



Working Paper

**Parental Alienation: A Swedish Perspective
Introduction to a Transgenerational Case Study with Policy
Recommendations: Towards a resolution of the Controversy in
Science and Society on Parental Alienation, Book I**

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Parental Alienation: A Swedish Perspective

Introduction to a Transgenerational Case Study
with Policy Recommendations

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*Towards a Resolution of the Controversy in Science and
Society on Parental Alienation*
Book I

by

Nils-Göran Areskoug, MD PhD

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“For each childless father there is a fatherless child”
(Nils-Göran Areskoug, IALMH, Amsterdam 19 July 2013)

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“Transdisciplinary Dialogues”, on which this booklet is reporting.*

PREFACE

Since the late 1970s the social phenomenon of children's post-divorce contact loss has been publicly addressed in terms of psychological and psychiatric pathology on the Swedish debate arena. More precicely, an article on the child's rights to both parents was launched on December 27, 1979, at *Brännpunkten* – a major site for policy issues in one of the leading daily newspapers, Svenska Dagbladet.

The resistance and denials of the Swedish welfare state were formidable. Manifestations of ignorance and prejudice, well anchored in official power exercise, have since then permeated what was left of free debate, human rights, and public policy making. Not the least the universities have ceded willingly to the pressure from gender trends mixing with irresponsible opinionators a toxic sociolegal policy that confuses public minds.

The aim of this booklet is to provide a framework for an objective correction of the policy debate and thus to restore open society by addressing a point of chonical shortcoming in the social and public health arena.

I extend warm thanks to all those who have unselfishly devoted their time and passion for truth to without which this work would have never been accomplished, including especially but not exclusively William Bernet, Björn Merker, Raymond Battegay, Erich Franzke, and others not forgotten . The responsibility for any errors and for all opinions expressed is mine alone.

Nils-Göran Areskoug

Abstract

Modern society is expected to offer a favourable framework for the developing child. One way for public governance to ensuring psychosocial conditions for families in Sweden has been to launch policies meant to promote the mental health of the child and youth during the course of their socialization. Despite legislation and congruent consensus children of divorce face risks of losing support and involvement of one of their parents and suffer compromised access to opportunities of developing full adult societal functionality. However, despite the prevailing policy trend towards 'equality' between parents across all political positions the rate of children's loss of their father contact after separation or divorce is skyrocketing along with the increasing proportion of solitary households. The continuous involvement of both non-cohabiting parents to care for their growing child is disrupted due to a lack of policy measures to target real world problems of alienation occurring epidemically in a society that has embraced new patterns of family structure and working life. This social problem is a truly interdisciplinary challenge involving law, social sciences and medicine. Navigating towards effective solutions to such complex problems must rely on several steps of acquiring necessary knowledge, the first of which is a mapping of the deficiencies of the social system. This requires a comprehensive societal diagnosis. The widening gap between professional knowledge and the required competence in decision making among politicians to apply this knowledge is one problem. The slow or absent interest in assimilation of new knowledge among the personnel, and the lack of incentives among responsible officers at public social agencies, is another. The need for international measures of legal integration and social surveillance on a European and global scale is evident, but administrative obstacles and political disinterest still delay the organization of efficient remedies and preventive measures - in Sweden and other Nordic countries of the Western cultural sphere.

Keywords: Social policy, Family system, Child Health, Parenting, Fathering model, Parental alienation.

“Parental alienation is a societal problem unresolved due to divergence between social reality and policy prioritization”

INTRODUCTION

1 Background

1:1 Definitions and delimitations

Parental alienation (PA), or *alienation abuse*,¹ refers to a situation in which a child, generally in the context of parental conflict, is subjected to undue pressure and influence by an *alienator*, most often the child’s custodian (one of its parents or another close relative), which results in the child without good cause becoming estranged² from “the other” parent. The child takes on the alienator’s hostile attitude towards the other parent. The generic definition of parental alienation as a diagnostic criterion reads: *“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.”* (Bernet 2010a:78, 2010b:3; italics here).

¹ The Swedish term *“alienationsmisshandel”*, precisely denoting that the alienation is or reaches the level of emotional and/or social *abuse*, is a useful concept that specifies that aspect of the generically descriptive term *“föräldraalienation”* (parental alienation), (Areskoug 2011).

² Bernet (2010:5) informs that “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).” We refrain from narrowing the use of the term “estrangement” in this way. Instead, our terminology may use words to connote grades and nuances of connotation and to indicate the variety of psychological aspects of the parent-child relationship: detachment, disaffection, estrangement and alienation. The term “estrangement” is avoided among most professional psychiatrists and psychologists in their scholarly research on Parental Alienation (PA), due to the load of connotation from writers who tried to reserve this term for cases where the repulsive attitude of the child towards the parent were caused by real maltreatment, especially physical or sexual. However, the sociological term does not bear that connotation.

1:2 Synopsis of a multidisciplinary research arena

Surveying the growing number of comprehensive handbooks the status of the knowledge leaves no doubt on an emerging professional consensus accessible for governmental policy-makers, social authorities and courts to respond by adequate societal measures (von Boch-Galhau 2003, Gardner et al 2006, Bernet 2010b, Fidler et al 2012/2013, and Lorandos et al 2013). Jointly these tomes contain bibliographies, and summary evaluations (Bernet 2010b), of the entire body of published research in the specified field of the diagnosis.

A full metastudy across disciplines would need to survey the status of knowledge in the focus field and include complementary perspectives from all relevant disciplines that cast light on the wider research arena and address the problem. This is beyond the present scope. But as an introduction it is useful to initially handle the overflow of information in a constructive way by adopting an approach similar to that of social studies of sciences. Across disciplines involved there is a thin boundary between the studies nominally dedicated to PA and those addressing (as their major or minor theme) the same problem but standing on the feet of different research tradition. The use of a specific terminology is essential to reaching consensus in the professional community, especially among mental health expertise, on a global scale. But a synoptic view beyond these limits can contribute to illuminating the phenomenon as a complex social problem. Another distinction is the one between science and scholarly research on the one hand and on the other law and normative systems of interpretation, the latter not our primary focus here. Not only the relation between law and society but also the theoretical relation between law and psychiatry often functions as silent preconditions for focused scientific inquiries (Weisstub 1978). Forensic psychiatry included the concept “critogenic harms” to indicate and allow for the possibility of a more sinister interaction between law and mental health (Gutheil & Weisstub 1996:188), in contrast to the “autopoietic” independence of the legal system as conceived of by Luhmann (Paterson 1997, King 2002). Issues of subjectivity in diagnostic interpretation are rediscovered by phenomenological epistemologists in their investigation of the concept of “psychopathology” (Parnas et

