Sweden and Switzerland and others [47].

An Australian meta-analysis by Templer et al. [137]: Recommendations for best practice in response to parental alienation: findings from a systematic review, *Journal of Family Therapy* 00: 1-19, <https://doi.org/10.1111/1467-6427.12137> analysed ten peer-reviewed articles from English-speaking countries dating from the period 1990 to 2015. The authors found that custodial changes or residential arrangements in favour of the alienated parent were effective in improving the situation of parental alienation cases. Psychoeducation and specific systemic family therapy for all family members were effective in rebuilding family relationships and functionality. A coordinated approach with therapeutic interventions and court actions (including sanctions for uncooperative parents) were essential to resolve cases of parental alienation.

These actions were not suitable in cases of estrangement, where the so-called alienated parent had been identified as an actual child abuser.

The authors also found that separating children from the alienating parent was less harmful than letting the alienation process continue unhindered. Psychological support for all family members during this intervention stage was found to be essential.

None of the studies analysed recommended waiting for "alienation" to resolve itself, or letting children decide which parent should have custody and where they should live.

Best Practise in Germany: The Cochem approach

One form of interdisciplinary collaboration has been successfully practised since 1993 in the Cochem court district in the German state of Rhineland Palatinate. It is known in Germany, also in political circles, as "Cochemer Praxis", the Cochem approach. This would appear to us an effective way of preventing the development of PA(S) and the related social, medical-psychological and financial consequences. The Cochem approach is essentially based on scheduling family court cases quickly, and on the principle of "conflict resolution through multi-professional networking" or the "prescribed cooperation in family conflicts as a process of attitude change" Fücksle-Voigt [138], from the point of view of an expert psychologist, and from the point of view of a former family judge [139].

The Cochem approach has developed from practice. Its theoretical basis are traditional sociopsychological attitude research and the well-known theory of dissonance [140]. The aims of this method are the de-escalation of the parental conflict by moving away from a "winner-loser attitude" in the parents and professionals, and the restoration of parental autonomy and responsibility based on the protection of both the children's and the parents' rights. It requires the involvement of interdisciplinary professional groups with a high level of experience and skill in working with high-conflict families of divorce. Today, there are several programmes of intervention with a similar approach in Europe [141,142]. German-speaking countries (particularly Austria and Switzerland) have been offering a collaborative law approach involving psychologists and legal professionals, like mediation, for some years.

Some programs of prevention and intervention

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. Example A below shows how these cases frequently end.

In USA, Canada, England, Australia, South Africa, Mexico 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" Gardner [79], "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" Lowenstein [94,143], "Family bridges: Using insights from social science to reconnect parents and alienated children"

Warshak [144], "Commentary on 'Family bridges ...'" Kelly [145], "Helping alienated children with family bridges", Warshak & Otis [146], "When a child rejects a parent: tailoring the intervention to fit the problem" Friedlander & Walters [147], "Toxic divorce: A workbook for alienated parents" Reay [148], "The psychosocial treatment of parental alienation" Darnell [149], "A Family therapy and collaborative system approach to amelioration." Gottlieb [150], "PIVIP-Programa de intervención para víctimas de interferencias parentales" Tejedor Huerta et al. [151], "Reunification planning and therapy" Sauber [152], "Working with alienated children and families – A clinical guidebook" Baker & Sauber [153], "The application of structural family therapy to the treatment of Parental Alienation Syndrome" Gottlieb [154], "Understanding and working with the alienated child" Woodall & Woodall [155], "Family reflections: A promising therapeutic program designed to treat severely alienated children and their family system" Reay [156], "An attachment-based model of Parental Alienation Foundations", Childress [157], "Restoring family connections" [158]. This is a new resource available for licensed mental health professionals working with targeted parents and their adult alienated children to use in their out-patient practise.

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 [21,74].

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 re-establish 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 them-selves 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 reorganise family relationships. The children learn to develop a more realistic and balanced view of both their parents and to reduce black-and-white thinking.

