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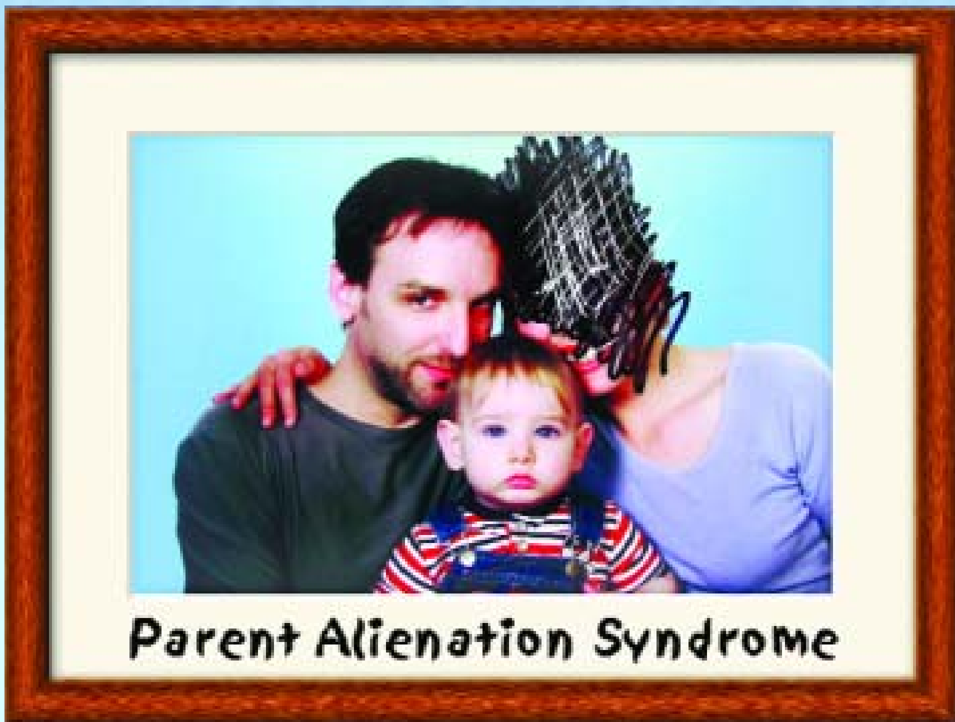


Parent Alienation Syndrome

By Katherine C. Andre, PhD, DAPA

Abstract

Historically, Parent Alienation Syndrome (PAS) has been fairly and unfairly criticized in both judicial and mental health communities. It has been used appropriately and inappropriately by the legal system, and is hotly debated by social movements. Proponents applaud it as a distinctly diagnosable phenomenon and appreciate the clarity it brings to diagnosis and treatment of intra and interfamily dynamics. Critics sometimes go so far as to deny it exists. Some courts have recognized it, while other courts have barred testimony on it. For psychologists, therapists, mediators, custody evaluators, and forensic psychologists who have dealt with the truly stunning behavior of an alienated child, or the sorrow and confusion of a rejected parent, or the characterlogical pathology of a hateful alienating parent, its existence is not in question. Given the large number of children of divorce who are likely to be vulnerable to this problem, there is widespread potential for far-reaching and tragic circumstances for individuals, families, and society. It is plainly apparent that empirical data is much needed and long overdue.

"Who shall set a limit to the influence of a human being?" Ralph Waldo Emerson

Most therapists have heard of Parent Alienation Syndrome (PAS). There is effort underway to have it recognized in the DSM-V. Many family law attorneys have an understanding of it. Some lawyers use it strategically, asserting or denying it exists to "disprove" legitimate accusations of abuse or to "prove" false accusations of abuse. For those families victimized by it, PAS is nothing short of a tragedy.

