Parental involvement as a health risk

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Parental involvement is little recognized in Norwegian academic environments and in the field of justice. What is it, why is it difficult to recognize and how can it be handled?
Illustration: Espen Friberg

We illustrate these issues through a constructed case study based on our encounters with a number of different patients:

Sonja is ten years old and has a Norwegian father and a Latvian mother. After a divorce, Dad got the main care of Sonja. After a holiday with Dad, she failed to meet with her mother. Father had had Sonja referred to the Child and Adolescent Psychiatric Outpatient Clinic (BUP) based on a claim that her mother had been diagnosed with anxious and elusive personality disorder. According to father, Mom had given Sonja unwarranted diagnoses such as "asthma" and "atopic eczema". He
claimed that eczema and chlorine marks on the child's skin were due to self-harm due to emotional stress during contact with the mother.

That summer, Sonja had vacationed with her mother and overheard a quarrel between her and the new cohabitant. Dad thought her daughter had been traumatized by this episode. From this, Sonja received trauma-focused cognitive behavioral therapy. Mother was unaware of this until she received a message from the child welfare service with a copy of a concern message from the treating child psychologist at BUP. Here it was said that there was a suspicion that the child was neglected by his mother. Neither the GP nor the psychologist had informed the mother of the referral or the concern message. Neither had they met their mother or obtained comparative information.

In this story, Sonja is caught in a loyalty squeeze between a father who lost control of his ex-wife's mistrust, and a mother who had social and emotional challenges, but who acted as a good enough caregiver. The girl was influenced by well-meaning therapists and created an enemy image of the parent with whom she did not live. Internationally, such destructive dynamics have been referred to as parental alienation (1-3). In a recent literature review, parental involvement is described as a complex form of family violence directed at a parent in order to damage its relationship with their own children (3).

In Norway, parts of the professional environment have been reluctant to recognize the phenomenon as harmful to children's health and function. The Ministry of Children and Equal Opportunities has warned against having confidence in a party in court that refers to parental involvement. The Ministry has felt that it could lead to victims of violence and abuse being suspicious (4).
Originally, the phenomenon was launched as a condition in the child, so-called parental alienation syndrome (5). Increasingly, however, research and dissemination have emphasized that we must understand the phenomenon as a process initiated by adults towards the child and the parent / relatives excluded from contact with the child (1, 6).

In the ICD-11, the World Health Organization has recognized the phenomenon as truly existing under the designation QE52 Problem associated with interpersonal interactions in childhood (7). The phenomenon of forensic psychology from the American Psychological Association (APA) also confirms the phenomenon (1). On Vanderbilt University's website, there are more than 1,000 research articles showing that such parental behavior is recognized worldwide in both health care, welfare services and justice systems (8).

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**Confirmation and confirmation errors**

Psychological information from the Ministry illustrates that there is a difficult trade-off in situations where one would want to avoid being wronged by cancer, but also risk being wrongly asked for cancer (4). In the clinical therapeutic context, we are committed to avoiding failure errors. Omission errors have long been in the spotlight on the public and regulators. It is only in recent years that the clinical environments have increased attention to exaggeration errors such as overdiagnosis and overtreatment (9).

It is important to be prepared for stereotypical distrust and prejudice, but also to avoid naïve and uncritical trust in parents - especially when involved in care disputes. When empathy is exaggerated and glowing and inflamed, we are faced with "empathy", a form of self-absorbed emotion from therapists who have little to do with empathy.
What is Parental Advocacy?

We understand parental involvement as a relationship disorder in which a parent develops irreconcilable hostility. Children are drawn into the conflict of separation as an ally with the parent who has or is fighting for the primary care. The most important alienation strategies are to blacken the other, limit contact with the other, threaten with loss of love, apply sentimental control through confidences to the child, force the child to choose between parents and reject the other parent by, for example, naming the other with first name in instead of "mom" and "dad" (2, 10).

