

PARENTAL ALIENATION

SCIENCE AND LAW



Demosthenes Lorandos • William Bernet

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*This book is dedicated to S. Richard Sauber, Ph.D.,
a pioneer in educating professionals and the public
regarding parental alienation.*

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PREFACE

There are hundreds of papers in professional journals, book chapters, and books that constitute descriptive, qualitative research about parental alienation (PA). There are a smaller number of published reports of quantitative research. In the last 25 years, several important books have been published regarding PA, each with its own purpose:

- *Children Held Hostage: Identifying Brainwashed Children, Presenting a Case, and Crafting Solutions*, by Stanley S. Clawar and Brynne V. Rivlin (1991, 2013). In this research, which was commissioned by the Family Law Section of the American Bar Association, Clawar and Rivlin summarized their observations on 1,000 children in divorced families.
- *The Parental Alienation Syndrome: A Guide for Mental Health and Legal Professionals*, by Richard A. Gardner (1992). In this seminal work, Gardner described in a comprehensive manner a parental alienation syndrome (PAS), the mental condition that he had previously conceptualized and named in 1985.
- *Divorce Poison: How to Protect Your Family from Badmouthing and Brainwashing*, by Richard A. Warshak (2001, 2010). The two editions of Warshak's book are the most widely read accounts of PA in the world. The books have been published in the U.S., Croatia, Czechia, Finland, Japan, Korea, and Romania.
- *The International Handbook of Parental Alienation Syndrome: Conceptual, Clinical and Legal Considerations*, edited by Richard A. Gardner, S. Richard Sauber, and Demosthenes Lorandos (2006). At the time of its publication, this was the most wide-ranging book available regarding PAS. It included 34 chapters written by 31 authors from eight countries.
- *Adult Children of Parental Alienation Syndrome: Breaking the Ties That Bind*, by Amy J. L. Baker (2007). Baker was the first psychologist to conduct systematic research regarding PAS and PA. In this research project, Baker collected the life stories of adults who had previously experienced PAS as children.

- *Parental Alienation, DSM-5, and ICD-11*, edited by William Bernet (2010). In this book, Bernet and his colleagues methodically laid out the arguments that PA should be recognized as a serious mental condition experienced by thousands of children and adolescents.
- *Children Who Resist Postseparation Parental Contact: A Differential Approach for Legal and Mental Health Professionals*, by Barbara Jo Fidler, Nicholas Bala, and Michael A. Saini (2012). This book is an empirically based review of PA, which integrates research evidence with clinical insight from interviews with leading scholars and practitioners.
- *Working with Alienated Children and Families: A Clinical Guidebook*, edited by Amy J. L. Baker and S. Richard Sauber (2013). Baker, Sauber, and their colleagues explained various interventions for families that experience PA.
- *Parental Alienation: The Handbook for Mental Health and Legal Professionals*, edited by Demosthenes Lorandos, William Bernet, and S. Richard Sauber (2013). The editors developed the most comprehensive book ever published regarding PA. It contained chapters on the phenomenology of PA, the assessment of contact refusal, interventions for various levels of PA, legal strategies, and international aspects of PA.

Each of these books, published in the last 25 years, had an explicit purpose. So how does this new book—*Parental Alienation—Science and Law*—add to the vast literature that is currently available regarding PA? For clinicians and forensic evaluators, this book explains the research that creates the foundation for the assessment, identification, and intervention in cases of PA. For attorneys, judges, and family law professionals, this book explains in detail the scientific basis for testimony and legal decisions that relate to PA. There are two complementary features for most of the chapters. First, the chapter authors address how evidence regarding PA meets the criteria of the *Frye*, *Daubert*, and *Mohan* cases as well as the Federal Rules of Evidence for testimony by experts. Second, the chapter authors address and refute widespread misinformation and disinformation regarding PA, which have appeared in journals, books, and presentations intended for mental health and legal professionals as well as in media intended for the general public.

DEFINITIONS

The most important concepts that are addressed in the book are the following. *Parental alienation* is a mental condition in which a child—usually one

whose parents are engaged in a high-conflict separation or divorce—allies strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. The *Five-Factor Model* introduced here is a method for the systematic identification or diagnosis of PA. The five factors are: (1) the child actively avoids, resists, or refuses a relationship with a parent; (2) presence of a prior positive relationship between the child and the now rejected parent; (3) absence of abuse or neglect or seriously deficient parenting on the part of the now rejected parent; (4) use of multiple alienating behaviors by the favored parent; and (5) exhibition of many or all of the eight behavioral manifestations of alienation by the child. There is nothing new about the components of the Five-Factor Model, since they have all been discussed in peer-reviewed articles, books, and presentations for many years. We have simply collapsed a large amount of scholarship into a short list of diagnostic criteria.

FIRST, PREPARING FOR *FRYE*, *DAUBERT*, AND *MOHAN* HEARINGS

This book presents in a comprehensive manner the scientific basis for parental alienation theory, which can be presented in *Frye*, *Daubert*, and *Mohan* hearings pertaining to PA. Chapter 1, “Introduction to Parental Alienation,” introduces PA theory, which will orient both experienced and novice mental health evaluators and legal practitioners to this topic. Chapter 2, “The Psychosocial Assessment of Contact Refusal,” explains how to conduct a methodical, evidence-based evaluation. There is a focus on the differential diagnosis of contact refusal and ways to distinguish alienation from estrangement. Chapter 3, “Parental Alienating Behaviors,” surveys the methods employed by alienating parents to abuse and damage their former spouses and their children. Chapter 4, “Parental Alienation: How to Prevent, Manage, and Remedy It,” explains the interventions for mild, moderate, and severe levels of PA. That chapter also summarizes the outcome studies of the Family Bridges educational workshop, the most widely used intervention for cases of severe PA. Chapter 5, “Parental Alienation and Empirical Research” illustrates how PA theory meets the principal *Daubert* and *Mohan* criterion, i.e., systematic research published in peer-reviewed journals. Chapter 6, “Recognition of Parental Alienation by Professional Organizations,” demonstrates that the *Frye*, *Daubert*, and *Mohan* criterion of general acceptance by the relevant scientific community is met by PA theory.

Subsequent chapters pertain more directly to legal topics. Chapter 7, “Alienating Behaviors and the Law,” relates the legal history of PA and its precursors over the last 200 years. Chapter 8, “Admissibility of the Con-

struct-Parental Alienation,” explains *Frye*, *Daubert*, and *Mohan* criteria and summarizes trial and appellate cases in the U.S. in which a court applied these criteria to PA expert testimony. Chapter 9, “Parental Alienation in U.S. Courts, 1985 to 2018,”—together with the appendix—identifies more than one thousand cases in the U.S. between 1985 and 2018 in which the trial court or an appellate court accepted PA as a reality and a factor to address in the case under consideration. Chapter 10, “The Importance of *Voir Dire* in High-Conflict Family Law Cases,” provides specific guidance on ways to challenge expert witnesses who try to deny or minimize the importance of recognizing and intervening in cases of PA. Chapter 11, “Parental Alienation: An International Perspective,” explains how jurisprudence regarding PA has played out in various countries, with reference to both common law and civil law systems. Chapter 12, “Tips for Expert Testimony,” provides succinct guidance for expert witnesses (when they testify about PA) and attorneys (when they examine and cross-examine witnesses). Finally, Chapter 13, “Parental Alienation and Public Policy,” suggests changes in family law that should be considered by legislatures and judicial bodies, with the purpose of reducing the prevalence of PA.

The book contains four appendices and three indexes. For example, Appendix A, “Parental Alienation Terminology and Definitions,” defines the concepts used in this book, so that the chapter authors and readers will use terminology in a consistent manner. Appendix B, “Parental Alienation Cases in the United States, 1985 to 2018,” lists more than one thousand trial and appellate cases in the U.S. involving PA, organized by state. Appendix C, “Cases Illustrative of Alienating Behaviors,” presents twenty rather dramatic vignettes involving PA. Appendix D, “Sample Motion and Brief for Extended *Voir Dire*,” provides a motion and supporting brief asking the court to allow extended time to examine the competency of a proposed expert.

SECOND, ADDRESSING MISINFORMATION

The second goal of this book is to refute common misinformation. The majority of mental health and legal professionals accept the basic premise of PA, i.e., that some parents indoctrinate their children to dislike or fear the other parent. Nevertheless, there is debate and disagreement about some aspects of PA theory. Although the editors of this book welcome legitimate and respectful discussion and debate, we are concerned that some of the discourse regarding PA has spun out of control, into pervasive misinformation.

Misinformation about PA is frequently presented in legal proceedings regarding divorce, custody, and parenting time arrangements. For example, one side wants to present expert testimony that involves PA, while the oppos-

ing side hopes to suppress such testimony by claiming that PA theory is not scientific enough to merit expert testimony and that it has never been endorsed by a professional organization. Sometimes an elaborate *Daubert*, *Frye*, or *Mohan* hearing ensues. Sometimes the court hears arguments pro and con and says they will take that information into consideration in determining the weight of the evidence. Occasionally, the court will say it already knows a lot about PA, it is clear the phenomenon occurs regardless what it is called, and the attorneys should move on to present the facts of the case before the court.

Blatantly false statements regarding PA regularly occur in professional literature as well as popular media intended for the general public. For example, statements such as: “Parental alienation is a hoax, invented by Richard Gardner to enable abusive fathers to gain control of their children.” “There is no empirical evidence published in peer-reviewed journals to support the reality of parental alienation.” “Parental alienation has not been recognized by the American Psychological Association or by any other professional organization in the United States.” “Child custody evaluators and parenting time evaluators should never look for parental alienation or discuss that topic in their reports.” Those statements are false. When psychologists, psychiatrists, social workers, and legal professionals make those statements, it is unclear whether the individual is actively misrepresenting the facts or is simply ignorant regarding basic information about PA.