al 2013) and the influence of emotion in judgement is another recent topic of relevance to the topic (Blanchette 2010). During the “classical” era epistemology in psychiatry was a theme considered by Ludwig Binswanger and others (Basso 2012). Today, interdisciplinary approaches may complement the growing number of full expert accounts of the topic, by Bernet (et al, 2010a) and others, and become useful in including an evolutionary perspective (as well as that of cultural heritage). This may bring forth new insights and new lines of explanation as anthropology and interdisciplinary neuroscience jointly cast light on how conflict resolution was solved among primates (de Waal 2000) and how our brain switched from cognitive systems for revenge to forgiveness to preserve lasting familial relationships (McCullough 2013), as one among stabilizing patterns of behavioral strategies (Del Giudice 2009). As fundamental bases of consciousness and cognitive functionalities rapidly progresses in brain research (Merker 2013) corresponding correlates and underlying mediators of how social manipulation targeting the mind of the developing brain of a growing child may cause behavioral dysfunction in the infant’s relation to its parents (Izuma 2013). A “pathogenic” origin of developmental psychopathology in behavioral disorders is being modelled as derailed experience-dependent maturation of prefronto-limbic circuits (Braun 2011), or, interactive bond formation between infant and parent explained in terms of “brain-based epistemology” (Feldman 2012) with strong implications for intervention measures. Some authors rely on established schemes of personality traits (“Five-Factor Model”, Gresham 2012) in their pursuit of grasping the vagaries of ‘emotion regulation’ in attachment strategies of the child while others favour neurohormonal explanation (Black 2002, Tarullo 2006). Environmental causes as conceived of in epigenetic mechanisms (Nestler 2009), alongside reported discovery of “scars on DNA” by child abuse (Ledford 2009), may open up vistas towards promising therapy by connecting laboratory science with clinical experience among clinical psychiatrists. Understanding of posttraumatic stress effect (Teicher 2010), of emotion regulation (Volokhov 2010) and of the link between problematic attachment and offending is well underway (Mitchell 2011), as is the “hard-core science” of anatomical marks in the deep brain caused by “verbal parental abuse” and other forms of adversities (Teicher et al 2009, 2011, 2012,

Twardosz 2010). The picture begins to merge in the neural systems research with a sinister parallel in the present focus on the neuroscience of empathy disorders in psychopaths (Lamm, Decety & Singer 2011). Significant progress in social neuroscience provide convincing models of underlying mechanisms of manipulation and help explaining key phenomena in the mental change on the basis of memory plasticity and attitude distortion of the maturing brain of an alienated child (Edelson 2011, Izuma 2013, Izuma & Adolphs 2013). More driven by the prospect of clinical intervention (Baugerud & Melinder 2012, Wolfe 2011) by understanding the physiologic response to parental deprivation (Reddon 2011, Jia 2011) or the imprint of parental care on offspring's brain and temperament (Carter & Porges 2011, Josefsson et al 2013) we now see the advent of studies using animal models to "model dad" (Kentner 2010), uncovering the influence of paternal involvement or absence (Flouri 2010, Pinkernelle 2009) and counterbalancing previous overfocus on mothering (Azar 2008) and its role in the transmission of behavioural patterns across generations (Bohacek 2013, Jacobvitz 2008, Comings 2002, Ryan 1995, Benoit 1994).

Although the interface bridging the topic across natural sciences and social sciences feels incomplete the latter have gained in precision by adopting models from forensic sciences. A recent study by Moné and Biringen (2013), demonstrating validity and reliability of an instrument ("Relational Distance Questionnaire", RDQ) for identifying parental alienation retrospectively, largely confirmed the findings of the classical criteria of PAS by its pioneer (Gardner 1992, Bernet 2010a). In addition, the curing effect on long term mental health of the therapeutic intervention proposed by Gardner was confirmed in a long-term follow-up study (Rand, Rand & Kopetski 2005). A retrospective study (Ben-Ami & Baker 2012) confirmed significant associations between perceived exposure of parental alienation as a child and lower self-sufficiency, self-esteem, insecure attachment and depression as adults. Among forensic studies a few analysed the "unadulterated arrogance" of obsessive narcissistic alienators as essentially similar to a variant of psychopathy (Summers & Summers 2006).

While studies of the status of the disorder and availability of treatment options in specific countries are rare the topic is addressed by Bernet (2010a, 2010b, Lavadera et

al 2012) and, with a focus on local resistance, in the case studies refereed on Sweden by independent forensic psychologist Lena Hellblom Sjögren (2012). However, there is a gap to state-sponsored established forensic psychiatry, such as that being pursued at Karolinska Institutet and Linköping University: These institutions have predominantly limited themselves to studies on abuse as implicitly connoting only the sexual form of abuse and a number of their studies reveal a lack of procedure for excluding cases of false allegations. As this view looks much compliant to the political pressure on publicly funded institutes to align with the recently surging trend of accusations generalized and unfounded against men in families as the sole culprit of social family problem the integrity of these researchers need to be carefully scrutinized (Gumpert & Lindblad 2001, Gumpert, Lindblad & Grann 2002, Lundh, Kowalski, Sundberg, Gumpert & Landén 2010). This needs to be done by an independent transdisciplinary observatory. Other limitations, although less severe, bring doubt to the independence of scientific judgement in the established national system for Child Psychiatric Care (“BUP”³; Ängarne-Lindberg, Wadsby & Bertrö 2009).

The international controversy and critique against use of the diagnostic label (parental alienation generally or PA, PAS or PAD specifically) can be divided into a few levels. First, the method of *silencing* is used to exclude the field from the scope of academic interest. This may surface in difficulties to communicate with authorities across responsible professional boards and agencies, or simply in a lack of mentioning among published future plans for child psychiatry (Rutter 2010). Then there is a trident focus of the critique against the concept of PA and a conversation on the place of it in psychiatric nosology. The critics argue that the amount of qualitative and quantitative research in support of the notion is insufficient, worries about misuse of the diagnosis, questions the honesty of the intentions behind the proponents of inclusion of the concept into diagnostic manuals and tries to undermine the theory by *ad hominem* arguments against the person of the original

³ “BUP” stands for “Barn och ungdomspsykiatri”, the major social welfare system of regionally based public psychosocial health services to children and families in Sweden. This organization for continued professional education of child and adolescent psychiatry in Sweden has rejected without motivation an offer to negotiate to design and include a proposal for information on parental alienation and recent update and progress in the field into its regular courses for psychiatrists in programs for continuing professional education. Details provided on request to the author.

terminology (Gardner). However, most of the objections lack scientific and solid scholarly foundation, the reasoning may be *logically* flawed (thus scientifically invalid), or the logic *incoherent, negligent* or exhibiting *elisions* in the method of interpretation (Faller 1998). Some of the resentment is being aired in unfounded or abbreviated accounts in book reviews (Houchin 2012). One article, biased by the choice of forum (published in Journal of Child Sexual Abuse), is more ambitious in its effort to disregard reported clinical evidence, and reinterpret facts on the status of knowledge in the field, in a distorting mode (Pepiton et al 2012). Rebuttals have invalidated these attacks (Bernet 2011, Bernet & Baker 2013).

