

Parental Alienation Syndrome/Parental Alienation Disorder (PAS/PAD): A Critique of a ‘Disorder’ Frequently Used to Discount Allegations of Interpersonal Violence and Abuse in Child Custody Cases

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Introduction and Terminology

Our opposition to the terms *parental alienation syndrome/parental alienation disorder* (PAS/PAD) is that it is dangerously used in cases where there are child custody disputes. The custody disputes that concern us relate to those in which there are allegations of child maltreatment, intimate partner violence, and other parental bad acts. Parents can and sometimes do engage in intentional alienating behaviors in contested custody cases, but by asserting that allegations of child abuse or domestic violence are false claims derived from “parental alienation behaviors” without actual evidence, proponents of PAS/PAD attempt to short-circuit careful investigations of serious allegations. When successful and the PAS/PAD defense is accepted by child custody decision makers, children may be subjected to additional maltreatment, other traumatic experiences, and even placement into the custody of an abusive parent (Meier, 2009).

Presently, there is a split in the child custody field concerning parental alienation syndrome/parental alienation disorder (PAS/PAD). Many mental health and other professionals regard PAS/PAD as junk science; that is, they believe PAS/PAD has been discredited and is no longer seen as relevant in custody disputes. However, there is another group of professionals who advocate for the concepts of

PAS/PAD and their relevance in custody disputes. Currently, the PAS/PAD advocates may merely use the term *parental alienation* (PA), since many courts no longer allow PAS/PAD testimony. This split has led to heated disputes among experts and significant confusion for mental health professionals, attorneys, judges, advocates, and others involved in child custody cases. The term PA now has such strong connotations that it has lost its actual meaning, and even professionals and courts use this term in completely different ways to describe vastly different scenarios.

Factors that are important to the discussion of PAS/PAD/PA include intentionality, level of severity, consequences, mechanisms, appropriate interventions, and research support. The concept of PA, when accurately used, assumes a parent is intentionally attempting to turn a child against the other parent through concerted efforts of verbally denigrating the other parent or acting in other ways to accomplish this goal. The history of PAS/PAD and the more recent term PA is important to the understanding of PA concepts and why their use is dangerous.

Using PAS/PAD to Minimize Allegations of Child Sexual Abuse (CSA) and Domestic Violence

The salient theme of PAS/PAD is removing

responsibility from and taking away the focus from an abusive parent's behaviors and placing blame on the child and the parent to whom the child may be more attached. Of perhaps greater importance is that PAS/PAD is typically used as a defense in child custody cases where allegations of child abuse, especially child sexual abuse (CSA), or exposure to domestic violence are present. In situations with child abuse or domestic violence, children would rightly favor the non-abusive parent over the abusive one. However, instead of appropriately and comprehensively investigating abuse, and the various possible reasons a child might refuse contact with a parent, PAS/PAD is brought into the courtroom by those accused of abuse or their attorneys, and it often overshadows any kind of critical thinking or comprehensive investigation of the allegations of interpersonal violence and abuse by child custody evaluators, child protective services workers, law enforcement, or other mental health professionals. Again, it should be noted that Gardner and other PAS supporters do state that if there is actual abuse by the alienated parent, then it would not fit the definition of PAS (Gardner, 2002). However, that assertion appears to be overlooked in many of the cases where the allegations of CSA are dismissed without a comprehensive evaluation or investigation, and where the assumptions that the allegations are false overshadow the case.

Furthermore, proponents of PAS generally suggest the occurrence of high numbers of false allegations of CSA. This claim is inaccurate as demonstrated by research over many years (see summary of studies by Bala, Mitnick, Trocme, & Houston, 2007). Research has consistently shown very low rates of false allegations of CSA suggesting 2% to 10% (e.g., Everson & Boat, 1989; Oates et al., 2000;). In addition, some research also indicates a 50% likelihood of false negatives (Putnam, 2003). Even in high-conflict custody cases and parent separation, research suggests only from 4% to 14% of false allegations of CSA within this special population and set of circumstances (e.g., Bala et al., 2007; Trocme & Bala, 2007).

It should be noted that a *false allegation* is a declaration that a person committed one or more acts of child abuse when in reality there was no abuse, and the false allegation is made intentionally

and knowingly, typically with a malicious motive. In other words, a false allegation means the abuse did not happen, and the person making the allegation knows it did not occur. A false allegation also differs from a misinterpreted behavior and an unfounded or unsubstantiated allegation in that there is no malicious intent. *Misinterpretation* entails believing there has been maltreatment when the actual event or situation is more benign. *Unfounded* and *unsubstantiated* are terms used by child protection agencies. These labels may be used when there has been no abuse or there is insufficient evidence to reach a conclusion about the likelihood of abuse.

There is not sufficient research to indicate how negative statements by a parent (intentional or unintentional) about the other parent noted by PAS/PAD advocates would lead to specific disclosures of child abuse, especially CSA. It is also not clear what mechanisms could lead a child to make untrue negative statements about a parent or disrupt a close attachment between a parent and his or her child. Unfortunately, due to the lack of education or awareness relating to appropriate parenting, trauma, and child psychology, even mild or unintentional negative parental influence has been corrupted and attributed to a nonexistent pathology used by too many custody evaluators and courts in cases of child custody to dismiss allegations of CSA. The PAS label (or more recently just PA) creates significant opportunities for re-traumatization of abused children and victims of domestic violence, while simultaneously suppressing common knowledge and established theories within the field of psychology, especially within the forensic arena.