To psychologists, therapists, counselors, and mediators who are familiar with and have assisted families caught up in this tragic phenomenon, severe cases are easily identified. There is an observable constellation of hateful behaviors on the part of a child who venomously rejects and directs undeserved anger toward a previously loved parent during or following a separation or divorce. Punishment ideally fits crimes, but in the case of an alienated child, this is not the case. There is no proportionality.

The purpose of this article is to increase awareness of this clinical phenomenon and to help you be able to identify and treat it when it is presented in your office. This article will not address its appropriate use or misuse in the legal community.

History

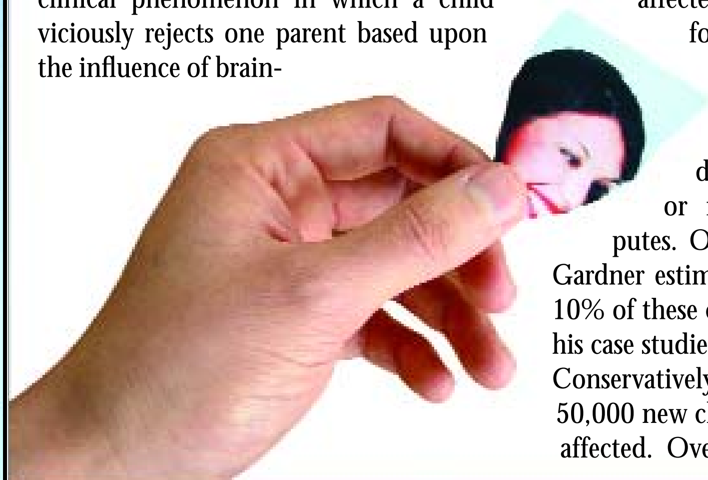
Parental alienation and PAS have probably existed for as long as contested divorces have occurred, but they were first identified in professional literature about two decades ago by Wallerstein and Kelly (Kelly & Johnston, 2001).

Wallerstein and Kelly (1980) described a pathological alignment between an angry divorcing parent and his or her child.

In 1985, Richard A. Gardner, MD, further delineated the pathological alignment as occurring between a "brainwashing" parent and a contributing child, and named the phenomenon Parent Alienation Syndrome (PAS). Unfortunately, Gardner is most remembered and criticized for his treatment recommendation that the severely alienated child be removed from the home of the "brainwashing" parent. This has stirred considerable inquiry into whether or not this can be effective without traumatizing the child. Gardner has also been criticized for his initial position that most brainwashing parents are women. This position is one which he later reversed, in part due to changes in societal mores, noting that "men and women are equally likely to be PAS indoctrinators" (Gardner, 2001).

In 2001, Kelly and Johnston (2001) offered a reformulation of PAS called alienated child syndrome. They chose to reformulate the name in part to focus on the behaviors of the child and the complex interaction of factors affecting the child. Their system's framework approach includes numerous variables that can influence the response of the child. This system's approach helps to identify the children who are most at risk for developing alienation before it becomes a rule of life for them.

Currently, Parental Alienation Syndrome (PAS) seems to be the most widely accepted term used to describe the clinical phenomenon in which a child viciously rejects one parent based upon the influence of brainwashing and programming by the other parent, who indoctrinates the child. The child cannot see duality and is unable to put the good and bad qualities of the other parent together. In these children's minds, there is only bad. The brainwashing parent uses one or a combination of many tactics. Through the parent's actions, such as shunning and refusing to speak to the other parent, a child learns to mimic behavior and think it is permissible to refuse contact. Words, distortions, exaggerations, and lies are also used. These actions instill fear and guilt, not unlike indoctrination techniques used in cults to gain control of another's behavior. The actions can be deliberate in severe cases, or unintentional in milder cases. PAS does not include children who become alienated for reasons other than programming. Nor does it include estranged children who have a valid reason for distancing themselves from the actions of an unhealthy parent.



