PARENTAL ALIENATION, 
DSM-5, AND ICD-11
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Edited by

RALPH SLOVENKO, B.E., LL.B., M.A., Ph.D.

Professor of Law and Psychiatry
Wayne State University Law School
Detroit, Michigan
PARENTAL ALIENATION, DSM-5, AND ICD-11

Edited by

WILLIAM BERNET, M.D.
Professor, Department of Psychiatry
Vanderbilt University School of Medicine
Nashville, Tennessee

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CONTRIBUTORS

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 endorse our proposal that parental alienation be included in DSM-5 and ICD-11.

José M. Aguilar, Ph.D., a forensic psychologist who practices in Córdoba, Spain, has studied parental alienation in Spain. He published books on this topic, lectured extensively, and worked with an agency, Ombudsman for Children of Madrid.

Katherine Andre, Ph.D., is a clinical and forensic psychologist who practices in Northern California. She has been a chairperson for a county Mental Health Board and is currently a professional advisor for a Depression and Bipolar Support Chapter.

E. James Anthony, M.D., a child and adolescent psychiatrist and psychoanalyst, studied the phenomenon of folie à deux. He is a former president of the American Academy of Child and Adolescent Psychiatry.

Mila Arch Marin, Ph.D., is a professor at the University of Barcelona. She is an expert in forensic psychology and has written about parental alienation and DSM-5.

Eduard Bakalář, C.Sc., a psychologist who practices in Prague, Czech Republic, has studied parental alienation in the Czech Republic.
Amy J. L. Baker, Ph.D., a psychologist in New York, New York, has conducted research on adult survivors of parental alienation. Dr. Baker is the director of research at the Vincent J. Fontana Center for Child Protection.

Paul Bensussan, M.D., is a National Psychiatric Expert appointed by the Cour de cassation (the French Supreme Court). He has been a member of the commission of specialists for the Ministry of Justice, dealing with false allegations of sexual abuse during parental separation and divorce. Dr. Bensussan regularly speaks on these topics at the National School of Magistracy, which trains judges in France.

Alice C. Bernet, M.S.N., is a psychiatric nurse practitioner. She is a graduate student at Vanderbilt University School of Nursing.

Kristin Bernet, M.L.I.S., a research librarian who works in Washington, D.C., is a distance education librarian and an instructor in information literacy at The Johns Hopkins University Washington Library Resource Center.

Barry S. Bien, L.L.B., is a family law attorney in Amherstview, Ontario, who specializes in issues of custody, access, and parental alienation.

Wilfrid von Boch-Galhau, M.D., a psychiatrist and psychotherapist who practices in Würzburg, Germany, has studied parental alienation in Germany.

J. Michael Bone, Ph.D., is a clinical and forensic consultant who practices in Winter Park, Florida. Dr. Bone has worked for the last two decades as an evaluator, expert witness, therapist, researcher, and teacher specializing in the problem of parental alienation.

Barry Bricklin, Ph.D., served on the faculties of Jefferson Medical College and Hospital, Hahnemann Medical College, and Widener University, and was a guest lecturer at Temple University and Johns Hopkins University. He is the author of dozens of books, book chapters, tests, and journal articles on child custody issues.

Tamara Brockhausen, Psy.D., is a clinical and forensic psychologist who works in São Paulo, Brazil. She earned her degree at the Pontifícia Universidade Católica de São Paulo. Dr. Brockhausen is currently studying and conducting research on psychoanalysis and parental alienation at the Universidade de São Paulo. Also, she has served as a mediator at the family law court in São Paulo.
Andrew J. Chambers, M.D., J.D., is an attorney who recently graduated from Vanderbilt University School of Medicine.

Arantxa Coca Vila, an educational psychologist who works in Barcelona, Spain, is certified in psychological investigation. She has co-authored two books regarding parental alienation.

Douglas Darnall, Ph.D., is a psychologist who practices in Youngstown, Ohio. He wrote *Divorce Casualties: Protecting Your Children from Parental Alienation* and other books on this topic.

Gagan Dhaliwal, M.D., is a child and adolescent psychiatrist and forensic psychiatrist who practices in Huntsville, Alabama. He is an assistant clinical professor at the University of Alabama School of Medicine.

Benoit van Dieren, Ph.D., a psychologist, is a family therapist, family mediator, and expert who practices in Brussels, Belgium. He has studied parental alienation in Canada and Belgium.