In the Swedish arena the concept of parental alienation has been largely disregarded by professional experts in medical and psychological disciplines, as well as in social and clinical care. An early example of rigid neglect is seen in an article "Divorce and separation in Sweden" (Schlyter 1990) whereas the blogosphere is a place for lively debate and exchange of opinion, although most often not well informed. An exception, mentioned here to characterize the diversity of the free opinion in the new media landscape, is the "Pater semper est" blog on the net, which attains close to expert status. The Swedish Wikipedia articles on "*föräldraalienation*" (and "*parentalt alienationssyndrom*") informs more extensively than its approximate counterparts "parental alienation" (and "parental alienation syndrome") in English. Thus one can conclude the landscape of opinion is highly polarized, but means and modes to resolve such tension severely inadequate.

1:3 The clinical phenomenon

Parental alienation is a complex social phenomenon with far-reaching consequences for family health, children's biosocial and mental development and parents' quality of life which is studied interdisciplinarily from the various perspectives of forensic psychiatry, neuropsychiatry, psychology, law and sociology and is of relevance to social policy (Barden, 2002:373-381). Parental alienation as a concept is fundamentally gender-neutral, but can be employed in slightly different ways within sociology, law and medicine. In common usage, parental alienation (PA - *föräldraalienation*) as a general concept refers to the social phenomena, conditions and

processes which bring about the “estrangement” of the child from its parent; parental alienation disorder (PAD - *alienationsstörning*) denotes a *diagnosable and distinctive disturbance with clear symptomatology in a child* undergoing severe unresolved parental conflict; and parental alienation syndrome (PAS - *alienationsmisshandel*), I submit, may be reserved for deeper damage with a manifest (and more or less complete) cluster of extensive and long-lasting symptoms in the child, following particularly intensive (entrenched, unrelenting, and prolonged) parental conflicts, and with an underlying psychopathology of varying multifactorial type in the alienating parent. Although the terminology of the diagnosable disorder in the child varies, the use of the three labels mentioned in the English-language literature approaches consensus (*Parental Alienation (PA), Parental Alienation Disorder (PAD) and Parental Alienation Syndrome (PAS)*), the exact operational definitions of which can shift from writer to writer.⁴ A three-grade scale is applied which defines the symptoms for *mild, moderate* and *severe* degrees of parental alienation (Gardner 1992, 1996). As far as the underlying causes are concerned, parental alienation has been seen as related to or bordering on “Münchhausen Syndrome” or Münchhausen Syndrome by proxy (MSBP), another form of psychological abuse in which the behavior of a deeply disturbed custodian itself leads to the traumatization of the child. Even other labels for the fundamental disruption of the child’s normal bonding process, such as “emotional child abuse”, “parental interference” and “parental deprivation”, is sometimes being used to refer to similar phenomena, or, as with *victimization* (“Stockholm Syndrome”) and False Memory Syndrome (FMS), to related psychopathology (Gardner, 2004). Sometimes underlying disorders of various levels of severity are present in the alienator, and in more severe cases of alienation abuse deep empathy disturbances, borderline conditions or psychosis are often observed – or exceptionally the criteria for psychopathy are fulfilled.

1:4 Features and course of the condition

⁴ An overview and discussion of interpretative problems and scientific and methodological paradigms in a broad perspective is provided in Michael King (2002) *An Autopoietic Approach to 'Parental Alienation Syndrome'*, *The Journal of Forensic Psychiatry*, 13(3), 609-635.

The child is induced by the alienator to without reasonable grounds distance itself from its absent parent, to whom the child up until this point has had a warm emotional connection. The normal relationship with the parent is thereby disrupted, resulting eventually in the child being deprived of one of its parents, who is important for the child's normal psychosocial development (the term "triangulation" is sometimes used to indicate a healthy relational triad transcending a potentially pathological dyad). Parental alienation is treated above all in psychiatric literature as a form of psychological or emotional abuse (Bernet 2013). It has been considered to violate the child's human rights and the rights to family life stipulated in the European Convention on Human Rights (Article 8). As a legal-sociological phenomenon, more severe forms of manifest parental alienation are characterized by the presence of a large-scale *manipulation* (which on the political level manifests itself as pandering to opinion trends) which turns society against an innocent individual who finds themselves subjected to a campaign of harassment and persecution. It may confuse and turn legal notions on their head as the offender successfully portrays himself or herself as victim and the victim as offender ("*kriminificiens*") and the legal system entrusts young children into the care of the offender (that is to say, the alienator). There is clinical evidence for both *reversible* and *irreversible* parental alienation, but theoretically it is a point of contention exactly which factors in a multifactorial context determine the outcome in this respect.

1:5 The clinical picture

In mild cases the alienation process is considered to develop along a sliding scale, where, typically, one parent criticizes the other. The criticisms levelled by the first parent thus begin to lose all proportion to the alleged or proven failings invoked as a pretext for the denial of contact. No parent is or is expected to be totally faultless and perfect in their parental role and it is therefore critical for the diagnosis that the behavior is characterized by (1) a *disproportionality* in the obstructive manoeuvres in comparison with alleged or ascertained deficiencies in the other parent's interaction with the child, (2) an already initiated process that leads in psychological terms to the child's increasing estrangement from its parent, and (3) damage to the child's

connection with its parent (the parent-child relationship), or a breakdown in the relationship that entails a vast social loss for the child, qualitatively or quantitatively, relative to the possibilities for development that he or she would have had in the case of a maintained relationship. The identification of these signs is crucial for early prevention. In more marked and serious cases (often resulting in the irretrievable breakdown of the parent-child relationship), the pattern is such that the child falls victim to the alienating parent, who instils a hatred of or contempt for the other parent (something which the child lacks the maturity to process psychologically), sometimes with the help of serious but false accusations against the absent parent who thus lacks the opportunity to defend themselves. The alienator abuses the child's trust and dependency and binds the child to themselves with demands for loyalty in their battle with the other parent. On the basis of this "indoctrination", the child thus gradually develops a distorted view of reality that – if it is not corrected – can lead to a variety of disturbances in psychical, cognitive, emotional and social functioning. Scientific findings have been made which confirm that the known forms of child abuse with elements of extensive maltreatment that damage a child's psychosocial development also cause brain damage (Areskoug 2011, Teicher 2000, 2002).

1:6 Health effects

In the case of the affected child, a distinction is made between *acute* symptoms, psychological effects of a *medium-term* nature and *long-term* damage to development and personality, sometimes with lifelong problems in social adjustment. Among other clinical researches, the German doctors Astrid Camps and Wilfrid von Boch-Galhau have reported such clinical experiences of the long-term psychiatric (and psychosomatic) effects in children and adults respectively (Camps 2002, von Boch-Galhau 2002:143-156 and 157-162). For the parent who is deprived of their child, parental alienation has crucial, life-changing consequences, but it also has negative effects for the alienator (von Boch-Galhau and Kodjoe, 2006). From amongst a rich and complex host of symptoms, Post-Traumatic Stress Disorder (PTSD) forms one of the most commonly referred to effects in the child. Among other social consequences

reported in clinical statistics, difficulties at school, relationship problems, and psychological problems are notable as well as costs for society and for the individual in the form of reduced working capacity and lower productivity.

