

**THE PARENTAL  
ALIENATION SYNDROME**

## ABOUT THE AUTHOR

**Linda J. Gottlieb** received her MSW from Adelphi University School of Social Work in 1980 and two weeks later entered their DSW program with a specialization in family therapy. In order to allow her immediate entrance into the doctoral program, the school had waived their requirement for a two-year work experience post the MSW degree. Upon completing eighteen DSW credits, she resolved to pursue a clinical rather than a research direction. In 1994, she entered the extern program in family therapy at the Minuchin Center for the Family, where she studied for nine years. She was personally trained by Salvador Minuchin, M. D., the world renowned, highly respected child psychiatrist and founder of structural family therapy, one of the schools of family systems therapy. From 2003–2007, she served on the faculty of the Minuchin Center, at which time she provided training in structural family therapy to mental health therapists.

Throughout her professional career, Mrs. Gottlieb has been providing treatment services to families of varying compositions and orientations, from all cultural backgrounds, and presenting diverse issues. She has 40 years of experience handling a variety of family issues, relationship problems, and crisis situations.

Mrs. Gottlieb first appreciated the child's instinctual, profound, and intense desire for a relationship with each of her/his parents as a result of her 24 years of professional work experience in adoption and foster care. She initially began her career helping families as a caseworker and subsequently as a psychiatric social worker in New York City's foster care system. She concluded her foster care experience as Assistant Director of Foster Care and Adoption for Nassau County, New York, at which time she transitioned into the mental health field. Her first position in mental health was as a supervisor at South Shore Child Guidance Center, Freeport, New York, where she designed, operationalized, and supervised the Pathways program, a home-based, crisis intervention service to prevent the psychiatric hospitalization of children.

Since 1996, Mrs. Gottlieb has been in private practice on Long Island, New York and practices exclusively as a Family/Relationship Therapist. Drawing on her experiences in child welfare and her training at the Minuchin Center, she recognizes the critical importance of both parents to the emotional, cognitive, social, and physical development of their children. Matrimonial lawyers, attorneys for the child, and personnel in Nassau and Suffolk County Supreme and Family Courts are a source of referrals because they recognize her effectiveness in helping parents using a nonadversarial approach to settle their differences in the best interests of their children and thereby develop a healthy, civil, and respectful shared parenting relationship.

The following is Mrs. Gottlieb's treatment philosophy:

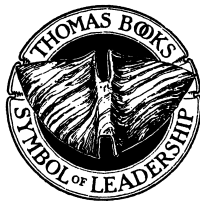
I will support the family in uncovering its hidden strengths and talents, and I will encourage family members and/or partners to discover with each other new pathways to problem resolution. As a family therapist, I believe in the power of family members to heal each other out of the love they have for each other. I am a catalyst, as I help people in intimate relationships to change each other and to achieve the goals and hopes that they share together.

# THE PARENTAL ALIENATION SYNDROME

A Family Therapy and Collaborative  
Systems Approach to Amelioration

*By*

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*To my husband, Dan, who has complemented me for 37 years.  
I could not have undertaken this adventure, this demanding endeavor,  
without his understanding, patience, and love. Knowing me as well as  
he does, he graciously tolerated my determination to complete this task  
with the dedication and commitment that it deserves. I love him for this.  
But I love him even more because he embraced, loved, and reared  
my son as if he were biologically his.*

*To my son, Jeffrey, the light of my life. We are so proud of him.  
Not primarily because he is professionally successful;  
but because he is humanely successful.*

*In memory of my father, Irving Kase, who left us too soon but not before  
I had the opportunity to discover the loving, dedicated, nurturing,  
and inspiring father whom he always had been. I relish the time  
when we found our way back to each other.*

*In memory of Joe, my son's father, whose devotion to Jeffrey  
always enabled him to cooperate and collaborate with me  
in a shared parenting arrangement.*

*To my stepmother, Sylvia, whose commitment to and  
nurturing of my father added precious years to his life.*

*And finally, to those who have lost family ties.  
May you all be as fortunate as I to reconnect.*



## PREFACE

This book is an outgrowth of the declarations by all too many alienated parents who had shared with me their desperation, hopelessness, and profound agonies concerning their lost children. Repeatedly I have heard their helpless laments, “I want to tell my story. I want to get it out there so that those with the authority and influence can do something—something to correct how they minimize, discount, and frequently abet the alienation.” These parents unreservedly told their sagas, clinging to a glimmer of hope that doing so might somehow reconnect them to their lost children. Despite the humiliation, the slander, the abuse, and the maltreatment that each alienated parent had endured, they almost unanimously would have preferred that her/his saga be transparent and identities disclosed so that their children might come to see the light. (I clarified my obligation to protect the anonymity of each who has been herein discussed.) Although some judged that their revelations would be little more than a desperate gesture, it was something that they nonetheless felt impelled to do. But one alienated parent articulated, “Where there is life, there is hope.”