Some empirical studies

The researchers S. S. Clawar and P. V. Rivlin [40]

Report from the well-known study "Children Held Hostage: Dealing with Programmed and Brainwashed Children" (American Bar Association, Section of Family Law, Chicago, 1991): "Environmental modification refers to the minor or major changes to be made in the amount of physical contact a child is permitted with the programming/brainwashing and target parents. As a rule, we have found that change of the physical environment and increased social contact with a target parent are the major positive ways to deprogram a child. The

more continuous and regular contact the child has with the programmer and brainwasher, the more likely the process is to continue, and damage is to increase In some cases, the positive changes that occur in the child are so radical that they are surprising to observe." (p. 148ff) "It is our opinion that one of the most powerful tools the courts have is the threat and implementation of environmental modification. Of the approximately four hundred cases we have seen where the courts have increased the contact with the target parent (and in half of these, over the objection of the children), there has been positive change in 90 percent of the relationships between the child and the target parent, including the elimination or reduction of many social-psychological, educational, and physical problems that the child present prior to the modification." (p. 150) "We have had the opportunity to interview hundreds of children after environmental change has taken place, and we can quote one child as a fair summary of the others. I would never have made the change to spend more time with my mother if the court didn't make it happen and you didn't suggest it. Now that I have, I've gotten to know my mother. She's a nicer person than I ever believed, and I realize that I could have grown up without ever knowing her and what she believes about life. It's been important, and I want to thank you (child extends hand to shake). I have also learned that I don't know everything, and I have to be really careful about making closed opinions in the future."

A larger 2013 study by Clawar & Rivlin of 1,000 families, entitled "Children Held Hostage-Identifying Brainwashed Children, presenting a Case, and Crafting Solutions" (American Bar Association, Chicago [41]), yielded similar results.

Richard A. Gardner [80]

Should courts order PAS-children to visit/reside with the alienated parent? A Follow-up Study. *American Journal Forensic Psychology* 19 (3): 61-106.

In this longitudinal study, Richard A. Gardner gives details of 99 cases of alienation in which he was immediately involved. In this context, the US child psychiatrist concludes that the court should order contact or order that the child reside with the alienated parent. The results of cases where such a legal order was made (22) are compared with those cases where this recommendation was not followed (77). "In 22 cases, the court decided either to limit contact with the alienating parent or to order a custody change. In all 22 cases, the attitude of rejection improved considerably or disappeared altogether. ... In 77 cases, the court decided against a custody change or against limiting contact with the alienating parent. In these conditions, the symptoms of alienation became more severe in 70 cases (90.9 %). Only in 7 cases (9.1 %) where no order for custody change was made, was there a noticeable improvement. A direct link can therefore be made between a custody change and/or limited contact with the alienating parent on the one hand and a reduction in symptoms of alienation on the other.

In the Kopetski follow-up study

“The Spectrum of Parental Alienation Syndrome (Part III)”
L. Ko-petski, D. C. Rand & R. Rand [38], *American Journal of Forensic Psychology* 23 (1): 15-43.

84 of the 423 families they had studied in the period 1975-1990 were PAS cases. In 49 cases, alienation seemed to have been interrupted; in 15 cases, it was fully developed; 8 cases were pending in court; and of 12 cases the outcome was unknown. In 18 of the 49 cases where alienation had been interrupted, the court had either awarded custody to the alienated parent or ordered contact with that parent. In the other cases of “interruption”, the parents had reached agreement concerning custody and contact. In cases of “fully developed” alienation, the alienating parent had been awarded sole custody and had continued legal proceedings until contact with the alienated parent had finally been terminated. A therapist was usually involved, who supported the alienation process and who would cite the premise that it would be harmful to the child if he or she was removed from a pathological symbiotic relationship with the alienating parent.

The findings from this study would suggest that experts in custody and contact arrangements can differentiate in their recommendations between “interrupted” and “fully developed” alienation in PAS cases at the more severe end of the spectrum. Legal decisions regarding custody and contact played a key role in interrupting or preventing alienation. Traditional therapy, as a form of primary intervention to interrupt alienation, proved ineffective and, in some cases, even aggravated the situation. These findings agree with those from other studies. More and more data indicate that medium to severe alienation requires structural interventions in the form of court decisions on custody and contact rights, to ensure the child has access to both parents.

Custody decisions made based on traditional concepts such as the “primary parent theory” or “the child’s primary attachment relationship” assume that only one parent is really important for a child, and that a child’s stated preference is not influenced by a parent. These assumptions clash with the concept that children of divorce need both parents, just like children in intact families.

