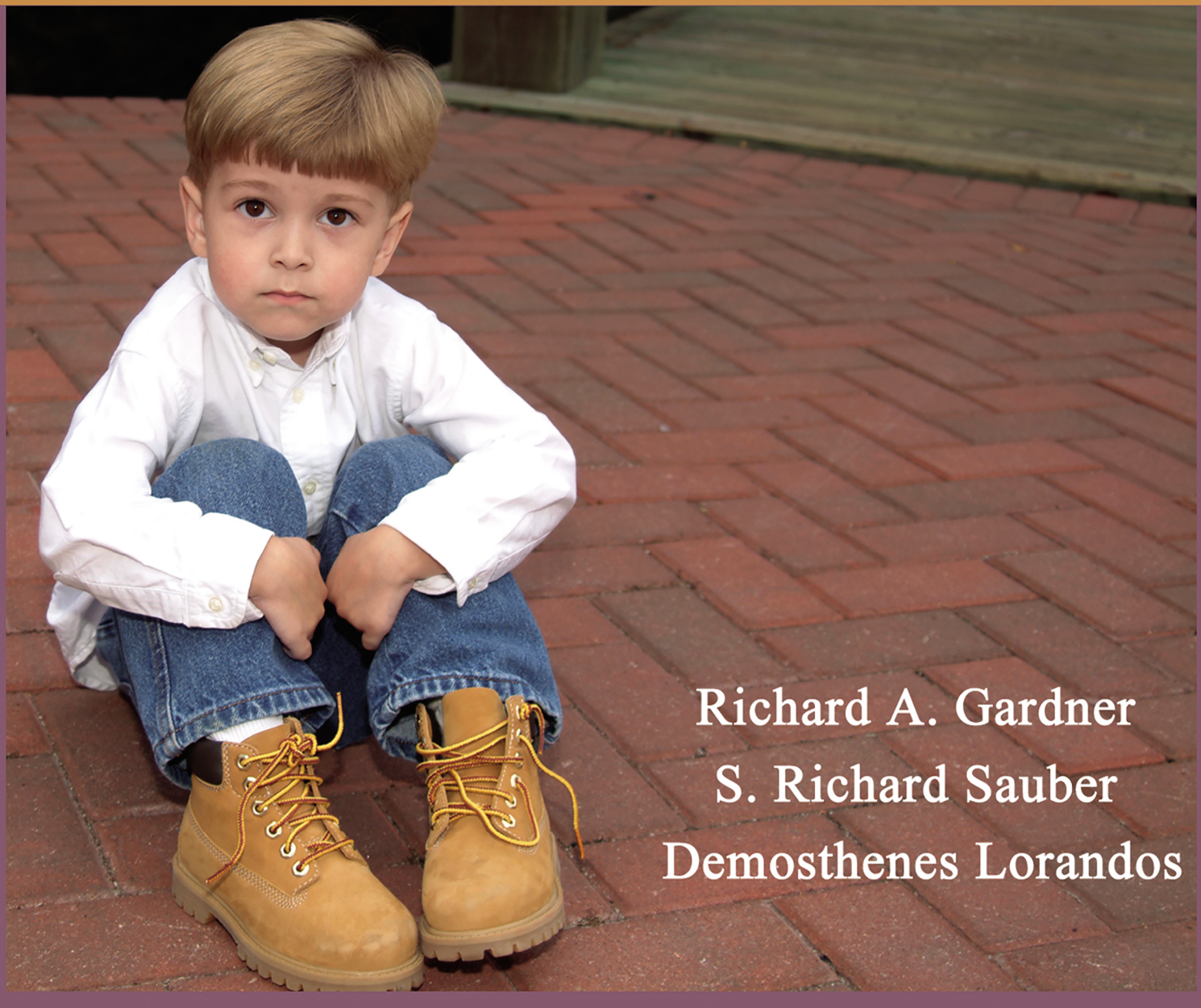
The International Handbook of Parental Alienation Syndrome

Conceptual, Clinical and Legal Considerations



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THE INTERNATIONAL HANDBOOK OF PARENTAL ALIENATION SYNDROME

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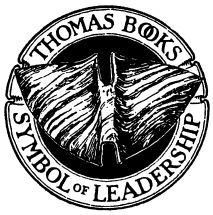

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DEDICATED TO RICHARD A. GARDNER, M.D.

