

PARENTAL ALIENATION ACROSS GENERATIONS

Foundations of the Diagnosis

A Case in Sweden

Lecture handouts

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Major Handbooks and Resource Guides for Policy, Social, Therapeutic, and Legal Intervention (Seven Comprehensive Surveys, published 2003 - 2013, reviewing current research status)

Year	Editor(s) /Author(s)	Title	Focus and aim	Publisher
2003	v Boch-Galhau Kodjoe, Koeppl Andritzky	The Parental Alienation Syndrome (PAS) An Interdisciplinary Challenge For Professionals Involved In Divorce	<i>International report from European conference with a legal, social, and forensic psychiatric focus</i>	VWB, Berlin (GE)
2006	Gardner, Sauber, Lorandos	The International Handbook of Parental Alienation Syndrome - Conceptual, Clinical And Legal Considerations	<i>Multidisciplinary anthology with 32 authors covering a broad range of the current status of knowledge</i>	CC Thomas, Springfield (USA)
2010	Bernet	Parental Alienation DSM-5, and ICD-11	<i>Review of research status elaborating 20 reasons in support of inclusion of the diagnostic term in manuals</i>	CC Thomas, Springfield (USA)
2012	Gottlieb	The Parental Alienation Syndrome - A Family Therapy And Collaborative Systems Approach To Amelioration	<i>Therapist practitioner guide with experience of cases and treatment interventions</i>	CC Thomas, Springfield (USA)
2013	Baker & Sauber	Working with Alienated Children and Families - A Clinical Guidebook	<i>Advanced decision methods in diagnostics and clinical intervention, by 16 authors</i>	Routledge (USA)
2013	Fidler, Bala, Saini	Children who Resist Postseparation Parental Contact - A Differential Approach For Legal And Mental Health Professionals	<i>Wide spectrum resource guide and review of causes, opinions, remedies and intervention strategies for mental health professionals, judges and legal practice</i>	Oxford University Press (OUP) American Psychology-Law Society
2013	Lorandos Bernet Sauber	Parental Alienation - The Handbook for Mental Health and Legal Professionals	<i>A manual and reference guide by 14 authors to managing the behavioural and legal problem, with US and Canadian cases</i>	CC Thomas, Springfield (USA)

Sources: Areskoug, Nils-Göran (2013) Parental Alienation: A Swedish Perspective. Parental Alienation in Sweden: A Transgenerational Case Study with Policy Recommendations. Are Akademi Collegium Europaeum – Science in Society Dialogues: Chapter I Introduction, page 34.

Wikipedia in Swedish: article on *Föräldraalienation*:

”**Föräldraalienation** (FA) eller *alienationsmisshandel* innebär att ett barn, i regel i samband med konflikt mellan föräldrarna, utsätts för en otillbörlig påverkan av en *berövare* (*alienator*), oftast barnets vårdare (ena föräldern eller annan närstående), som leder till att "den andra" föräldern utan grund görs främmande för barnet. Barnet övertar berövarens avvisande beteende mot andra föräldern.”