It is unfortunate that legal professionals and expert witnesses devote time and energy over and over in debating whether PA theory fulfills criteria for testimony in court. This book provides plenty of evidence for overcoming that hurdle.

EDITORS AND AUTHORS

The editors of this book and the chapter authors have extensive experience with both clinical and legal aspects of divorce, child custody, parenting time evaluations, PA, and related topics. The editors and chapter authors include six psychologists, three physicians, two social workers, four attorneys, and one judge. Collectively, the mental health professionals have testified as expert witnesses hundreds of times regarding family law topics.

The editors and most of the chapter authors of this book are members of the Parental Alienation Study Group, Inc. (PASG), an international, non-profit corporation with the mission of educating the public, mental health clinicians, forensic practitioners, attorneys, judges, and policymakers regarding PA. PASG members are also interested in developing and promoting research on the causes, evaluation, prevention, and treatment of PA. The

members of PASG are located in more than 50 countries on six continents, which is an indication of the global reach of PA. PASG supported the development and production of this book by facilitating communication and collaboration among its members. The organization also supported this project financially, in that a PASG member donated funds that were used for legal research and editing activities.

The editors of this book dedicate the project to our friend and colleague, S. Richard Sauber, Ph.D., a founding member of PASG and an early researcher and writer regarding PA. Dr. Sauber was the founder and longtime editor of *The American Journal of Family Therapy*, which published many important papers regarding PA. He was also a co-editor of: *The International Handbook of Parental Alienation Syndrome: Conceptual, Clinical and Legal Considerations*; *Working with Alienated Children and Families: A Clinical Guidebook*; and *Parental Alienation: The Handbook for Mental Health and Legal Professionals*. We value Dr. Sauber's wisdom and we honor his dedication to educating mental health and legal professionals regarding PA.

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PARENTAL ALIENATION
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Section One

CLINICAL CONSIDERATIONS AND RESEARCH

Chapter 1

INTRODUCTION TO PARENTAL ALIENATION

WILLIAM BERNET

Parental alienation (PA), a serious mental condition that affects hundreds of thousands of children and families in the United States, has been described in legal cases since the early 19th century¹ and in the mental health literature since the 1940's.² Mental health professionals, family law attorneys, and ordinary citizens observe PA every day, even if they do not know that the phenomenon has a name, where it comes from, or what to do about it. There has been a vast extent of descriptive, qualitative research and a more limited amount of quantitative research regarding PA.

Despite the extensive professional literature regarding this topic and the growing number of trial and appellate courts that have accepted the importance of PA, there continues to be a small group of outspoken critics and detractors who deny the significance or even the existence of this mental condition. The chapters of this book will address PA through two perspectives: first, a detailed discussion of some aspect of PA with appropriate citations to the mental health and legal literature; and, second, a summary of what PA detractors and deniers have stated regarding that topic with clearly documented rebuttals of those statements, i.e., a debunking of the debunkers. This bifid approach—a statement of the positive arguments that support the reality and significance of PA joined with a refutation of the arguments against PA—will demonstrate the importance of PA for clinicians as well as the admissibility of testimony regarding PA in courts in the U.S. Of course, that is why the title of this book refers to “science” and “law.”

DEFINITION OF PARENTAL ALIENATION

PA is a mental condition in which a child—usually one whose parents are engaged in a high-conflict separation or divorce—allies strongly with one par-

ent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification.³

Several features of the definition should be noted. PA can be conceptualized as a mental condition of the child (e.g., the child has a false belief that the rejected parent is evil, dangerous, or not worthy of love) or an aberration in the relationship between the child and the rejected parent (e.g., absence of communication and camaraderie between child and parent, even though they previously enjoyed a loving, nurturing relationship). We refer to “separation or divorce” because PA can occur prior to legal divorce and in families in which the parents were never married in the first place. PA sometimes occurs in high-conflict marriages, when the parents are still living in the same household.

It is essential to recognize that the child’s rejection of the alienated parent is without legitimate justification. If a parent was abusive or severely neglectful, the child’s rejection of that parent is understandable or legitimate and does not constitute PA. We follow the convention of most writers, who use *estrangement* to refer to warranted rejection of a parent and *alienation* to refer to unwarranted rejection. Finally, we realize that the rejected parent is not typically a perfect mother or father, and that parent may have contributed in a limited degree to the child’s dislike of him or her. However, the essential feature of PA is that the child’s rejection of the alienated parent is far out of proportion to anything that parent has done.

MANIFESTATIONS OF PARENTAL ALIENATION

Criteria for the diagnosis of PA were originally published by Richard Gardner, who said that *parental alienation syndrome* (PAS) referred to a child who manifested some or all of eight characteristic behaviors.⁴ We have adapted Gardner’s eight criteria for the diagnosis of PA, as we use the term in this book (see Table 1). Gardner said that the diagnosis of PAS was based primarily on the presence of symptoms in the child, not on the behaviors of the alienator.

Researchers have studied the frequency with which the eight criteria occur in individual cases of PA. Amy Baker and Douglas Darnall studied self-identified alienated parents whose children “want nothing to do with the parent and the parent’s access to the child was minimal at best.”⁵ That is, they collected information from the rejected parents of children who manifested a severe degree of PA. The authors asked the parents whether the eight symptoms of PA, which had been identified by Gardner, occurred in their children. Baker and Darnall found that the following symptoms occurred “often” or “always” in the great majority of the families they studied:⁶

Table 1.
SYMPTOMS OF PARENTAL ALIENATION

-
- **Campaign of denigration:** “The denigration of the parent often has the quality of a litany. After only minimal prompting by a lawyer, judge, probation officer, mental health professional, or other person involved in the litigation, the record will be turned on and a command performance provided.”
 - **Weak, frivolous, or absurd rationalizations for the deprecation:** “Typically, these children provide irrational and often ludicrous justification for their alienation. . . . Even years after they have taken place, the child may justify the alienation with memories of minor altercations experienced in the relationship with the hated parent.”
 - **Lack of ambivalence:** “All human relationships are ambivalent, and parent–child relationships are no exception. The concept of mixed feelings has no place in these children’s scheme of things. The hated parent is all bad and the loved parent is all good.”
 - **“Independent-thinker” phenomenon:** “Many of these children proudly state that the decision to reject [the target parent] is their own. They deny any contribution from their [preferred parent].”
 - **Reflexive support of the loved parent in parental conflict:** “The children reflexively take the position of the loved parent—sometimes even before the other has had the opportunity present his (her) side of the argument. . . . These children may even refuse to accept evidence that is obvious proof of the hated parent’s position.”
 - **Absence of guilt:** “The child may express guiltless disregard for the feelings of the hated parent. There will be a complete absence of gratitude for gifts, support payments, and other manifestations of the hated parent’s continued involvement and affection.”
 - **Borrowed scenarios:** “Not only is there a rehearsed quality to these children’s litanies, but one often hears phraseology that is not commonly used by the child. Many expressions are identical to those used by the loved parent.”
 - **Spread of the animosity to the extended family of the hated parent:** “The hatred of the parent often extends to include that parent’s complete extended family. Cousins, aunts, uncles, and grandparents—with whom the child previously may have had loving relationships—are now viewed as similarly obnoxious.”⁷
-

• Campaign of denigration:	88 percent
• Weak, frivolous reasons:	98
• Lack of ambivalence:	97
• Insists not influenced by others:	95
• No guilt or remorse:	89
• Always sides with preferred parent:	100
• Uses borrowed phrases:	79
• Rejects extended family:	77

Thus, Baker and Darnall found that the eight classic symptoms of PA identified by Gardner in the 1980s were frequently found in alienated children in the 2000s. They said, “In general, these findings support Gardner’s observations regarding the constellation of the eight symptoms of PAS and

should pave the way for the development of reliable assessment tools for identifying PAS.”⁸ Future research will likely show that some of the eight criteria are more important than others. It may be that some criteria will be dropped, such as the “independent thinker phenomenon,” which may occur in circumstances of both alienation and estrangement. It may be that new criteria will be identified and added. The criteria for many psychological disorders—including well known conditions such as autism and attention-deficit/hyperactivity disorder—have evolved based on the observations of extensive field trials and other research.

SYMPTOMS ASSOCIATED WITH PARENTAL ALIENATION

In an elaborate research project, Buchanan, Maccoby, and Dornbusch interviewed 522 adolescents whose parents were divorced and identified youngsters with loyalty conflicts, i.e., feeling “caught between parents.” They found: “Feelings of being caught were related to higher levels of depression/anxiety and more deviant behavior.”⁹ Johnston, Walters, and Olesen compared alienated and nonalienated children. They found that “alienated children had more emotional and behavioral problems of clinically significant proportions compared to their nonalienated counterparts.”¹⁰ Also, Johnston said that alienated children “are likely to be more troubled—more emotionally dependent, less socially competent, have problematic self-esteem (either low or defensively high), poor reality testing, lack the capacity for ambivalence, and are prone to enmeshment or splitting in relations with others.”¹¹ She also noted, “Severely alienated children also are likely to manifest serious conduct disorders and can behave very inappropriately, at least in the presence of the rejected parent. Extreme expressions of hatred, rage, contempt, and hostility can be acted out in rudeness, swearing, and cursing, hanging up the phone, spitting at or striking a parent, sabotaging or destroying property, stealing, lying, and spying on the rejected parent.”¹²

Summarizing a great deal of research, Barbara Jo Fidler and her colleagues explained that data consistently show that alienated children are at risk for emotional distress and adjustment difficulties and at much greater risk than children from litigating families who are not alienated. They reported that clinical observations, case reviews, and qualitative comparative research uniformly indicate that alienated children may exhibit:

- (a) poor reality testing; (b) illogical cognitive operations; (c) simplistic and rigid information processing; (d) inaccurate or distorted interpersonal perceptions; (e) self-hatred; (f) low or inflated self-esteem; (g) pseudo-maturity; (h) gender-identity problems; (i) poor differentiation of self (enmeshment); (j) aggression and conduct disorders; (k) disregard for social norms and

authority; (l) poor impulse control; (m) emotional constriction, passivity, or dependency; and (n) lack of remorse or guilt.¹³

CAUSES OF PARENTAL ALIENATION

The most common psychosocial pathway to PA is the child's indoctrination by the preferred parent to dislike or fear the rejected parent. The activities and attitudes of the preferred or alienating parent—which are called *alienating behaviors* (ABs)—could be “naïve,” “active,” or “obsessed.”¹⁴ Darnall explained that *naïve alienators* make negative comments about the other parent but without serious intent to undermine the child's relationship with that parent. *Active alienators* have consciously intended to criticize and undermine the target parent and they realize that what they are doing is wrong and potentially harmful to the child. *Obsessed alienators* are determined to destroy the child's relationship with the targeted parent. They persistently pressure the child to adopt their own negative view of the other parent.