Reay, K. M. [156] Family Reflections

A promising therapeutic program designed to treat severely alienated children and their family system, *American Journal of Family Therapy* 43 (2): 197-207.

Parental alienation is a form of psychological child abuse. Traditional therapeutic approaches fail in such cases of severe parental alienation. There are at least ten major reasons why traditional therapeutic methods do not work with these specific types of cases. In 2012, a pilot study of the Family Reflections Reunification programme (FRRP) was run in 12 families with 22 children aged between 8 and 18. Evaluations immediately after the 4-day programme, and after 3, 6, 9 and 12 months, resulted in a 95% success rate in rebuilding and maintaining the relationship between the children and the parent they had previously rejected.

It was shown that children, once they were safely and reliably removed from the influence of the alienating parent, soon started to form emotional ties again with the parent they had previously rejected. A specific court order is required for admission to the FRRP. Following the success of the 2012 pilot programme, FRRP has been used since spring 2013 in Canada and in some cases in the United States.

Warshak, R. A. [159], Family Bridges outcome study. Manuscript in preparation

The sample consists of 83 children (40 boys, 43 girls) who participated in 52 workshops. The two primary goals of the workshop are to prepare the children to live with the custodial parent in accordance with the court-ordered residential schedule, and to improve the children’s attitudes and behavior toward the rejected parent. Progress toward these goals was assessed through the ratings by parents and by workshop leaders. Compared with 83% of the children who resisted contact prior to the workshop, only 6% were seen by parents as likely to resist contact by the end of the workshop, and only 4% as rated by the workshop leaders. Thus, with severely alienated children and adolescents who threaten to defy court orders that place the children in the custody of the rejected parent, courts can know that with the support of a Family Bridges workshop the odds are high that the children will cooperate with the custodial arrangement.

Every parent except one and all workshop leaders reported some improvement in the parent-child relationship, with a median rating of “much better,” even when the workshop did not alleviate the children’s negative attitudes or prepare the children to live cooperatively with the parent. Although 7% of the children rated the post-workshop relationship as worse, 74% rated the post-workshop relationship as improved, with a median rating of “somewhat better.” The observers’ ratings more closely resembled the parents’ than the children’s ratings, with 94% of the leaders noting improvement with a median rating of “much better.” Thus, parents, workshop leaders, and three out of four children agreed that the parent-child relationship improved from the workshop’s start to finish.

Using a measure with high inter-rater reliability and concurrent validity, most of the children, who were rated as severely alienated at the outset of the workshop, were rated by parents and by workshop leaders as treating their parents much better at the end of the workshop. The effect was statistically significant at the $p < 0.0001$ level, and the effect size is considered large using Cohen’s d statistic.

Parents gave the workshop very high ratings on achieving its stated goals, including parent-child communication, conflict management, and ability to get along with each other. Children’s ratings were predictably lower than parents’ ratings, but still on the positive end of the scale on all goals. Children were most apt to endorse the workshop as helping to improve communication and conflict management. It is significant that the average rating by children was positive for the workshop helping them to be

better able to live with and get along with the parent whom they had rejected prior to the work-shop.

Two-thirds of the children, and all of the parent, rated the workshop as either “good” or “excellent.”

Family Separation Clinic, London [160]

Although no final evaluation figures were available at the time this article was submitted, I was informed that the results appear to be similar to those for items 1-5.

Two examples from 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 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 professionals, such as teachers, social workers, physicians and some 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 (like 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.

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. Because 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 must 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 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”, because 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.

“An overview of my story” (by a formerly alienated adult child of divorce)

My parents separated when I was four years old; my elder sister was six at the time. When I was five, our father came to collect us, to spend three weeks of the summer holidays with him and his new girl-friend. After the holidays, he didn’t take us back home. We continued to live with him and moved to a large house.

I don’t remember much from that time. It’s as though four years of my life were missing. I can only remember fragments or certain situations. I don’t remember my feelings during that period. Or whether I hated my mother, missed her, or sometimes thought of her. For me, it’s as though she simply hadn’t existed for four years.

Throughout this time, several psychological reports were prepared, and there were supposed to be meetings with the youth welfare office and our mother, but these rarely happened. Unfortunately, the youth welfare office couldn’t enforce them. Meetings without my father and my then-step-mother weren’t possible. The youth welfare office decided that there was no point to keep trying.

