

Factsheet

PARENTAL ALIENATION SYNDROM

Warning: Traumatization of Children from Separation and Divorce

In Switzerland every year, there are about 12,000 children from divorces and about 400 children from separation of registered non-married couples. For these children it is a difficult time: to whom should they show loyalty? The more conflict that arises in a separation or divorce, the more likely the risk of serious loyalty conflicts for the children, largely because of lengthy and sometimes multiple lawsuits between divorcing parents. The consequence is often total alienation from one parent. Loss of contact with a living parent has been proven to be significantly more damaging than contact loss due to death. If alienation is not prevented or dealt with, the child will suffer significant harm. The child will experience long-lasting and life-threatening psychiatric and psychosomatic trauma accompanied by significant suffering through into adulthood. Most of the time problems are not recognized or not taken seriously and the necessary psychological and legal interventions therefore get delayed, or as is often the case, do not take place at all. Using this fact sheet, parental alienation can be recognized and effective measures can be taken.

**KINDESSCHUTZ-
ORGANISATION SCHWEIZ**
Unterstützung in Kinderfragen bei Trennung und Scheidung

Behaviour of the parent refusing to share parental care

The basis of high-conflict separations is often when one or both parties have mental health problems. Borderline and Narcissist Personality Disorders have been clearly linked to marital conflict and parental alienation. Characteristics of Borderline Personality Disorder:

- Overconfident self-image and strong overreaction to criticism
- Blaming the other parent; inability to tolerate regularity
- Anger as the main emotion – walking on eggshells
- Depression
- Personality as a façade
- Relationship inability and constant change of partners
- Frequent changing of confidant / doctor to the child
- Anger when someone does not comply, for example, comes too late
- Always knows best what is good for the child
- Always looking for self-affirmation from others – if this is withdrawn, then the individual will search for others who will affirm
- Assertion of own rules, other regulations are not respected with fleeting excuses
- Unrealistic expectations of the partner and narcissistic rage.
- Refusing to communicate, rejecting or withholding specialist agencies that are in favour of visiting
- Social workers, judges, assessors, counsellors, therapists, teachers, doctors, etc. will be changed until professionals are found who are willing to share the attitude of the alienating parent without criticising.
- Withholding or manipulating information regarding the children from the other parent. Medical, school, etc.
- Small deficiencies of the other parent are grossly exaggerated and serve as the basis for new problem cases.
- Misuse of accusations of abuse (abuse of the abuse)
- The child is exploited to validate the individual's past
- Continuing self-presentation as a victim
- Argument in court that permanent disputes make shared custody impossible
- Moving to distant places of residence

Attitude of the parent refusing to share parental care towards the child

- The child acts as a relationship mediator (child psychologist, paediatrician, social worker, assistance, etc.).
- Psychological pressure (such as reprisals) is applied directly on the child to make it impossible to deal with the other parent.
- Authorities are instrumentalised in a way that promotes the loyalty conflict (accusations of abuse).
- The autonomy of the children is fully blocked

Psychological and physical symptoms of the child

- Concentration problems (ADHD)
- Lack of trust in the social environment
- Low self-esteem
- Physical symptoms (headache and abdominal pain, diarrhoea etc.)
- Increased addictiveness
- Repetition of traumatic experiences
- Sleep disorders, anxiety

Symptoms of the alienated parent

- Feeling of being totally drained, burnout
- Psychosomatic complaints
- Significant decrease in quality of life, loss of vitality
- Isolation, thoughts of suicide, job loss
- Circulatory problems and possibly heart attack
- Loss of reality (how can this be happening to me?)
- Separation from the "own child", so that the pain becomes bearable.

Indications of a split personality in the child due to loyalty conflict and subsequent disorders

- Weak, absurd or particularly outrageous, undeniable justifications for this devaluation of the other parent
- Longer-term effect: strict compliance of the child with the perceived fact that it was his or her decision to reject a parent
- Lack of usual ambivalence towards the estranged parent
- Family members of the alienated parent are devalued
- Non-age appropriate language and development: repetition of non-age appropriate terminology and scenarios of the preferred parent
- Difficulty in performance at school or teaching up to the termination of training
- Conspicuous devaluation of the alienated parent (demonization)

Important points to observe during the process

- Do not iteratively question the children. Children will only answer impulsively to meet expectations of the person asking questions.
- Do not let time pass unnecessarily, do not accept any missing interventions that are required for the children.
- Do not hope for improvement, but become active
- Try for parent's equivalent on the basis of joint custody
- Do not allow instrumentalization of the parent or the child
- A parent who refuses to work often comes with arguments for new clarifications or scenarios. This has the effect of, the goal is achieved that the child has to prove his / her loyalty stronger

WARNING!

If the court does not take any action, then the alienating parent experiences serve as an effective reward and self-affirmation for his or her alienating behaviour.

Therapy recommendations for the child

Basically, the children do not need therapy. The behaviour normalizes quickly when the child realises that it can visit the other parent reliably and without feeling guilty and enjoy the time together.

However, after PAS (Parental Alienation Syndrome) disease, it may make sense for the child to be followed psychologically by a neutral trusted person (a public authority).

If it turns out that the child still has phobic fears despite normalization, then it makes sense to have a behavioural therapy.

Therapy recommendations for the parent refusing to share parental care

With borderline therapy it is important to use a balance of confrontation and empathy. This is the most likely approach to reach alienating parents. In addition, any possible previous trauma should be taken into account so that the insights can flow into the therapy.

Source material and references:

- KiMiss-Projekt Universität Tübingen
Das KiMiss-Projekt untersucht die Frage, in welchem Ausmass das Getrenntleben oder die Trennung von Eltern und Kindern zu einer Sorgerechtsproblematik oder zu Problemen wie Eltern-Kind-Entfremdung oder Sorgerechtsmissbrauch führt. Ein langfristiges Ziel des Projekts ist es, gesellschaftliche und praktikierbare Definitionen für Begriffe wie Sorgerechtsmissbrauch, Kindesmissbrauch oder Kindesmisshandlung zu entwickeln
- Fachzeitschrift „Neuropsychiatrie“ (DOI 10.1007/s40211-018-0267-0) - Parental Alienation (Syndrome) - eine ernstzunehmende Form von psychischer Kindesmisshandlung
- Deutsches Ärzteblatt, Heft 2003, Nicht instrumentalisieren lassen
- Psychotherapie, 7. Jg. 2002, Bd. 7, Heft 2
- Internationale Konferenz das Parental Alienation Syndrome <http://www.pas-konferenz.de>
- Das Eltern-Entfremdungssyndrom PAS – Eine Sonderform des Kindesmissbrauchs «Emotionale Gewalt», das Magazin für Ärztinnen und Ärzte in Salzburg, Ausgaben 11+12/2015

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