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## **Understanding and Collaboratively Treating Parental Alienation Syndrome**

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Parental Alienation Syndrome (PAS) is a special case of postdivorce conflict in which one parent appears to go to great lengths, at times including making fictitious allegations of physical and/or sexual abuse, to turn a child(1) against the other parent. Dr. Richard Gardner first described PAS in an article and then later in a book and portions of another. (2) Earlier researchers had rioted similar processes in families (for example, the "medea complex" described by Wallerstein and Kelly in the late 1970s), and professionals working with divorcing families easily recognized the syndrome, sometimes described as brainwashing, presented by Gardner. That his "syndrome" was so readily adopted is less a testament to Dr. Gardner's "discovery" than to his conceptualizing a familiar type of high-conflict divorcing family problem that is complex, perplexing, very resistant to change; and sometimes tragic.

Gardner's conceptualization of the problem and the dynamics underlying the problem proved at best incomplete, if not simplistic and erroneous. He portrays the alienating parent as virtually solely responsible for the dynamic, turning the vulnerable child against the innocent target parent. More extensive research on the topic(3) has more clearly established the complex involvement and motives of all of the actors in this disastrous family drama. Each of the family members takes a role in the alienation process, which usually begins well before the divorce event. It should be kept in mind that not all instances in which a child is rejecting a parent following a parental separation reflect PAS. In some families, the child rejects a parent based on the child's actual experiences with that parent. There are very likely many children in intact families who wish to avoid or reject one of the parents based on that parent's behavior. A parental separation may simply raise such a wish to the public level.

Contextual factors can be used to detect the presence or absence of PAS. These factors fall on a continuum in the normal curve in all families. The factors that make up PAS may exist in many divorcing families to varying degrees, but they come together and pass a fulcrum point in a few. When PAS becomes the dominant family process, children reject a parent outright and the stage is set for gut-wrenching allegations, extreme resistance, threatened "move-aways," and often a great deal of litigation.

## **ACTORS IN THE FAMILY DRAMA**

In most instances, all of the family members play a role for PAS to take hold. There is an easy temptation to place all of the responsibility for the process on the alienating parent, whose maneuvering is the most obvious and appears the most self-serving and malevolent. Gardner points out that even the child usually has some motive for enlisting in the process, although the child's motives may be vague and more defensive than malevolent. The child must play the part, however. The authors have seen instances where both parents appear to be playing their roles in the alienation process, but the child simply won't join in and is able to disengage from the parental battle and maintain independent relationships with each of the parents. When looking at cases of PAS, patterns emerge with the target parent too which suggest that the target parent also must join the process. One exception may be when there is geographic distance between homes and the alienating parent has a good deal of time between visits to work with. If the child has regular and frequent contact with the target parent, and the target parent does not join the process, that is, the target parent is able to maintain an independent and healthy relationship with the child, the process will most often not take hold. Usually, PAS is not just the work of the alienating parent, therefore. It is a family dynamic in which all of the family members play a role, have their own motives, and have their own reasons for resisting the efforts of others at correction.

Exceptions exist, however. In some instances, the alienating parent's efforts at alienating the child will be so ruthless, sophisticated, pervasive, and persistent, playing heavily on the loyalties, fears, and even trust of the child, that the child's ability to maintain an independent relationship with the target parent will slowly be crushed. If the child continues to see the target parent in these cases, the child will often display a split identity (clinically referred to as vertical splitting). That is, when with the alienating parent, the child will appear thoroughly rejecting of the target parent, but when with the target parent, he or she will display affection, attachment, interest, fun, and freedom from the oppressive alignment with the alienating parent.

### **The Alienating Parent (AP)**

In the typical PAS family drama, the AP has the motive to turn the child against the other parent; develops the content themes of the rejection; designs and employs the techniques of programming the child; and has limited insight into the damage caused but not into the motives or goals, which often include eliminating an unwanted parent. The damage caused is not only to the child and the target parent, but it is usually self-defeating and in some instances self-destructive.

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The AP's motives will vary from family to family. In some, revenge for felt injustice or for feelings of rejection will dominate, but in others, the fear of loss of or abandonment by the children will be the driving force. Distrust is so high in some divorces that the AP readily will believe the worst about the target parent (TP), especially if the AP has an early family history of abuse, molestation, or betrayal. The AP usually assumes that the child is fragile or in extreme danger in the care of the TP. These assumptions probably are projections, meaning that at the hub of the AP's personality are primitive feelings of anxious vulnerability. By maintaining proprietary control over the child, onto whom these dangers and vulnerability are projected, the AP is externalizing the defenses. The sometimes improbable and unsubstantiated allegations seen in these cases can reflect the AP's actual experiences or childhood fears.

### **The Target Parent (TP)**

In cases of PAS, the TP may have abandoned or may wish to abandon the child. Despite the angry protests of the TP against the AP, the TP may talk of moving away from the area or may be satisfied with and perhaps desirous of a marginal role in the life of the child. The rejection by the child may be a convenient excuse for this way of thinking on the part of the TP. In some cases, there may be geographic distance between the TP and the child. The TP may have substantial weaknesses in parenting abilities or in the parent-child relationship; may have played the family "parent," with the AP joining the child in rebellion; or may have obvious psychological or emotional problems. The TP may have been violent, may be insensitive to the child, and usually has limited insight into his or her own contributions and role in the PAS (for example, failing to counter the alienation theme, focusing on the AP rather than the needs of the child) but good insight into the techniques and damage caused by the AP.