The alienated parents whose sagas are herein told (however well disguised) further hoped that publicizing the very real existence of the PAS, along with its insidiousness, may **spare** other parents as well as **the children** from the agony of an alienation. To that cause, they hoped that the revelation of their painful sagas would impact the professionals in the systems which intervene in the family.

And so out of their pain as well as their hope, this book came to be. Those who told their sagas would not want the reader to conclude that conveying hopelessness about the PAS is the book’s primary purpose. They, instead, wished to impart to the reader their hopefulness that the PAS can be reversed and ultimately undone. Indeed, that was the treatment outcome for many of those who are discussed herein. So more particularly, this is a book about change, hope, reuniting, and faith—faith in the healing power of the family. It is about what Nichols referred to as “The enormous potential for satisfaction and emotional refueling in family life . . . the rich possibilities of family life, and family therapy’s special powers to liberate those possibilities” (pp. 10, 13).





## INTRODUCTION

I have heard it stated so many times—time after time—like a broken record, the opening remark from alienating parents conveying the identical message: I want my child to have a relationship with (the other parent)—IF ONLY (the other parent) would stop hitting our child, yelling at our child, saying hurtful things to our child, keeping our child up too late at night, not monitoring our child’s homework, taking our child to inappropriate movies, failing to take our child to play dates, continuing to embarrass our child in front of friends with silly remarks, being too strict, or being too permissive, if only. . . . There is always an “if only” which is fabricated, embellished, and/or distorted.

The stories are repetitive: horrific tales of manufactured child abuse; referrals to child protective services (CPS) resulting in suspension of visits between targeted parents and their children; meritless reports to police alleging domestic violence resulting in orders of protection which slander and stigmatize targeted parents; exclusionary tactics preventing the targeted parent’s involvement in their children’s medical, educational and social lives and activities; depletion of the targeted parent’s resources due to the legal fees required to defend herself/himself against frivolous allegations and to obtain legal enforcement of her/his parental rights.

These agonizing sagas are identical; only the names change.

This book is a portrayal of these sagas, resulting from a family interactional pattern called parental alienation syndrome—herein referred to as the PAS. The PAS is an insidious, devastating, bewildering, and commonly unrecognizable form of child abuse. It is a syndrome that often goes by no name for those who are victimized by it; for the therapists who treat it; for forensic evaluators who assess for it; for the child protective workers who investigate it; for the law enforcement system which becomes ensnared in it; and for the judicial system which adjudicates it.

And yes, I could have been counted among those unknowing therapists when I initially faced such a situation some 15 years ago. I have discovered much about this syndrome in subsequent years. I know now that what I had observed and treated is a specific syndrome, with symptoms and behaviors

that repetitively and universally occur in all of its young victims and which stems from a common etiology—the malicious programming of an alienating parent.

It was because of the pioneering work of child psychiatrist, Richard Gardner, that this syndrome gained recognition. In his 1985 article, “Recent Trends in Divorce and Custody Litigation,” Dr. Gardner first labeled this family interactional pattern as the PAS after having observed for years recurring situations in which children presented as being happily alienated from a formerly-loved and loving parent. Finding no justification for this “happy” alienation, Dr. Gardner concluded that the combination of symptoms repetitively observed in these children, along with a recurring programming of the child by a parent against the targeted parent, formed the basis of a syndrome. He called it the *Parental Alienation Syndrome* (PAS). And although I, too, deem this condition to be a syndrome based on my observations and treatment of more than two hundred children afflicted with it, I do not wish to become distracted by a game of semantics. I will take no issue with the reader who still wishes to shun the label of syndrome—after having read the book—in describing this “condition” of a child being lost to one parent due to a malicious programming by the other parent. I just request that the reader keep an open mind with respect to the issue.

Although there are chapters in this book which will likely interest a general audience, such as alienated parents and adult child victims of the PAS, I am primarily addressing those who are in the helping professions, such as therapists, children’s lawyers, judges, matrimonial attorneys, parent coordinators/educators, forensic evaluators, child protective staff, law enforcement personnel—and rescuers. Yes, the professional rescuer, who believes that a child must be saved from a parent—from one of only two people in the child’s entire lifetime who will love her/him unconditionally.

Rescued from a parent? Rescued, why? Rescued from bogus allegations, from fabricated abuses, from fictionalized tales in service of deprecating and humiliating the targeted parent. These falsehoods are created by one person—the alienating parent—and then they are introjected, rehashed and embellished upon by the child whom she/he has co-opted.