Although PA most often arises in the context of a dispute between the parents over the child's custody, it can arise during the course of other types of conflicts, such as a dispute between a parent and a grandparent. Sometimes, other family members—such as stepparents or older siblings—contribute to the creation of PA. On occasion, other individuals—such as therapists and child protection workers—cause PA to occur by encouraging or supporting the child's refusal to have contact with the alienated parent.

PA almost always arises in the context of intense conflict between the rejected parent and another person, i.e., usually the preferred parent. In circumstances of persistent, passionate conflict, the child is motivated to remove himself from the battle zone by gravitating to one parent and shunning the other parent. There is merit to the opinion of Kelly and Johnston, that PA may be caused by an interaction of several psychosocial processes, “specifically, a history of intense marital conflict; a humiliating separation; subsequent divorce conflict and litigation that can be fueled by professionals and extended kin; personality dispositions of each parent; and the age, cognitive capacity, and temperament of the child.”¹⁵ The alienated parent may contribute in some way to the child's rejection. For example, the alienated parent may lack an involved, warm style of nurturance. They may have devoted insufficient time to parenting activities. However, for the diagnosis of PA, the intensity and duration of the child's refusal to have contact with the rejected parent is far out of proportion to the relatively minor weaknesses in that person's parenting skills.

While the definition of PA indicates that this mental condition usually occurs in the context of “a high-conflict separation or divorce,” that sentence

is sometimes misinterpreted to mean that both parents are equally engaged in the conflict. That is, some readers mistakenly conclude that both parents are at fault when PA occurs in a family. In fact, in typical cases of PA the high level of conflict is generated by one parent—the preferred or alienating parent—and the second parent is the victim of the first parent’s anger and manipulations. Of course, the second parent might respond with an inappropriate remark or act due to his or her frustration with the situation created by the alienating parent. Even in that circumstance, however, the child’s refusal to have a relationship with the rejected parent is far out of proportion to anything that parent has done.

CHARACTERISTICS OF ALIENATING PARENTS

Many authors have described the features of alienating parents, usually based on their own clinical experiences. Referring to the types of alienating parents, some active alienators and almost all obsessed alienators are likely to have demonstrable difficulties in their psychosocial functioning. As long ago as 1985, Benedek and Schetky reported that in high-conflict custody cases, overly anxious parents tended to act out their mistrust for their former spouses. They wrote, “This parent mistrusts the former spouse and may transmit this anxiety to the child, causing the child to feel that he or she will not be safe while visiting the other parent.”¹⁶ Gardner described the alienating behaviors (ABs) that he had observed in families he had evaluated. Gardner also discussed the underlying psychodynamics—both conscious and unconscious phenomena—that he identified in alienating mothers and fathers:

- the desire to maintain the psychological bond with the child
- anger at the former spouse and desire for revenge
- frustration over financial and legal issues
- reaction formation, i.e., anger as a mechanism to cover up affection for the former spouse
- projection of one’s thoughts and wishes onto the former spouse and the children
- overprotectiveness (mothers more than fathers)
- and the exercise of power (fathers more than mothers).¹⁷

In his discussion of the “divorce related malicious mother syndrome,” Turkat gave several examples of spiteful acts by those parents: “A divorced man gains custody of his children and his ex-wife burns down his home. A woman in a custody battle buys a cat for her offspring because her divorcing husband is highly allergic to cats. A mother forces her children to sleep

in a car to ‘prove’ their father has bankrupted them.”¹⁸ Clawar and Rivlin described alienating parents as “Other Blamers”: “Programming -and-brainwashing parents virtually *always blame* others for problems, issues, and circumstances that arise.”¹⁹ More recently, Walters and Friedlander explained that the intractable, favored parent in families manifesting the resist/refuse dynamic may exhibit an encapsulated delusion, i.e., “a fixed, circumscribed belief that persists over time and is not altered by evidence of the inaccuracy of the belief.”²⁰

Two groups of researchers found that the maladaptive personality traits of alienating parents were consistently identified with the Minnesota Multiphasic Personality Inventory–2 (MMPI-2). Siegel and Langford compared 16 female subjects who met criteria for PAS parents with 18 female subjects who were considered non-PAS parents.²¹ Gordon, Stoffey, and Bottinelli compared the MMPI-2 data from 76 cases where PA was found and 82 custody cases where PA was not found.²² These studies are discussed in greater detail in Chapter 2, “The Psychosocial Assessment of Contact Refusal.”

METHODS FOR CAUSING PARENTAL ALIENATION

While PA usually refers to the attitudes, opinions, and behaviors manifested by the child who is refusing a relationship with one of their parents, ABs refers to the activities by which the alienating parent undermines the child’s relationship with the rejected parent. Clawar and Rivlin—whose classic book, *Children Held Hostage*, was published by the American Bar Association—classified ABs by general themes or techniques, such as: the “denial-of-existence technique” (the preferred parent never talks about the target parent); the “Who, Me?” technique (the brainwashing parent attacks something about the character or lifestyle of the target parent, but then indicates that he or she meant no such thing and that the child was misinterpreting); the “middle-man technique” (speaking to the child about issues that should have been discussed with the other parent); the “circumstantial technique” (failing to inform the other parent of school dates, plays, conferences, ceremonies, etc.); the “I don’t know what’s wrong with him” technique (the preferred parent exaggerates differences between themselves and the other parent in front of the children); and several other techniques.²³

Baker and her colleagues studied and classified ABs in several ways. Baker and Darnall collected information from adults who self-reported being targets of ABs (i.e., adults describing the behaviors of former spouses); they identified 66 types of alienating strategies in eight general categories²⁴ (see Table 2). Baker and Chambers collected information from young adults

Table 2.
COMMON ALIENATING BEHAVIORS

-
- Badmouthing the target parent
 - Telling the child the target parent is dangerous or sick
 - Saying the target parent does not love the child
 - Confiding in the child about the marriage
 - Confiding in the child about legal issues
 - Badmouthing the extended family of the target parent
 - Limiting the child's contact with the other parent
 - Interfering with communication between the child and the other parent
 - Forcing the child to reject the target parent
 - Undermining the target parent's authority
 - Badmouthing the target parent to authorities²⁵
-

regarding their recollection of exposure to 20 ABs (i.e., adults describing the behaviors of their parents during their childhood); 80% of the sample endorsed at least one AB, and 20% of the sample reported that one parent tried to turn them against the other parent.²⁶ Research regarding ABs is discussed more fully in Chapter 3, “Parental Alienating Behaviors,” and Chapter 5, “Parental Alienation and Empirical Research.”

CRITERIA FOR THE DIAGNOSIS OF PARENTAL ALIENATION

Both mental health and legal writers have proposed criteria for the diagnosis of PA. When Bernet recommended in 2008 that the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) include a discussion of PA, the proposal included the diagnostic features for *parental alienation disorder*. The diagnostic criteria, which were put in the format that had traditionally been used in the DSM, emphasized the eight behavioral symptoms of the child that characterized PA.²⁷

In 2011, law professor Sandi Varnado sought to define a novel cause of action that would allow alienated parents to make claims against alienating parents. She analyzed traditional tort-based causes of action—alienation of affections and intentional infliction of emotional distress—and found they were both inadequate or inappropriate in cases of PA. (Note that Varnado used “parental alienation” to refer exclusively to what we call “alienating behaviors.”) Varnado proposed a new cause of action called “inappropriate parental influence,” which included the following five elements: “(1) a sufficiently substantial relationship existed between the plaintiff-parent and the child prior to the alienating conduct; (2) the defendant-parent engaged in

Table 3.
FIVE-FACTOR MODEL FOR THE DIAGNOSIS OF PARENTAL ALIENATION

Factor One: The child actively avoids, resists, or refuses a relationship with a parent.
Factor Two: Presence of a prior positive relationship between the child and the now rejected parent.
Factor Three: Absence of abuse or neglect or seriously deficient parenting on the part of the now rejected parent.
Factor Four: Use of multiple alienating behaviors by the favored parent.
Factor Five: Exhibition of many or all of the eight behavioral manifestations of alienation by the child.

severe or pervasive alienating conduct; (3) damage to or destruction of the plaintiff-parent's relationship with the child; (4) the damage to or destruction of the relationship between the plaintiff-parent and the child was caused by the defendant-parent's severe or pervasive alienating conduct; and (5) the plaintiff-parent suffered severe emotional distress as a result."²⁸

In 2014, Amy Baker and her colleagues organized the criteria for the identification of PA into several factors.²⁹ For use in this book, the editors and chapter authors have adapted the factors of Baker et al. for the *Five-Factor Model* for the identification and diagnosis of PA. The Five-Factor Model takes into consideration the actions and attitudes of the child, the rejected parent, and the favored parent (see Table 3).