The Extent of the Problem

Estimates of prevalence have so far been "guesstimated." It has been impossible to provide exact estimates or a reliable statistic on the prevalence of PAS; if one broaches the topic with just about anyone, lay person or colleague, one will find recognition of it in some way—either directly or indirectly—through a family member or friend. "Oh, is that what it is called," is often the remark.

Divorce statistics provide some idea as to the probable extent of the problem. Every year, one million children are affected by divorce (divorcereform.org). Of these million, approximately 50% of their parents end up in family divorce courts to resolve or fight out custody disputes. Of these 50% of parents, Gardner estimated that approximately 10% of these children, at least those in his case studies, became victim to PAS. Conservatively, this might suggest that 50,000 new children per year could be affected. Over a period of 10 years, this would be half-a-million children vulnerable to PAS.

Clinical Observation of Parent Alienation Syndrome

With some slight differences of opinion, there is generally a consensus around the usual cluster of symptoms resulting from PAS. These include behaviors in which children use extreme oppositional behavior to reject and denigrate a previously loved parent. Sometimes obscene language and cruelty are included. The children's perceptions and attitudes are black and white. The targeted or rejected parent is hated for unjustified or seemingly small or ridiculous reasons, or reasons that have nothing to do with reality. The child will often add his or her own untrue stories to contribute to the story created about the bad parent. Usually it appears that there is no remorse or guilt on the part of the child (Kelly & Johnston, 2001; Gardner, 1989; Darnell, 2001; Warshak, 2001; Major, 2004).

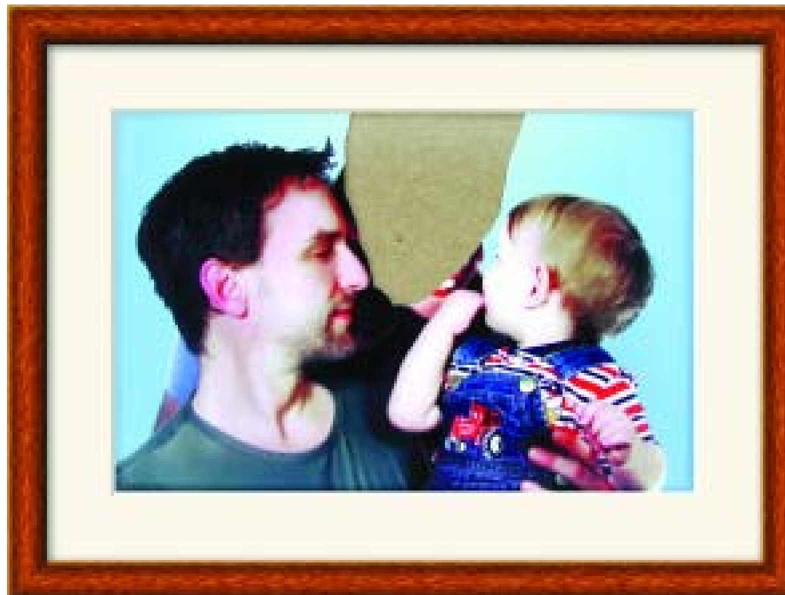
Over time, the child affected by parent alienation seems unable to tell the difference between truths about the rejected parent and lies told by the alienating one. This observation is consistent with research on false memory literature and mind-control techniques. Lies repeated over time tend to become reality and blur the relationship between truth and words. It would seem that lies become reality for an alienated child. The once-loved parent becomes all-bad and will be shunned and may even be cursed at and humiliated in public. Contributing to the brainwashing is the "power of the crowd" phenomenon recognized by social psychologists when extended family joins in.

These are some of the behaviors that can be observed in severe cases. Beyond pure speculation, little is actually known about what the inner world of the alienated child is like. Because these children are controlled and coerced and brought up to fulfill the needs of their alienating parents, the self begins to disappear. It seems quite likely that they share the inner reality of victims of emotional

abuse and feel a loss of their sense of self. Buried beneath the hostility and rejection, they likely feel the loss of a once warm and nurturing parent and guilt over their rejection.