1:7 Generational rupture

In parental alienation it also occurs that even the older generation (the child's grandparents) are deprived of contact with their grandchild. This rupture of continuity in family life is often experienced as a deep violation by the elderly, who are thereby denied the chance in the final years of life to see the family live on and to pass on their experiences, traditions and property. Senior citizens' organizations have called attention to this problem as a factor in the quality of life of the elderly. When denial of contact extends over several generations it is known as *intergenerational* or occasionally *transgenerational PA* (Areskoug 2013b:106).

1:8 Interpretation and diagnosis

Parental alienation can sometimes be difficult for external observers to identify. The alienator attempts to win over family and friends by way of appeals for loyalty in the battle to protect the child from the allegedly dangerous absent parent. Since the middle of the 1980s, however, detailed criteria have been in place for the clinical diagnosis of the condition that gradually develops in the child and which, as suggested by expert consensus, is closely related to a number of other diagnoses such as induced psychosis. The range of underlying psychodynamic forces (and the invoked pretexts) behind the alienator's behavior can vary and the background coincides to a high degree with that which has been demonstrated in other forms of emotional abuse. Simple ignorance of or lack of familiarity with the parental role is now rare (thanks in part to programs and assistance conducted by healthcare authorities) but intellectual disability, general immaturity or difficulties in interacting adequately in relationships and personality abnormalities are found among the psychological causes. The alienator's behavior can also be caused by psychological disorders of varying degree and type, be a sign of a mental illness in the psychiatric meaning of the term, or represent a form of *asocial behavior in which the alienator*

employs criminal means in a manner that the Swedish legal system (according to a certain critique due to *illegitimate politicization*) generally does not choose to prosecute. In such cases the alienator may render the other parent powerless and defenseless through manipulative behavior and with the aim of causing harm, sometimes for personal gain in terms of power, resources or emotional “reward”. In such cases the legal system may be considered “dysfunctional” as it is unable to prevent or punish the harmful actions on innocents of this form of emotional child abuse. If there are elements of compulsiveness in the alienator’s bonding with the child, screening should also be undertaken for other types of abuse as it has happened that an alienator has camouflaged their own abuse by an attack on the other party which confuses and diverts the focus of authorities’ investigations. In parental alienation the child is defined as the *victim* and it is the child’s behavior that provides the basis for a diagnosis. The diagnosis can be made regardless of the actual content of accusations, but in disputed cases an assessment of their credibility (whether they are groundless pretexts or have real foundation) should ideally, or as far as possible, have preceded the diagnostic stage. If there is a delay at this point (corresponding to “doctor’s delay”) then the investigator risks becoming a *co-alienator*. Not infrequently, alienation abuse is combined with the physical abduction of the child, for example to an undisclosed location abroad, to an environment and social circle which facilitate and support the indoctrination of the child so that undue influence can be difficult to prevent. In such cases it is common to talk of “obsessive alienators”. The child is thereby left totally unprotected against continued alienation abuse and, when the damage deepens with time, the disorder risks reaching a “point of no return”.

In considering the damage caused, it is the *absent parent*, whose relationship to their child is thus destroyed (sometimes irreparably, so-called *irreversible parentectomy*), who represents the *target* of the disdain implanted in the child. The thereby “estranged” parent can be the victim of a prolonged campaign of defamation and severe harassment which, in the absence of intervention (or if it is not stopped in any other way), can reach the level of a full-blown campaign of persecution, with severe

stigmatization, deep violation of the parental role and risks for health, career and social life among the consequences for the affected parent. In severe cases the alienator can suffer from paranoid psychosis or personality disorder and in the former case the child can be drawn into a delusional world that can leave damage which is difficult to treat and in some cases lifelong wounds and induced psychosis (Andritzky, 2002). Standard works and handbooks provide information which attests both to increased morbidity (susceptibility to illness) in other diagnoses with associated consequences such as serious social problems and to increased mortality (suicide or homicide⁵). The literature also shows how children who have been subjected to parental alienation have as adults had difficulty in understanding that they were manipulated during their childhood to hate their absent parent, unless they are given the chance to undergo therapy and manage to re-establish a relationship with the estranged parent (Baker 2010, Gottlieb 2012, Fidler 2013).

The full scale comprehensive lists of criteria for clinical instrumental assessment of the diagnosis compared by Jo Fidler and collaborators (2013:77-97) build on the most experienced experts in the field (Fidler et al 2008, Ellis 2007, Garber 2007, Drozd & Olesen 2004, Johnston 2011, and Gardner 1996).

1:9 Intervention and therapy

Effective treatment is achieved through the re-uniting of the alienated child and the absent parent (in accordance with a specially devised treatment schedule), which however according to prevailing expert opinion must occur within a given time-window for the relationship to be able to be repaired. After this point has passed, more thorough deprogramming therapy is required to free the damaged child from the implanted delusions. At this stage there is no guarantee of success and the emotional connection to the other parent can be ruptured beyond remedy. Left untreated, the disorder often leads to lifelong damage. On its website, the American Psychological Association (APA) refers to a treatment model – *combined legal and*

⁵ A widely-reported case of patricide resulting from a deep, long-term alienation, the so-called "[Lohstroh case](#)" (a doctor in the USA was murdered by his son when he came to collect him at the appointed visitation time), is presented on website of the Nordic Committee for Human Rights (www.nkmr.org).

therapeutic remedy – gleaned from a concrete example in Canada: a court there awarded the father custody of his three daughters after the mother blocked visitation, induced hatred against the father and prevented telephone contact; moreover, the decision prescribes special therapy for the alienated children under the direction of two internationally recognized experts, the psychologists Randy Rand and Richard Warshak, at the mother's cost (Novotney, 2009). Richard Gardner's original treatment model (the transfer of custody to the alienated parent, if necessary with restricted visitation rights for the alienating party) has gained support in later forensic psychiatric studies and is examined in more recent family therapy publications (Gottlieb, 2012).

1:10 Competence provision

Cases involving parental alienation require specialist competence in order to be dealt with correctly. For harm prevention at an early stage and for the rehabilitation of chronic cases, highly developed interdisciplinary cooperation between psychologists, doctors, lawyers and social workers is necessary. A limited number of clinics in the world (in the USA and England) are at present qualified for the task. In Germany interdisciplinary strategies for problem resolution have been tried and the so-called "Cochemer Modell" has been recognized within international specialist circles as relatively successful (Moskopp, 2006; Gerichte des Kantons St. Gallen, 2008). In the Nordic countries the existence of the problem has long been denied in clinical circles and treatment for those affected has been severely neglected; such groups face a lack of understanding and outright hostility when they seek help for their suffering (Areskoug and Sjögren, 2008; Areskoug 2008, 2011).

1:11 State of current research

International research on parental alienation, now generally under the designation *Parental Alienation Disorder* (PAD), is led by Professor William Bernet, Professor of Forensic Psychology at Vanderbilt University, USA. In an anthology on the subject (2010b), he has summarized current research and conducted a survey of the psychological and medical findings on alienation abuse. He leads an international

group of experts, the Parental Alienation Study Group (PASG), which convened in September 2011 in St Moritz, Switzerland, and which has developed a set of detailed criteria for *Parental Alienation Disorder* and proposed a diagnostic classification of the phenomenon intended for the ICD, the World Health Organization's manual for medical diagnoses.