Christian T. Dum, Ph.D., studied psychology and physics at the University of Vienna and the Massachusetts Institute of Technology. He is a former professor of theoretical physics at Cornell University. He currently is the head of an organization in Germany that deals with the psychological and legal aspects of child custody.

John E. Dunne, M.D., a child and adolescent psychiatrist in private practice in Tukwila, Washington, is a clinical associate professor of psychiatry at the University of Washington. Dr. Dunne was one of the authors of the Washington State Parenting Act of 1987, which altered the method for assigning parenting responsibilities for children post-divorce.

Robert A. Evans, Ph.D., is a school psychologist and mental health counselor who practices in Palm Harbor and other sites in Florida. He has testified in several states regarding parental alienation syndrome and child custody issues. Dr. Evans is an approved provider for continuing education for psychologists through the American Psychological Association and has been approved by bar associations to provide continuing legal education regarding parental alienation and parental alienation syndrome.

Robert Bruce Fane, Ed.D., a counseling psychologist who practices in Bowling Green, Kentucky, conducts child custody evaluations and other forensic evaluations. He has conducted research regarding domestic violence
and substance abuse.

**Bradley W. Freeman, M.D.**, is a child and adolescent psychiatrist and forensic psychiatrist who practices in Nashville, Tennessee. He is an assistant professor in the Department of Psychiatry, Vanderbilt University School of Medicine.

**Laurence L. Greenhill, M.D.**, a child and adolescent psychiatrist, is Professor of Clinical Psychiatry at Columbia University. He is also the director of the Research Unit of Pediatric Psychopharmacology at Columbia University and New York State Psychiatric Hospital. Currently, Dr. Greenhill is the president of the American Academy of Child and Adolescent Psychiatry.

**Guglielmo Gulotta**, Full Professor, is a psychologist, lawyer, psychotherapist, and professor of forensic psychology at the University of Turin, Italy.

**Anja Hannuniemi, LL.Lic.**, is a lawyer, licentiate of law, and medical law researcher and teacher at the University of Helsinki. She has studied parental alienation in Finland and is preparing a doctor’s thesis regarding that topic.

**Lena Hellblom Sjögren, Ph.D.**, is an investigative forensic psychologist and a researcher who works independently in Sweden and occasionally in Norway and other countries. She has identified 60 cases involving PAS, which she is analyzing in a research project that focuses on the violation of the child’s human rights when the child is alienated from a parent without just cause.

**Lawrence Hellmann, J.D.**, a noted legal researcher regarding child custody issues, works in Vista, California. His research contributed to five cases before the Supreme Court of California and one before the Supreme Court of the United States. He has also served as president of the National Congress for Fathers and Children.

**Steve Herman, Ph.D.**, is an assistant professor in the Department of Psychology at the University of Hawaii at Hilo. He has conducted research on the methodology of child sexual abuse evaluations.

**Adolfo Jarne Esparcia, Ph.D.**, is a professor at the University of Barcelona. He has written extensively regarding the practice of clinical psychology, including the *Manual de Psicopatología Clínica* and *Psicopatología*. 
Allan M. Josephson, M.D., is a professor and the director of Child, Adolescent and Family Psychiatry at the University of Louisville School of Medicine, Louisville, Kentucky. He has published in the areas of family therapy, adolescent psychopathology, and spirituality and psychiatry. Dr. Josephson previously was the co-chair of the Family Committee of the American Academy of Child and Adolescent Psychiatry.

Joseph Kenan, M.D., is a child and adolescent psychiatrist and forensic psychiatrist who practices in Beverly Hills, California. Dr. Kenan is president of the American Society for Adolescent Psychiatry.

Ursula Kodjoe, M.A., is a family therapist, mediator, and family court expert who works in Emmendingen/Freiburg, Germany. She has studied parental alienation in Germany.

Douglas A. Kramer, M.D., M.S., a child, adolescent, and family psychiatrist practicing in Madison, Wisconsin, is a clinical professor of psychiatry at the University of Wisconsin School of Medicine and Public Health. He has written extensively on family issues and family psychotherapy. Dr. Kramer is the co-chair of the Family Committee of the American Academy of Child and Adolescent Psychiatry.

Ken Lewis, Ph.D., the director of Child Custody Evaluations Services of Philadelphia, Inc., has been a full-time custody evaluator and guardian ad litem since 1978. He has qualified as an expert witness in this field in 26 states and Canada. Dr. Lewis has authored books, book chapters, and journal articles on child custody issues, and has been a guest expert on several Webinars during International Parental Alienation Awareness Day.