LONG-TERM CONSEQUENCES OF ALIENATION

The principle that family-of-origin relations influence future relationships and life adjustment is one of the foundations of developmental psychology. There are many studies that document long-term psychological damage associated with alienation. Wallerstein and Blakeslee exclaimed, "I have seen a great deal of evidence that Medea-like anger severely injures children at every age." They added:

Whether one or both parents act the Medea role, children are affected for years to come. Some grow up with warped consciences, having learned how to manipulate people as the result of their parents' behavior. Some grow up with enormous rage, having understood that they were used as weapons. Some grow up guilty, with low self-esteem and recurrent depression. . . ."³⁰

Waldron and Joanis, a psychologist and an attorney, described the deleterious effects of PAS on the children. They said, “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.”³¹ Also, “The child’s interpersonal functioning is affected. . . . 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.”³²

Amy Baker and her colleagues conducted several research projects involving adults who related that they experienced ABs as children. In her book, *Adult Children of Parental Alienation Syndrome*, Baker described a retrospective, qualitative study in which she conducted semi-structured interviews of 40 adults who had been child victims of PA. She identified several problematic areas in these subjects: high rates of low self-esteem to a point of self-hatred; significant episodes of depression in 70% of the subjects; drug and alcohol problems; a lack of trust in themselves and in other people; and high rates of divorce.³³ Baker reported that while most of the adults distinctly recalled *claiming* during childhood that they hated or feared their rejected parent and on some level did have negative feelings, they did not want that parent to walk away from them and secretly hoped someone would realize that they did not mean what they said.³⁴ In another study, Verrocchio, Baker, and Bernet surveyed 509 adults in Southern Italy regarding their childhood experience of twenty ABs. They found that exposure to ABs during childhood increased a person’s risk of state anxiety and trait anxiety later in life.³⁵ (See Chapter 5, “Parental Alienation and Empirical Research.”)

Finally, the loss of a parent—due to PA or other events—is an adverse childhood event that has both psychosocial, biochemical, and psychobiological consequences. Vezzetti reviewed the research and concluded that “parental loss and other childhood adversities during divorce involving minor children” may cause psychobiological damage that may not be apparent for 10, 20, or 30 years.³⁶ Multiple research projects involving adverse childhood experiences (ACEs) found that serious family malfunction during childhood had long-term, physical, medical sequelae later in life. Felitti and his colleagues found that the higher the number of ACEs that a person experienced, there was a greater likelihood later in life for “adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.”³⁷

TRANSGENERATIONAL PARENTAL ALIENATION

Regarding another long-term consequence of PA, some authors say that this psychosocial condition is transgenerational, that is, individuals who experienced PA as children tend later in life to be alienated from their own children. For example, Baker reported that 50% of the adult children of PA in her study were alienated from their own children. She explained, “One scenario entailed individuals with a narcissistic parent (who alienated them from the targeted parent) marrying a narcissistic person who alienated them from their own children.”³⁸

Other writers have described a different way in which PA is multigenerational, i.e., situations in which the target parent is alienated from their children and also their grandchildren. This may happen in the context of international child abduction. For example, Sobal described the case of a boy whose father abducted him from the U.S. to Iran. The mother became alienated from her son and—when he grew up, married, and had children—from her grandchildren.³⁹ Also, Areskoug described a case in Sweden in which a man was alienated from his daughter and subsequently also from his granddaughter.⁴⁰

There is another, common mechanism by which grandparent alienation occurs. That is, a child becomes alienated from a parent and then from the grandparents on that side of the family, i.e., by extending their contact refusal beyond the rejected parent to that parent’s extended family. In fact, one of the eight key behavioral symptoms of PA is the child’s spread of animosity to the extended family of the hated parent.⁴¹

PARENTAL ALIENATION AND PSYCHOLOGICAL ABUSE

Causing PA is a form of child maltreatment. Specifically, engaging in ABs in a purposeful, persistent manner constitutes child psychological abuse. A current definition, provided by the American Professional Society on the Abuse of Children (APSAC), states that child psychological abuse refers to “a repeated pattern or extreme incidents of caretaker behavior that thwart the child’s basic psychological needs . . . and convey a child is worthless, defective, damaged goods, unloved, unwanted, endangered, primarily useful in meeting another’s needs, and/or expendable.”⁴² Also, child psychological abuse is defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), as “nonaccidental verbal or symbolic acts by a child’s parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child.”⁴³ Baker explained in a systematic manner how alienating parents are psychologically abusive. For

instance, one of her adult subjects described how their parent was rejecting: “She always told us we were failures and would never amount to anything, that we were just like him.”⁴⁴ Other adult subjects related that their alienating parent isolated them by “not allowing the child regular contacts with peers, restricting the child’s participation in routine family activities, and locking the child in a room, basement, or attic.”⁴⁵

Authors in many countries have explained how a person who induces a child to experience PA is causing child psychological abuse. For example:

- In 1998, Gardner said, “A parent who inculcates a PAS in a child is indeed perpetrating a form of emotional abuse in that such programming may not only produce lifelong alienation from a loving parent, but lifelong psychiatric disturbance in a child.”⁴⁶
- In 2004, Janet R. Johnston and Joan B. Kelly said, “[Gardner] has drawn attention to an insidious form of emotional abuse of children that can be inflicted by divorced parents.”⁴⁷
- In the U.S., the Consortium of Longitudinal Studies of Child Abuse and Neglect (LONGSCAN) said that emotional maltreatment includes circumstances in which “the caregiver *undermines the child’s relationships* with other people significant to the child, e.g., makes frequent derogatory comments about other parents.”⁴⁸
- In Brazil, national legislation states: “The practice of parental alienation infringes a fundamental right the child or adolescent has in having a healthy family life . . . and constitutes moral abuse on the child or adolescent.”⁴⁹
- In Italy, the Italian Society of Child and Adolescent Neuropsychiatry wrote, “A further form of psychological abuse may be the alienation of a parent figure by the other until the cooperation of a child in ‘Parental Alienation Syndrome.’”⁵⁰
- In South Africa, the editor-in-chief of the *African Journal of Psychiatry* wrote, “It is suggested that [parental alienation syndrome] be recognized as a form of child abuse; accordingly custody may be awarded to the innocent party, with sanctions potentially applied against the alienating party.”⁵¹

It is sometimes assumed that child psychological abuse is a weaker or milder form of maltreatment, compared to physical abuse or sexual abuse. However, Spinazolla and his many colleagues (from seven academic centers) conducted a large, elaborate study, involving 5,616 maltreated children, in which they were able to compare the effects of child psychological abuse with other forms of abuse. The authors divided the participants into the following groups, based on the abuse that they had experienced: sexual abuse;

physical abuse; psychological maltreatment; sexual and physical abuse together; psychological maltreatment and sexual abuse together; and psychological maltreatment and physical abuse together. Spinazzola et al. concluded that psychological maltreatment alone was just as harmful as physical abuse or sexual abuse alone. Also, when psychological maltreatment was added to physical abuse or sexual abuse, the harm was increased.⁵²

The following appellate decisions found that parents who induced alienation in a child perpetrated child maltreatment:

- *J. M. v. Malant*, Louisiana, 2006. The appellate court stated, “The court further found that the father had inflicted emotional and mental abuse upon the child by alienating the child from his mother, coaching the child to exaggerate abuse by the mother, and subjecting the child to forensic examinations and interviews. . . .”⁵³
- *McClain v. McClain*, Tennessee, 2017. The appellate court quoted the psychologist expert who testified at the trial: “The phenomena of parental alienation are well recognized internationally and, sadly, are frequently alleged or encountered in custody and visitation litigation.”⁵⁴ The appellate court quoted the trial court: “The Court does find and does believe that parental alienation is a form of emotional abuse that should not be tolerated.”⁵⁵
- *In re Marriage of Wendy D. L. and George T. D., III*, Illinois, 2017. The appellate court stated, “Wendy’s argument that she made good decisions for the children and that George merely disputed her ‘methodology’ fails to address the primary thrust of the court’s reasoning: that her exclusion of George negatively impacted the children by interfering with their relationship with their father. The court emphasized that the strongest factor in its decision was the harm to the children caused by her longstanding efforts to alienate George from them.”⁵⁶

Readers should note that no expert or professional group has stated the reverse, i.e., that causing severe PA is *not* a form of child maltreatment. Since PA constitutes significant psychological harm to the child, causing severe PA should be classified as a form of child psychological abuse. Accordingly, child protection personnel and courts should consider removing—at least temporarily—children who manifest severe PA from the home of the favored, alienating parent. In that regard, this form of child psychological abuse should be addressed in the same way as physical abuse and sexual abuse is handled.