1:12 Critical scientific discussion

Parental alienation describes how children are forcibly estranged from one of their parents and provides an explanation for psychodynamic processes and underlying causes. However, as a diagnosis the concept is not intended to serve as an exclusive tool for early-stage differential diagnostics. Like all medical diagnoses, it is exposed to the possibility of wrongful diagnosis and abuse. In this respect it is no different from other diagnoses carrying psychosocial implications. It is therefore important, as in all clinical activity, that alternative diagnoses be ruled out through expert assessment. An examination of Bernet's reply to the criticism directed against his concept of PAD (Bernet 2013a) and the earlier term PAS (coined by Richard A. Gardner 1985) implies that the criticisms tend to: (1) misinterpret the basic concepts (2) target (in part successfully) another diagnosis, (3) "sexualize" the concepts (of PAD and PAS), which does not refer to sex but rather to pretexts and causes of alienation processes, and (4) be not founded in an assessment of the tenability (that is to say, of the strengths and weaknesses) of the theoretical construction but instead in an ideological or political agenda, sometimes with feminist undertones. The criticism has, however, had the positive effect of instigating a thorough examination of the earlier PAS concept, which has paved the way for the development of applied criteria for parental alienation (PAD) as a modern social-psychiatric diagnostic concept.⁶ Politicized decision-making processes in the world of research and within social care nevertheless continue to be seen as an impediment to the expansion of knowledge and its application in everyday praxis, not least due to inadequate

⁶ The criticisms have to a large extent been published on the website of "The Leadership Council for Child Abuse and Interpersonal Violence", [www.leadershipcouncil.org]; an example of an ambitious critique is provided in K. C. Faller (1998) "The parental alienation syndrome: What is it and what data support it?", *Child Maltreatment*, 3(2), pp.100-115.

resources. The PAS concept's originator, Dr. Richard A. Gardner (1931-2003), left behind a clarifying commentary which answers in detail the criticisms of the concept and which has been posthumously published (Gardner, 2003). Other "metastudies" treat thoroughly and answer the criticisms, both objective and biased, which have been levelled above all against the PAS concept. These articles highlight the clinical evidence for the condition's harmfulness and emphasize the importance of information and prevention as well as the need to develop effective therapeutic strategies (Bernet and Baker, 2013; Rand, 2010; Bernet et al., 2010).

1:13 Global epidemiology

The prevalence of parental alienation in the USA stands at one percent of the population, of which around a quarter are deemed to be of the most severe grade, with deep and lasting damage. Global statistics are not as yet available. At the meeting of the research group Parental Alienation Study Group (PASG) in 2011, the physicist Christian T. Dum (PhD, MIT) provided an international survey of parental alienation.⁷ According to this survey, the epidemic is widespread in all parts of the world, independent of the majority of the larger confessional and cultural divides, and comprises developing countries as well as the West. Bernet (2010) offers a first "state of play" description which compares the social situation for divorce children country by country and allows for a preliminary ranking. A more extensive study that has been announced for publication intends to map the distribution of the phenomenon and provide more robust manuals for management. Since parts of the relevant research into the long-term effects of parental alienation come under other diagnostic headings, total extent and distribution are difficult to epidemiologically map (Dale et al., 2010).

⁷ The German organization Fathers for Children ("Väter für Kinder, e.V."), led by Dr. Christian T. Dum, monitors research globally and publishes detailed reviews of newly published literature on parental alienation.

2 The Case of Sweden

2:1 Social costs

According to chapter 6 paragraph 1 of the Parental Code of Swedish family law, children shall be “treated with respect for their person and distinctive status as children and may not be subjected to physical punishment or other abusive treatment” (Justitiedepartementet, 2013). A number of countries have in various ways attempted to legislate against parental alienation in order to allow for intervention in such cases and to prevent damage to the child from resulting in permanent disorders. Parental alienation strikes the innocent, who are placed in a position of impotence and are unable to defend themselves. It causes great suffering in both children and adults, as well as vast estimated hidden social-economic costs in the form of increased ill health and reduced work capacity. The diagnostic spectrum and horizon of harm has been relatively well documented and was presented at a conference in Frankfurt am Mein in 2002, under the direction of Dr. Wilfrid Boch von Galhau and with the support of the European Parliament.

2:2 Approaches and initiatives

In Sweden few individuals may be considered recognized by the global professional community as possessing the required training and expertise to give a diagnosis of parental alienation. Among the most experienced in this work forensic psychologist Lena Hellblom Sjögren lectured to students of law and social work in Sweden at university level and at conferences worldwide. In a range of forensic case studies – most recently in her book (2012), Hellblom Sjögren includes cases of what she regards as improper social investigation practices of which several have attracted international attention (2007, 2008, 2001). Under the term “the demonization of a parent” (*farliggörande av förälder*) she proposed a widening of the definition to include children taken into the care of social services and children placed in foster homes (1998). Her research on parental alienation is pioneering work in that her critical case-studies have demonstrated systematic failings in investigative competence

among public authorities (custody investigators, police and prosecutors). These public enactors often align with the alienator (through convenient compliance, and/or insufficient expertise, experience and critical distance to widely-held prejudices) and unwillingly or through negligence come to participate in alienation abuse. Her (and other's) studies confirm the opinioned suspicion that the investigators lack the necessary guidance and training to distinguish genuine concerns from false accusations from parents who aim through the manipulation of those around them to deprive the other parent of the opportunity to exercise their parental rights (in cases of the "vindictive ex").

An accessory to alienation abuse is sometimes called a *facilitator*, but there is uncertainty over whether it has been tested in a Swedish court if such an act qualifies as accessory to abuse.

Amongst other Swedish researchers who from various perspectives and more or less independently have highlighted how "the welfare of the child" has been interpreted in Swedish legal praxis, the legal sociologist Annika Rejmer at Lund University and the civil law professor Anna Singer at Uppsala University can be named (Rejmer 2003; Singer 2000), together with Lars Plantin from Malmö Högskola (Plantin 2003), the child law consultant Lena Celander-Jørgensen (1994) and the family therapists Agnetha Svensson and Gösta Emtestam (Emtestam & Svensson 2005). A social and family law analysis from Ersta Sköndal Högskola by the social workers Monika Jonasson Robotycka and Shian Rahbi provides a critical overview of the problem from a Swedish perspective (Jonasson Robotycka and Rahbi, 2009).