### **The Child**

Children most vulnerable to PAS, due to several converging developmental issues, are in the 8- to 15-year-old range. Typically, the child adopts the content theme (for example, accusing the TP of being abusive); refuses to confront the AP even in the presence of contradictory evidence; employs the AP's techniques (such as spying); has various levels

of insight and "real" cooperation with the AP; and fears the AP. While some children seem completely drawn into the themes of the alienation, seemingly believing every word they say others are very aware of the exaggerations and lies. One of the authors had a case in which two children in their early teens actively participated in the PAS, alleging sexual abuse on the part of their father. Their stories were consistent and believable, and while the father was found not guilty in a criminal trial, due largely to factual inaccuracies in the children's stories, he was nevertheless eliminated from contact with the children. The children refused even supervised contact. The vehemence of the rejection by alienated children is often telling. These children threatened to run away, or worse, "if you make us" even have dinner with their father. Two years later, one of the children surfaced the "lie," which the other child soon admitted. There had been no molestation and no real cause for the rejection. Even then the children had no good explanation as to why they had gone along with the instructions of their mother other than that they were "scared."

In families with multiple children, roles in a PAS drama often are divided up, with the children representing the range of alienation--usually one child completely alienated, one ambivalent, and one still attached to the TP.

## **The Family System**

The PAS is a family system defense mechanism. The function of the defense is not always obvious, but there is often a subtle underlying complicity on the part of the family members in the drama. The research provides clues to some defense functions:

- to protect the AP's self-esteem (for example, when PAS escalates as the TP becomes more "successful" after the separation, including getting on with life and remarriage);
- to help the AP cope with his or her difficulty "letting go" of the marriage (for example, when the AP can't stop thinking about or talking about the other parent; or when PAS escalates around birthdays, holidays, vacations, etc.);
- to maintain the AP's symbiotic dependence on the child (for example, when the AP calls the child every day when he or she is with the TP--one of the authors had a case in which the AP would tell the child that she "couldn't stand to go into your room while you were away, it makes me so sad");
- to deal with anger and revenge (for example, when the AP expresses moral outrage at the exposure of the child to a new romantic partner, when the real issue is anger for an affair, or simply at being so easily replaced);
- to help the AP through what he or she perceives to be a "grown up" version of a

childhood experience; and

- to help the family cope with the AP's tendency to turn on the child or anyone else who disagrees, or to abandon the child if there is a change (the child fears having feelings independent of and in opposition to the AP and becoming a target of the rage and rejection he or she has seen the AP direct at others who disagree).

One of the authors has seen other "life and death" causes, such as where the PAS protected a psychologically fragile AP or where the AP was the agent of the AP's family of origin, eliminating the TP from the extended family network. When encountering PAS in a particular family and trying to determine its cause, a good question to ask is what the family would be dealing with if everyone wasn't so preoccupied with the PAS process.

## **PROGRAMMING STAGES**

The programming one sees in situations of PAS is often a longstanding part of the family dynamic that simply escalates after a separation. Although all of the family members play roles, the AP is in charge of the programming of the child, a process that usually follows stages.

### **Content Theme Identification**

The content theme of the alienation is identified early, sometimes by the AP, sometimes by the TP and sometimes accidentally. One of the authors had a case in which there were two dominant themes: abandonment, which had been introduced by the TP through an actual abandonment that lasted about seven months; and, paradoxically, an intense fear of kidnapping by the TP, introduced by the AP. The TP was in a difficult situation where any lack of effort to see the children was viewed as abandonment (that is, proof that she did not care), and any effort to see the children was obstructed and set off a panic that it was an effort to kidnap them. In cases of PAS, the belief in the themes becomes delusional. Though there may be some foundation for the themes in an incident or two, the themes essentially are very unrealistic. In the above case, though the mother had abandoned the children for seven months, she had been consistent in her involvements and interest for the five years prior to the separation and six years since the abandonment. The real threat of a kidnapping of the 12- and 8-year-old children was minimal, especially since the children were so schooled in the threat.

### **Mood Induction**

The next stage is mood induction, during which the AP may employ the following strategies:

- guilt (e.g., "I don't know why your father left us; everything seemed okay");
- intimidation (e.g., "Go to your mother's if you want, but you are not to hug her cute little boyfriend anymore. Do you understand?");
- fear (e.g., "I just want you kids to know that I'll be here the whole time you are at your dad's and that you can call if you need me");
- playing the victim (or, "poor me") (e.g., "Jeez, your mom is taking me to court again. When is she gonna leave me alone to just spend time with you?");
- sympathy seeking (e.g., "Look kids, you need to know that I just can't afford to take you the places your dad takes you because he has much more money. I know that's not fair to you but it is just the way it is");
- telling the child the "truth" about past events (e.g., "I hid a lot from you before your mom left us because I didn't want you hurt, or for you to hate your mom, but now you deserve an explanation ... ");
- overindulgence and permissiveness (e.g., "Of course it is all right for you to own your own hunting rifle. Your mom just doesn't want us to have fun together"); and/or
- threats (e.g., "So, you had a good time. Maybe you'd like to go and just live there. I just want you to know, if you do, you won't see me again").

The theme, with mood induction, is processed over and over until the AP begins to gain the child's compliance, usually with the TP participating by escalating the emotional battle with the AP rather than working directly with the child. Once the child's compliance is gained, the AP begins to back off, letting the child carry the ball, although often there will be tests of the effectiveness of the program. The most powerful method is to tell the child, "It is your choice." The more the child supports the AP in rejecting the TP, the more emphatically the AP wants people to "just listen to the child." This can reach the point of the AP seeing himself or herself as the champion of the child in a world ignoring the child's feelings. Another common test is that the child will consistently report bad experiences at the home of the TP (whether true or not) that usually reflect the theme chosen by the AP. These reports are often recorded in some way by the AP and may not be used in the judicial system for years.