Sir Isaac Newton said, "If I have seen further, it is by standing upon the shoulders of giants." In the study of alienated children there is one man upon whose shoulders everyone stands. Anyone who studies, writes about, or seeks to understand the phenomenon of alienated children cannot do so without paying homage to Dr. Richard A. Gardner.

Dr. Gardner passed away on May 25, 2003. To say that he was a man of great achievements is an understatement. Most psychiatrists would be content to have a thriving clinical practice. Some have one or two published articles to their credit. The more ambitious have written more articles, perhaps even a book or two. The highest achievers have an impressive output of five or ten books at most.

Dr. Gardner wrote more than 130 articles that were judged by panels of expert reviewers to be worthy of publication in scholarly journals. He wrote 40 books. His contributions to the field of general psychotherapy with children, psychotherapy with children of divorce, and custody evaluations, are considered classic works in the field and are cited often in the professional literature and in psychotherapy textbooks. One indication of Gardner's stature among his colleagues is that he was invited to contribute several chapters to the standard reference work in his field, the *Basic Handbook of Child Psychiatry*, whose Board of Editors includes many of the world's leading experts in child psychiatry. Most authors are flattered to be invited to contribute only one chapter.

Gardner wrote the first self-help book for children of divorce. It was lauded by *Time* magazine, excerpted in the *Sunday New York Times Magazine*, and is currently in its 28th printing. He devised a therapeutic technique, mutual storytelling, that is included in child psychiatry curriculums and listed as one of 35 significant events in the history of play therapy, along with contributions from luminaries such as Sigmund Freud, Anna Freud, Melanie Klein, and Jean Piaget. In addition, he originated an entire therapeutic modality with his introduction of the first therapeutic board game for use in psychotherapy with children. The use of such games has since become standard in child psychotherapy with many games following Gardner's lead. One noted expert in psychotherapy called Gardner's creation "one of the most popular therapeutic games available" and a Website for therapeutic resources claimed that, "Most child therapists consider it an indispensable part of their playroom

equipment." Gardner's books and therapeutic games have been translated into nine languages. The American Psychological Association, in addition to citing three of Gardner's books in a highly selective list of references pertinent to child custody evaluations, honored him by selecting him as one among only a few professionals included in a series of training videotapes by "distinguished psychotherapists."

For most of his professional career, Dr. Gardner enjoyed the reputation and stature appropriate to a man of his achievements and innovations. Then he wrote about Parental Alienation Syndrome and about sex abuse allegations. He was one of the first to say publicly that sometimes children do lie and that we should not automatically accept all allegations of abuse as true. As a result of this work, Dr. Gardner was attacked, smeared, and vilified. In their attempt to alienate audiences from Dr. Gardner's work, his critics used the same tactics as do parents who demonize a parent or grandparent in an effort to poison children's affection and respect.

None of this stopped Dr. Gardner. He set an inspiring example of a talented and courageous man willing to walk new and difficult paths and defend unpopular stands with conviction, strength, and integrity. I am reminded of the words of Theodore Roosevelt:

> It is not the critic who counts, not the man who points out how the strong man stumbled, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena; . . . who strives valiantly, who errs and comes short again and again; who knows the great enthusiasms, the great devotions, and spends himself in a worthy cause; who, at the best, knows in the end the triumph of high achievement; and who, at the worst, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.