The following are stories about parents who were driven from the lives of their children. They are dedicated, nurturing, supportive, loving and appropriate parents who have been libeled, vilified, demeaned, and humiliated—not only by their alienating former partners—but tragically also by the professionals in the mental health, child protection, law enforcement, and judicial systems—by the very systems which are meant to support children. These are not, therefore, stories about parents who are alienated from their children due to neglect and/or abuse on their part. (Even in the cases of abuse

and neglect, I discovered from my years working in New York's foster care system that children still voraciously yearn for relationships with their parents.)

Based on the limited number of cases presented here, the reader might erroneously conclude that I am indicating that the alienator is typically the mother. Although the early literature on the PAS maintained that the mother is almost four times more likely to pursue a course of alienation than is the father, the most recent literature contends that it more closely approximates 50/50. Indeed, in his latter years just prior to his death, Dr. Gardner (2002) revised his belief that it is the mother who is the predominate alienator, and he, too, concluded that the behavior approaches 50/50 (p. 1). It is not the position of this author/therapist that the mother is primarily to blame for what has happened to the family. Divorce and custody issues are exceedingly complicated, and many factors contribute to the mutual incivility and meanness that often occur during these proceedings. I am unequivocal—the PAS is **NOT** a syndrome endemic to women based on genetics or on some psychological deficiency or for some other reason. The PAS is an opportunistic syndrome, and it is generally the mother who is afforded this opportunity. The opportunity arises because the judicial system in this country is more likely to grant residential custody to the mother, even if joint legal custody is simultaneously granted. And access to the child by the alienator—as well as lack of access by the alienated parent—is the environment which permits the PAS to thrive. It is not possible, therefore, to rule out the potential of fathers for assuming the alienating role in equal numbers to mothers were they to obtain residential custody more frequently. Indeed, many of my esteemed colleagues whom I interviewed for this book asserted that fathers have been equally zealous in pursuing a crusade of alienation against the mother when afforded the opportunity as the residential parent.

The message, however, which I wish to impart to the multidisciplinary professions which intervene in the lives of children, is that children require both parents for their optimal development, and indeed, for escaping serious emotional and behavioral issues that often lead to crippling dysfunction and to a failure in becoming self-sufficient and functioning members of society. This is also the professional judgment of highly esteemed family therapists, psychologists, psychiatrists, forensic evaluators, and social workers who have developed expertise in the areas of child custody.

Raymond Havlicek, Ph.D., is one of these esteemed experts, and he was interviewed for this book on 4/11/11. (A video of the interview and written comments are in possession of the author.) Dr. Havlicek is a forensic and clinical psychologist who is a Diplomat of the American Board of Professional Psychology and a Fellow at the American Academy of Clinical Psychol-

ogy. He is a founding member of the Parent Coordinator Association of New York. Dr. Havlicek has completed hundreds of child custody evaluations for Supreme and Family Courts throughout New York State. He has been consulted by CPS to do evaluations for that agency. He is currently developing an educational program for upstate New York judges concerning issues of child custody and parental alienation. He specializes in family reunification, domestic violence treatment, validation for sex abuse, and assessment and treatment of parental alienation. Indeed, my research regarding Dr. Havlicek's credibility and expertise in these areas derived from other sources and from one of his forensic evaluations that assessed for the presence of parental alienation and became a precedent-setting case when it was upheld on appeal in New York's highest court, the Court of Appeals. This landmark case led to the standard that grants judges the authority to order, in a probable alienation case, a case manager to oversee and counsel the progress at remedying the alienation.

My first contact with Dr. Havlicek was for this interview for this book. He impressed me with his knowledge, his competency, his commitment, his creativity, and his compassion. Dr. Havlicek emphatically upholds the fulfillment of the child's need and desire "to have both parents appropriately and meaningfully involved in her/his life." Addressing the child's requirement for a relationship with both parents—even if one has problems, just as long as they do no harm to the children—he asserted, "The trust that children place in **BOTH** parents is to their mental health what the foundation is to a building. If you undermine that trust, there is no stability."