## **Reward/Punishment**

Once tested, the child's complicity is rewarded and any sign of a breakdown in the child's

alignment with the AP is punished, sometimes very directly, or in most instances in a re-escalation of the earlier stages of the programming. There are many patterns in this stage. If the child, for example, reports that "Dad never pays attention to me when I am there," the AP might "make up" for the lack of attention by doing special things with the child after visits *if the child reports the visits negatively*, if the child reports a positive visit, the AP might be vaguely inattentive or may say overtly "Well, I guess you've had your fun, so now we have to get down to the real business of life." Once the program is in place, generalizing begins to occur, leading the child to a loss of ambivalence and to total rejection of the TP. By this time, everything the TP does will be "wrong."

Unfortunately, these cases often reach professionals at the point where the program has been generalized and simply is being maintained. The AP may be doing very little alienating, since it is already in place as a family dynamic. At this stage, the AP simply will watch for slippage in the child's resolve and shore it up when it happens. The AP role may miss detection at this stage. The AP may say things like, "I tried to encourage the relationship," or, "I really wish he'd visit his father. I could use the break, frankly, but it isn't fair to make him, considering the way he feels," or, "I just can't make her go. I have tried."

## TECHNIQUES

The AP's techniques usually are in various combinations:

- *Denying the existence of the TP:* This can be blatant ("I don't ever want to hear her name in this house") or very subtle (refusing to acknowledge that the child has positive experiences in the other house). In one family, the father would play catch with the children and would not look up when the mother drove in, nor would he stop the game. He held the children's attention until the mother was forced to intrude openly, at which point he would walk away from the children and mother, never acknowledging her presence.
- *Pairing good experiences or feelings with bad feelings:* This is displayed by not responding to the child's expressions of love or enthusiasm for the other parent, or pairing these good experiences with bad feelings ("Oh, that's nice. I had a terrible weekend without you").
- *Constantly attacking the TP's character or lifestyle:* Here, the AP creates an illusion of what "might happen." Attacks are on the TP; the TP's extended family ("Your mom can't help the way she is, her parents abused her when she was growing up"); the TP's career, living arrangements, activities, travel, or even religion; and the TP's associates, especially new romantic partners.

- *Putting the child in the middle:* This technique may involve engaging the child in a "spy game," using the child as the principal communicator between the parents; or giving the child subtle "third degrees" (for example, one of the authors had a case in which the mother could reduce the child to a bundle of nerves by saying, "Let's talk about...."--the child had learned that this was a signal to hate something that the father had said, done, chosen, etc.).
- *Generalizing from one or two instances to a global meaning:* An AP using this technique might say, "Remember when your mother was screaming after us when we drove away [not mentioning that he closed the window on her when she was trying to kiss the kids goodbye]? That's what I mean when I say that she is, well, out of control. She just doesn't have control over her emotions. That's why I get scared when you are over there."
- *Taking normal differences and turning them into good/bad and right/wrong problems:* The AP can manipulate circumstances to put the TP into a bad light in the child's eyes or undermine the TP by expressing puzzlement about what is wrong with him or her. "I don't know what's the matter with your father. He knows that kids need to be in bed by eight". The use of this technique can be very subtle (e.g., a shake of the head and a smirk when the child reports an activity with the TP).
- *Creating alliance in the parental battle:* An obvious use of this technique would be, "Do you think it's fair for your rich father to take your poor mother to court all the time?" A more subtle approach would be, "If you were the mother, what would you do? Would you go to court to try to protect your children?" This can include the powerful tool of the threat of withdrawal of love, or complete abandonment, if the child demonstrates love for or interest in the TP. Another version of this technique is to convince the child that kids need one parent (the primary parent syndrome) or to give the child the illusion that "I am the one who really loves you." The other parent then becomes the threat because "she is trying to take you away from me."
- *Portraying the child as fragile and needing the AP's protection:* This is very common in PAS. The child convincingly will portray his or her life as fragile, about to fall apart if anyone "makes" him or her have contact with the TP. The AP solidifies the relationship with the child by creating an image for the child that he or she is at great risk out of the control and protection of the AP. A frequent twist of this technique is to portray the AP as fragile to the child, requiring the child's presence to maintain balance.
- *Lying:* False or highly suspicious allegations of abuse, neglect, or molestation are

examples of this. The blatant nature of some of these lies creates an illusion for the child, and many children simply do not have the nerve to confront or contradict the parent.

- *Brainwashing*: Through a process of rewriting the child's experiences in a way to create reality confusion, the parent incorporates the child into a false view of reality. This can include outright lies ("Your father never enjoyed spending time with you. He complained about that all the time, but not in front of you because he didn't want to hurt your feelings. I wonder why he wants to see you now"), subtly implied rewrites of the child's feelings ("You were scared of her even when you were a baby. You wouldn't even let her hold you"), or implanted memories ("Remember when your father used to hit me, or have you blocked this out of your mind?"). The child resolves the confusion by adopting the AP's view of reality.