The Psychosocial Assessment of Contact Refusal

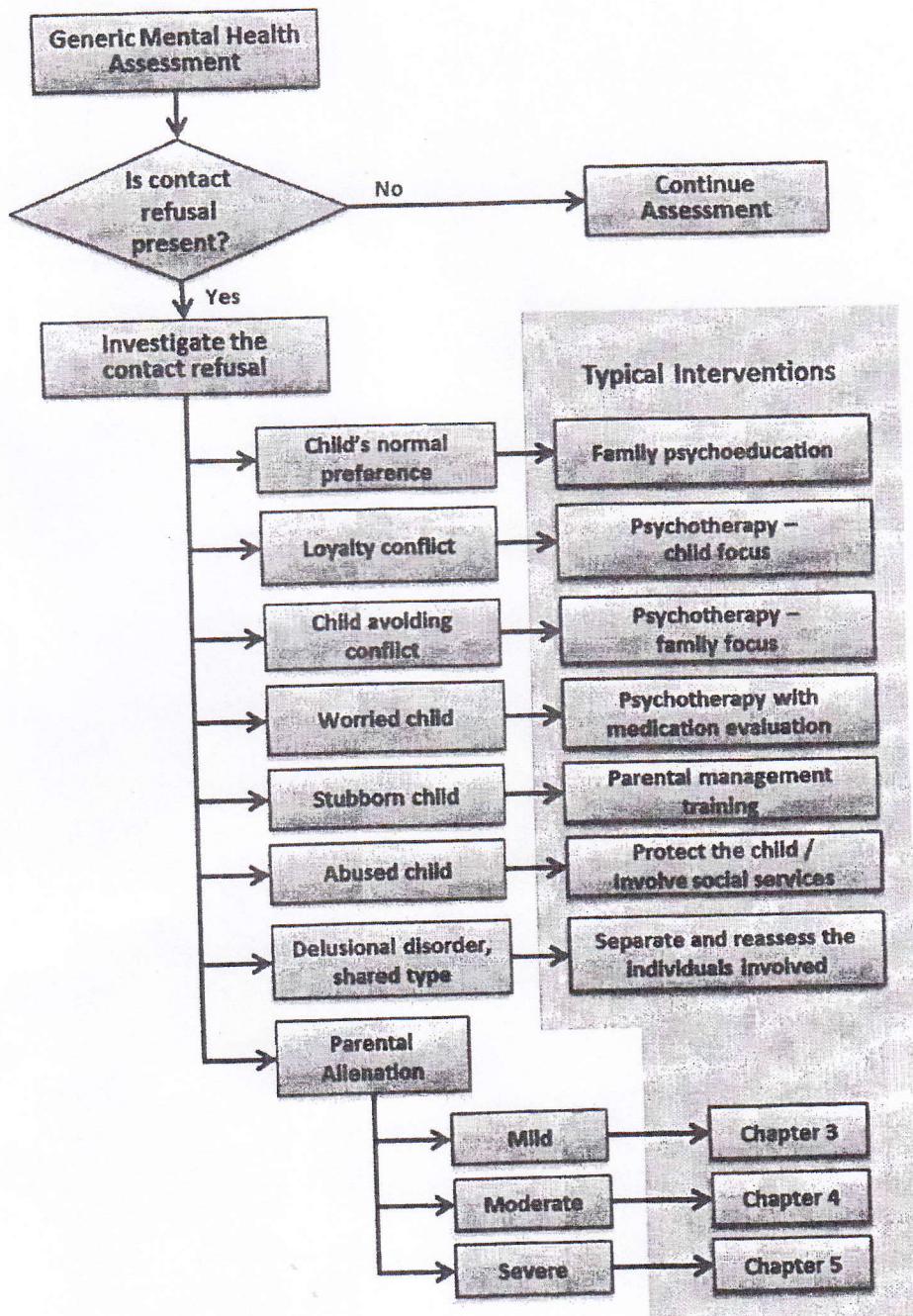


Figure 2.1. Typical Assessment Procedure for Contact Refusal.

BOX 1.2 CRITERIA FOR THE DIAGNOSIS OF PARENTAL ALIENATION

For the diagnosis of PA, the child must manifest the following two behaviors:

- **Campaign of denigration against the target parent.** The child often presents complaints in a litany, some trivial, many false or irrational. The child often denies ever having experienced good times with the target parent when that is clearly not the case. Alienated children are likely to eschew the potential for reconciliation.
- **Frivolous rationalizations for the child's criticism of the target parent.** The child's reactions of hatred or disdain are unjustified and disproportionate to the circumstances they describe. They may claim to be fearful, but they do so easily and without typical fear reactions.

Also, the child must manifest two or more of the following six attitudes and behaviors:

- **Lack of ambivalence.** The child manifests all-or-none thinking, idealizing the alienating parent and devaluing the target parent.
- **Independent-thinker phenomenon.** The child proudly states the decision to reject the target parent is his or her own, not influenced by the alienating parent.
- **Reflexive support of the alienating parent against the target parent.** The child immediately and automatically takes the alienating parent's side in a disagreement.
- **Absence of guilt over exploitation and mistreatment of the target parent.** The child may be oppositional, rude, disrespectful, and even violent toward the target parent and shows little or no remorse for those behaviors.
- **Borrowed scenarios.** The child makes rehearsed statements that are identical to those made by the alienating parent. Younger siblings may mimic what they have heard their older sibling say. They usually are unable to elaborate on the details of the events they allege.
- **Spread of the child's animosity toward the target parent's extended family.** Expressed feelings and hatred often include the extended family or friends of the target parent, even when the child has had little or no contact with them. Occasionally, the child's hatred extends to pets of the target parent.