PARENTAL ALIENATION AND DOMESTIC VIOLENCE

Current terminology for domestic violence is *intimate partner distress* (IPD) (e.g., incessant arguing) and *intimate partner violence* (IPV) (e.g., physical and sexual abuse). Both IPD and IPV involve the underlying theme that the abusive partner controls and dominates his or her victim. In addition to controlling the spouse or domestic partner, the perpetrator of IPD and IPV often tries to control the children. The concepts of domestic violence and PA interact in two important but very distinct ways. The first and more important interaction is that causing PA in a child may be a form of domestic violence. That is, after the couple divorces, the abuser may continue to control the children and alienate them from the ex-spouse as a way to punish the former partner. Jennifer Harman and her colleagues, who extensively reviewed that topic, said, “This complex form of aggression entails a parental figure engaging in the long-term use of a variety of aggressive behaviors to harm the relationship between their child and another parental figure, and/or to hurt the other parental figure directly because of their relationship with their child.”⁵⁷

Peter Jaffe was a leader in explaining how perpetrators of domestic violence sometimes also cause PA in the children. Jaffe and his colleagues wrote that “abusive ex-partners are likely to attempt to alienate the children from the other parent’s affection (by asserting blame for the dissolution of the family and telling negative stories), sabotage family plans (by continuing criticism or competitive bribes), and undermine parental authority (by explicitly instructing the children not to listen or obey).”⁵⁸ Leslie Drozd and Nancy Olesen also described this phenomenon: “We have found that the aggressor parent may engage in behavior designed to sabotage the child’s relationship with the victim parent. The aggressor takes advantage of the victim parent’s vulnerabilities and convinces the child or children in the family that the victim parent is not a good parent and that he, the aggressor, has the power and can do best for the children.”⁵⁹

The second interaction between the concepts of domestic violence and PA involves the agenda of advocacy groups. For example, there are groups of activists which claim that PA does not exist in the real world and that the idea of PA is a hoax. Individuals who advocate for the recognition of domestic violence might say that Richard Gardner invented PA as a way to help abusive fathers take their children away from protective mothers. Thus, these advocates for victims of domestic violence say that the reason children do not want to have a relationship with their father is simply because the father has abused the children and/or the mother, not because the mother has indoctrinated the children to fear or dislike the father. For example, a book intended for legal professionals referred to “the PAS fabrication of

Richard Gardner and the ‘fathers’ rights’ (FRs) movement, which was never proven by research or peer-reviewed studies and has been thoroughly debunked.”⁶⁰ In response, however, this author would summarize that domestic violence is real, although there have been false allegations of domestic violence; and PA is real, although there have been false allegations of PA. The solution is not to argue one extreme or the other, but to find ways to distinguish real domestic violence from real PA.

PREVALENCE OF PARENTAL ALIENATION

In epidemiology, *prevalence* refers to the number of cases presently existing in given population at any particular time. In contrast, *incidence* refers to the number of new cases of any condition that develop in a given population during a particular period of time. It is possible to estimate both the prevalence of PA (i.e., the mental condition experienced by the child) and the prevalence of ABs (i.e., the activities of the alienating parent to undermine the child’s relationship with the other parent). The prevalence of PA among children and adolescents in the U.S. can be roughly estimated considering the following three factors.

First, consider the percentage of children under the age of 18 who live with separated or divorced parents. The U.S. Census Bureau estimates that about 12 percent of individuals less than 18 years old live with only one of their biological parents.⁶¹ For most affected individuals, that is due to parental separation or divorce, although a smaller number of cases are related to death of one of the parents.

Second, approximately 23 percent of separated or divorced parents can be considered high conflict, based on the extensive research of E. Mavis Hetherington and John Kelly since the 1970s in the Virginia Longitudinal Study of Divorce and Remarriage. They commented, “As obviously destructive as conflict is to all involved in this dilemma, it was surprising to discover that six years after divorce, 20 to 25 percent of our couples were engaged in just such conflictual behavior; former spouses would make nasty comments about each other, seek to undermine each other’s relationship with the child, and fight openly in front of the child.”⁶² Also, Garrity and Baris estimated that a “quarter of all divorced parents . . . remain locked in a bitter struggle that is likely to last throughout the children’s formative years.”⁶³

Third, among high-conflict cases of separation or divorce, approximately 20% involve some degree of PA. That estimate is based on the following studies:

- In 1998, Kopetski reported that PA occurred in 20% of the 413 families evaluated by The Family and Children's Evaluation Team between 1976 and 1990.⁶⁴
- In 2001, Berns reported on a study of divorce judgments from 1995 to 2000 in Brisbane, Australia, where PA was found to be present in 29 percent of reviewed cases.⁶⁵
- In 2007, Baker surveyed mental health professionals who conducted custody evaluations. When asked how frequently they identified PAS in their cases, the responses ranged widely from zero percent to 55 percent; the average rate for all respondents was 11.2 percent.⁶⁶
- In 2009 Bow and his colleagues surveyed mental health and legal professionals who were experienced with PA. They said, "When respondents were asked [in] what percentage of child custody cases was parental alienation an issue, the mean reported was 26%. . . ."⁶⁷

Multiplying these three factors together ($0.12 \times 0.23 \times 0.20$) gives a prevalence of about 0.5 percent of all children in U.S. having some degree of PA. There are about 74 million children, so that comes to about 370,000 children and adolescents experiencing PA. For comparison purposes, the prevalence of PA is less than the prevalence of autism spectrum disorders among children and adolescents in the U.S.⁶⁸

PREVALENCE OF ALIENATING BEHAVIORS

The reader should be aware that ABs are much more common than PA; most children exposed to ABs do not develop PA. Clawar and Rivlin studied "brainwashing" and "programming"—their terms for ABs—in a large sample of 1,000 children who were seen in custody evaluations. They referred to "the pervasiveness of programming-and-brainwashing in marital separations, divorces, custody conflicts," and similar circumstances.⁶⁹ They found that in about 86% of the 1,000 cases, there was some element of parental programming in an effort to implant false and negative ideas about the other parent, with the intention of turning the child against that other parent.⁷⁰ Their work focused on programming and persistent brainwashing, which sometimes resulted in severe PA.

Harman, Leder-Elder, and Birigen conducted a telephone survey of 610 adults in North Carolina. The interviewer provided a definition of ABs and asked whether the respondent was aware of the term "parental alienation." Almost 69 percent of the respondents said they knew someone who had experienced ABs. Furthermore, 13.4 percent of the parents in the poll reported being alienated from their own children. The authors estimated that

more than 22,000,000 adults in the U.S. “are currently being alienated from their children by the other parent.”⁷¹

A recent collaborative study between the Vincent J. Fontana Center for Child Protection and New York University revealed that about 28% of adults in a community sample (i.e., not selected because of a precondition related to divorce or custody) reported that when they were children one parent tried to turn them against the other. These data are striking in that a significant portion of the sample was probably raised in an intact family. Not surprisingly, the proportion that reported that they had been exposed to ABs was higher in the subsample of individuals who had been raised by a step-parent, at 44%.⁷²

GENDER DIFFERENCES IN CASES OF PARENTAL ALIENATION

When PA was initially described in the 1980s, it was characterized almost exclusively with mothers being the alienating parents. In his pivotal article in 1985, Gardner provided 16 short vignettes to illustrate cases of PA; in all 16 vignettes, the father was the target parent.⁷³ Subsequently, Gardner said, “Mothers, far more often than fathers, are the active contributors in a child’s parental alienation syndrome. However, my experience has been that in about 10 percent of cases it is the father who is the primary programmer of the child.”⁷⁴ Likewise, in 1995, Turkat published an article with the inauspicious title, “Divorce Related Malicious Mother Syndrome.”⁷⁵ Fortunately, several years later he published a sequel, “Divorce-Related Malicious Parent Syndrome,” saying, “Since the original publication of that manuscript, case material has emerged which suggests that this pattern of behavior may not be gender-specific.”⁷⁶

Other researchers have concluded that both mothers and fathers induce PA in their children, although mothers clearly are in the majority. For example, Kopetski and her colleagues reported on 84 PAS cases. They said, “The proportion of alienating mothers to alienating fathers was 2 to 1, not just in the early years, but in all three time frames [1976 to 1990].”⁷⁷ Bala and his colleagues reported that between 1989 and 2008, PA was found by Canadian courts in 106 cases; the mother was the alienating parent in 68 percent of the cases.⁷⁸ Finally, Lorandos identified 1,181 trial and appellate cases in the U.S. between 1985 and 2018, in which PA was determined to be admissible. He found that 75% of identified alienators were female; 25% of identified alienators were male. (See Chapter 9, “Parental Alienation in U.S. Courts, 1985 to 2018,” for details of the Lorandos research on U.S. cases involving PA.)

LEVELS OF SEVERITY OF PARENTAL ALIENATION

Like many psychiatric disorders, the severity of PA may be classified as mild, moderate, and severe. This is an important feature of PA because the appropriate treatment for this condition depends on the severity of a particular case. Experienced clinicians have proposed a number of treatments or interventions for PA. The text below provides the definitions of mild, moderate, and severe PA and a brief explanation of the interventions to consider for each level of severity. While the choice of treatment depends primarily on the level of symptoms in the child, it may also depend on the intensity of the indoctrination and the attitude of the alienating parent. The various treatment approaches are discussed in greater detail in Chapter 4, “Parental Alienation: How to Prevent, Manage, and Remedy It.”

Mild PA means that the child resists contact with the alienated parent, but enjoys his relationship with that parent once parenting time is underway. A typical intervention for mild PA is strongly worded instruction or psychoeducation. For example, a judge might clearly order the parents to stop exposing their child to conflict and stop undermining the child’s relationship with the other parent, as well as to instruct the child to cooperate with the parenting plan and follow the schedule that has been ordered. Or, a parenting coordinator might meet with the parents to help them communicate in a constructive manner and advise them regarding the child’s activities with the alienated parent.

Moderate PA means that the child strongly resists contact and is persistently oppositional during parenting time with the alienated parent. The treatment of moderate PA—assuming both parents are committed and cooperative with the intervention—usually focuses on changing the behavior of the parents, i.e., reducing the amount of conflict and improving communication. A parenting coordinator works with the parents together, and individual counseling is frequently arranged for the alienating parent (to help the individual stop indoctrinating the child against the other parent), the alienated parent (to help the individual be less frustrated and improve parenting skills, as needed), and the child (to help the child avoid the parents’ battles and have a healthy relationship with both parents). However, this approach will not work in cases of moderate PA if the preferred parent does not endorse and support the treatment program. In cases of moderate PA, if the preferred parent continues to engage in ABs, it is usually necessary to adopt the interventions that are used in cases of severe PA.