No one ever accused Richard Gardner of being timid. He was in the arena his entire professional life, to the very end passionately, eagerly, and tirelessly sharing his knowledge and insights. I spoke to him two nights before his death. His terrible pain did not keep him from expressing great enthusiasm and excitement about his latest project. For those of us who remain in the arena, Dr. Gardner's legacy will be an inspiration for years to come.

For all these reasons, we dedicate this volume to Dr. Gardner's memory in recognition of his unparalleled contributions to the welfare of children throughout the world.

Richard A. Warshak, Ph.D.

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Richard A. Gardner, M.D. (1931–2003) coined the term and developed the theory, practice, the diagnosis and treatment for *the parental alienation syndrome.* He was Clinical Professor of Child Psychiatry at Columbia University. Recognized for his innovative contributions to child psychiatry, he wrote more than 40 books and 250 articles.

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Deirdre Rand, Ph.D., is a forensic psychologist who specializes in Munchausen syndrome by proxy and other complex forms of child abuse. She is known for her two part review, "The Spectrum of Parental Alienation Syndrome." Dr. Rand and Dr. Randy Rand collaborated with Leona Kopetski on a follow-up study on interventions.

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Richard A. Warshak, Ph.D., is a clinical and research psychologist, Clinical Professor at the University of Texas Southwestern Medical Center, and author of a text on custody. He serves on the Editorial Board of Family Court Review, has published extensively on divorce, and consults with attorneys throughout the world.

FOREWORD

This is an important book and I am honored to write its Foreword. Richard A. Gardner, M.D. first described *parental alienation syndrome* (PAS) in his text, *The Parental Alienation Syndrome and the Differentiation Between Fabricated and Genuine Child Sex Abuse*, in 1987. Previously, he had used the terminology "the brainwashed child" as the "active program of vociferous condemnation" in his book, *Family Evaluation in Child Custody Litigation* (1982). He made reference to J.W. Duncan's discussion of the "brainwashing parent" in 1978. Dr. Gardner was the founder and tireless articulator and advocate of the concept as well as of its diagnosis and treatment. I say "was" because of Dr. Gardner's untimely death in May of 2003. Although most psychological concepts evoke little response, PAS has struck a cord in the professional and lay community, with most holding rather strong opinions about it.

Regardless of one's position on PAS, it is hard to deny the far-reaching implications it has had in the five basic human service delivery systems (Cf. Sauber, 1983). Most notable and obvious has been its impact on family law and in family mental health. Besides these, PAS has had considerable impact on the criminal justice system in terms of petitions for domestic violence, restraining orders, false police reports filed, etc. Its impact on the social welfare system is commonly exemplified in state agencies or departments of child and family services which are called upon to differentiate child abuse and neglect from fabricated complaints, as well as to file reports to the civil court. It should be noted that such state agencies typically have their own mental health evaluators and anger managers who are called upon to fulfill these agencies' legal mandate of "impartiality" and "protection." Furthermore, the mental health system is directly involved in the evaluation and treatment aspects before, during, or after the discovery and identification of the PAS phenomenon. Other human service delivery systems described by the contributors to this book include health care and education. It should not be surprising that symptoms related to PAS are reported by health care providers such as pediatricians, gynecologists, internists and family practitioners. In addition, children's and adolescent's grades decline as family conflicts intensify and the minors internalize and act out their parents' own power struggles. The point is that the impact and implications of PAS are immense.

Because of its far-reaching effects, it has now become incumbent on the mental health community to learn about PAS and how to diagnose and treat it. Despite its widespread harm to children and family members, confusion about PAS remains. For example, the terms "parental alienation" and "parental alienation syndrome" are mistakenly used synonymously. Similarly, controversy remains about PAS as mental health experts and family law attorneys debate its existence and the harmful effects that alienation has on the entire family. Accordingly, Dr. Gardner endeavored to further clarify and operationalize the terminology both in a seminal publication in the *American Journal of Family Therapy* (2002) as well as in this book. Without a doubt, this book represents the definitive statement of PAS to date and should be of inestimable value to the professional reader, particularly those in the mental health field.