Moira Liberatore, Psy.D., is a psychologist, psychotherapist, mediator, trial consultant, and lecturer at the University of Turin, Italy.

Demosthenes Lorandos, Ph.D., J.D., is a psychologist and attorney who works in Ann Arbor, Michigan. Dr. Lorandos has been a clinical and forensic psychologist for four decades. As an attorney, he is licensed in New York, California, and Michigan as well as a member of the bar of the United States Supreme Court.

Ludwig F. Lowenstein, Ph.D., a clinical psychologist who works in Eastleigh, Hampshire, United Kingdom, has studied parental alienation in the United Kingdom.
Domènec Luengo Ballester, Ph.D., a psychologist who works in Barcelona, Spain, has a particular interest in the treatment of anxiety disorders. Also, he has co-authored two books regarding parental alienation.

James C. MacIntyre, II, M.D., is a child and adolescent psychiatrist who practices in Charlotte, North Carolina. He is the secretary of the American Academy of Child and Adolescent Psychiatry.

Jayne A. Major, Ph.D., a consultant and educator who practices in Los Angeles, California, is the founder of Breakthrough Parenting Services and Stop Parental Alienation of Children. She is the author of numerous articles on parental alienation and parental alienation syndrome.

Eric G. Mart, Ph.D., is a forensic psychologist in private practice in Manchester, New Hampshire. Child custody assessment is a major part of his practice and he is the author of Issue Focused Forensic Child Custody Assessment.

Kim Masters, M.D., a child and adolescent psychiatrist, is the medical director of Three Rivers Midlands Campus Residential Treatment Center. Dr. Masters is an adjunct assistant clinical professor at the Physician Assistant Program, Medical College of South Carolina.

David McMillan, Ph.D., is a clinical psychologist who works in Nashville, Tennessee.

John E. Meeks, M.D., is a child and adolescent psychiatrist who practices in Rockville, Maryland. He has published books regarding psychotherapy with adolescents, depression in adolescents, the education of youngsters with emotional problems, and understanding adopted teenagers. Dr. Meeks is the founder and senior medical advisor of The Foundation Schools, Rockville, Maryland.

Steven G. Miller, M.D., is an internist and medical educator. He has 30 years of experience in forensic medicine, and for 15 years directed a consulting group in forensic psychiatry and psychology. Dr. Miller, who is board certified in internal medicine and emergency medicine, is a Clinical Instructor of Medicine at Harvard Medical School, Boston, Massachusetts.

Martha J. Morelock, Ph.D., works in the Department of Psychiatry, Vanderbilt University School of Medicine. Dr. Morelock's doctoral degree is in child development, specializing in cognitive and social-emotional development in children.
**Contributors**

**Stephen L. Morrison, Ph.D.**, is a supervisory sergeant with the Robbery Division of the Houston, Texas, Police Department. His doctoral degree is in the Administration of Justice, and Dr. Morrison is on the adjunct faculty of the Criminal Justice and Social Science Departments at the University of Houston - Downtown. He has conducted research regarding parental alienation.

**Wade Myers, M.D.**, is a child and adolescent psychiatrist and forensic psychiatrist who practices in Providence, Rhode Island. He is a professor in the Department of Psychiatry at the Warren Alpert Medical School of Brown University.

**Olga Odinetz, Ph.D.**, is a research scientist in health and environment who works in the *Institut de Recherche pour le Développement* in Paris, France. She is the founding president of the *Association Contre l’Aliénation Parentale* (ACALPA), a governmentally approved organization that engages in extensive education of parents, security officers, legal professionals, and mental health professionals regarding parental alienation.

**Jeff Opperman**, an author who works in Danbury, Connecticut, has published articles regarding parenting, divorce, parental alienation, and advocacy in *Counseling Today* and *The Richmond County Bar Association Journal*. His work has appeared on both *womansdivorce.com* and *dadsdivorce.com*. A former member of the board of directors of the Rachel Foundation, Mr. Opperman’s personal story was featured on CNN and other media. He is a graduate student in counseling at Western Connecticut State University.