## **UNDERSTANDING PAS DYNAMICS**

The motivational factors underlying PAS vary greatly from family to family. In the AP, these can include revenge; self-righteousness; guilt; fear of loss of the child or the role of primary parent; the wish to have proprietary control over the child; jealousy; the desire to obtain sufficient child support; loss of identity; a history with the family of origin of abandonment or alienation; pain avoidance (out of sight/out of mind); self-protection; avoiding scrutiny by pointing the finger; maintaining the marital relationship through conflict, power, and domination; or protecting his or her own precarious self-esteem. The TP's motives may include a desire to abandon, anger at the AP, self-righteousness, a history of problems in the family of origin, stupidity, a personal history of scapegoating, protecting the fragile mental health of the AP, the assumption of a victim stance, or a fear of a relationship with the children. The motivation of the child can include coping with loss, resolving parental conflict for self-preservation, normal developmental pressures, real relational difficulties with the TP, resolution of ambivalence about the AP, or fear of the AP.

As discussed previously, there is also the *family system defense*. The question has to be asked, "What would happen in this family if the alienation issue was resolved?" Usually there is a very serious underlying family problem needing attention. PAS can serve the function of a lot of smoke, covering up other difficulties that defy identification.

## **DETECTION OF PAS**

Detection, especially in the last stages, may seem difficult. The "truth" of the family becomes very relative. However, typical patterns in PAS allow for detection by a professional familiar with this form of family conflict:

1. *Contradictions*: This is relevant especially when the child's own statements are contradictory, or they contradict factual history or the perceptions of unbiased individuals;
2. *Child has inappropriate and unnecessary information* (e.g., "My dad had an affair while my mom was in the hospital having me," or, "My mom wanted me aborted");
3. *Child engages in character assault*: This can include the use of globally negative descriptions for which the child has trouble coming up with specifics sufficient to justify them;
4. *Collusion and one-sided alliance with the AP*: This is often given away by the use of blended pronouns (e.g. "When my dad left us ...," or, "We don't have enough money to live on");
5. *Child parrots themes of the AP*, even using the same words--the child's identity becomes enmeshed with that of the AP;
6. *Child reports on the TP*, even to professionals, the way a spy would;
7. *Child displays a sense of urgency and fragility*: Everything seems to have life-and-death importance (e.g., "If you make me have dinner with him, I'll run away or kill myself");
8. *Child's affiliations* with the TP's associates and family change;
9. *Splitting*: The child cannot come up with any positives about the TP nor with any negatives about the AP;
10. *Marked absence of complex thinking about relationships*: Splitting is one example, and simplistic characterizations of the parents (e.g., "My mom is the homebody and my dad is the entertainer") are another;
11. *Child demonstrates a feeling of restriction* in permission to love or be loved.

## **PAS IN THE COURTS**

PAS must have seemed a boon to lawyers representing fathers (who are most often the target parents) and criminal defense lawyers, since allegations of physical and sexual abuse frequently occur in cases involving PAS. Dr. Richard Gardner has stated:

Fabricating children [in cases of fabricated allegations of sexual abuse] are more likely to exhibit manifestations of the aforementioned parental alienation syndrome. Children with this disorder typically involve themselves in a campaign of vilification of their fathers and idolization of their mothers. They have been programmed by their mothers to hate their fathers and also contribute their own scenarios of hostility. The fabricated sex-abuse allegations may very well be one manifestation of this disorder. Its presence strongly supports the argument that the sex abuse is fabricated. Children who have been genuinely abused do not usually manifest the signs and symptoms of the parental alienation syndrome. Although there are situations in which a child with parental alienation syndrome has suffered genuine sexual abuse, I suspect that this is rare.(4)

Think of the opportunity here. If a lawyer representing an accused child sex abuser can find a mental health professional who will testify that the children are victims of PAS, the same expert can take the next step to say that it would be rare for a child suffering from PAS to suffer genuine sexual abuse. By simply naming the child's antipathy for the parent as PAS, the lawyer has a defense.

Even absent such extreme allegations, lawyers representing men whose children dislike them in divorce actions can, by labeling the hostility PAS, blame the mother for the child's feelings.

These concerns have been collected and published in the Spring 1994 edition of the *Loyola of Los Angeles Law Review* under the title, "Notes and Comments: The Parental Alienation Syndrome: A Dangerous Aura of Reliability."(5) The comment argues that evidence of PAS should not be admissible in court because the theory has not gained acceptance among experts in the field. The comment does note the "general acceptance" standard promulgated in *Frye v. United States*.(6)

The article attacks Dr. Gardner in strong terms. The commentator points out that the PAS theory is built upon criteria that Dr. Gardner invented and included in his widely discredited sex abuse legitimacy scale. It then goes on to argue that testimony regarding PAS should be excluded from the court both under the *Daubert* test and under the *Frye* analysis. Under *Daubert*, the trier of fact must rule on admissibility based on an expert's opinion as to whether the evidence is reliable and thus relevant. Under Federal Rule of Evidence 104(a), the trial judge must make a preliminary assessment of whether the reasoning or methodology underlying the testimony is scientifically valid. In other words, the court may consider whether the theory has been tested, whether it has been subjected to peer review and publication, and whether it has attracted widespread acceptance.(7)

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In spite of the commentator's concerns, PAS has not received an enthusiastic acceptance in the courts, as shown in reported cases. The most frequently cited case showing the dangers of PAS is *Karen "PP" v. Clyde "OO."*(8) In that case, the mother sought a requirement that the father's visits be supervised because of alleged sexual abuse. The experts differed in their opinions as to whether sexual abuse had occurred. In its opinion, the court cited at length from Dr. Gardner's text. It is for this that this decision has been subjected to criticism. However, an examination of the text indicates that the court based its decision on the evidence and the testimony from witnesses rather than Dr. Gardner's theories. In the end, the court transferred custody from the mother to the father and suspended the mother's visitation, with the resumption of contact subject to treatment and monitoring.