Amy Baker holds a Ph.D. in developmental psychology with a specialization in early social and emotional development. She is the Director of Research at the Vincent J. Fontana Center for Child Protection at the New York Foundling. She has conducted one qualitative study on adults who experienced the PAS as children, at least two studies using standardized measures on adults who also had this experience, several studies on parents who had the experience of the other parent interfering with their relationship with their child, and one survey of custody evaluators. She is widely recognized and highly respected as a forensic evaluator for determining the presence of the PAS. In her 2007 research study entitled, *Adult Children of Parental Alienation Syndrome*, Dr. Baker makes a foremost, enlightening contribution to the knowledge base of the PAS by corroborating its existence; by describing the course of its progression; by exploring the tactics employed by the alienating parent; by delineating (as a result of her interviews with adult child-victims of the PAS) its lifelong detrimental impact; and finally by summarizing the various therapeutic approaches recommended by those who engage in its treatment. She has been invited by numerous professionals throughout the coun-

try and in Canada to conduct trainings on the PAS. She has commented on the PAS in numerous multimedia forums such as *Good Morning America*, *Help Me Howard*, *The Joy Behar Show* and has commented about the PAS in *U.S. News & World Report*, in the *Daily News*, and in *The New York Times*. Most recently, she was a keynote speaker at the Canadian symposium on the PAS held in New York, New York in October, 2010.

My first contact with Dr. Baker was her interview for this book, but I have been impressed with the meticulousness of her writings and research on the PAS, her commitment to helping those who have been afflicted by it, and by her extraordinary efforts at exposing and combating it. Dr. Baker was interviewed for this book on 5/6/2011. (An audio of the interview and written comments are in possession of the author.) Dr. Baker affirmed:

Kids really want a relationship with the rejected parent. This is what I believe. Their consciousness is complicated that on one level they are nasty and rejecting children; and on another level, they still want their rejected parent in their life. This is an eye opener for the rejected parents who have gone through this. I keep telling them that their child is in there and that they should not to listen to the brittle shell.

Barbara Burkhard, Ph.D., co-founded Child and Family Psychological Services, P.C., Smithtown, New York in 1999 with Jane Albertson-Kelly, Ph.D. This agency provides research-informed therapy for children and families. It has a contract with Suffolk County Department of Social Services (DSS) to provide therapeutic child/parent visits and evaluations of parents who have been accused of abuse and neglect. They also receive referrals from Suffolk County Supreme and Family Courts for custody evaluations, therapeutic visitation, reunification therapy, and forensic mental health evaluations and risk assessments. These may include problems related to high conflict divorce such as parental alienation. They further receive referrals for sex abuse validations as well as referrals to provide therapy for children who are victims of crime. Prior to co-founding this agency, both Dr. Burkhard and Dr. Kelly worked for a community agency which treated abused and neglected children.

I have known Dr. Burkhard for two years as a result of our collaboration on a number of cases. I can unequivocally confirm her reputation throughout Suffolk County for thoroughness, dedication, professionalism, fairness, and compassion. Her capabilities cannot be overstated. I met Dr. Kelly for the first time when I interviewed her for this book. It was immediately obvious to me why she and Dr. Burkhard instantly connected when they first met at their previous work location. Dr. Kelly is enthusiastic, optimistic, committed, and compassionate. The doctors are currently involved in research projects

related to their work with children from high conflict divorce. One of these is a collaboration with Dr. Baker regarding the differences between PAS children and other children in other types of treatment due to high conflict divorce.

I interviewed Dr. Burkhard for this book on 1/26/2011 and Dr. Kelly on 2/1/2011. (Video recordings and written comments are in possession of the author.) Both Dr. Burkhard and Dr. Kelly affirmed that children generally benefit from a relationship with each parent with respect to the attainment of healthy long-term relationships and for their optimal social, psychological, and cognitive development. These doctors maintain that children, even those who have experienced documented abuse, generally crave a relationship with each parent; expressions to the contrary may be questionable and should raise a red flag.

As a family therapist, I could not agree more with these respected doctors regarding the importance of both parents playing an active role in their children's lives—especially in situations when the parents are apart. In order to support the goal for each parent to provide a meaningfully and substantial involvement in the lives of their children, I affirm that the resolution to custody requires an arrangement for joint legal custody with physical custody that maximizes the time that nonresidential parents have with their children. It is my professional opinion that the customary visitation arrangement for nonresidential parents to visit every other weekend and one night during the week is not sufficient to maintain a consequential relationship with their children. Although I have heard matrimonial attorneys as well as children's attorneys assert that the child needs the consistency of the same residence, I deem this assumption to be nonsense. I cannot be convinced that the consistency with one's bed trumps consistency with a parent! I further submit that this typical visitation arrangement is based on custom and has no basis in any scientific research about optimal child development and child rearing. In fact, the opposite is the case, and I refer the reader to the book, *Fatherneed*, by Kyle Pruitt, Ph.D. (2000), which documents the extensive compilation of the research summarized by Yale University about the importance of fathers to their children. (We have already been inundated with information about the importance of mothers to their children.)