Behaviors associated with PAS occur on a continuum from mild to severe. A child with mild PAS will react to the rejected parent with less hostile intensity, will be less adamant about the "crimes" of the parent, will be less likely to refuse all contact with the rejected parent, and may show some guilt.

Any time a child rejects a parent, the rejection should be evaluated for appropriateness and proportionality. If these are not found, PAS should be suspected and further investigated, but should be investigated beyond relatives and members of the alienating parent's family. Family members of the alienating parent often participate in the brainwashing, preferring to distort truth and honor such distortions based on "family loyalty." They allow themselves to be intimidated by the alienator's hostility and acquiesce to no-contact demands, as if having contact with the alienated parent would be a betrayal of loyalty.



Alienation Is Not Estrangement or Normal Teen Rebellion

If the child's behavior does not meet several of the behavioral criteria named above, it is possible that the child is not irrationally alienated. That difference is critical to an accurate diagnosis. Kelly and Johnston (2001) note that there is a difference between an alienated child and what they call an estranged child. The estranged child usually has good reason for not wanting to be around the parent. The response of an estranged child is justified and proportionate to the behavior of the parent. For example, a child refusing visitation because the parent drinks alcohol and attempts to drink and drive with the child in the car is not alienation, but a justified response.

PAS is also different and distinguishable from teenage rebellion. The job of teenagers is known to be individuation and separation, but not alienation and total rejection of a parent. In divorced homes, it is common for teens to attempt to "play" one parent against the other and to try to escape the discipline of one home by leaving to go live in the home of the other parent. If both homes have boundaries and the discipline in one is respected in the other (so that both parents are responsible for holding teens accountable) it is unlikely that teenage rebellion can be used for alienation. If one parent uses the other parent's discipline to align with the teen against the other parent, and the teen is encouraged to reject the discipline (as long as it is not extreme) and the disciplining parent, parent alienation should be suspected. In this case, the alienated teen does not attempt to make amends and is not encouraged to do so by the aligned parent. In fact, in extreme cases, a teen may be rewarded for not making amends. In normal rebellion, a teen would be encouraged to see the wrongdoing, make an apology, and be able to make amends.

Can Parent Alienation Syndrome Be Prevented?

"Forewarned may be forearmed." Education and increased awareness in the mental health community is essential in order to identify PAS at an early stage and even possibly prevent it in at-risk families.

Jayne Major, PhD, (2003) states, "It takes a sophisticated mental health professional to be able to identify that PAS is occurring." Without the correct identification and intervention by a skilled professional, it is doubtful that the alienated child will ever understand what has happened to him or her and will never reestablish a connection with the once-loved parent. The child is deprived of a relationship with the healthier parent, and grows up with a very dysfunctional role model. The rejected parent is usually the healthier parent and often has had a loving bond with the child. Deprived of experiences in the home of the better-adjusted parent, the child misses out on many normal developmental experiences. Because this is one of the most severe forms of emotional abuse, it is likely that these children will develop mental illnesses. Some will even grow up to become alienators themselves, perpetuating PAS in their own families and spreading it even farther in society.

Two books written for the public contain some very good suggestions for therapists: *Divorce Poison* (2001) by Richard A. Warshak, PhD, and *Divorce Casualties* (1998) by Douglas Darnell, PhD. In *Divorce Poison,* Dr. Warshak offers parents some very good "take action" steps for preventing and neutralizing alienation as it is being initiated. He also offers a questionnaire for parents: "Is Your Child Irrationally Alienated?" Dr. Darnell provides similar information on how to identify and protect your children. He also offers a Parent Alienation Scale for custodial parents to see if they are alienators.

Can Parent Alienation Syndrome Be Treated?