In other cases, reviewing courts have similarly made their decisions without making a determination as to whether PAS is a generally accepted diagnostic tool.(9) In *T.M.W.*, a birth father opposed the adoption of his daughter by her stepfather. The court granted an order requiring a psychological evaluation of the child with a view to determining whether PAS was present. The appellate court overturned the order requiring the examination because it failed to meet Florida's technical requirements. It permitted a new order to be issued provided the new order met the requirements of the statute. In this case, the father was contending that the presence of PAS would justify his conceded lack of contact or communication with the child for several years. In a footnote, the reviewing court noted that no determination was made as to the general professional exceptions of PAS as a diagnostic tool and went on further to recite the cautionary words of other commentators:

"When considering the theory of expert testimony discussed in this subsection, it is vitally important to avoid confusion engendered by reference to syndromes.... [A]t the present time experts have not achieved consensus on the existence of a psychological syndrome that can detect a child's sexual abuse. Use of the word syndrome leads only to confusion and to unwarranted and unworkable comparisons to battered child syndrome. The best course is to avoid any mention of syndromes." citing Myers, *Expert Testimony in Child Sexual Abuse Litigation*, 68 Neb. L. Rev. 69 (1989).

In a 1994 Iowa case,(10) the father brought an appeal challenging the trial court's temporary order transferring custody of his children to their mother. The father contended that the trial court placed too much emphasis on the testimony of a psychologist regarding PAS. The father contended that the theory is not accepted in the field of psychology. The trial court made a modification in the effective date of the transfer but otherwise affirmed, saying:

We do not pass upon the issue of whether Parental Alienation Syndrome is a reliable theory. Rather we look at the evidence introduced and draw our own conclusion. Because this is a de novo review, we only look at the evidence we deem admissible. We consider the opinions of all the experts as we do the other testimony. We give opinion testimony the weight we consider it deserves after considering, among other things, the expert's education, experience, familiarity with case; reasons given for the opinion, and interests, if any, in the case.

In a 1992 Ohio case,(11) the appellant's expert witness testified in favor of a change of custody, claiming that one of the children exhibited symptoms of PAS. The court affirmed the decision of the trial court, denying the father's motion for change of custody and stating that the appellant's argument was not persuasive. The court said that while evidence had been presented to show that the child was being pressured to distrust and distance herself from her father and there was testimony from a psychologist as to the existence of PAS, there was also evidence indicating that the mother had encouraged the relationship between the father and the daughter, and another psychologist testified that the mother provided a supportive and caring environment for the daughter. The trial court was therefore affirmed in its decision.

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*The appellant's expert witness testified in favor of a change of custody, claiming that one of the children exhibited symptoms of PAS.*

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A Wisconsin case directly comments on PAS.(12) The father had petitioned the trial court for a change of primary placement from the mother. His basis was that the children suffered from PAS, the condition was caused by the mother, and the only cure was to transfer primary placement to the father. The trial court found the children were alienated from the father but concluded that it would not be in the children's best interests to transfer primary placement to him to cure the syndrome. The father's expert testified that both children suffered severely from PAS. The psychologist also stated that he was positive

that the mother was the cause of the syndrome and the only remedy was to place the children with the father. The trial court rejected the psychologist's recommendations, pointing out that the psychologist had admitted that transferring primary placement involved certain risks. The trial court acknowledged that the long-range negative effects of the alienation would exist but said it was speculative that the degree of harm described by the psychologist would actually occur. Moreover, the trial court pointed out that the transfer could jeopardize the children's progress in school and their relationships with friends. The expert's testimony itself indicated that the cure was controversial and that there was limited research data to support the success of transferring the children to the "hated" parent. The court concluded that the evidence was not strong that the alienation would be cured by placing the children with the father. The trial court also interviewed the children and found that they did not like their father and did not want to live with him. One child told the judge that her feelings came from her own observations. Because the children were adamantly opposed to living with their father, the trial court stated that the potential risk of harm to the children outweighed the questionable benefits of transferring placement. It then concluded that the cure proposed by the father presented too high a risk for harm.

Even though the psychologist who testified on behalf of the father was the only expert who testified, the appellate court found it reasonable for the trial court to reject that testimony, saying that the expert's "testimony indicated that the cure was controversial, bears limited research data, and there are certain risks. Furthermore, the testimony of both parents and the children was other evidence that the cure ... would not be successful and was not reasonable."

The Wisconsin Court of Appeals took pains to point out in a footnote that the trial court had examined both parents' personalities and roles in the ongoing dispute and that both were blameworthy for the children's alienation. The court disapproved of each party's actions toward the other and of their ongoing tactics to place the children in the middle of their anger toward one another. This footnote was entered so as to stress that the trial court and the appellate court decisions were not to be seen as rewarding one parent over the other.

## **EFFECTS OF PAS ON THE CHILD**

The effect of PAS on the child is never benign; it is malevolent and intense. The degree of severity will depend on the extent of the brainwashing, the amount of time the child spends enmeshed with the AP, the age of the child, the number of healthy support people in the child's life, and the degree to which the child "believes" the delusion. (In many cases of PAS, the child will exhibit all of the signs of absolute rejection of the TP, but in private will disclose that the rejection is just an act.) The effects run across all areas of functioning.