It should be noted that the contributors to this remarkable handbook are distinguished leaders in this cutting edge, interdisciplinary field. Many of them have offered expert testimony in court. Many have lectured to the professional community at association meetings and conventions. All of these distinguished contributors have collaborated in producing this definitive text. This group of international experts has worked to provide important perspectives on several different clinical and forensic challenges regarding PAS. Needless to say, these challenges are inevitable in legal family systems because of the inherent adversarial and conflictual nature–regardless of one's entry point or one's view. No other single source that provides the depth and breadth of coverage of the topic than the clinically and forensically valuable chapters in this book.

Although Dr. Gardner's name is typically associated with, and has even become synonymous with PAS, it is important to note that his life's work and commitment were much broader. Indeed, Dr. Gardner's primary passion was, above all else, to the health and well-being of all children. He was a giant among his peers in advocating for the humane care, treatment, and basic rights of children. With the great loss and unexpected passing of Dr. Gardner, the torch is now passed to others to continue to write, research, teach, testify and advocate for children in complex divorce situations. Although this book was not initially intended to be Dr. Gardner's final contribution to the professional community, it serves as a fitting tribute and memorial to a courageous pioneer. It also serves to acknowledge the contributions of some of the many colleagues whom he mentored and collaborated with over the years.

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CONTENTS

THE INTERNATIONAL HANDBOOK OF PARENTAL ALIENATION SYNDROME

Section I

CONCEPTS

Chapter 1

INTRODUCTION

Richard A. Gardner
May, 2003

Since the 1970s, we have witnessed a burgeoning of child-custody disputes unparalleled in history. This increase has primarily been the result of two recent developments in the realm of child-custody litigation: the replacement of the tender-years presumption with the best-interests-of-the-child presumption and the increasing popularity of the joint-custodial concept. The assumption was made that mothers, by virtue of the fact that they are female, are intrinsically superior to men as child-rearers. Accordingly, the father had to provide to the court compelling evidence of serious maternal deficiencies before the court would even consider assigning primary custodial status to the father. Under its replacement, the best-interests-of-the-child presumption, the courts were instructed to ignore gender in custodial considerations and evaluate only parenting capacity, especially factors that related to the best interests of the child. This change resulted in a burgeoning of custody litigation as fathers now found themselves with a greater opportunity to gain primary custodial status. Soon thereafter the joint-custodial concept became popular, eroding even further the time that custodial mothers were given with their children. Again, this change also brought about an increase and intensification of child-custody litigation.

PARENTAL ALIENATION SYNDROME

Definition of Parental Alienation Syndrome

In association with this burgeoning of child-custody litigation, we have witnessed a dramatic increase in the frequency of a disorder rarely seen previously, which I refer to as the parental alienation syndrome (PAS). In this disorder we see not only programming ("brainwashing") of the child by one parent to denigrate the other parent, but self-created contributions by the child in support of the alienating parent's campaign of denigration against the alienated parent. Because of the child's contribution I did not consider the terms *brainwashing*, *programming*, or other equivalent words to be applicable. Accordingly, in 1985, I introduced the term *parental alienation syndrome* to cover the *combination* of these two contributing factors (Gardner, 1985, 1986, 1987). In accordance with this use of the term I suggest this definition of the parental alienation syndrome:

> The *parental alienation syndrome* (PAS) is a disorder that arises primarily in the context of child-custody disputes. Although the dispute is most often between the parents, it can arise in other types of conflicts over child custody, e.g., parent vs. stepparent, parent vs. grandparent, parent vs. relative, etc. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification against a good, loving parent. It results from the *combination* of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the target parent. When true parental abuse and/or neglect is present, the child's animosity may be justified, and so the parental alienation syndrome explanation for the child's hostility is not applicable. Inducing a parental alienation syndrome into a child is a form of emotional abuse because it can result in the attenuation and even destruction of the child's bond with a good, loving parent. (Gardner, 1998)

Although PAS certainly existed prior to the 1980s, it was relatively uncommon, especially because, as mentioned, its ubiquity is primarily the result of the aforementioned recent developments regarding how the courts determine primary custodial parental status.