In all too many states, the burden of proof is that joint custody must be shown to be preferable to sole custody. This must be reversed: the burden of proof must be to demonstrate that sole custody is preferable. I wish to impress upon my fellow professionals who are concerned with children that our customary adversarial framework to child custody decisions serves only to maintain and encourage an already contentious relationship between the parents. Such an approach does not and cannot render a judgment that is in

the best interests of the child. Each professional who influences custody decisions must advocate for a position which promotes cooperation and shared parenting and which rejects an adversarial framework. This adversarial framework undermines healthy family functioning and optimal child rearing. Each of these professionals must impart to the parents the message that anything less than a cooperative and compromising parental relationship is unacceptable. These systems which intervene in the lives of children must be committed to the position that, except in the rare cases of the social deviancy of a parent, children need their parents to maintain a civil, respectful shared parenting relationship that includes a meaningful, ongoing relationship with the nonresidential parent. Parents who fail to meet this minimum standard must receive a categorical message from each of these systems, particularly the legal system, that they will suffer severe consequences. The professionals treating children are well aware of the severe consequences which children suffer for this failure. These professionals must cease responding impulsively to their clients/patients. The mental health professional must be disabused of the belief that the presenting parent is the sole holder of the family's truths, and they must thereby not convey to the presenting parent, "Don't worry. I will help you protect your child from their worthless and abusive other parent. I will allow your child to vent her/his anger for and fear of the other parent, and I will inform the court of these feelings." The matrimonial attorney must cease from conveying to the client, "I will make this as nasty and adversarial as I legally (but certainly not morally) am able to do. In the meantime, don't say a word to your estranged spouse, not even when it comes to parenting the children. And avoid participating in co-parenting counseling." Child protection staff must not rush to judgment and conclude that a child is expressing her/his own words and feelings when she/he becomes "hysterical" about the prospects of visiting with the nonresidential parent. And law enforcement personnel must be more neutral and evenhanded when called to the scene of a domestic incident. They too frequently assume that the father is the obstructionist, who must prove himself to be innocent.

Each professional system which impacts custody and visitation decisions must develop policies which encourage the parents to engage in a collaborative approach to their conflicts; and should a parent facilitate an alienation, these systems must be prepared to impose real penalties.

This book will make recommendations to the mental health, child protection, law enforcement, and judicial systems as to how they can change their respective professions to the issue of child custody and visitation. I have reviewed the suggestions from the many multidisciplinary professionals interviewed for this book in order to recommend the changes that will mitigate the adversarial nature of child custody proceedings and to encourage that

decisions affecting children support the equal importance of each parent to the child. The parents must be educated to recognize that it is in the child's best interest when they collaborate in parenting. And the book will also document how a family systems approach is an exceedingly effective treatment modality of the PAS family while simultaneously substantiating why an individually oriented approach is generally ineffective and quite frequently detrimental to the child and to the family system as a whole.

I trained to be a family therapist under the auspices of Dr. Salvador Minuchin, the world-renowned and highly respected child psychiatrist, my mentor. It was his unyielding conviction that family members heal each other out of the love they have for each other. I have been practicing on this basis for the past 17 years. I am, therefore, not the healer but rather the catalyst who encourages the family members to engage with each other to heal each other. It is out of this belief system that I present in this book my unyielding conviction of the necessity for shared parenting of the child.

In keeping with my family therapy training at the Minuchin Center for the Family, I was educated to assess the power between the two members of the parental dyad as being roughly equal and subject to amelioration by a trained family therapist when that homeostasis is no longer functional—assuming that neither parent's power is enhanced by a professional rescuer. My family therapy education also taught me that the relationships among the family members are complementary or reciprocal. That is, the behavior of each individual family member is a function of and is maintained by the interactions with other family members. For example, if one parent is underfunctioning, that signifies that the other parent is overfunctioning, and this reciprocity maintains the homeostasis of the system. Another example of the complementarity of family relationships would be a couple who relates more as parent and child than like husband and wife: the first partner could not play the role of the parent if the second partner did not act like an irresponsible child; and the second partner could not play the role of a child if the first partner refused to act like an omniscient parent. They have co-created each other. Each family member's behavior is related to the behaviors of the other family members. Independent behavior, therefore, does not exist when one lives in intimate relationships with other people. We all react to and are proactive upon each family member.

How does this pertain to the PAS? I intend to formulate a systemic interpretation of the relationships which occur during divorce; that is, the relationships between the family and the larger social systems with which the family interacts and in the relationship between the alienating and the alienated parents. Much of the current literature on PAS characterizes this relationship by portraying the alienating parent as the aggressor and an abuser



and the alienated parent as a victim who is the recipient of abuse and too passive to remedy her/his situation. However, a systemic orientation compels me to pose the following question: is it the aggression of the alienating parent that makes the alienated parent a victim or does the passive inclination of the alienated parent permit the alienating parent to victimize her/him? If the reader is wondering whether this is a chicken or egg question, the reader would be correct.