The child's internal psychological and emotional organization becomes centered around the rejection of the TP. The child develops identity and self-concept through a process of identification with both parents, a process that begins very early in the child's life. The rejection of the hated parent becomes an internalized rejection and leads, over time, to self-loathing fears of rejection, depression, and often suicidal ideation. These developments often are a surprise to the AP and others, since at the time of the alienation, the child will often look mature, assertive, and confident. These are facades, however, often reflecting the feelings of power granted the child in cases of PAS, who is given reign to lie, be manipulative, and be as hostile as he or she wishes without reprimand. The child is also internalizing the rage of the AP as part of the self-concept, which often combines with intense guilt over the harm done to the TP to become chronic feeling states. Sadness and longing often accompany these other feelings.

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*The child ... learns that hostile, obnoxious behavior is acceptable in relationships and that deceit and manipulation are a normal part of relationships.*

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When the PAS includes grave distortions of reality, the child's reality-testing abilities become compromised, and he or she has permission to distort other aspects of life. For example, the child may develop a fantasy relationship with the TP or even with a fantasy parent and begin to relate to that as though it is real. (Remember, the child is relating to the TP as a hated rejection-worthy parent as though that is real, when it is not.) This approach to relationships often generalizes as the child becomes older and continues to relate to his or her fantasy of others rather than reality.

The child's interpersonal functioning is affected even more directly. Often, the enmeshment with the AP inhibits the development of the child in other spheres of functioning. For example, the child may become socially withdrawn, regress in social situations, or be seen by others as immature. Often these won't show up until the child reaches the final stages of individuation in early adulthood. Unable to make the break from the family of origin, the child persists in adolescent types of relationships and often continues to be enmeshed with the AP. The child also learns that hostile, obnoxious behavior is acceptable in relationships and that deceit and manipulation are a normal part of relationships.

A dominant emotion for the child is loss, though this may not show up right away. Worse yet, the effects of the loss of the parent on other aspects of adjustment are pervasive.

Children who are raised by one parent and who lose the other have been found to have lower academic performance; increased chance of psychological disturbance; lower self-esteem; cognitive deficiencies; higher impulse control problems; school adjustment problems; higher fear and anxiety (particularly about abandonment); greater dependency, which interferes with other aspects of development; and impaired sex-role identification. (13) There are generally negative effects on sibling relationships.(14)

Other studies have demonstrated the reverse is true for postdivorce families in which children experience the active involvement of both parents. Children who maintain continuing relationships with both parents have higher satisfaction with their families, better overall adjustment (including higher self-esteem, better sex-role identification, higher IQ scores and academic performance, better adjustment to the divorce, and better adjustment to adolescence), substantially lower levels of fear and anxiety (again, especially of abandonment), and an increased quality of relationship with both parents. (15) No study of which the authors are aware has demonstrated that children are better raised with one parent absent (with the possible exception of cases in which there was severe physical abuse by the absent parent).

## **FIXING THE PROBLEM**

No policy or approach can be applied universally. Each family circumstance, despite the similarities of the symptoms, has its own complex, interacting, underlying dynamics. What can be said about all cases of PAS is that successful intervention requires the collaboration of the professionals involved, particularly between the legal community and the mental health community. There is a danger in PAS cases that the professionals will become as split and contentious as the parents, only further demonstrating to the child the inadequacies and ineptness of the adults in his or her world. Contentious attorneys, battles of the experts, and confused judges will be great obstacles, and perhaps even decisive impediments, to improvement.

Each of the professionals involved can play a constructive role in each family. Each case of suspected PAS must be carefully, thoroughly and collaboratively assessed, a plan developed, and interventions enacted.

### **Role of the Attorney**

The attorney likely is the first to come into contact with a case of PAS, in the initial interview with the AP or the TP. The American court system is inherently adversarial, which does not serve the family in conflict well. The adversarial process further alienates and polarizes. Unfortunately, the charges and countercharges inherent in a PAS-involved family fit tongue-and-groove into the adversarial system.

Nevertheless, the attorneys, including an attorney appointed to represent the interests of the child, each can play constructive roles. The question then is, how are those roles played out against the backdrop of PAS given the certainty that extreme adversarial conduct will almost always result in a poor outcome for the parties and the child? Despite the simultaneous demands to represent the client and to intervene constructively in the PAS, it is possible to be an effective advocate and still deal with the short- and long-term implications of PAS.

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*There is a danger in PAS cases that the professionals will become as split and contentious as the parents, only further demonstrating to the child the inadequacies and ineptness of the adults in his or her world.*

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A lawyer for either the husband or the wife who recognizes that his or her client is either the AP or the TP should begin by giving as much information as is available to the client regarding PAS. The attorney for the TP will find a more receptive audience than the attorney for the AP. The next step is to identify the alienating behaviors employed by both the TP and the AP and to tell the client to stop the behaviors. While this may sound sophomoric, clients do listen to their attorneys, whom they are likely to assume have their interests at heart. Obtaining the client's agreement to stop engaging in PAS behaviors is somewhat like obtaining an alcoholic's agreement to stop drinking, since, like drinking, engaging in PAS behavior is ultimately self-defeating for the client. The decision to stop is the first step. Although this may not "cure" the problem, the termination of the destructive behaviors undergirds further progress.

The lawyer for the AP has a difficult role. The AP has collected evidence and invested time and energy in his or her role and has rectitude and certainty on his or her side, or so he or she believes. The AP wants badly for the lawyer, the mental health professional, and the system to agree with him or her.

The lawyer has been hired, however, for his or her knowledge and judgment. Both attorneys should cooperate with each other, with the guardian ad litem or other counsel for the child when one has been appointed, and with mental health professionals working on the case. The interests of the client will be served best when there is a commitment from both parents to the benefits of the children having a healthy relationship with both of them.