It is unlikely that an alienated child, any more than a victim of cult influence, will walk into your office and ask, "Am I an alienated child?" It is equally unlikely that an alienator (unless he or she is a naive alienator) will acknowledge his or her role in the child's perceptions, hatred, or refusal to visit. It is the rejected parent who is likely to seek help, often without knowing that there is a name for what is bringing him or her in to seek treatment.

Alienators

Darnell (1998) suggests that there are three kinds of alienators. The least harmful is the naive alienator. Naive alienators "avoid making the other parent a target for their hurt and loss." They can usually be helped with education about their behavior and information about how it is harming their children. Active alienators, similar to naive alienators, can usually be helped. Theirs is a problem of self-control over angry feelings rather than intentional and malicious destruction of the other parent-child relationship.

Severe or obsessed alienators have one goal: to "destroy" the other parent's relationship with the child. They falsely empower the child to "denigrate and humiliate with impunity their PAS-alienated parents" (Gardner, 2001). They are very angry and unable to recognize that the child needs to be held accountable and be civilized and socialized. Nor do they recognize that the child needs two parents. They lack insight into their own behavior, believe that the child is better off without the other parent, and are usually unable to understand that their thinking is not rational. They do not respond to therapy.

Alienated Children

Some cases have been successfully treated in ways similar to cult victim deprogramming. These children must be gently educated about powers of persuasion, and must be able to question the origin of their own attitudes. They need to be given permission to trust and to allow their feelings of love for the other parent. In the more severe cases, there has been some success by decreasing the amount of time a child spends with the alienating parent and increasing the amount of time with the rejected parent. In fact, there is a direct and inversely proportional relationship between the amount of time spent with the alienating parent and the ease with which the rejected parent relationship is restored.

Because these children have suffered emotional abuse from being used to meet the needs of the indoctrinating parent, some display symptoms such as dissociation or panic disorder. These problems complicate an already difficult symptom picture and require appropriate therapeutic intervention.

Rejected Parents

Some of the literature (Sullivan & Kelly, 2001) has proposed the view that the rejected parent should eventually let go of the relationship with the alienated child, if attempts at restoration fail. To my knowledge, this view was not based upon empirical data. Even in "chronic and very severe cases," most parents experience cognitive dissonance and conflicting thoughts and feelings with this suggestion as a form of intervention. Parents who have had a loving bond with their children want a way to go forward in life with hope, while continuing to offer some contact to their children. Otherwise, without any contact, they would seem to destroy the very process and the only means of providing corrective information, which could eventually restore the relationship and time spent together.

Anecdotal information indicates that even these severe relationships can be restored. Trends are emerging that provide clues about what works to restore a rejected parent with an alienated child, even after years of disconnection (Major, 2003; Warshuk, 2001; Darnell, 1998). To start, appropriate identification is a must. It is important for therapists to educate themselves and be able to recognize PAS. Therapists must not become unwitting parties to alienating parents (and often their extended families), or to rejecting (not estranged) children. Without correct identification, it is likely that the therapist will be participating in the alienation rather than identifying it, and prolonging the separation rather than helping to heal it. Secondly, the rejected parent must not give up, but will need support and help. As Darnell (1998) and Warshak (2001) point out, without some kind of continued contact, there is no evidence for the child that the distortions of the alienating parent are not reality. Supportive treatment is very instrumental here.

Some of the principles that I have found useful, and which are consistent with a pattern of data emerging from anecdotal information, are as follows:

1. Provide perspective. Help the parent to look beyond the behavior of the child. It is imperative that the rejected parent not buy into the child's rejection but understand the dynamic behind it. Just like a child who is physically or sexually abused, the alienated child should not be blamed for the pathology of the alienating parent.

2. Aid in self-acceptance. The myriad of feelings that a rejected parent goes through and must process requires the insight of a caring, skilled, and knowledgeable therapist. The acceptance that you give will be modeled and internalized, and will become a vital part of the therapeutic process.

3. Offer support and structure. When a child has refused all contact, repeated contact must be maintained. The alienated parent must continue to call, write, and attempt contact with his or her child, especially around holidays, birthdays, and other significant occasions. Remember that without contradictory evidence, the child has no way to see an alternative reality.