My systemic approach to assessing PAS families allows me to view the alienating and alienated parents in a very different light than is portrayed in most of the literature on the PAS. As the reader continues in this book, I suggest that attention be paid to this distinction: namely that there is an essential difference between being a victim and allowing oneself to be victimized. I am not talking about, for example, a woman who has been abducted off the streets by a stranger and held in captivity against her will. I am talking about adults who are choosing to live with each other in intimate relationships over a protracted period of time in which the behaviors of each are predictable and known to the other. Clearly each of the adults in the previous statement has made a choice. Victims, however, do not see themselves as having options, and this is a disempowering self-perception. There are major implications for treatment depending upon which formulation is made about the relationship between the alienating and the alienated parents; that is, how we perceive the family map.

The reader should not interpret this analysis to mean that my intent is to blame the alienated parent for her/his plight. I would not assert this anymore than I would declare that a woman who has been physically abused by her partner is to blame for the abuse. I am merely maintaining that the alienated parent has options to ameliorate her/his situation, just as the abused woman can choose to leave her partner. What the reader should conclude from this book is that the alienated parent becomes a victim as a result of the confluence of the authority of the aforementioned larger systems, which solidify, intensify, and perpetuate the power imbalance between the alienating and alienated parents. It is when the professionals in these systems are co-opted by the alienating parent—their susceptibility perhaps being a result of their biases, preconceived ideas, ignorance, inattention, and/or self-interest—that the alienated parent finds herself/himself at a severe disadvantage in custody and visitation proceedings. This disadvantageous situation is akin to tying a bowling ball around a runner's leg and expecting her/him to be able to compete in a track meet. The playing field instead must be leveled by these powerful systems, which must examine how to remedy its respective participation in the escalation of the power imbalance between the alienated and alienating parents.

At the same time, I will not pathologize the alienating parent and rush to advocating measures to eliminate connections to her/his children. To do so would be isomorphic with the deprecation and rejection of the alienated parent. Labels serve only to constrict options and eliminate hope. For professionals who help the family (and consequently children), we must reject unhealthy and ineffective family interactional behaviors and not reject individuals. This is certainly what the child wants and needs. The goal must be to ameliorate behaviors which are detrimental to children by encouraging healthy transactional patterns between the participants in the executive/parental subsystem and between the parent/child subsystems in recognition of the importance of both parents to healthy and successful child rearing. Such a perspective signifies that, first and foremost, the remedying of the dysfunctional interactions between the alienating and the alienated parents must be the critical area for attention, thereby demonstrating respect for the ability of the family members to heal each other. But this can be achieved **only if** the larger aforementioned systems guarantee to the family therapist a level playing field upon which to encounter the family. These systems must encourage a collaborative rather than an adversarial approach to child custody decisions. Accomplishing this would truly restore balance to the justice system when adjudicating child custody issues and ameliorating the PAS.

So what exactly is the PAS? Come travel with me on a journey to the twilight zone; to Kafka-esque trials; to a no-mans land where hate and fear must be carefully taught.

## ACKNOWLEDGMENTS

I wish to extend my deep appreciation to all who came forward to disclose their painful, traumatic tales. I recognize how difficult it was for each of them to relive, re-experience, and reveal their alienation.

I am extending profound appreciation to my **mentor, Salvador Minuchin, MD**, for the invaluable year of supervision he graciously extended to me on his own time. I believe that this supervisory experience was the peak of my family therapy training experience which helped me to “really get” its unique, magical, and inspiring approach to producing change and to become an effective catalyst who enables family members to heal each other. I further lack adequate words to extend to him my deep gratitude for having invested his time in reading the *introduction to this book* as well as the *chapter on treatment* and for providing invaluable feedback on both.

Special thanks also to **Patricia Minuchin, Ph.D.**, whose one caveat to me, “Don’t forget all your training at the Minuchin Center for the Family when you write this book,” provided the framework for the book’s final conception.

Further acknowledgements are extended to the faculty members of the **Minuchin Center for the Family** for each one’s investment to teach me Structural Family Therapy:

Ema Genijovich, Lic.  
David E. Greenan, EdD, LMFT

Daniel Minuchin, MA, LMFT  
George Simon, MS, LMFT

The following is a list of the attorneys, mental health therapists, forensic evaluators, and a pediatrician who graciously granted an interview for this book. I extend to them my gratitude for the time they invested and detracted from their heavy practices to impart their knowledge and suggestions in the hopes of remedying this destructive family interactional pattern known as Parental Alienation Syndrome. I chose to interview these professionals primarily because of my professional experiences with them and because I was impressed by their passion, commitment, expertise, and willingness to go above and beyond their profession’s mandates in order to obtain resolu-

tions that not only satisfy their obligations to their respective clients but also achieve a solution in the best interests of the child.