When an attorney (or nonattorney ombudsman), such as a guardian ad litem, has been

appointed to represent the interests of the child, a special opportunity arises for coordinating the collaboration among the other professionals. This attorney needs to avoid being swept up in the seductive process of PAS and remain neutral, with a focus on concrete evidence. The AP cannot be rewarded for hysteria or histrionic claims, nor can the TF be permitted to play the role of victim. The child's advocate can serve as the focal point for information, obtaining and disbursing information to the professionals involved and potentially to the court, and can advocate appropriate treatment steps. The lawyer in this role must be active to constructively slow or stop the cancerous growth of the process.

### **Role of the Psychologist**

If the initial interventions of the attorney do not turn the family to a more constructive route, the next step is to involve a mental health professional who is familiar with divorce, custody assessment, and PAS in a family assessment. It is crucial that the attorneys collaborate on the choice of a professional and that efforts be made to avoid bringing in hired guns for each side of the issue. The psychologist must look first to identify whether the case truly is PAS, since in some families, the rejection of a parent by a child is not the result of PAS. The evaluation must go beyond the identification of PAS to the motives of all of the family members, the defense factors or functions of PAS in the family, the specific techniques employed, and the patterns involved.

There are several reasons for so thorough an evaluation. First, progress will not be made without treating the factors and motives underlying the PAS. If the family has organized itself around maintaining the fragile mental health of the AP, for example, pressuring for change likely will lead to more defensiveness, not less, or may put the AP at undue risk of a mental breakdown or even suicide. The AP, in our example, must be given collateral supports and perhaps counseling before pressure for change can be applied. The techniques used to accomplish the alienation can also be good clues as to interventions that are likely to work. For example, if denying the existence of the TP is one of the techniques, a corrective intervention may be for the AP to go to great lengths to acknowledge the importance of the TP to the child.

### **Collaboration**

Once the evaluation is complete, the mental health professional and the attorneys involved must collaborate on a plan. Each plays an important role in this process. This should be an open process, since the process itself models for the family a healthy problem-solving approach. The intervention plan must be based on the factors in the individual case, though in all cases there will be some similarities in approach, including but not limited to the following steps:

1. *Establishing the benefits of ongoing contact between the children and the TP.*

Some of these are inherent in the parent/child relationship. Others may be family specific (e.g., "My father may be more willing to contribute to my college expenses if he has ongoing contact with me"). With all family members contributing to the process of identifying the benefits of contact, they begin to incorporate a family culture of valuing the contact rather than disputing it. The family also needs to identify any drawbacks to contact between the child and the TP, but these ought to be reframed as obstacles to be overcome rather than as reasons for elimination.

2. *2. Establishing structure around the contact.* This may include behavioral contracts regarding concerns and problematic behavior. Frequent telephone calls by the AP to the child, for example, may prevent the child from having an independent experience with the TP. Contracting to a certain number of calls at certain times may reduce the anxiety. If the TP makes bothersome statements to the child, contracting can include limiting these. The structure, particularly initially when the system is fragile, must have a reliable system of reporting and enforcement.
3. *3. Avoiding the use of placement as a corrective tool.* In most cases, the child's relationship with the AP is important. In many instances, the AP has played the role of primary caregiver, and the threat of breaking that attachment may drive the destruction deeper into the family system. However, frequent contact with the TP provides counterbalancing influences to the PAS process and may also provide the child reliable contact with other people (for example, grandparents) who are respected by and important to the child. If necessary, therefore, placement may be a tool to provide corrective experiences for the child.
4. *4. Encouraging the TP to have expert counseling in approaching the child with sensitivity, cool patience, and loving persistence.* The TP, often the weak link in the destructive system, may be required to provide delicate explanations of the situation to the child without denigrating the AP. Drawing the TP out of the family process first provides the child with some sense of relief from the pressures.
5. *5. Eliciting some permission, even if insincere, from the AP for the child to love and be involved with the TP.* If the AP is on record as giving such permission, the child may have the courage to progress. This may also provide some reassurance to the child at times, in that others can point out that while the AP may in part be reluctant, there is at least some wish for the relationship between the child and the TP to be successful.
6. *6. Having an outside professional take a strong role in protecting the child by giving a powerful message that the TP is not a bad person, directly opposing the message of the AP.* This must fit the real experiences of the child, however. If the TP has misbehaved, this should not be ignored or glossed over.

7. *Conveying a clear, strong message to the family that the alienation process is harmful to the child.* In some instances, it may be wise to identify PAS as a form of psychological abuse and to indicate that the courts will not tolerate its continuance. Not all cases require a court order; in some, this may be counterproductive or an exercise in futility. Some cases absolutely cannot proceed without the external authority of the court order, but only if the court is willing to enforce. The judge or family court commissioner, therefore, must be included in the collaborative assessment of the family and the recommended plan of intervention.
8. *Developing a clear picture of the benefits to the child in maintaining contact with the TP.* These include both the general benefits (e.g., the biological needs of the child for the parent; benefits to the identification process; maintaining a reality foundation for the child's fears [no contact will almost always lead to an irrational increase in the fear level, and the fantasies about the TP almost always become irrational]; and prevention of the loss of a love object [which most often leads to self-resentment by the child and guilt, regardless of the cause of the loss]) and the specific benefits given the AP, the TP, the TP's associates, and family. A clear picture of these benefits will help the collaborating professionals take the unambiguous approach required. Any ambivalence regarding the benefits will feed the polarization in the family. If there are no clear benefits to the child, given the nature of the family, treatment may prove fruitless.
9. *Realizing that confrontation rarely helps.* For example, if the issue is loss, focusing on reducing the loss is more likely to help than confronting the alienation and bringing on the threat of more loss.
10. *Providing emotional support.* The AP may need a great deal of emotional support for correction to take place, as the breakdown of the alienation may bring to the surface serious problems for the AP.