**Judith M. Pilla, Ph.D., L.S.W., PMHCNS-BC**, is a clinical social worker and clinical nurse specialist who practices in King of Prussia, Pennsylvania. Dr. Pilla has provided psychotherapy for individuals, couples, and families for 20 years. She leads couples groups regarding relationship issues, including parenting and communication in estranged relationships. She also consults with physicians, nurses, social service personnel, and medical agencies regarding communication problems between medical professionals and patients.

**Robert L. Sain, M.D.**, is a child and adolescent psychiatrist who practices in Ann Arbor, Michigan. He is president and founder of Lifelines, Inc., a consultation service for programs and agencies that serve the state’s most troubled children.

**S. Richard Sauber, Ph.D.**, a Harvard trained, forensic psychologist, has a
national practice. His office is in Boca Raton, Florida. He is the founding and current editor of *The American Journal of Family Therapy*. He was formerly a professor of psychiatry (psychology) at the Warren Alpert Medical School of Brown University, the Columbia University College of Physicians and Surgeons, and the University of Pennsylvania School of Medicine.

**Thomas E. Schacht, Psy.D.**, is a clinical psychologist and forensic psychologist who practices in Johnson City, Tennessee. Dr. Schacht is a professor in the Department of Psychiatry and Behavioral Sciences at the James H. Quillen College of Medicine, East Tennessee State University.

**Ulrich C. Schoettle, M.D.**, a child and adolescent psychiatrist who practices in Seattle, Washington, is a clinical professor in the Department of Psychiatry at the University of Washington. He has written on the topics of children of divorce and termination of parental rights.

**Jesse Shaver, Ph.D., M.D.**, a research scientist in Nashville, Tennessee, is pursuing a career in ophthalmology.

**Richard K. Stephens**, a historian who lives in New York City, specializes in the history of family dismemberment, i.e., the removal of a child from a family context either by a relative or an unrelated agent. He is writing a book on the history of parental kidnapping and its cultural representations.

**Julie Lounds Taylor, Ph.D.**, is an assistant professor in the Department of Pediatrics at Vanderbilt University School of Medicine. She is a statistical consultant for the Vanderbilt Kennedy Center.

**Asunción Tejedor Huerta, Ph.D.**, a forensic psychologist who practices in Asturias, Spain, has studied parental alienation in Spain, Columbia, and Mexico. She has published books and articles in legal journals on this topic, and has taught courses for the Official College of Psychologists in Spain.

**William M. Tucker, M.D.**, an ophthalmologist who practices in Syracuse, New York, is board certified in internal medicine and ophthalmology. He has taught residents, medical students, physicians’ assistants, and nurse practitioners for over 20 years.

**Hubert Van Gijseghem, Ph.D.**, is a forensic psychologist who was a professor at the University of Montreal. He has served as an expert in hundreds of legal cases involving parental alienation in Canada and Europe.
James S. Walker, Ph.D., is a forensic psychologist and neuropsychologist who practices in Nashville, Tennessee. He is an assistant professor in the Departments of Psychiatry, Psychology, and Neurology at Vanderbilt University School of Medicine.

Randy Warren, J.D., is a litigation attorney who practices law in San Rafael, California. He has dealt with child custody and parental alienation in his California court cases.

Monty N. Weinstein, Psy.D., FAPA, is a forensic expert who practices in New York and Georgia. He is a member of the editorial advisory board of the *Annals of the American Psychotherapy Association*. Dr. Weinstein has written extensively on terrorism and violence.

Jack C. Westman, M.D., is Professor Emeritus of Psychiatry at the University of Wisconsin School of Medicine and Public Health. He has published extensively on individual differences in children, learning disabilities, child abuse and neglect, child advocacy, family therapy, children’s and parents’ rights and public policy. He has been the editor of *Child Psychiatry and Human Development* and served as president of the American Association of Psychiatric Services for Children. Dr. Westman currently is president of Wisconsin Cares, Inc.

Katie Wilson, M.D., is a child and adolescent psychiatrist who practices in Nashville, Tennessee.

Robert H. Woody, Ph.D., Sc.D., J.D., is a professor in the Department of Psychology at the University of Nebraska at Omaha. He is also an attorney in private practice in Omaha, Nebraska.

Abe Worenklein, Ph.D., a clinical and forensic psychologist, is a professor in the Department of Psychology at Dawson College, Montreal, Canada, and an adjunct professor in the Department of Psychology at Concordia University, Montreal, Canada.
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
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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 evaluatees 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...
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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.

WILLIAM BERNET, M.D.
Nashville, Tennessee
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
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5

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.