

## Parental Alienation and *DSM-5*



■ William Bernet, M.D.

There has been discussion and debate for several years as to whether parental alienation (PA) should be included in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. The proposal that PA should be considered a formal diagnosis was submitted to the *DSM-5* Task Force in 2008, was published in *The American Journal of Family Therapy* (Bernet et al. 2010), and ultimately was published as a monograph (Bernet et al. 2010). Basically, we recommended that PA be included in *DSM-5* as either a mental disorder in the front part of the book or as a relational problem in the chapter of *DSM-5* titled "Other Conditions That May Be a Focus of Clinical Attention," or as a proposed diagnosis in the chapter of *DSM-5* titled "Conditions for Further Study."

Our definition of PA is a mental condition in which a child – usually one whose parents are engaged in a high-conflict separation or divorce – allies himself or herself strongly with an alienating parent and rejects a relationship with the target parent without legitimate justification. Although at times there has been controversy regarding parental alienation syndrome, there is almost no disagreement regarding the more generic concept of PA. Almost every mental health professional who works with children of divorced parents acknowledges that PA – as we define it – affects thousands of families and causes enormous pain and hardship. There is extensive qualitative, descriptive research regarding PA and more limited quantitative research. We ultimately developed a bibliography of about 900 references regarding PA from the professional literature of 36 countries on six continents.

In response to our proposal, senior personnel of the *DSM-5* Task Force told us that they did not want PA to be a separate diagnosis with its own code number. They thought that PA was an example of a diagnosis that already existed, parent-child relational problem. With the recent publication of *DSM-5*, we are pleased to see that PA can now be identified and coded in several different ways using new diagnostic terminology. Although the actual words "parental alienation" do not appear, the spirit of PA is strong and well represented in *DSM-5* (American Psychiatric Association 2013). If a clinical or forensic practitioner determines that a child is affected by PA, the following diagnoses should be considered.

*"The concept of parental alienation is clearly expressed in DSM-5 – particularly in parent-child relational problem and child affected by parental relationship distress – although the actual words are not in the book."*

**Parent-child relational problem** now features discussion in the text of *DSM-5* (p.715). The discussion explains that cognitive problems in parent-child relational problem "may include negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement." That is a pretty good description of the child's experience in PA, since the child persistently attributes negative intentions to the rejected parent's feelings and behaviors. Also, the child is persistently hostile to the rejected parent and scapegoats that parent, i.e., blames that parent for anything bad that happens. It is unfortunate that the authors of *DSM-5* used the phrase "unwarranted feelings of estrangement." Almost all authors on this topic use "estrangement" to mean warranted or justified feelings

and "alienation" to mean unwarranted or unjustified feelings.

**Child affected by parental relationship distress** is an important new diagnosis in *DSM-5* (p.716). It should be used "when the focus of clinical attention is the negative effects of parental relationship discord (e.g., high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child's mental or other physical disorders." That is a very good description of how parental alienation comes about. That is, PA usually arises during the course of high-conflict separation or divorce, and it almost always involves persistent disparagement of the rejected parent by the alienating parent.

**Child psychological abuse** is another new diagnosis in *DSM-5* (p. 719). It is defined as "nonaccidental verbal or symbolic acts by a child's parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child." In many instances of PA, the behavior of the alienating parent constitutes child psychological abuse.

**Delusional symptoms in partner of individual with delusional disorder** is the *DSM-5* terminology for shared psychotic disorder or *folie à deux* (p. 122). The definition is: "In the context of a relationship, the delusional material from the dominant partner provides content for delusional belief by the individual who may not otherwise entirely meet criteria for delusional disorder." In some cases of severe PA, the alienating parent's obsessions reach the intensity of a delusion regarding the rejected parent, which the alienating parent shares with the child.

**Factitious disorder imposed on another** is the *DSM-5* terminology for factitious disorder by proxy or Munchausen disorder by proxy (p. 325). Its definition is "falsification of physical or psychological signs or symptoms, or induction of injury or disease, in another, associated with identified deception." In some cases of

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PA, that would describe the behavior of the alienating parent.

The concept of parental alienation is clearly expressed in *DSM-5* – particularly in *parent-child relational problem* and *child affected by parental relationship distress* – although the actual words are not in the book. That is a great improvement over *DSM-IV-TR*, especially with the addition of the new diagnosis, *child psychological abuse*. Child and adolescent psychiatrists should make use of these diagnoses when they evaluate and treat children who experience PA. If therapists are feeling frustrated by cases involving PA, they should consult recently published books (Gottlieb 2012; Baker and Sauber 2012). Forensic child psychiatrists will be interested in

a comprehensive new book edited by Lorandos, Bernet, and Sauber (2013). ■

### Reference

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*Dr. Bernet is an emeritus professor in the Department of Psychiatry, Vanderbilt University School of Medicine, Nashville, Tennessee. He can be reached at [william.bernet@vanderbilt.edu](mailto:william.bernet@vanderbilt.edu).*

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