## **CORRECTION, WHEN POSSIBLE, TAKES TIME**

The probability of successful intervention is moderately poor (informal estimates range between a third and a half of these cases resolving well). This may be more of a statement about the state of the art in dealing with the more difficult issues in high-conflict divorces such as those involving PAS, however, than the tenacity of this particular type of conflict. The approaches identified in this article, for example, are relatively new, based on our increasing body of knowledge about high conflict in divorce. It is our responsibility to continue to study and work at these high-conflict cases. Even with the best of approaches, however, the dynamics underlying PAS are resistant to an easy fix and require hard work over a sometimes long period of time to provide the relief all of the family members, including the AP, are likely to experience, and for which each secretly hopes.

## ENDNOTES

1. Throughout this article we will refer to a child in the singular, although in most instances. the same could be applied to the plural, children.
2. R. Gardner, *Parental Alienation Syndrome and the Differentiation Between Fabricated and Genuine Child Sex Abuse* (Cresskill, N.J. 1987).
3. Clawar & Rivlin, *Children Held Hostage: Dealing with Programmed and Brainwashed Children* (American Bar Association 1989).
4. Gardner, *supra* note 2. at 109.
5. C.L. Wood, *Notes and Comments: The Parental Alienation Syndrome: A Dangerous Aura of Reliability*, 27 *Loy. L.A. L. Rev.* 1367 (Spring 1994).
6. *Frye v. United States*, 293 F. 1013 (D.C. Cir. 1923). *superceded by* Fed. R. Evid. 702, *construed in* *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 113 S. Ct. 2786 (1993).
7. Wood, *supra* note 5, at 1411-12
8. *Karen "PP" v. Clyde "OO"*, 574 N.Y.S. 2d 267 (Fam. Ct. 1991), *aff d sub nom.*, *Karen "PP" v. Clyde "OO"*, 602 N.Y.S. 2d 709 (App. Div. 1993).
9. *In the interest of T.M.W.*, 333 So. 2d 260 (Ra. Dist. Ct. App. 1989).
10. *In re Rosenfeld and Rosenfeld*. 524 N.W.2d 212 (Iowa Ct. App. 1994).
11. (Hornby) *Simms v. Hornsby* (Ohio Ct. App. 12th Dist., 1992)
12. *In re Marriage of Wiederholt v. Fisher*, 485 N.W.2d 442 (Wis. Ct. App. 1992).
13. E. Ferri, *Growing Up in a One-Parent Family* (NFER 1976); J. Santrock, & R Warshak, *Father Custody and Social Development in Boys and Girls*, 35 *J. Soc issues* 112 (1979); M. Shinn, *Father Absence and Children's Cognitive Development*, 85 *Psychol. Bull.* 295 (1978); C. Marino & R. McCowan, *The Effects of Parent Absence on Children*, 6 *Child Study J.* 165 (1976); E. Heatherington, *Effects of Paternal Absence on Personality Development in Adolescent Daughters*, 7 *Developmental Psychol.* 313 (1972); R. Sears, E. Maccoby & H. Levin, *Patterns in Childrearing* (Row Peterson 1957); J. Santrock. *Influence of Onset and Type of Paternal Absence on the First Four Ericksonian Crises*, 3 *Developmental Psychol.* 273 (1970); W. Hedges, R. Wechsler, & C. Ballantine, *Divorce and the Pre-school Child*, 8 *J. Divorce* 33 (1979); J. Vess, A. Schwebel, & J. Moreland, *The Effects of Early Parental Divorce on the Sex Role Development of College Students*, 7 *J. Divorce* 83 (1983).

14. W. Hedges, *Interventions for Children of Divorce: Custody Access, and Psychotherapy* (New York, John Wiley & Sons, Inc. 1991); R. Gelles, *Child Abuse and Violence in Single-Parent Families: Parent Absence and Economic Deprivation*, 59 *Am. J. Orthopsychiatry* 492 (1989).
15. Ferri, *supra* note 13; S. Kellam, M. Ensminger, & F. Turner, *Family Structure and the Mental Health of Children: Concurrent and Longitudinal Community-wide Studies*, 34 *Arch. Gen. Psychiatry* 1012 (1977); J. Santrock & R. Tracy, *The Effects of Children's Family Structure Status on the Development of Stereotypes by Teachers*, 70 *J. Educational Psychol.* 754 (1979); Hedges, *supra* note 14; E.E. Maccoby & R.H. Mnookin, *Dividing the Child* (Harvard Univ. Press 1992); F. Furstenberg & C. Nord, *Parenting Apart: Patterns in Childrearing After Marital Disruption*, 47 *J. Marr. & Fam.* 483 (1985); M. Bowman & C. Ahrons, *Impact of Legal Custody Status on Father's Parenting Post-divorce*, 47 *J. Marr. & Fam.* 483 (1985); M. Kline et al., *Children's Adjustment in Joint and Sole Physical Custody Families*, 25 *Developmental Psychol.* 297 (1989); N. Coyish et al., *Parental Post-divorce Adjustment in Joint and Sole Physical Custody Families*, 10 *J. Fam. Issues* 52 (1989); J. Arditti, *Differences Between Fathers with Joint Custody and Noncustodial Fathers*, 62 *Am. J. Orthopsychiatry* 186 (1992); J. Wallerstein & J. Kelly, *Surviving the Breakup: How Children and Parents Cope with Divorce* (Basic Books 1980).

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