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International Classification of Diseases-Parental Alienation

Wilfrid von Boch-Galhau*

Psychosomatic Medicine and Psychotherapy, Oberer Dallenbergweg 15, D-97082 Würzburg, Germany

***Corresponding author:** Wilfrid von Boch-Galhau, M.D, Oberer Dallenbergweg 15, D-97082 Würzburg, Germany, Tel: +49 931 3592133; E-mail: praxis@drvboch.de**Citation:** Wilfrid von Boch-Galhau (2019) International Classification of Diseases-Parental Alienation. Int J Case Rep Vol: 3 No: 2:4**Received date:** October 19, 2019; **Accepted date:** October 26, 2019; **Published date:** November 05, 2019**Copyright:** © 2019 Boch-Galhau Wv. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Abstract

Parental Alienation is an important mental condition that professionals in the field, especially those who work with children, adolescents and adults from divorced families should know. Although about thousand three hundred professional articles, book chapters and books, and also empirical studies, exist meanwhile (see website www.mc.vanderbilt.edu/pasg) from all over the world there is still not enough awareness of Parental Alienation in professional practice.

Parental Alienation is a custody issue but also a child protection issue. The supervisory bodies of the child welfare office and the family court should in this case be required to act accordingly [6,7].

Example from psychiatric-psychotherapeutic practice

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

Keywords: Adolescents; Parental alienation; Psychotherapeutic practice

Introduction

The internationally used "International Classification of Diseases" (ICD-11) of the World Health Organisation (WHO) refers to "parental alienation" since 18 June 2018. (Code QE 52.0, under caregiver-child relationship problem as index factor.) This was confirmed by the seventy-second World Health Assembly on 25th May 2019.

(<https://icd.who.int/dev11/l-m/en#/http://id.who.int/icd/entity/547677013>).

Parental Alienation is meanwhile an endemic, worldwide health problem

In a severe case of parental alienation, a child will radically and without objective reasons refuse contact with one parent—father or mother (this is not a gender-specific issue!)—with whom s/he previously had a loving attachment, because s/he has internalised a false negative image of the parent.

This is usually found in the context of highly acrimonious separation or divorce of the child's parents, or in "aggressor-victim relationships" in family violence cases with an inequality of power. In such cases, the child is—consciously or unconsciously—instrumentalised and controlled by one parent against the other, i.e. s/he suffers psychological abuse [1-6].

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

Case Series

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

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

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

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

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

Expert: Because she is sick, you mean?

Child 1: Yes!

Expert: You say that your mother is crazy. Do you have the impression that your mother is sick? Mother: I believe you that many people have reinforced in you the belief that your mother is crazy.

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

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

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

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

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

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

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

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

Child 2: She belongs on the electric chair.

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

The two girls, who, of their "own free will", live with their father, have been highly indoctrinated and alienated from their

mother. The video shows that both children behave in a pathological manner, having been affected by this environment for several years already. It is remarkable to see their bizarre reactions, characterised by denigration and aggressive rejection of their mother. They avoid all eye contact while accusing her of being under massive influence of medication, of having physically abused them, and of bothering them with "nuisance calls" ("124 calls in an evening"). They refer to their mother in extreme language "a mentally ill person", "a cow stuffed with medication", and "a threat to all humans" that should disappear forever, through death on the electric chair. After meeting the mother and accessing the court files, it becomes clear that the two girls have internalised completely unrealistic, distorted, even delusional false convictions. The cited allegations correspond to the PA symptom "borrowed scenarios". Other symptoms described first in 1985 by R. A. Gardner, American child psychiatrist and later by many international psychiatrists and psychologists as typical of PA can also be clearly seen in this video: a campaign of denigration (against the mother), the "independent thinker phenomenon", absurd rationalizations, absence of ambivalence, and absence of guilt feelings. In their emotions and cognition, as well as in their behavior, both children show signs of a true "disorder", because of the suggestive, reality-distorting influence and indoctrination in the paternal environment.

The court expert failed to recognize or refused to acknowledge PA at the time and recommended to the court that contact should be suspended. As a result, the mother has not seen her two daughters, both now students, for more than 10 years. The (maternal) grandmother has died without having seen her grandchildren again. The (maternal) grandfather has no contact either and is deeply hurt by this until today. This presentation told by two children who have been alienated from their mother by their father could equally have been told by a child who was alienated from his father and where the mother had been the alienator [i.e. with the genders and gender-generalizations reversed].

This presentation told by two children who have been alienated from their mother by their father could equally have been told by a child who was alienated from his father and where the mother had been the alienator. [i. e. with the genders and gender-generalizations reversed]. Parental alienation is then no longer a custody issue but a child protection issue [8-10].

Conclusion

In view of the tragic experiences and of the psycho-traumatic long-term effects of pathological alienation and contact loss as shown in the above example, the development of PA in children and parents cannot be viewed as a private family affair. In cases of high-conflict separation or divorce battles where the children are used and manipulated and there is thus a risk of PA development, the early active and interdisciplinary collaboration of all professions involved is essential, to reduce the parental conflict through adequate interventions. The special psychological issue of alienating

parents needs to be considered in this. Where this is not possible, because of one parent's or even both parents' psychopathological situation, compulsory psychological counseling and directive or confrontational interventions and structural family court actions are required (such as sanctions or custody transfer with psychological support), because this is where the limits of family autonomy are reached.

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