**The Professional Interviewees  
are Listed in Alphabetical Order**

Amy Baker, Ph.D.	Jane Kelly, Ph.D.
Barbara Burkhard, Ph.D.	Paul Levitt, J.D.
Costas Constantatos, M.D.	Jeannemarie Massetti, R-L/ACSW
Dorothy A. Courten, J.D.	Francine H. Moss, J.D.
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## DISCLAIMER

I have employed diligent measures to conceal the identity and protect the anonymity of each person cited in this book—exclusive of those professionals who were interviewed. In the furtherance of protecting anonymity, the nature of some of my diligent measures will remain clandestine. But one measure I will make clear: the altering of recognizable and idiosyncratic information in the quotes and in the case descriptions. For example, the locations in which events had occurred were changed and objects were substituted for comparable ones. To illustrate this point, an amusement park will become a movie theater; a trip to London would be mentioned as a trip to Paris; an iPad might replace a Playstation; a trip to the science museum might be cast as a trip to the Planetarium; a trip to Disneyland becomes a trip to Sea World; a scooter will be portrayed as a rocking horse, and so on. The changes in no way altered, minimized, or intensified the significance of the case material being portrayed.

Should you believe that you recognize yourself in one of the case descriptions, do not become too excited. Because PAS children and alienators so closely resemble each other—in that their behaviors, vocabulary, expressions, thinking, and beliefs bare such striking similarity to those of every other PAS child and alienator—the likelihood that you have mistaken yourself for another would be of high probability. Furthermore, in my attempts to avoid redundancy, for every child I cited, there were likely at least four others who were so strikingly similar that I chose not to include them. By my calculations, therefore, the reader would have a better chance of winning the powerball lottery than being mentioned in this book.



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**THE PARENTAL  
ALIENATION SYNDROME**



## Chapter 1

# DEFINITION OF PARENTAL ALIENATION SYNDROME

*What's in a name?*

–Shakespeare, *Romeo and Juliet*

**D**r. Richard Gardner (1985) is appropriately acknowledged as being the first to have labeled the parental alienation as a syndrome based on a clearly defined grouping of symptoms with a common etiology—a syndrome characterized by eight symptoms in the child at the instigation of the brainwashing/programming of a parent against the other parent. This family interactional pattern can therefore be characterized as a cross-generational coalition between the parent and the child(ren) to the disparagement and rejection of the other parent. Gardner (1998, 2001) further elaborated on how to identify and treat the PAS in these referenced books, which are just two of his many additional contributions on the subject.

But Gardner is frequently incorrectly credited for being the first to have identified the occurrence of this coalition (generally in less severity) which family systems therapists confront when problematical families present for treatment at all stages in the life cycle, not only during high conflict divorce situations. Indeed, Leona Kopetski, M.S.S.W (2006) had been independently publicizing as early as the 1970s her observations of and conclu-

sions about this family transactional pattern occurring in high conflict divorce cases, and her experience of these families was astonishingly similar to that of Gardner's. She assessed these families to be highly disturbed (pp. 378–389). Wallerstein and Kelly (1980) are also credited with having initially identified this cross-generational coalition, which they described in their book, *Surviving the Breakup: How Children and Parents Cope with Divorce*. In this seminal research about the effects of divorce on children, they describe a pattern of behavior in which an irate parent and a child join together in a coalition to disengage from and minimize the other parent. The authors asserted that this coalition produces disturbances in the child (pp. 77–80).

Wallerstein and Kelly, however, are far from being the earliest to recognize this dysfunctional family interactional pattern. It was actually in the 1950s that the psychiatrists who subsequently founded the various schools of family systems therapy who began to identify a cross-generational coalition which they had observed occurring when their hospitalized psychiatric patients were

visiting with their families. These psychiatrists subsequently labeled this interaction as the perverse or pathological triangle, and they defined it as a dysfunctional cross-generational coalition between a parent who had requested the allegiance of the psychiatric patient in that parent's dispute with the other parent. Intervening to remedy this devastating consequence to their patients, these psychiatrists made the facilitation of healthy family interactional patterns as the focus of their treatment. The extensive experience that family systems therapists have had in treating this interactional pattern is the basis for my recommendation that a systems modality is the treatment of choice for the PAS family. The effectiveness of this treatment modality will be exemplified in a later chapter in which I present my treatment summaries of 16 PAS families. In the meantime, I will return to the definition of the PAS and establish the credibility of the man who first identified it.