Severe PA means that the child persistently and adamantly refuses contact and may hide or run away to avoid being with the alienated parent. When these children do spend time with the rejected parent, they are extremely, incessantly oppositional, especially if the preferred parent continues

to encourage their oppositional behavior. When the child manifests a severe level of PA, the alienating parent is usually obsessed with the goal of destroying the child's relationship with the target parent. The alienating parent has little or no insight and is convinced of the righteousness of his or her behavior. It is usually necessary to protect the child from the influence of the alienating parent by removing the child from their custody, greatly reducing the parenting time with that parent, and requiring the parenting time to be supervised.

Prevention and early intervention of PA are also very important. Katherine Andre and Amy Baker developed and published a prevention approach called *I Don't Want to Choose: How Middle School Kids Can Avoid Choosing One Parent Over the Other*. It is a structured program for group discussions with children of divorced parents, which can be implemented by school counselors. Early intervention refers to identifying children and families who are at risk for developing PA and who are manifesting some signs and symptoms of that condition. For example, it is likely that very early cases of PA come to the attention of therapists in private practice and mental health centers who work with children of parents who are headed toward divorce. As PA becomes better understood by front-line clinicians, they will be able to intervene with parent counseling and psychoeducation at an early stage when the condition is more treatable.

OTHER CAUSES OF CONTACT REFUSAL

There are many reasons that children may not want to see a parent after a separation or divorce. Most authors make a distinction between "estrangement" and "alienation." Realistic *estrangement* refers to a child's rejection of a parent that is justified "as a consequence of the rejected parent's history of family violence, abuse and neglect"⁷⁹ In contrast, *alienation* refers to a child's rejection of a parent that is unjustified, i.e., "unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are significantly disproportionate to the child's actual experience with that parent."⁸⁰ With that distinction in mind, estrangement—avoiding contact with an abusive parent—is normal behavior. Alienation, on the other hand, is an abnormal mental condition because it consists of maladaptive behavior (refusal to see a loving parent) that is driven by a false or illogical belief (that the rejected parent is evil, dangerous, or not worthy of love).

The differential diagnosis of contact refusal includes: a child's normal preference; loyalty conflict; a child avoiding conflict; an anxious, worried child; an unusually stubborn child; an abused child (estrangement); accidental indoctrination; purposeful indoctrination; and a shared delusional

disorder. The differential diagnosis and the process for conducting an evaluation in cases that may involve PA are discussed in Chapter 2, “The Psychosocial Assessment of Contact Refusal.”

ROLES OF MENTAL HEALTH PROFESSIONALS

When families are experiencing PA, mental health professionals take on a variety of important roles. For example:

- A social worker is already the therapist for a parent, who divorces and becomes either the preferred or the rejected parent as the family sinks into a PA scenario.
- A school counselor is working with an overly anxious child, who takes a turn for the worse when his parents divorce and the child forms a strong alliance with one parent and rejects the other.
- A psychiatrist or psychologist conducts a child custody evaluation or parenting time evaluation of a family experiencing PA and testifies as an expert regarding their findings and recommendations.
- A mental health professional—without personally evaluating family members—provides consultation to the attorney for one of the parents, the guardian ad litem, or the court.
- A reunification therapist helps a child and his parent re-establish a healthy relationship after being alienated from each other for months or years.
- A mental health professional acts as a parenting coordinator, who meets with divorced parents regularly and helps them communicate in a useful manner and collaborate in raising their children.
- A mental health professional assists a family experiencing severe PA through an educational intervention.

It is almost always hazardous for a mental health professional to take on multiple roles. Fidler and Bala explain that it is very difficult for one mental health professional to achieve desired objectives and meet the various, complex, and often competing needs of different family members.⁸¹ Trouble and headaches will likely be encountered when a mental health professional assumes dual roles of therapist and decision maker.⁸²

ROLES OF LEGAL PROFESSIONALS

While the behavioral sciences have been concerned with PA for the last seventy years, it has been found in legal settings for more than two centuries. There has been abundant criticism for many years regarding the handling of PA cases in court—with the criticism ranging from the adversarial nature of law itself, to the rules and policies of many courts, to the behavior of individual judges. Mental health and legal writers have expressed concern regarding: absence of active case management; legal disputes that continue for months and years; litigation that unnecessarily escalates conflict; litigation that encourages the children to gravitate to one parent and shun the other parent; and that when repeated violations of orders go unpunished, parents make a mockery of the court's authority. Legal professionals may take on a variety of roles, such as:

- The attorney for the alienated parent works with the parent in developing a comprehensive file that demonstrates the presence of PA and how it came about.
- The attorney for the preferred parent tries to clarify whether the child's contact refusal is due to PA or some other cause, such as parental estrangement.
- The attorney for the child, in some states, is charged with advocating for the child's preferences, even if those wishes are misguided.
- The guardian ad litem is typically charged with determining and seeking the best interests of the child, which may conflict with the child's wishes.
- A magistrate in family court may hear cases with allegations of child maltreatment, which may require distinguishing PA from realistic estrangement.
- A judge in circuit court may hear cases involving PA, which may arise in child custody disputes.
- A judge in an appellate court may have the opportunity to review cases involving PA and clarify how similar cases should be addressed in the future.
- A legislator in state and federal venues may have the opportunity to consider measures intended to reduce the incidence of new cases of PA.

BRIEF HISTORY OF THE CONCEPT OF ALIENATION

Over many years, various writers described the phenomenon of PA in the professional literature of psychologists, psychiatrists, and social workers, but did not provide a name for it or used a different name for what we now call “parental alienation.” The following outline illustrates how the concept of PA has been described and discussed for more than 70 years in the professional literature. The citations are in chronological order.

- David Levy (1943): “[In some cases of maternal overprotection], the fathers adjusted with little or ineffective protest to the mother-child monopoly. . . . To these facts must be added the derogatory attitude of the child towards the father, which was in several instances fostered by the mother, thereby reducing the paternal influence to its lowest degree.”⁸³
- Wilhelm Reich (1949): Divorced parents “fight for the child,” and, “The true motive is revenge on the partner through robbing him or her of the pleasure in the child. . . . In order to alienate the child from the partner, it is told that the partner is an alcoholic or psychotic, without there being any truth to such statements.”⁸⁴
- Louise Despert (1953): “It is a sharp temptation for the parent who remains with the children to break down their love for the one who has gone. . . . This can be a temporary relief to the parent who does so, but it can do only hurt to the child.”⁸⁵
- Murray Bowen (1961): “There is an intense interdependence between father, mother and patient which we have called the ‘interdependent triad.’ . . . The most familiar pattern is one in which the mother, in an extreme overadequate position to the helpless patient, has the ‘custody’ of the patient, while the father is distant and passive.”⁸⁶
- Philip J. Resnick (1969): “Spouse revenge filicide” referred to “parents who killed their offspring in a deliberate attempt to make their spouses suffer.”⁸⁷
- Jack Westman and colleagues (1970): “Another pattern is found in which one parent and a child team up to provide an effect on the other parent. Not infrequently a child sides with one parent or the other, though feeling ambivalent underneath. In these cases one parent appears to deliberately undermine the other through a child.”⁸⁸
- Salvador Minuchin (1974): “The rigid utilization of one child in spouse conflicts takes several forms. . . . One of the parents joins the child in a rigidly bounded cross-generational coalition against the other parent.”⁸⁹

- David Sheffner and John Suarez (1975): “A woman who harbored much resentment toward her ex-husband influenced her young children against him. Both parents were well-functioning people and generally decent parents, except for the mother’s irrational and destructive behavior in this one area. The children experienced considerable anxiety when visiting their father and wanted to discontinue their relationship with him altogether.”⁹⁰
- Judith Wallerstein and Joan Kelly (1976): [Aligned children] formed a relationship with one parent following the separation which was specifically aimed at the exclusion or active rejection of the other. The alignments were usually initiated and always fueled by the embattled parent, most often by the parent who felt aggrieved, deserted, exploited, or betrayed by the divorcing spouse. . . . It should be noted that none of these children . . . had previously rejected the parent who, subsequent to the alignment, became the target of their angers.”⁹¹
- Alan Levy (1978): “[Regarding children who are pathologically unambivalent], their statements seem well-rehearsed, almost programmed; and the words they speak are stilted and inappropriate, often repeating the exact phraseology used by the preferred parent in meetings alone with the psychiatrist. They can be described as having been brainwashed by that parent.”⁹²
- Janet Johnston and colleagues (1985): “Strong alliance” referred to “a strong, consistent, overt (publicly stated) verbal and behavioral preference for one parent together with rejection and denigration of the other.”⁹³
- Elissa Benedek and Diane Schetky (1985): “[The hostile, vindictive parent] may pressure the child to take sides, causing him to feel guilty about visiting the other parent. In the extreme, this may lead to brainwashing. . . . Very young children . . . may be particularly susceptible to brainwashing and come to believe that the horrible things one parent says about the other are true.”⁹⁴
- Richard Gardner (1985): Parental alienation syndrome refers to “a disturbance in which children are obsessed with deprecation and criticism of a parent—denigration that is unjustified and/or exaggerated.”⁹⁵
- Judith S. Wallerstein and Sandra Blakeslee (1989): “Modern Medeas do not want to kill their children, but they do want revenge on their former wives or husbands—and they exact it by destroying the relationship between the other parent and the child.”⁹⁶ The “Medea syndrome” referred to the Greek myth in which Medea avenged the betrayal of her husband, Jason, by killing their children.

