

## LETTER TO THE EDITOR

Dear Editor:

In your recent editorial (“Coasting to DSM-5 – Parental Alienation Syndrome and Child Psychiatric Syndromes: We are what and who we define”), you commented that “Parental Alienation Syndrome (PAS) is a good example of a syndrome trying to sneak in while everyone’s attention is diverted elsewhere.” You mentioned some of the pros and cons of the proposition that parental alienation become an official diagnosis, and then summarily stated your conclusion, “I simply don’t buy the analogy argument – i.e., PAS is a relational disorder akin to DSM V-codes.”

As chairman of the large, international committee that has proposed that parental alienation be included in both DSM-5 and ICD-11, I am concerned that you trivialized a significant issue confronting child and adolescent psychiatry in Canada and the U.S. Parental alienation is an important mental condition that affects hundreds of thousands of children and families, and your readers need to be aware of and understand what it is about. In Canada, the major scholars regarding parental alienation are psychologists: Abe Worenklein, Ph.D.; Hubert Van Gijsegem, Ph.D.; Marie H  l  ne Gagn  , Ph.D.; Barbara Jo Fidler, Ph.D.; and Kathleen M. Reay, Ph.D. The child and adolescent psychiatrists of Canada should get up to speed on this topic.

You were correct in your editorial comments that the diagnosis of parental alienation would have forensic implications. In fact, Canadian judges have wisely spoken out on that topic. In an essay in a major newspaper, for example, Judge Harvey Brownstone (2009) discussed the differential diagnosis of contact refusal, including parental alienation. Twenty years ago, Judge John H. Gomery (*Mills v. Cher*; 1991) made a famous, eloquent statement regarding parental alienation: “Hatred is not an emotion that comes naturally to a child. It has to be taught. ...Defendant has deliberately poisoned the minds of his children against the mother that they formerly loved and needed.”

It is notable that the most successful public information programs regarding parental alienation have come from Canada. The Parental Alienation Awareness Organization

(paawareness.org) is headquartered in Ontario. The Canadian Symposium for Parental Alienation Syndrome (cspas.ca), which educates both mental health professionals and the general public, is also located in Ontario. Perhaps the most disturbing and tragic personal account of parental alienation was written by a woman from British Columbia (Richardson, 2006).

Our proposal that parental alienation be included in DSM-5 and ICD-11 was published in the *American Journal of Family Therapy* last year (Bernet, Boch-Galhau, Baker, & Morrison, 2010). If your readers want a complimentary reprint of that article, they may contact me at william.bernet@vanderbilt.edu. A more comprehensive version of our proposal was published as a monograph, *Parental Alienation, DSM-5, and ICD-11* (Bernet, 2010). The research basis for our proposal is much more elaborate than can be presented in this letter. I will simply say that the bibliography of our proposal includes more than 500 references regarding parental alienation from the professional literature of 30 countries. I hope that Canadian child and adolescent psychiatrists learn more about parental alienation, including the methods for identifying and treating this mental condition.

Yours truly,

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## References

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