Gardner was for many years, until his death in 2003, Clinical Professor of Child Psychiatry at the College of Physicians and Surgeons at Columbia University. He was certified in psychiatry and child psychiatry by the American Board of Psychiatry and Neurology and a life Fellow of the American Psychiatric Association and a Fellow of the American Academy of Child and Adolescent Psychiatry and the American Academy of Psychoanalysis. Dr. Gardner is recognized as one of the leading innovators in the field of child psychiatry, and he authored more than 40 books and 250 articles, which are deemed by mental health professionals as extremely valuable to their practices. He is universally regarded by the PAS-aware professional throughout the world as an expert in identifying and treating Parental Alienation Syndrome. Based on his years of observations of hundreds of cases in his professional practice, Gardner developed the

widely accepted criteria for diagnosing for the presence of the PAS. Subsequent to his initial article and first book regarding the etiology of the syndrome and delineating its manifestations, he refined and expanded his knowledge base about the PAS, which he published in additional books and articles; developed strategies for intervention and treatment; and testified as a forensic evaluator regarding the PAS in hundreds of custody/visitation trials.

Gardner (1998) defined the PAS as:

a disorder that arises primarily in the context of child-custody disputes. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. It results from the *combination* of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the target parent. (p. xx)

Although there is an initial programming by the alienating parent, the diagnosis of PAS cannot be made without the addition of the child's contributions to the vilification, humiliation, and rejection of the targeted parent. In other words, until and unless the child is co-opted by the alienator into adopting the alienator's perceptions of the targeted parent, then the PAS is not present. The alienator's introjected perceptions, however, form the basis of the child's justifications to maltreat the targeted parent. The PAS therefore occurs within the context of the family system in that it could not occur without an alienating parent's instigation, is actively promoted and maintained by an alienating parent, must be accepted and executed by the child, and has a targeted parent as the recipient of the humiliation, denigration, and abuse. The alienating parent's programming alone is not sufficient to account for the PAS; nevertheless, the programming and alienating maneuvers have the potential to produce the PAS because children can resist the in-

duction by a parent upon whom they are dependent only for just so long. Early intervention is therefore critical when confronted with the PAS.

Gardner (1998) determined that the PAS can be diagnosed by eight characteristic primary symptoms, almost all being present to a significant degree in severe cases with fewer symptoms present and to lesser degrees in moderate and mild cases (p. xxv). The diagnosis is made on the basis of the symptomatology in the child, as reflected in the child's expressions of feelings, thoughts, attitudes, and behaviors demonstrated about and towards the targeted parent.

The PAS is almost unanimously accepted as a syndrome by those professionals who are familiar with it—the acceptance being based on the universality of situations in which all or almost all of the eight symptoms are observed and in which they share the common etiology of a programming by an alienating parent. *The Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (APA, 2002) states that a condition rises to the level of a syndrome as follows:

Each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. . . . Whatever its original course, it must currently be considered a manifestation of behavioral, psychological, or biological dysfunction in the individual. (p. xxi)

It is the experience of the diagnosticians familiar with the PAS that the cluster of eight symptoms coupled with the programming by an alienating parent are universally present to some degree when the PAS is indicated. In other words, the predominance of

the eight symptoms and the programming, when taken together, are inescapably predictive of the PAS and do not account for any other syndrome. In sum, the PAS is one of the most easily identifying and recognizable syndromes. Gardner (1998) asserts:

This consistency results in PAS children resembling one another. It is because of these considerations that the PAS is a relatively “pure” diagnosis that can easily be made by those who are not somehow blocked from seeing what is right in front of them. (p. xxv)

In her 2002 doctoral dissertation, *Parental Alienation Syndrome in Court Referred Custody Cases*, Janelle Burrill, Ph.D., concluded, “The findings from this study’s 30 cases with 59 children does appear to support the existence of PAS . . . the criticism and denial of PAS by practitioners is unjustified” (p. 75). Her dissertation validates the conclusions reached by Gardner in that she evaluated the 30 cases for the presence of the PAS based on Gardner’s eight symptoms. Burrill continued, “The data from this study appears to support Dr. Gardner’s observations of PAS published in 1985” (p. 78). Her observations further substantiate how the programming of the alienating parent influences the PAS child. Burrill declared:

Children’s negative behaviors towards the alienated parent increase in severity as the negative behaviors and hostility of the alienating parent increase. The results of this data are significant . . . the behaviors observed in the severe cases manifest exactly as described by Gardner. (p. 78)

Richard Warshak, Ph.D., a highly esteemed psychologist who is widely accepted as an expert in identifying and treating the PAS, summed up as follows the empirical support for Gardner’s observations when he referenced Slobogin’s case for the PAS hav-