In the past 20 years, although we have had the opportunity to learn much about the etiology, pathogenesis, clinical manifestations, management, and treatment of PAS, we have not had enough time and experience to be able to know with certainty what the consequences of PAS are in adulthood.

Definition of the Word "Syndrome"

A syndrome, by definition, is a cluster of symptoms, appearing together, that characterizes a specific disease. The symptoms, although seemingly disparate, warrant being grouped together because of a common etiology or basic underlying cause. Furthermore, a consistency with regard to such a cluster, in that most (if not all), of the symptoms usually appear together. A well-known example would be Down syndrome: which includes mental retardation, mongoloid-type facial expression, drooping lips, slanting eyes, short fifth finger, and atypical creases in the palms of the hands. People who suffer from Down syndrome often look very much alike, and most typically exhibit all these symptoms. The common etiology of these disparate symptoms relates to a specific chromosomal abnormality. It is this genetic factor that is responsible for linking together these seemingly disparate symptoms.

The Progression for the Recognition of a Syndrome

There are three levels of progression for the recognition of a syndrome. At the first level are isolated signs or symptoms without reference to other particular symptoms; these are of little predictive value. Examples would be headache or stuttering or constipation. They are isolated symptoms with many possible causes and many possible forms of treatment.

At the second level is a clinical picture formed by the grouping of specific signs and symptoms into a distinctive syndrome. Down syndrome would be an example. The fact that the symptoms occur together is one of the hallmarks of the syndrome, even though all may not be present in the milder forms.

At the third level is the identification of a particular pathological process or causative agent that brings about that particular constellation of symptoms that are referred to as that specific syndrome.

The Current Level of Recognition of PAS

PAS has reached the third level of recognition. We are not dealing with level one, where there is an isolated symptom that can have many different causes. Nor are we dealing with isolated and seemingly random symptoms that do not necessarily appear together. When I first began to see this cluster in the early 1980s, it was at level two. At that point, I saw a cluster that repeatedly appeared together. These were the eight primary symptoms of the PAS that I described in my first article on this disorder (Gardner, 1985). When I identified the cause as programming by an alienating parent, I had reached level three. This link between the programming parent and the presence of these symptoms in the child were described in my publications during the next two years (Gardner, 1986, 1987a, 2001). The vast majority of the peer-reviewed articles that have been published on PAS identify the alienator as the causative agent. Some claim that the victim parent's behavior has brought about the symptoms. If that is the case, then we are not dealing with PAS, but bona fide abuse or neglect. This principle is stated in the definition of PAS, wherein I state "when true parental abuse and/or neglect is present, the child's animosity may be justified, and so the parental alienation syndrome explanation for the child's hostility is not applicable." All the articles that have been described and referenced in this text on PAS agree that the alienating parent is the causative agent. The DSM IV has equivalents for the PAS diagnosis if this reference is necessary to provide a substantive diagnosis until the next meeting of the committees for the DSM V can consider the relatively new term "PAS" (Gardner, 2003).

PARENTAL ALIENATION VS. PARENTAL ALIENATION SYNDROME

Parental alienation (PA) is a *general* term that covers any situation in which a child can be alienated from a parent. It can be caused by parental physical abuse, verbal abuse, emotional abuse, mental abuse, sexual abuse, abandonment, and neglect. Adolescents, as an act of rebellion, may become alienated from a parent. Young people seduced into cults may be programmed to become alienated from a parent. A child can also be programmed by one parent to be alienated from another. That particular category of parental alienation is generally referred to as parental alienation syndrome.