BOX 1.3 LEVELS OF SEVERITY OF PARENTAL ALIENATION AND TYPICAL TREATMENT APPROACHES

Mild PA means that the child resists contact with the target parent but enjoys the relationship with that parent once parenting time is underway. A typical intervention for mild PA is strongly worded instruction or psychoeducation. For example, a judge might clearly order the parents to stop exposing their child to conflict and stop undermining the child's relationship with the other parent, as well as instructing the child to cooperate with the parenting plan and follow the schedule that has been ordered. A parenting coordinator might meet with the parents regularly to help them communicate in a constructive manner and advise them regarding the child's activities with the target parent. (See Chapter 3 for a case vignette and additional details.)

Moderate PA means that the child strongly resists contact and is persistently oppositional during parenting time with the target parent. The treatment of moderate PA usually focuses on changing the behavior of the parents, reducing the amount of conflict and improving communication, for example. A parenting coordinator works with the parents together, and individual counseling is frequently arranged for the alienating parent (to help the parent stop indoctrinating the child against the target parent), the target parent (to help the parent be less frustrated and improve parenting skills, as needed), and the child (to help the child avoid the parents' battles and have a healthy relationship with both parents. (See Chapter 4 for more information.)

Severe PA means that the child persistently and adamantly refuses contact and may hide or run away to avoid being with the target parent. When the child manifests a severe level of PA, the alienating parent is usually obsessed with the goal of destroying the child's relationship with the target parent. The alienating parent has little or no insight and is convinced of the righteousness of his or her behavior. It is usually necessary to protect the child from the influence of the alienating parent by removing the child from his or her custody, greatly reducing the parenting time with that parent, and requiring the parenting time to be supervised. (See Chapter 5 for more information.)

PASG GENERAL DEFINITION OF PARENTAL ALIENATION (PA):

“Parental Alienation is a mental condition in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies himself or herself strongly with an alienating parent and rejects a relationship with the target parent without legitimate justification.” (W. Bernet: “Parental Alienation and DSM-5”, in AACAP News Sept/Oct 2013, 255-256)

DSM-5 DIAGNOSES OF THE ALIENATED CHILD

RELEVANT IN PARENTAL ALIENATION (PA, PAD, and PAS)

General Symptom Flora (not specific) – (selected)

DSM-5 DIAGNOSE CATEGORY/NAMES	CODE	STARTPAGE
TRAUMA- AND STRESSOR-RELATED DISORDERS		265
Reactive Attachment Disorder	313.89	265
Disinhibited Social Engagement Disorder	313.89	268
Posttraumatic Stress Disorder (PTSD)	309.81	271
Acute Stress Disorder	308.3	280
“Adjustment Disorders”		286
Other Specified Trauma- and Stressor-Related Disorder	309.89	289

OF SPECIFIC CONSIDERATION WHEN A FORENSIC EXPERT DETERMINED THAT A CHILD IS AFFECTED BY PA (PAD, PAS)

Diagnoses of Specific Relevance (Sub-Diagnoses to Meta-Diagnosis PA)

DSM-5 DIAGNOSES	CODE	STARTPAGE
Parent-Child Relational Problem	V61.20 (Z62.820)	715
Child Affected by Parental Relationship Distress (new)	V61.29 (Z62.898)	716
Child Psychological Abuse (new)	995.51 ff	719
Delusional Symptoms in Partner of Individual with Delusional Disorder	298.8 (4.)	122
Factitious Disorder Imposed on Another	300.19	325

EMPIRICAL STUDIES

A METASTUDY SUMMING UP THE OVERVIEW BY A.J.L BAKER

(in: Lorandos, Bernet, Sauber, 2013:335-343)

NUMBER OF EMPIRICAL STUDIES INVESTIGATED: 18

CRITERIA TESTED
REFERENCE – SOURCE Identification: Bibliographical Details, Journal #, dates; Publisher
STUDY OVERVIEW: Major Goal of Study, QUANTITATIVE – Cohorts: Number of subjects included in study; inclusion and exclusion criteria
CONSTRUCT – Alienating Behaviors (“PA Strategies”) or Syndrome Identified/Confirmed (“PAS”)
HYPOTHESES – Endorsement/Research Questions/Questionnaires, (PA, PAD, PAS ; Bricklin Perceptual Test BPT, Perception-Of-relationships-Test PORT,) etc.
FALSIFIABILITY – Respondents’ Lack of Endorsement, etc.
MEASURE VALIDITY – Face Validity / Content Validity (BAQ, BSQ, MMPI)
MEASURE RELIABILITY – Internal consistency (Cronbach alpha), Interrater reliability, Test-retest reliability, Perception-Of-Relationships-Test (PORT)
ERROR RATE – Effects significant at $p < 0.05$ or better
DESIGN VALIDITY – No threats to internal validity (but some with selfreport and/or retrospective)
PEER REVIEW – Published in peer review journals subject to rating and ranking by the leading evaluation scales for scientific/scholarly publications