2:3 Epidemiology

The most common form of parental alienation occurs in divorces or separations where one of the parties desires a total break with his or her ex-partner whilst at the same time maintaining custody over the child or children. Here too, it is not uncommon for claims of inappropriate behavior on the part of the other parent to be made which are felt to increase the chances of prevailing in a custody battle in cases where the parties are unable to reach an agreement on shared custody. It is not unusual in Sweden for one of the parents in such cases to succeed in convincing the

authorities of the other parent's unsuitability either as custodian or as parent with visitation rights (Hellblom Sjögren 2012). In such a way the child's access to the whole of one of its parents' extended family can be destroyed. Official statistics on the Swedish parental alienation epidemic cannot be found at the government's statistical office (*Statistiska Centralbyrån*) and neither does the National Board of Health and Welfare (*Socialstyrelsen*) keep any record of the condition. Individual researchers have, however, made estimations which fall in the range of 16,000 and 22,500 cases requiring treatment, corresponding to grade three. Yet after the publishing of rates of incidence in the USA, this figure will probably need to be augmented. In 2008 about 160,000 of Sweden's two million children grew up without their father as a custodian. Carlbring (2010) states that 40,000 children in Sweden have totally lost contact with their fathers, according to information which is reported to come from the National Board of Health and Welfare.

In Swedish legal praxis, the pattern is for the mother to obtain automatic custody if the parents are not married when the child is born. Where sole custody is awarded in court, it is in eight out of nine cases (9 of 10 according to more recent information) the mother who gets it. As a result of an amendment to the law in 2006, difficulties in cooperation between the two parents became a stronger reason to dissolve shared custody, with the result that *the number of cases in which shared custody was awarded declined sharply*. A parent who does not have custodial responsibility for his or her child has in the eyes of the law no right to a say on matters of the child's upbringing, where the child should live, questions attaching to schooling or healthcare etc., and is thereby in essential respects *deprived of his or her parenthood*. In a significant proportion of those children who experience problems, evidence indicate that it is the child's loss of one or several close relationships or an alienation of the parental relationship which forms one of several multifactorial causes behind children's and young people's psychological ill health (Areskoug 2011).

2:4 Research and competence provision

In Sweden measures for the rehabilitation of individuals subjected to parental alienation are lacking. There is no training on parental alienation within the

framework of standard courses for lawyers and psychologists. Child psychiatry (and to a certain extent also forensic psychology) in Sweden have long been engaged in complying with the wishes of the alienating party and knowledge on PA has long been inadequate or inexistent. Prosecutors receive no formal training on the subject, either within foundational or specialist training courses, according to information from the Swedish Prosecution Authority (*Riksåklagaren*).⁸ As already stated, allegations referring to sexual behavior, common in conflicts between couples and in separations and divorces heading towards visitation and custodial disputes, are in no way an obligatory element in the definition of parental alienation (PAD), which may include all sorts of false pretexts in an alienation process. Within the English-language specialist literature, criteria for differential diagnostics have been developed to identify false accusations and prevent serious consequences from parental alienation. A specialist competence centre for research, training, education, investigation and rehabilitation of divorce-damaged families, with a focus on parental alienation, has been proposed to two Swedish governments (Persson and Reinfeldt) on the initiative of Alliance for the Child (*Allians för Barnen*, websites, 2008). Sociological and ethnographic research examines differences in the incidence of parental alienation in different countries and cultures, while political scientists and economists attempt to calculate the costs for society and the individual.

2:5 Policy and debate

Human rights organizations, visitation rights associations, researchers, doctors and social activists have long demanded better legal safeguards and investigative methods in order to limit the harmful effects of alienation abuse (Sundin 1979). Parental alienation is a gender-neutral term, which means that the alienated parent can be either the mother or the father of the child, or any significant caretaker or close relative to which the child is attached. But since studies in the USA have shown that

⁸ During the 2011 PASG conference an inquiry regarding competence provision was made on the 3rd September to the Director of Public Prosecutions Anders Perklev and was answered on the 7th September by Training Manager Nicklas Lagrell: "In answer to your inquiry regarding the training of Swedish prosecutors: Courses on the abuse of children are included in the Prosecution Authority's foundational training of prosecutors. There is also a specialist course in child abuse. Those who run the courses are aware of the concept Parental Alienation Syndrome. There is, however, no training on it either in the obligatory foundational course or as part of the specialist training."

in around 80% of cases it is the mother who denies the child contact with the father, the phenomenon has come to occupy a central position in demands put forward by organizations for men's and fathers' rights. In turn, feminist advocates have criticized the earlier term Parental Alienation Syndrome (PAS), which now in most cases has been replaced by Parental Alienation Disorder (PAD) (Areskoug 2010). In a strongly-worded statement, based in the conception that policy must be grounded in science and empirical findings, criticism has been voiced of those individuals and groups who use the clinical category PA with ideological motives alien to both science and professional debate with the aim of preventing the inclusion of the disorder in the sphere of scientific research and thereby hindering the correct prevention and treatment of this serious psychological disorder in children and young people (ASEMIP, 2010).

The Health Committee (*Hälsoutskottet*) at the Royal Academy of Science (*Kungliga Vetenskapsakademien*), which on the 23rd November 2011 announced the launching of a co-financed program on "Children's and Young People's Mental Health" of around 300 million Swedish kronor (BUPH, 2011), has been subjected to heavy criticism for its silence with regard to parental alienation, which is missing from the program description and other policy documents.⁹ It has been observed that the topic is passed over without so much as being named and without an explicit motivation for its absence from Sweden's biggest ever research project on children's social and psychological health.

The gender neutrality of the Swedish state's "gender equality initiatives" – with respect both to individual programs and to their combined effect on parental equality – has been questioned above all by parents', visitation rights holders' and fathers' interest groups (as evidenced by visiting the blogosphere). Criticisms have been voiced with regard to budgetary provisions such as the 239 million kronor earmarked for 2011 and 2012 for "gender equality measures" and 25.9 million for a center for women victims of domestic violence (*Center för kvinnofrid*) at Uppsala

⁹ A search for the term "parental alienation" and its Swedish equivalent "föräldraalienation" in documents of the Child and Adolescent Mental Health (*Barn och ungdomars psykiska Hälsa*, BUPH) public database (online: www.buph.se on 25th February 2012) gave no matches.

University, where the governmental commission is one-sidedly stated to be to combat men's violence against women without mentioning the corresponding violence against men, fathers and children.¹⁰ As the government has been very specific in its policy directives (e.g. to Uppsala University), one can enquire as to the nature of the impediment against equally targeting specified problem of parental alienation in Sweden. In the latter case it is underaged victims, children who lack voting rights, who suffers from deficient policies.

2:6 Media, politics and public opinion

A television report on Swedish national television by the program Uppdrag Granskning ("Mardrömmen" [The Nightmare], 2nd November 2011) drew attention to a family in the town of Sandviken who had had their children taken from them by social services solely on the basis of one family member's telephone report with a groundless accusation of sexual abuse. The children had in this case through the actions of the authorities been deprived of their parents for 58 days without good cause. At a seminar of the foundation Rättsstatens Vänner (Friends of the Rule of Law) on the topic "Children and the Law" at the Swedish Society of Medicine (*Läkarsällskapet*) in Stockholm on the 21st November 2011, Dr. Lena Hellblom suggested that the case in many respects demonstrated the same failings in social investigation that often affect children and families during difficult divorces.