- Susan Forward (1989): “In a toxic family system, one parent will often enlist the child as a confidant or ally against the other parent. Children become part of an unhealthy triangle in which they are being pulled apart by the pressure to choose sides.”⁹⁷
- Stanley Clawar and Brynne Rivlin (1991): “*Programming* is the formulation of a set or sets of directions based on a specific or general belief system directed toward another (target) in order to obtain some desired end/goal.”⁹⁸ “*Brainwashing* is the selection and application of particular techniques, procedures, and methods employed as a basis for inculcating the programme.”⁹⁹
- Barry Bricklin (1995): “Not-based-on-actual-interaction (NBOAI)” refers to “a response on the part of a child [that is] not in fact based on his or her actual interactions with a specific parent.”¹⁰⁰ Also, “The classic NBOAI situation, the one typically referred to by people in the field as the ‘parent alienation syndrome,’ is one in which the child is being systematically programmed, subtly or blatantly, by one parent to hate and or fear the target parent.”¹⁰¹
- Leona Kopetski (1998): “The alienating parent may or may not be consciously aware of manipulating the child and the legal/social systems. Alienating parents often believe that the accusations they make are true, but have developed those beliefs by a faulty reasoning process.”¹⁰²
- Ira Turkat (1999): “Divorce-related malicious parent syndrome” was defined, in part, as “a parent who unjustifiably punishes his or her divorcing or divorced spouse by . . . attempting to alienate their mutual child(ren) from the other parent.”¹⁰³
- Joan Kelly and Janet Johnston (2001): “An alienated child is defined here as one who expresses, freely and persistently, unreasonable negative feelings and beliefs (such as anger, hatred, rejection, and/or fear) toward a parent that are significantly disproportionate to the child’s actual experience with that parent.”¹⁰⁴
- Richard Warshak (2003): “Pathological alienation” refers to “a disturbance in which children, usually in the context of sharing a parent’s negative attitudes, suffer unreasonable aversion to a person or persons with whom they formerly enjoyed normal relations or with whom they would normally develop affectionate relations.”¹⁰⁵
- William Bernet (2008): “[Parental alienation disorder] is a typical example of a relational disorder because it usually involves the interacting attitudes of one child and two parents.”¹⁰⁶
- *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5) (2013): “Child affected by parental relationship distress [CAPRD] . . . should be used when the focus of clinical attention is the negative

effects of parental relationship discord . . . on a child in the family. . . .”¹⁰⁷ CAPRD includes PA as well as other mental conditions.¹⁰⁸

- Craig Childress (2015): An “attachment-based model of parental alienation” uses established constructs and principles of professional psychology to describe the psychological and interpersonal processes that constitute parental alienation.¹⁰⁹
- Marjorie Gans Walters and Steven Friedlander (2016): “The [resist/refuse dynamic] refers to a complex set of interacting factors, family dynamics, personality characteristics and vulnerabilities, conscious and unconscious motivations, and other idiosyncratic factors that combine to contribute to the unjustified rejection of a parent.”¹¹⁰

Our intention in providing this historical outline is to show that PA was not simply the “invention” of Richard Gardner and was not a “hoax” perpetrated by Gardner as a method for abusive fathers to wrest control of their children from protective mothers. Rather, it was a concept that percolated through the mental health literature for many years, both before and after Gardner introduced the specific term, “parental alienation syndrome.”

PARENTAL ALIENATION AROUND THE WORLD

There is a vast international literature regarding PA that mental health and legal professionals in the United States know almost nothing about. PA has been identified and described in the professional literature of at least 30 countries on six continents. (See Chapter 11, “Parental Alienation: An International Perspective.”) The phenomenon of PA transcends politics, culture, and religion. It has been identified in Malta (a tiny country that is almost completely Roman Catholic) and Malaysia (a large country that is almost completely Islamic). The Parental Alienation Database contains more than 1,300 citations from the world mental health and legal literature, which relate directly or indirectly to PA.¹¹¹ The membership of the Parental Alienation Study Group includes individuals from more than 50 countries.¹¹²

Much of the international literature on PA starts by citing and paraphrasing the foundational writings of Gardner, followed by case examples from the writer’s own experience, reports of research, and/or an analysis of PA in the light of local jurisprudence. For example, mental health and legal authorities in Europe conceptualize PA as a violation of one of the fundamental rights of children, e.g., the right to have a meaningful relationship with both of their parents. These writers emphasize how the rights of children—as expressed by the United Nations and the European Court of Human Rights—have been violated when they experience PA. The interna-

tional documents, which state the relevant rights of children, are summarized here.

In 1924, the General Assembly of the League of Nations created a document, the *Declaration of the Rights of the Child*, which consisted of five principles. In 1959, the General Assembly of the United Nations developed a more comprehensive document and kept the same name. Principle 6 of the 1959 document states, “The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents and, in any case, in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother.”¹¹³

In 1989, the United Nations established the *Convention on the Rights of the Child* (CRC), which consists of 54 sections or articles. The CRC was designed to establish that children have rights and to ensure that adults and their governments protect them. For example, the CRC provides that “In all actions concerning children . . . the best interests of the child shall be a primary consideration” (Article 3) and “States Parties shall undertake all appropriate . . . measures for the implementation of the rights recognized in the present Convention” (Article 4) and “States Parties shall use their best efforts to ensure recognition of the principle that both parents have common responsibilities for the upbringing and development of the child” (Article 18).¹¹⁴ It is ironic that of all the countries in the United Nations, only the U.S. and the Somalia have failed to ratify the CRC.

In 1950, the *European Convention on Human Rights* (ECHR) was established. In 1959, a European Court of Human Rights (ECtHR) was established to enforce the terms of the ECHR. The Court meets in Strasbourg, France, and hears actions by private citizens who are suing their own governments for deprivations of their rights under the ECHR. One of the typical grounds for suits by citizens against their governments is found in Article 8 of the ECHR: “Everyone has the right to respect for his private and family life, his home and his correspondence.”¹¹⁵

MISINFORMATION REGARDING PARENTAL ALIENATION

Between 1990 and the present time there has been considerable discussion and debate regarding PA and PAS in the mental health and legal professional literature. Most of the discussion regarding PA has consisted of the typical dialogue among practitioners and scholars regarding any number of psychological disorders, for example: the criteria for diagnosing PA; the pathways by which PA comes about; the relative culpabilities of the pre-

ferred and alienated parents; the prevalence of PA; the appropriate interventions; and the role of preventative measures. However, the discussion of PA in professional journals, academic venues, and popular media has featured an unusual level of misinformation and deceptive propaganda. The purpose of this book is to state clearly the truth about PA and also to identify and refute the abundant false information that pervades articles and programs regarding PA.

Misinformation: Parental Alienation Syndrome is Junk Science

Each chapter of *Parental Alienation—Science and Law* will explain some aspect of PA and address misinformation that relates to that particular slice of the pie. Since Chapter 1 provides a broad overview of PA, we will address here broad arguments that critics have persistently used to undermine the reality of PA. For example, a provocative, colorful meme states that PA and PAS are “junk science” or “pseudoscience.” A *meme* is a concept, image, catchphrase, or piece of media which spreads from person to person via social networks, news sources, or professional journals. Similar to a fad or craze, the meme takes on a life of its own. The word “meme” was introduced by Richard Dawkins in the final chapter of his book, *The Selfish Gene*, as a way to explain how cultural information spreads. Dawkins said, “Just as genes propagate themselves in the gene pool by leaping from body to body via sperms or eggs, so memes propagate themselves in the meme pool by leaping from brain to brain via a process which, in the broad sense, can be called imitation.”¹¹⁶

An influential psychiatrist, Paul J. Fink, stated in 2003 that PAS constitutes “junk science.”¹¹⁷ Fink repeated that opinion many times and he has been quoted by other critics of PA and PAS. The phrase, “PAS is junk science,” is a meme. In 2010 Fink reiterated—in his column in *Clinical Psychiatry News*—that PAS was “junk science invented by a psychiatrist.”¹¹⁸ After receiving letters objecting to Fink’s statements, the management of *Clinical Psychiatry News* arranged for him to issue an apology and a clarification. Fink then said, “I do not deny that parental alienation occurs and that a lot of people are hurt when there is an alienator.”¹¹⁹ Thus, in this case, the misinformation was corrected by the same person that broadcast the fake news in the first place. However, Fink’s comments have frequently been recycled. For example, an article in *Newsweek* magazine said that the president of the Leadership Council on Child Abuse & Interpersonal Violence, “Paul Fink, has called PAS ‘junk science at its worst.’”¹²⁰ A newspaper in Israel ran a headline regarding PAS, “Junk science has its way in court,” and quoted Paul Fink.¹²¹

Numerous other authors have repeated the same false statement regarding PA, PAS, and junk science. In 2001, Carol S. Bruch published an article,

“Parental Alienation Syndrome: Junk Science in Child Custody Determinations.”¹²² In 2015, Rebecca M. Thomas and James T. Richardson published an article, “Parental Alienation Syndrome: 30 Years On and Still Junk Science,” in *The Judges Journal*.¹²³ The article by Thomas and Richardson was refuted by Bernet in the same issue of *The Judges Journal*.¹²⁴ In a 2016 law review article, student Holly Smith said, “This Note proposes that parties involved in child custody disputes should be educated on the junk science of parental alienation syndrome. . . .”¹²⁵ Finally, a 2016 blog from New Zealand was titled, “State-Sanctioned Child Abuse: Junk Science of Parental Alienation Syndrome, PAS or Any Other Name by Which It Is Known.”¹²⁶

In Response . . .