NUMBER OF SUBJECTS INCLUDED IN STUDIES

CATEGORY OF STUDY SUBJECTS	PA Strategies (#12)		PAS(#6)	
	Evaluators	448	448	14
Parents	97, 61, 158, 14m	330	68	68
Adult Victims	252, 40, 118, 106, 118	634	106, 448,	554
Adolescents	188	188		
Children	700	700	40, 93 (127)	260
TOTAL / strategy		2300		896
TOTAL				3196

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CASE REPORT

Case Synopsis

Father of two children, born 1973 and 1975, complains that the loss of contact with his two children and a grandchild could have been avoided had legal and social authorities conducted their investigations in a responsible and professional way. The loss, he claims, is caused by their unlawful inability to diagnose a psychiatric disorder, Parental Alienation (Parental Alienation Syndrome/ Disorder), with the effect that his children have suffered a form of longstanding emotional abuse with devastating psychosocial effects on both of them, and the father (the "target parent") was exposed to unrelenting "family terror" and a variety of forms and degrees of harassment, including death threat, during a period of 5 to 10 years after separation. Family court, custody evaluator and child protection investigator all concluded that the children had had a warm relationship with their father even after the considerable delay caused by a series of ever-worsening allegations produced by the mother. The father, who had applied for custody already at the stage of intermittent court negotiations, was honored with legal rights to a comparatively generous visitation scheme intended to ensure continuous contact - rights which were, however, violated by an obsessive alienator. Through a relentless campaign of alienation, the children were sternly programmed against their father, an adverse influence with catastrophic effects on the health and social functioning of both the father and the children. Recent signs of influence on the granddaughter have been detected and reported to the authorities, who refuse action to support the father's effort to contact her. The state authorities have not offered any remedy to the situation at any point of its more than 35-year duration, and a reverse of the present parentectomy now seems unrealistic as retroactive remedy is impossible. Therefore we have here a case of chronic loss of fundamental family values of immense proportion for the entire lives of the involved target and victims.

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CHILDRENS' MEDICAL AND PSYCHOSOCIAL HARM (FROM PA)		
No.	♀ (1973) Adult First-born Child	♂ (1975) Adult Second-born child
1970s - Crisis and Stress Responses Acute and prolonged PTSD; Vegetative and Parasympathetic Symptoms; Sadness of Loss and Loss of Focus		
1	Crying	Passivity, Shock, Lack of Attention
2	Sleep Disorders	Sleep Disorders
3	Encopresis and Enuresis	Appetite fluctuations
1980s - Chronicized PTSD; Personality Deviations, Cruelty, Mood Disorders		
4	Sibling Aggressiveness, Impulsivity	Personality, emotional and cognitive symptoms
5	Early Multiple Sexual Contacts	Loss of motivation, introversion
6	Educational problems	Damaged sexual identity
1990s - School and class mates, Limited social relations, Fragmented identity, Loss of independence in psychosocial development into youth and adult life		
7	Poor peer relationships	Peer issues and deep suspicion
8	Psychiatric long-term medication	Psychiatric long-term medication
9	Instability in working-life efforts	Career problems, paranoid signs
2000s - Maladaptation to Adult Life in Intimate Relations and Social Life		
10	Reenactment of alienation	Extreme enmeshment
11	Unprovoked Aggressive Attack	Dependence and alignment
12	Emotional behavioral disorders	Development disorder/compromized
2013 - Behavioral indications compatible with Induced Delusional Disorder, Paranoid Disorder, Bipolar Disorder; Anxiety, Emotional and Severe Social Problems, Career Problems and Problems of Adaptation to Adult Social Life; Total Loss of Contact, Social, Cultural and Economic Family Relations on Paternal Side		