The good intentions expressed by political office-holders on competence and legal safeguards in a government report (SOU 2001:72) never attained full realization. It was stated there in the chapter on the role of social services: "The safeguarding of the individual's legal rights is of the utmost importance and families who claim assistance of one type or another or who for other reasons are the subject of investigations must be able to rely on their case being dealt with in a professional and lawful manner." (SOU 2001:72; p.202). In the winter of 2011, the climate of opinion in the Swedish blogosphere was heavily influenced by questions of socio-

¹⁰ Letter from the Department of Education, ref. U2013/5018/UH.

political prioritizing in connection with the government's recognition of the mistreatment of foster-children in Swedish children's homes (Regeringskansliet, 2013), the echoes of the debate on apathetic child refugees, and the questioning of the gender neutrality of new government investments ("109 million for work with women affected by domestic violence, perpetrators of violence and children who have witnessed violence" (Regeringskansliet, 2011) with the attendant critique of the disregard for parental alienation as a social problem (Daddys-Sverige, 2011). Politically, there are differing views as to which social system historically through its family policy has inflicted most harm on children and parents, and researchers have attributed the problem to serious abuses both in communist and in fascist systems (Father Knowledge Centre, 2008). With the internet the spectrum of criticism of the existing system has both widened and intensified, ranging from political denial and ignorance of, or lack of interest in the question, to demands that the alienation carried out or aided by the authorities be classed as a form of family terror, with those responsible held accountable for a violation of human rights analogous to the child dispossession carried out in Nazi concentration camps. Through the so-called "Great Father Debate" (*Stora Pappadebatten*), the Swedish internet debate arena Newsmill initiated a new gender equality debate on the importance of establishing a balance between fathers and mothers in Swedish social policy (Newsmill, 2013).

"There are two things children should get from their parents: roots and wings."

(Johan Wolfgang von Goethe)

3 Appendix: Supplementary Information

3:1 General Definitions of the Concept of Parental Alienation (PA)

(Bernet & Baker 2013:99):

“PA is a mental condition in which a child, usually one whose parents are engaged in a high-conflict separation or divorce, allies himself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification.”

Alienation = “rejecting a nonabusive parent to please the favoured parent”

3:2 Clinical Indications of Parental Alienation (PAS)

(Gardner 1985):

The eight behaviors of a child identified as indications of the child being unjustifiably alienated from one parent: (1) the child’s campaign of denigration against the target parent, (2) frivolous rationalizations for the child’s criticism of the target parent, (3) lack of ambivalence, (4) the independent-thinker phenomenon, (5) reflexive support of the alienating parent against the target parent, (6) absence of guilt over exploitation and mistreatment of the target parent, (7) borrowed scenarios, and (8) spread of the child’s animosity toward the target parent’s extended family.

3:3 Criteria for Parental Alienation Disorder (PAD)

(Bernet et al., 2008):

- A. The child—usually one whose parents are engaged in a hostile divorce—allies himself or herself strongly with one parent and persistently rejects a relationship with the other, alienated parent without legitimate justification. The child resists or refuses visitation or parenting time with the alienated parent.
- B. The child manifests the following behaviors:
 - (1) a persistent rejection or denigration of a parent that reaches the level of a campaign
 - (2) weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent
- C. The child manifests two of the following six attitudes and behaviors:
 - (1) lack of ambivalence
 - (2) independent-thinker phenomenon
 - (3) reflexive support of one parent against the other
 - (4) absence of guilt over exploitation of the rejected parent
 - (5) presence of borrowed scenarios
 - (6) spread of the animosity to the extended family of the rejected parent.
- D. The duration of the disturbance is at least 2 months.
- E. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.

- F. The child's refusal to have visitation with the rejected parent is without legitimate justification. That is, parental alienation disorder is not diagnosed if the rejected parent maltreated the child.

3:4 Formal status of the diagnosis

Parental alienation is a specialist diagnosis that crosses disciplinary boundaries. A distinction should be made between the social *phenomenon* parental alienation and the medical *diagnosis*. The phenomenon is well defined in a number of schemes of criteria. At present work continues to bring about the incorporation of the diagnosis in standard medical diagnostic systems (DSM and ICD).

- The American Psychological Association provides in the form of courses and conferences training in the assessment and treatment of PA for its members and has published a manual in the subject by Dr. Elizabeth Ellis.
- The Canadian Symposium for Parental Alienation Syndrome in collaboration with PsychoEducation Resources (PER) developed a 3-day course for clinical practitioners on the diagnosis and treatment of PA in Toronto in 2009. It was given as an 18-hour course for psychologists, approved as a further training course by the American Psychological Association.
- In 1997 the American Academy of Child and Adolescent Psychiatry (AACAP) Council approved a manual for "Practice Parameters for Child Custody Evaluations" as "AACAP Official Action", where the section on PA demands that the assessment of PA be carried out with competence and extreme care.
- Among the members of the Association of Family and Conciliation Courts (AFCC), who are regarded as highly experienced in investigations focusing on children, 98% when questioned have confirmed the presence of PA as a relevant criteria.
- The American Bar Association (ABA) and its various sections organize courses on PA for their lawyers and attorneys and have commissioned and published an important reference book on PA (by Clavar & Rivlin) for the courses.
- The Spanish professional organization Asociación Española Multidisciplinar de Investigación Sobre Interferencias Parentales (ASEMIP) in Madrid have released a statement (in English) which approves of the diagnosis and recommends the inclusion of PAD in DSM-5 (April 2010).
- The South American Psychology Foundation (ULAPSI) has made a declaration on PA, "Declaración de la Unión Latinoamericana de Entidades de Psicología sobre la Alienación Parental", published in October 2011, shared by the Psychologists' Associations of Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Guatemala, Mexico, Paraguay, Peru, and Uruguay. The document analyzes PA in detail and illuminates parental alienation in the light of the Convention on the Rights of the Child and other treaties on human rights. They discuss the term in connection with the category "relational problems" in DSM-IV. "Parentectomy" and other manifestations of PA are declared to represent a serious psychosocial problem in Latin America.

3:5 Related organizations and sources for further information

- Website www.parentalalienationsupport.com
- Alliance for the Child (1) <https://sites.google.com/site/coleur/pas> , and (2) <https://sites.google.com/site/coleur/alliance>
- The Nordic Committee for Human Rights (*Nordiska Kommittén för Mänskliga Rättigheter*), <http://nkmr.org/en/>
- DMOZ Open Directory: Parental Alienation Syndrome, http://www.dmoz.org/Society/People/Men/Issues/Fathers%27_Rights/Divorce_and_Custody/Parental_Alienation_Syndrome/
- The Swedish Society for Parents with Visitation Rights (*Umgängesrättsföräldrarnas Riksförening*, UFR).
- The Swedish Society of Family Law Social Workers (*Familjerättssozionomernas Riksförening*, FSR).
- Website "Family Law on the Net" (*Familjerätt på nätet*), www.socfamratt.se (in Swedish)
- Website of the International PAS Conference (von Boch-Galhau, Kodjoe, Andritzky, Koepfel), www.pas-konferenz.de
- The German organization Väter für Kinder ("Fathers for Children") authored by Dr. Chr. T. Dum.
- Website of the Swedish foundation Rättsstatens Vänner (Friends of the Constitutional State), www.rattsstatensvanner.se, with information on the seminar "Barnen i Rättssamhälle" ("Children in the Constitutional State") of the 21st of November 2011 (in Swedish).
- Publications of L. F. Loewenstein, Southern England Psychological Services, on Parental Alienation, www.parental-alienation.info
- Website FöräldraJouren, www.foraldra-jouren.se (in Swedish).
- Stan Hayward, Föräldra Alienations Syndrom (övers. Leslie Raie), revised 2001 by Märt Söber, (No longer available on UFR).
- Website of Dr. Richard Warshak, www.warshak.com, with references to peer-reviewed articles and books on PA.
- Website of Amy J. L. Baker, PhD, developmental psychologist and PAS expert, www.amyjl baker.com, with links.
- "Online Parenting Programs", information website with a course on Parental Alienation <http://www.prweb.com/releases/OnlineParentingPrograms/ParentalAlienation/prweb9626055.htm>,