When I was nine years old, my sister and I were collected from school on the last day before the summer holidays by two police officers and my mother’s lawyer and taken to a children’s home. The first weeks were horrible. I cried every night. But after some time, I started to like it. My mother visited us repeatedly with a lady from the youth welfare office. At the first meeting, I couldn’t engage with her, but then we gradually got closer again. We also spent time with her alone. At some point, we moved into an attic flat of the children’s home together with my mother. We lived there for a few months and went to school there. Sometimes, we would go home with her at the weekend, or we had visitors and would go on outings with our stepbrothers and our stepfather. Our father and stepmother weren’t allowed to visit us. Shortly before Christmas, we could go home with

our mother. We then lived in a house with her, our stepfather and our stepbrothers. We could visit our father only accompanied by an employee of the children’s home. When we were gone, my stepmother left my father. She took all valuables, even cleared out our savings accounts, and vanished. After that, we started to visit my father again at the weekend or during the holidays. My sister refused to go at some point. But I continued to go and see him.

When I was fifteen, everything suddenly came back to me, especially in dreams. I started with self-therapy and got quite far with that. I was scared to death of police officers at the time and I suffered from claustrophobia. I felt completely empty and torn on the inside. I would cut myself to stop panic attacks. I had withdrawn a lot from my friends and family.

My appeal to all professionals is to intervene! By now, I’ve managed to deal with the scars caused by the interventions of the court and the youth welfare office, to such an extent that they’ve disappeared or affect me only mildly or rarely. But what still tears me apart is the lack of so many memories, the loss of times together and, above all, what I did to my mother. I wonder what would’ve happened or who or what I would be today if these radical steps hadn’t been taken back then. And I know that the thought of no longer having any contact with my mother is unbearable. I would’ve probably disowned her, she would no longer have been part of my life. I was always attached more to my mum. The idea that I would not have wanted her in my life is just completely wrong. Being without her would have destroyed me at some point. Thanks to being removed from one parent and being reunited with the other, I have a good relationship with both my parents today.

I have heard and read of many cases where neither alienating parents nor professionals realise the importance of external help (from the youth welfare office and through court orders); this also includes the ignorant refusal to acknowledge the existence of parental alienation. Or the necessity of isolating children from the alienating parent and reuniting them with the alienated parent. That makes me both sad and angry. I think it’s important to intervene and help alienated children. And to do it as early as possible, to minimise the psychological impact as much as possible. Children need both parents, or at least the opportunity to form a positive image of and have regular contact with each of them. That’s not possible with manipulation. I’ve already called ours a “radical solution” – which is apparently why it’s not done. “You can’t do that to the children!” But where all other attempts at reuniting have failed, it’s the only option! Thinking of the children’s home, I had a good time there. I’d found good friends at school, I felt at home in the town, I liked the activities the home offered (swimming pool, a room for letting off steam etc.), I valued the staff and the psychologists. Looking back, it was the last time that I was really happy, without a care. I have ultimately been able to successfully deal with all the consequences of this “massive intervention”. But what torments me to this day is that I was deprived of four years of my life and that I did things to my mother that I should never have done. That pains me still

today and I will probably never be able to deal with it fully. To me, removing such manipulated and alienated children from the family rather than letting the process of alienation run for many years certainly seems the lesser of two evils.

Stuttgart, 28th September 2015-D.

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 the examples A and B, the development of PA(S) 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(S) development, the early active and interdisciplinary collaboration of all professions involved is essential, to reduce the parental conflict through adequate interventions. The special psychological issue of alienating parents needs to be considered 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, Spain and in a few cases in Germany, encourage a stronger directive and confrontational approach. They are supported by research findings [137] that rate these interventions as having a similar level of success as interventions of a voluntary nature. 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(S) 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(S) concept. This also includes further epidemiological clinical studies of the long-term progression and effects of PA(S), 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 the diagnosis “Parental Alienation” in the World Health Organisation (WHO)'s “International Classification of Diseases” (ICD11), it remains to be seen what the responsible scientists ultimately decide.

Conflict of Interest

W. von Boch-Galhau confirms that there is no conflict of interest.

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