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CASE ANALYSIS

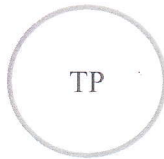
ACTORS IN THE DYNAMIC INTERRELATIONSHIP – ROLES IN A FAMILY DRAMA



ALIENATING PARENT - ♀ or ♂



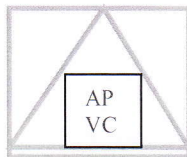
VICTIMIZED CHILD - ♀ and ♂



TARGET PARENT - ♂ or ♀

In the psychodynamic of the family triad in a case of Parental Alienation, three specific roles emerge: the alienating parent (AP), the target parent (TP) and the child victim (VC). There may gradually appear mergers of roles, as in Inter- and Transgenerational cases (TGPA) where the victimized child takes on an alienating role, according to an intergenerational transmission of a behavioral role, which may occur along or across gender lines

SPECIFIC PHENOMENON OF MERGED ACTOR ROLES IN MULTIGENERATIONAL PA IGPA AND TGPA

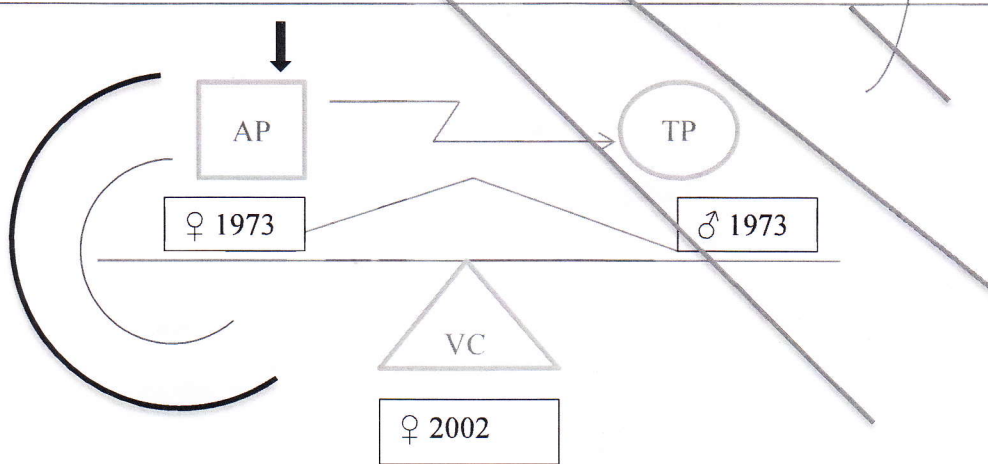
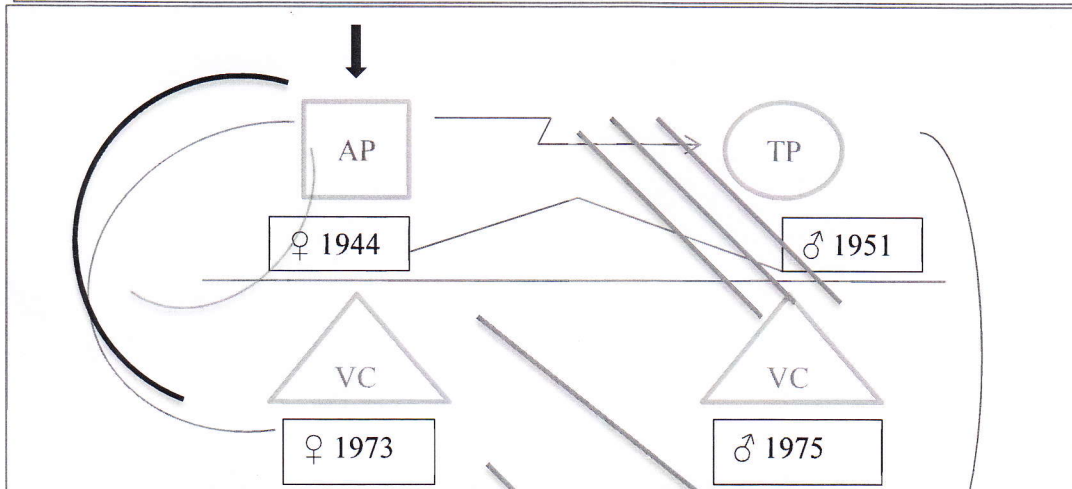
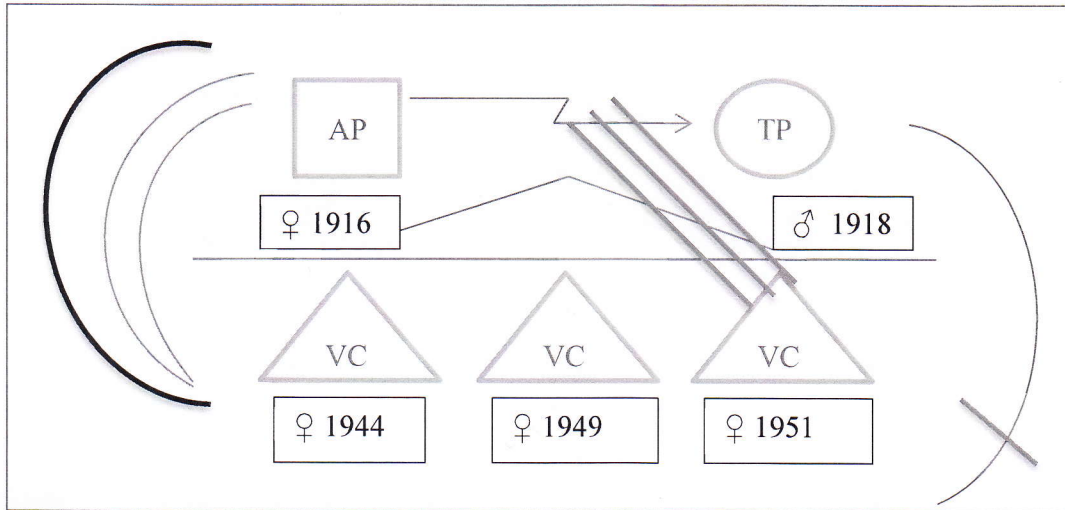