3:6 Expert groups

- The international expert group Parental Alienation Study Group (PASG), which is responsible for conveying proposals to official international organizations (World Health Organization, expert medical networks, human rights organizations etc.), was formed in 2008 by Professor William Bernet of Vanderbilt University, USA.

The group meets annually, most recently in 2011 in St Moritz, Switzerland. It consists of 110 experts from 24 countries, of which the majority are professors in academic or clinical disciplines, paediatricians or family doctors, child and forensic psychiatrists, forensic psychologists, doctors of law, lawyers, judges, mediators and psychotherapists. Notable members include a former president of The American Academy of Child and Adolescent Psychiatry (AACAP) and a director and chief medical doctor for child psychiatry at the Child Study Center, Yale-New Haven Children's Hospital.

- The International Network on Therapeutic Jurisprudence works interdisciplinarily to combine legal and criminological research with therapeutic and preventative goals and applies a child welfare perspective in all its activities (conferences, publications etc.).
- The International Academy of Law and Mental Health.

3:7 Major international conferences

- 2002 International Conference: The Parental Alienation Syndrome (PAS), Frankfurt am Main Germany 19-20 October 2002: dealt with psychological, psychiatric and legal issues.
- 2010 Association of Family and Conciliation Courts (AFCC): "Traversing the Trail of Alienation", Denver, Colorado, USA, 1-4 June 2010; comprehensive interdisciplinary program.
- 2010 European Association for Forensic Child and Adolescent Psychiatry, Psychology and other involved Professions (EFCAP), Basel Schweiz 8 September 2010: child and forensic psychiatric focus.
- 2012 Fourth International Congress on Parental Alienation Syndrome and Custody (IV Congreso Internacional SAP y Custodia Compartida), Valencia, Spain, 29th-31st March 2012.
- 2012 Current Issues and Controversies on Parental Alienation Syndrome (La Sindrome da Alienazione Parentale: Attualità e Controversie), The Guglielmo Gulotta Foundation, Milan, Italy, 31st March 2012.
- 2012 Fifth International and Tenth National Congress on Clinical Psychology (V Congreso Internacional y X Nacional de Psicología Clínica), Santander, Spain, 26th-28th April 2012; at which Dr. Geoffrey Reed, WHO ICD-11 Committee, delivered the presentation: "Status of Current Classification of Mental and Behavioral Disorders in the Future ICD-11".
- 2012, Belgium, Louvain-la-Neuve, 14th September 2012: "Quels modes d'intervention dans les conflits parentaux? Nouvelles pratiques, nouveaux regards"; Benoît Van Dieren, Ph.D., Université catholique de Louvain, M.A.R.C Bruxelles de Barreau de Bruxelles.
- 2012, San Francisco, USA, 23rd-28th October, 2012, American Academy of Child and Adolescent Psychiatry (AACAP): Special Interest Study Group on Parental Alienation; Dr. John Dunne, MD.

- 2013, Amsterdam, 14th-19th July, "XXXIII rd Congress of the International Academy of Law and Mental Health, Amsterdam, Netherlands", Patronage of Dutch Ministry of Justice.

3:8 Hospitals and clinics with specialist treatment centers

- Rye Hospital Center, New York, N.Y., USA: treatment program for PA
- Southern England Psychological Services, Dr. L.F.Loewenstein
- Center for Family Science (Center für Familienwissenschaften), Universität Basel, Schweiz, Law Faculty

3:9 Legislation, interest groups and policy motions

- The Forum for Grandparents (*Forum för Mor- och Farföräldrar*) was formed in Sweden in 1996 by the psychologist Lillian Gottfarb, who wanted to promote children's right to contact with their grandparents and vice versa. Member of Parliament Barbro Westerholm filed a motion for a law to (in line with practice in the USA) grant grandparents the right to visitation with their grandchildren ("*Rätten till umgänge*", motion 2012/13:C247; see also the records of *Riksdagens Utredningstjänst*, RUT). The motion the rejected by parliamentary majority.
- Petition to UN Secretary-General for the recognition of parental alienation as a form of child abuse, though the internet platform www.change.org.
- Petition to U.S. Congress for legislation against parental alienation.
- The Brazilian state has legislated against parental alienation.

3:10 Countries found guilty by international courts in cases of PA

- Switzerland (*Bianci v Switzerland*, at the European Court of Human Rights).
- Germany (*Elsholz v Germany*; *Kutzner v Germany*), Finland (*Hokkanen v Finland*), Czech Republic (*Koudelka v Czech Republic*; *Zavrel v Czech Republic*).
- There is debate surrounding a German law. Similarly to Sweden, the German law is deemed to legalize the obstruction of visitation rights by granting the custodial parent (usually the mother) the right of veto in relation to the non-custodial parent's (usually the father's) visitation rights in cases where the parents are not married (or where there is disagreement). In Sweden the equivalent situation is reached when the mother opposes shared custody. The German law had been judged to violate articles 14 and 8 of the Convention on Human Rights (*Zaunegger v. Germany*, Case Number 22028/04, Dec 3, 2009).

3:11 Countries which have legislated against PA

- Parental Alienation has been criminalized in Brazil (2010; in force from 2011).

3:12 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, Koeppel 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 Ameliotation	<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)

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PARENTAL ALIENATION IN SWEDEN – INTRODUCTION TO A TRANSGENERATIONAL CASE STUDY

This study introduces the concept of parental alienation. A case study focuses on the analysis of qualitative interactions between the family triangle of parents and children in a post-divorce family structure, and uncovers the patterns and processes in the transmission of behavioral roles across generations.

The larger question is about the fate of the family in modern society. How will values be shared across generations in a different and changing dynamics of family life and pattern of partnership interaction. Will sufficient social cohesion be available to preserve and nurture interdisciplinary integration in service of both quality of life – to ensure psychosocial maturation – and to provide sufficient stability in service of the need of society.

How can we protect children from the adversities of parent deprivation during their development and socialization to adult life and living. The diversity of changing bonding patterns need to help developing a stabilizing societal continuity.

* * *

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