



## Parental Alienation, DSM-5, and ICD-11 (American Series in Behavioral Science and Law) (American Series in Behavioral Science & Law)

By William Bernet

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### Parental Alienation, DSM-5, and ICD-11 (American Series in Behavioral Science and Law) (American Series in Behavioral Science & Law) By William Bernet

Parental alienation is an important phenomenon that mental health professionals should know about and thoroughly understand, especially those who work with children, adolescents, divorced adults, and adults whose parents divorced when they were children. In this book, the authors define parental alienation as a mental condition in which 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. This process leads to a tragic outcome when the child and the alienated parent, who previously had a loving and mutually satisfying relationship, lose the nurture and joy of that relationship for many years and perhaps for their lifetimes. We estimate that 1 percent of children and adolescents in the U.S. experience parental alienation. When the phenomenon is properly recognized, this condition is preventable and treatable in many instances. The authors of this book believe that parental alienation is not simply a minor aberration in the life of a family, but a serious mental condition. Because of the false belief that the alienated parent is a dangerous or unworthy person, the child loses one of the most important relationships in his or her life. This book contains much information about the validity, reliability, and prevalence of parental alienation. It also includes a comprehensive international bibliography regarding parental alienation with more than 600 citations. In order to bring life to the definitions and the technical writing, several short clinical vignettes have been included. These vignettes are based on actual families and real events, but have been modified to protect the privacy of both the parents and children.

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## **Editorial Review**

### **Review**

As child psychiatrists, we often come across emotionally disturbed children from broken families in our clinical practice. Research indicates that the emotional well-being of children after parental separation and divorce can often be predicted by the relationship between parents after such a separation. Most clinicians in the field have wondered about how children deal with such dilemmas that are forcibly superimposed on their tender years. In such circumstances, it is not uncommon for children to align with one parent's viewpoint while rejecting outright the other, a phenomenon often referred to as parental alienation. The author of this book, Dr William Bernet, discusses this concept and the accompanying research, while making a fairly convincing argument to introduce this concept in DSM-5 and ICD-11. The author defines parental alienation as when a child, usually one whose parents are engaged in a high conflict divorce, allies himself or herself strongly with one parent and rejects strongly the other parent without legitimate justification (such as abuse or neglect) (p 3). On the basis of a literature review, the author argues that parental alienation may have a prevalence of around 1% of the child and adolescent population in the United States and causes significant impairment in relationships for such children. Furthermore, he suggests that failure to recognize it may lead to unnecessary delays in treatment. The author proposes that this concept needs to be recognized as such and should be included either as a psychiatric disorder or as a relational problem in our future classificatory systems. The initial chapter defines parental alienation syndrome (PAS) as a cluster of characteristic behaviors such as a campaign of denigration led by the child against the alienated parent, lack of ambivalence of the child, and extension of the denigration to family members of the alienated parent. The next chapter thoroughly reviews the 20 reasons why parental alienation should be considered as a diagnostic entity in the upcoming editions of both DSM and ICD. The author suggests that in the newer classification, the syndrome could be clustered with either attachment disorders or relational problems or lumped with the developmental disorders. He acknowledges the overlap in symptoms of parental alienation and parent-child relational problem but argues that PAS merits its own place since there are two separate parent-child relational problems manifested' one between the alienating parent and the child, and another dysfunctional relationship between the alienated parent and the child. The author advocates that by including such a diagnosis, one may be able to shed light on a serious mental condition that has a predictable course that often continues into adulthood (p 110). Making it a diagnosis will help bridge the information among different specialists and get the patient the help needed. It will also permit more research to be conducted on the topic. Dr Bernet has made an excellent attempt to shed more light on PAS, define it, help clarify the controversies around it, and facilitate its inclusion in DSM-5. He further suggests practical criteria to include it as a disorder (in Appendix A) or as a relational problem (in Appendix B). The author provides thorough evidence for the validity, reliability, and prevalence of parental alienation, supporting its integration into DSM-5 while answering the critics of this concept. --Paola Habib, MD

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In this 21st century, people become competitive in each and every way. By being competitive at this point, people have to do something to make them survive, being in the middle of typically the crowded place and notice by means of surrounding. One thing that at times many people have underestimated this for a while is

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### **William Lebel:**

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