4. Teach tools for building inner resources and inner strength. The use of creative visualization, positive self-thought, thought-stopping of negativity, and the creation of positive images are examples of tools that might be taught. Some parents have benefited from holding musical images like "Love can build a

bridge" or visual images of a bridge of love extending from parent heart to child heart. One parent I treated actually used that image along with seeing an angel escorting the child home.

5. Help to develop spiritual awareness. The use of prayer, different forms of meditation, affirmations, and energy work and clearing are a valuable support along with traditional methods. These tools assist in providing hope, inspiration, and perseverance in situations that seem impossible. I call the use of these spiritual techniques when applied to PAS situations "spiritual parenting." They also provide a sense of control to parents in a circumstance that is beyond their control.

Research Needed

Although there is a fairly large amount of compelling anecdotal information available, there is currently a need for more empirical studies on PAS. Unfortunately, PAS has received an inadequate amount of research attention when compared to the enormous number of likely families it affects and the tragic impact it has on our society. That large impact, along with the insidious way it alters the lives of parents and children forever, are two compelling reasons for PAS to become the focus of research efforts. These research efforts need to determine prevalence, clarify diagnostic criteria by providing data and validity, and make effective recommendations for prevention and treatment.

In the meantime, we need to educate ourselves about this phenomenon, apply our clinical skills to the best of our abilities, and use our healing wisdom to gently guide those who seek our help. There are many fathers, mothers, children, and extended families who need our help, and they need our help now.

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About the Author

Dr. Katherine Andre, a Diplomate of the American Psychotherapy Association, has been in private practice in Northern California since 1991. For 10 years, as part of her private practice of psychology, she provided mediation services for the Superior Court, working with parents and children in contested divorces. She has also spent 10 years as a forensic evaluator and advocate for children of divorce, testifying in contested child custody cases. Her current practice is a general practice of psychology, integrating traditional psychotherapy with energy psychology. She received her Doctorate in 1986 from the University of Georgia. Her special area of study was in child neuropsychology, an educational program accredited by the American Psychological Association. She maintains professional affiliations in the American Psychological Association, the California Psychological Association, and the Redwood Psychological Association. She is currently writing a book about Parent Alienation Syndrome from the dual perspective of parent and psychologist. Her website is PASparenthelp.com.

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A Checklist of Questions to Consider for a Diagnosis of Parent Alienation Syndrome

(Diagnosis occurs on a continuum, from mild forms of parental alienation to severe PAS.)

1.) Was there a high-conflict divorce and/or contentious custody litigation?

2.) How extreme is the child's anger, hatred, and rejection? Is it disproportionate to any "crime" the parent is accused of committing?

3.) Did the child have a loving relationship with the now rejected parent?

4.) Is the rejection accompanied by extreme resistance to visit or a refusal to visit?

5.) Does the child shun the parent in public, seeming to enjoy shocking displays of contempt, and use obscene language, verbal abuse, or cruelty?

6.) Do the child's perceptions lack duality? Are they black and white, such that there is no good, only bad in the parent, and no gratitude or affection, only dislike for the parent on the part of the child?

7.) Are the child's reasons for rejection of the parent trivial, insignificant, or "scripted," lacking substance and accurate detail?

8.) Has the child added to and embellished the "script" of the programming parent with his or her own contributions to the parent's badness?

9.) Does the child insist that he or she has not been influenced by anyone, but that he or she has independently chosen his or her own behavior and opinions?

10.) Does the child protect and idealize the programming parent? Do the actions of the idealized parent suggest an agenda of anger, negativity, or destructiveness toward the rejected parent?

11.) Does the alienation extend to the family and friends of the rejected parent?

12.) Does the child appear to be functioning normally in other settings, but upon further investigation, has other problematic interpersonal relationships?