It is recycling misinformation when writers continue to claim that the literature and research regarding PA constitute junk science. The chapters in this book, taken together, explain how testimony regarding PA passes *Frye* and *Daubert* criteria: Chapter 2 explains how a family can be evaluated for the presence of PA in a methodical, professional manner; Chapter 4 details the research regarding treatments and interventions for PA; Chapter 5 addresses qualitative and quantitative research in peer reviewed journals regarding PA; Chapter 6 demonstrates that PA has been generally accepted by the relevant scientific community; and Chapter 9 shows that testimony regarding PA has been accepted in hundreds of courts in the U.S. In general, the editors and authors of this book believe that opinions and decisions involving PA should be based on scientific evidence, not on recycled memes.

Some authors have criticized PAS as junk science, but later endorsed the concept when it suited their purpose. That applies to some feminist writers, who seek to debunk PAS when mothers are accused of alienating their children, but readily describe ABs when fathers are accused of causing PA. For example, Phyllis Chesler wrote a provocative book, *Mothers on Trial*, which claims that family courts have been strongly biased against mothers. In the introduction to the book, Chesler said, “[‘Parental alienation syndrome’], first pioneered by Dr. Richard Gardner and widely endorsed by fathers’ rights groups, has been dismissed as junk science. . . .”¹²⁷ However, Chapter 9 of the book—“Paternal Brainwashing”—is devoted to examples of ABs committed by fathers. Chesler said, “The paternal brainwashing of children is a conscious and systematic attempt to force children into rejecting their mothers—that is, into committing psychological matricide.”¹²⁸ She explained that one feature of psychological brainwashing is “the devaluation of the mother,” e.g., “A child who hates and rejects his or her mother has long been encouraged to disobey her authority and suspect her maternal altruism. . . . Such a child has long been encouraged to criticize the mother in front of

other adults, to lie (or to ‘forget’ the truth) in court, to run away from the mother’s home, and ultimately to refuse to see the mother at all.”¹²⁹ Chesler strongly criticized PAS and “the misogynist rantings of one Dr. Richard Gardner.”¹³⁰ In contrast, she strongly endorsed the concept of PA, saying, “Alienation does exist. . . . Actual alienation is a very extreme phenomenon and one that is devastating to the alienated parent.”¹³¹

Misinformation: Parental Alienation Has Been Debunked

A second allegation that has taken on a life of its own is the statement that PAS and PA have been debunked. For example:

- In 2008, a newspaper in Australia ran the headline, “Ruling debunks custody diagnosis.” The article said, “The Psychologists Board of Queensland last month disciplined prominent Brisbane clinical psychologist William Wrigley, saying he had acted unprofessionally in giving evidence about parental alienation syndrome to the court.”¹³²
- In 2009, a press release from Justice for Children, a child advocacy organization, stated: “Parental alienation syndrome has been debunked, disproven and discredited by every major group and association involved with child abuse cases,” said Tom Burton, General Counsel of Justice for Children. “Even with nearly unanimous agreement, defense attorneys continue to propagate this bogus theory in order to protect abusive parents.”¹³³
- In 2009, Neustein and Leshner said, “Parental Alienation Syndrome (PAS) is a hydra: chop off its head, and new ones sprout up to take its place. For 20 years, critics of PAS theory have debunked its flawed assumptions, its self-serving methodology, and its inadequacy to access allegations of child sexual abuse.”¹³⁴
- In 2014, law student Allison M. Nichols said, “The controversy surrounding allegations of parental alienation is multifaceted. On the one hand, various debunked mental health theories continue to exert inappropriate influence over the decisions of family courts. . . . Part I of this Note addresses the admissibility issue and concludes that testimony regarding PAS and related theories is inadmissible under the relevant evidentiary standards.”¹³⁵
- In 2016, attorney Laurel Stuart-Fink wrote on her blog, “There is no such thing as ‘Parental Alienation Syndrome.’ It is a widely debunked pseudoscientific theory that, depending on what state litigants live in, is not infrequently promoted in contentious custody proceedings. It is not an accepted scientific theory in Michigan. . . .”¹³⁶

- The website of Stop Abuse Campaign, a child advocacy organization, states: “Parental Alienation Syndrome is a thoroughly debunked theory by Dr. Richard Gardner, a psychiatrist who really wanted to make it easier and acceptable for adults to have sex with children. We don’t know he invented PAS specifically for the purpose of letting fathers sexually abuse children, but that certainly has been the effect.”¹³⁷

In Response . . .

It is true, of course, that there have been *attempts* at debunking PAS and PA, for example, a 1998 article by social work professor Kathleen Faller, “The Parental Alienation Syndrome: What Is It and What Data Support It?”¹³⁸ The article strongly criticized Richard Gardner, who published a detailed rebuttal as a letter to the editor of the journal, *Child Maltreatment*.¹³⁹ Faller then published a “Response to Gardner” in the same issue of *Child Maltreatment*.¹⁴⁰

In 2001, attorney Carol Bruch published “Parental Alienation Syndrome and Parental Alienation: Getting It Wrong in Child Custody Cases.”¹⁴¹ Bruch relied on newspaper articles and internet web sites, among other sources, to make five criticisms of Richard Gardner, the person who originally introduced the term “parental alienation syndrome”:

- First, Gardner confounds a child’s developmentally related reaction to divorce and high parental conflict (including violence) with psychosis.¹⁴²
- Second . . . , Gardner vastly overstates the frequency of cases in which children and custodial parents manufacture false allegations or collude to destroy the parent–child relationship.¹⁴³
- Third . . . , PAS shifts attention away from the perhaps dangerous behavior of the parent seeking custody to that of the custodial parent. This person, who may be attempting to protect the child, is instead presumed to be lying and poisoning the child.¹⁴⁴
- Fourth, Gardner believes that, particularly in serious cases, the relationship of an alienated child with the rejected parent will be irreparably damaged, probably ending for all time, unless immediate, drastic measures (custody transfer, isolation from the loved parent, and deprogramming) are taken.¹⁴⁵
- Fifth . . . , Gardner’s proposed remedy for extreme cases is unsupported and endangers children.¹⁴⁶

Since Bruch primarily criticized Gardner rather than the many other authors who have published articles about PAS and PA in peer-reviewed

journals, we choose to let Gardner himself provide the “Rebuttal to Carol S. Bruch’s Article.”¹⁴⁷ For example, Bruch said, “Gardner confounds a child’s developmentally related reaction to divorce and high parental conflict (including violence) with psychosis.” Gardner described that statement as a “gross misrepresentation.” He explained, “What I do state is that my experience has been that severe PAS represents about ten percent of the cases I have personally seen. Furthermore, I state that in some of those cases we do see paranoia in the accusing parent, which is a form of psychosis.”¹⁴⁸ Also, Bruch criticized Gardner’s estimate of the frequency with which “children and custodial parents manufacture false allegations” of abuse. Gardner simply replied, “From the vantage point of the innocent victim, it does not matter whether he (she) is in the one-percent group, the twenty-percent group, or any other percent group; that individual is still being falsely accused and may very well be sentenced to jail.”¹⁴⁹

At the end of her 2001 article criticizing Gardner, Bruch proposed recommendations for the future, saying, “The first question is whether scientific sufficiency has been indicated by respected professional vetting, for example, inclusion in the American Psychiatric Association’s DSM-IV or the World Health Organization’s ICD-10.”¹⁵⁰ We explain in detail in Chapter 6 of this book that the *concept* of PA is clearly stated in DSM-5, although the actual words are not; and that the words “parental alienation” and “parental estrangement” are introduced in ICD-11 as index terms for the diagnosis, caregiver–child relationship problem.

While some authors reject the concept of PAS as defined by Richard Gardner, almost all mental health and legal professionals accept the general definition of PA used in this book. That is, almost all mental health and legal professionals agree that some children—whose parents are engaged in a high-conflict separation or divorce—ally strongly with one parent and reject a relationship with the other parent without legitimate justification. For example, at the 2010 annual meeting of the Association of Family and Conciliation Courts (AFCC), about 300 attendees completed a brief survey regarding PA. Baker and her colleagues reported: “Nearly all of the respondents to the survey (98 percent) endorsed the question, ‘Do you think that some children are manipulated by one parent to irrationally and unjustifiably reject the other parent?’ . . . The survey results were overwhelming in support of the basic tenet of parental alienation.”¹⁵¹

Individual writers and researchers have endorsed the premise that the concept of PA has not been debunked, but has been accepted by the community of mental health and legal practitioners and scholars:

- In 2000, Elizabeth Ellis published her text *Divorce Wars: Interventions with Families in Conflict*. Ellis explained that by the year 2000, the con-

cept of parental alienation had “come to be accepted by clinicians working with families involved in post divorce conflict.”¹⁵²

- In 2010, Joan Kelly stated that there was “broad consensus among the mental health and family law community that the risk of child alienation is increased in highly conflicted separations accompanied by protracted adversarial child custody disputes”¹⁵³
- In 2016, Michael Saini and his colleagues reported on their review of 58 research studies regarding parental alienation. They stated that the quantitative research is relatively strong regarding the identification and assessment of parental alienation, saying, “There is remarkable agreement about the behavioral strategies parents can use to potentially manipulate their children’s feelings, attitudes, and beliefs in ways that may interfere with their relationship with the other parent. The cluster of symptoms or behaviors indicating the presence of alienation in the child can also be reliably identified.”¹⁵⁴

Chapter 6, “Recognition of Parental Alienation by Professional Organizations,” demonstrates how the concept of PA has been accepted by numerous professional organizations in the U.S. and other countries. Chapter 5, “Parental Alienation and Empirical Research,” summarizes research regarding PA that has been published in peer-reviewed journals. Chapter 9, “Parental Alienation in U.S. Courts, 1985 to 2018,” and the associated appendix identify more than one thousand trials in the United States in which the court accepted the concept of PA. Thus, it is truly a recurrent form of misinformation to repeat that PA has been debunked.

NOTES

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