APVC – *ROLE FUSION*
VICTIMIZED CHILD - ♀ and ♂
BECOMES ALIENATING PARENT ♀ or ♂

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PROCESSES OVERVIEW

**MATRILINEAL TRANSGENERATIONAL
PARENTAL ALIENATION
SYNOPSIS OF A *THREE-GENERATION* CASE OF MTGPA**



N.B. the *strategic function* of the TP-/TP relation: alienation induced by the APs across generations, through denigration and manipulation eventually revealed

A Case of Matrilineal Transgenerational Parental Alienation in Sweden: Lessons Learned and Recommendations for Policy Change

Nils-Göran Areskoug, *Jyväskylä University, Finland and Strömstad Academy, Sweden*
(nilsare@gmail.com)

This case of parental alienation between a father and his two children, born in 1973 and 1975, evolved across generations. An analysis of the case reveals a sequence of decisions by social and legal authorities that brought about alienation over more than 30 years, up to the final stage of "parentectomy".

Major factors that cause such failure include (1) the **inadequate level of expertise** in this area among investigators and judges, (2) the mode of **communication and interaction between social, health and legal agencies**, and (3) the **failure of harm prevention**, including an *inability to assess the probability of long-term effects on children during development*.

Authorities need to prevent aggravation of parental alienation by (1) **developing methods of coordinated efforts**, (2) **updating themselves on clinical research** (and scientific progress) in the field, and (3) **elaborating an epistemology for interdisciplinary interpretation** that integrates insights from sociology, psychology, and psychiatry with the legal system. The *present system fails to protect children and parents from lifelong harm and victimization*.

The present inadequacies call for sweeping changes in Nordic family policy. A **specialist multidisciplinary clinical competence center for inquiry, intervention, treatment, research, training and public information** is proposed to the Swedish government.

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QUESTIONS FOR DISCUSSION AND THEMES FOR CONSIDERATION BEYOND THIS PRESENTATION:
* SCIENTIFIC BIOPSYCHIATRIC AND NEUROENDOCRINOLOGICAL CORRELATES TO CONDITIONS AND PROCESSES OF PA...
** LEGAL PERSPECTIVES IN DIFFERENT JURISDICTIONS (SWEDEN, EU, US, CANADA...).
*** ETHICAL ASPECTS, THE PHILOSOPHY AND HISTORY OF FAMILY STRUCTURE...

REFERENCES (selected) to works on PA by Nils-Göran Areskoug listed in Swedish Wikipedia article "Föräldraalienation" (as of March 13, 2014).

PARENTAL ALIENATION STUDY GROUP (PASG): International organization for the study of PA (charitable foundation registered in USA).
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