Parental alienation syndrome is one subtype of parental alienation. It is the subtype that is caused by a parent systematically programming the children against the other parent who has been a good, loving parent.

Can PA and PAS be Used Synonymously?

Using the terms PA and PAS synonymously cause much confusion, as general term is being used to refer to a specific disorder. It is the equivalent of saying that a person who has colon cancer just has cancer. There are many different kinds of cancer and each one requires a specific kind of treatment. When one says "colon cancer," one is referring to a specific type of cancer that gives specific information about a particular form of the disease. With this information the doctor can provide a specific course of treatment, different from the treatment of other types of cancer. To refer to colon cancer as simply cancer "muddies the waters," confuses the diagnosis, and does not provide much specificity for proper treatment. Doctors today do not treat "cancer"; they do treat a wide variety of specific types of cancer.

Reasons for the PA vs. PAS Controversy

Many reasons for the PA vs. PAS controversy – One relates to the fact that the PAS diagnosis requires identification of a *specific* programmer. There is no getting around it. In contrast, the PA diagnosis is *not* specific and opens the door to either parent being responsible for the alienation. Accordingly, an attorney representing an alienating parent would much prefer to use the PA term. For example, an attorney who represents an alienating father may say to the court, "Your Honor, no one denies that these children are alienated from their mother. We don't deny that. We believe that she has brought on the children's alienation by her own behavior rather than their being programmed by my client." Using the term *PAS* lessens the likelihood that this argument can be used. In PA, either parent can be responsible; with PAS one parent is focused upon and is likely to be quickly identified.

Attorneys who represent alienating parents are likely to seek the services of an expert who eschews the PAS term. If *all* mental health experts were to agree that PAS exists and recognize that the use of the term PA "muddies the waters" and can serve to help alienators deny that they are alienators, then attorneys would be unlikely to use this argument in courts of law because they would not be able to find a competent expert who would deny the existence of PAS.

This controversy contains numerous other factors, many of which have been described elsewhere (Gardner, 2002; Warshak, 2003). Several articles in this volume also address this controversy, especially Barry Brody's, "The Misdiagnosis of PAS." In addition, articles in this book are dedicated to rebuttals that focus not only on the PAS vs. PA debate, but on other PAS-related controversies as well.

RECOGNITION OF PAS IN COURTS OF LAW

Courts of law throughout the United States and many foreign countries recognize PAS. At the time of this writing, it has been recognized in the following countries: United States (22 states), Canada (7 provinces), Australia, Germany, Great Britain, Israel, and Switzerland. With respect to the cases in the United States, see *Parental Alienation Syndrome in American Law* in this handbook.

The Frye Test

In the United States, most states subscribe to the *Frye* test to assess the admissibility of a new theory into a court of law (*Frye v. United States* 293 F. 1013 [D.C. Cir. 1923]). For the theory to be admitted in a court of law it must have been generally accepted in the relevant scientific community. The judge makes *no* decision regarding its scientific validity. In 1600, astrology would have passed Frye. In 1800, bloodletting for the treatment of fever would have passed Frye (incidentally, that's how George Washington died).

The Mohan Test

The *Mohan* test for admissibility is used in Canada. It is more stringent than *Frye*, but less stringent than *Daubert* (see next section). The following criteria are necessary for admission under *Mohan* criteria:

1. The theory must be relevant
2. The theory must be necessary to assist the court
3. The theory must be admissible in court pursuant to the rules of evidence
4. A qualified expert must be available to testify about the theory. (*Her Majesty the Queen v. Mohan* [1994] 2 S.C.R.9)

PAS has passed *Mohan* in Ontario, Canada.

The Daubert Test

Some states in the US subscribe to the *Daubert* test. Daubert is much more stringent than *Frye*, and even more stringent than *Mohan*. Under Daubert, the judge must determine whether the theory is scientifically valid (Lorandos and Campbell, *in press*). Requiring a judge to