The child's reaction patterns and symptoms are typical and can make it tempting to look at the phenomenon as a syndrome. We operate with five main criteria that characterize highly alienated children: The child has pronounced negative cognitions and emotions towards the parent with whom he or she does not want contact. This separation is disproportionate to what the child can tell about specific experiences with the parent. The child is strikingly split between the condemnation of one parent and the idealization of the other. The child participates in grievous treatment by the non-favored parent. The child talks about the non-favored parent with borrowed expressions that are not age appropriate. In addition, the child talks derisively about the rejected parent's family, with whom he has had good and trusting contact in the past.

These are criteria that apply to a much lesser extent when children have been exposed to real neglect or abuse (3, 10). The presence of these criteria is therefore an important basis for distinguishing between distancing due to parental involvement and distancing due to the rejected parent having abused the child.
The fact that psychological environments will guard against ignoring violence, abuse and neglect of care is a legitimate intention (4). Injuries in childhood and adolescence often have serious consequences for later health and functioning (11). Therefore, children and parents should not be accused of parental involvement if they have been subjected to violence or other degrading treatment (10). Distance Taking from parents may be well-founded (justified distance taking, in English *estrangement*). Such distancing is most often characterized by plausible explanations and concrete actions behind it. The split between condemnation and idyllisation can be revealed by the use of validated questionnaires (6), tools that have been translated into Scandinavian languages but have not been used by either legal experts or therapists.

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**Parental involvement as a health risk**

In a large number of studies, it has been documented that children exposed to parental counseling have a significantly increased risk of developing psychosocial problems and that this risk persists into adulthood (3). In a population-based cross-sectional study with an average age of 27 years, 50–100% increased risk of mental health problems was found if a child had been subjected to parental support (12). Intra-psychic and behavioral mechanisms are characterized by dissociation, lack of acceptance and avoidance behavior (6). Such mechanisms often exacerbate emotional problems and help undermine life stress (13). Therapists can exacerbate the problems by unilaterally confirming patients' black-and-white thinking and stimulating evasive behavior, as the preliminary case study showed.

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**Professionalism in meeting families**
Therapists should be able to recognize patients' difficulties and their causal interpretations. However, they should not build on a patient's perceptions of reality and coping efforts when they are detrimental to the patient himself and his children. Empathy in a therapeutic relationship can be threatened by suspicion and mistrust, but also by overidentification and sentimentality. In the latter therapy behavior, it is easier to avoid accusations of being unethical and irresponsible (14).

Professionalism in dealing with patients who experience conflicts in their relationships and child care disputes is characterized by helping them understand the conflict from the other parent's and child's perspectives. Not least, it is important to convey that everyone must contribute as responsible subjects to finding solutions that are in the best interests of the child (14). Such working methods are widespread and well-known in family therapy and judicial mediation (15, 16), but appear to have limited space in clinical medicine, health care and Norwegian forensic psychology.

**Jurisprudence nationally and internationally**

In Sweden, shared living and equal parenting have been the legal norm since 1998, and equal parenting is also the legal norm in the new Family Law in Denmark. Modern understanding of attachment theory recognizes both parents' importance for the child's growth and development (17). The research is also clear that shared housing seems to be the best solution for children. This also applies in cases where there is a moderate to high level of conflict between the parents (18, 19). In modern societies where women have a high level of participation in all arenas of social life, and where the role of men encompasses daily care, child and family legislation with equality and reciprocity between parents will be natural, even when they are not living together. In the ongoing revision of the Children's Act, it would be natural to consider a legal norm on mutual parenting and a
change so that shared housing becomes the preferred legal solution and not an exemption provision (20).

In other countries it is reasonable to compare us, there is awareness of all forms of neglect and child abuse (1 - 3). In the United Kingdom and the United States, parental involvement is viewed as a form of neglect, and rapid legal intervention is sought if observance of parental involvement or other evidence of parental involvement implemented by parents or foster parents (3, 10). Therefore, expectations are attached to the recently appointed committee that will submit proposals for revision of the Children's Act.
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