History of PAS/PAD

It is important to describe how PAS shifted over time from being collusion between the child and the "alienating" parent as Gardner (1992) described, to the alienated child, a condition of the child Kelly and Johnston wrote about (2001), to a child disorder as in PAD (Bernet, 2008) when its proponents attempted to get this listed as a diagnosis in DSM-5. PAS was a term coined by Richard A. Gardner, MD, in a paper he published in 1985. It is important to note that the publication was an opinion paper, and it was not based on research or other evidence. He described the term

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 the parent, a campaign that has no justification. The disorder results from the combination of indoctrinations by the alienating parent and the child's own contributions to the vilification of the alienated parent. (Gardner, 1985, p. 1)

Gardner used the term to refer to a child's obsession with "deprecation and criticism of a parent—denigration that is unjustified and/or exaggerated" (Gardner, 1985, p. 1). Gardner in his original articles discussed behaviors and symptoms that he attributed to his newly created pathology, but he provided no research, no accepted theoretical framework, or any actual data that a legitimate disorder would possess. Gardner had his own press, Creative Therapeutics, which he used to publish and sell his books. He rarely published articles in peer reviewed research journals (Gardner, 1987; 1992). As a consequence, his writings on PAS were not subject to critical peer review. After receiving criticism that his ideas did not have a theoretical basis or even a framework, Gardner then created eight behaviors that children engage in that would qualify for the child to be diagnosed with PAS (Gardner, 2002, p. 97):

1. Campaign of denigration by one parent
2. Weak, frivolous, and absurd rationalizations for the deprecation of the parent
3. Lack of ambivalence
4. The "independent-thinker" phenomenon
5. Reflexive support of the alienating parent in the parental conflict
6. Absence of guilt over cruelty to and/or exploitation of the alienated parent
7. The presence of borrowed scenarios
8. Spread of the animosity to the friends and/or extended family of the alienated parent.

These behaviors or symptoms associated with PAS are problematic as they are not based on research data, are not defined, and even contradict basic psychological theories and principles in child development, family psychology, and trauma psychology. One obvious example of this is Number 3 above, "lack of ambivalence."

Evidently, a lack of ambivalence is a behavior *alienated* children engage in according to Gardner. This assertion suggests that children inherently have mixed feelings about those they are close to. Furthermore, unalienated children supposedly do not engage in dichotomous thinking (i.e., that a parent is either all good or all bad). This symptom or behavior associated with PAS negates Kohlberg's (1971) theory of moral development, specifically pre-conventional and conventional stages. Young children (typically before age 9) tend to operate with pre-conventional morality, which is usually self-serving, and they obey rules to receive concrete rewards. In the conventional morality stage, children think in terms of black and white, meaning there is only bad and good. They do not demonstrate moral flexibility, and they are very rule-oriented. Therefore, a "lack of ambivalence" is not characteristic of an alienated child; it is a developmental phase that children go through when developing a sense of morality. The other seven behaviors are equally problematic but won't be discussed here.

Another example of such contradictions comes from Gardner's original article (1985), in which he wrote that if a child suffering from PAS was put in the room alone with the supposed "hated" parent, the child would then behave in a neutral manner because he or she was not really afraid of that parent. This child's neutral behavior supposedly would counter any reason for rejection, such as abuse. However, this scenario does not consider constructs such as accommodating to fear, power differentials, and survival mechanisms that a child may use to cope with the presence of the feared parent. In addition, Gardner did not consider that even an abused child in a room with the abusive parent may be in a perceived safe situation near other people and may not show such fear, trauma, or distrust. Child maltreatment professionals have known for a long time that even children from severe abusive relationships may still love and have positive feelings toward an abusive parent and may show these positive emotions and behaviors when in a safe situation with that parent. Moreover, children may act in various ways in an attempt to cope with the trauma they may be experiencing and therefore hide their true feelings. Thus, this "neutral" behavior may not indicate a lack of

abuse, trauma, or fear.

Throughout the 1990s and early 2000s, there were numerous articles published about the negative effects of the use of PAS in custody disputes (e.g., Bruch, 2001; Johnston, 1993; Nelson & Downing, 1999). These did not deter the proponents of PAS from continuing to write about PAS as if such a theory or condition actually existed (e.g., Bernet, 2008; Gardner, 1998).

There was an special outcry from domestic violence and child abuse professionals in the later 1990s and early 2000s that the label of PAS was being used to discount and minimize domestic violence and child abuse and to force children to live with or visit with the parent accused of abuse (e.g., Bruch, 2001; Faller, 1998). Gardner countered that PAS should not be used in cases of actual abuse and therefore if abuse occurred, then it was not a case of PAS because the alienation or a campaign of denigration is supposed to have “no justification,” that is, abuse would be a justification (Gardner, 2002, p. 95). However, many professionals have argued that PAS/PAD continued to be used where there were allegations of interpersonal violence in family court cases in order to minimize or ignore abusive behaviors by a parent (e.g., Bowles, Christian, Drew, & Yetter, 2008; Geffner, Conradi, Geis, & Aranda, 2009; Meier, 2009; Walker, Brantley, & Rigsbee, 2004).

Reformulations: The Alienated Child and Its Causes

In the early 2000s a classic article differentiated a child who is *alienated* (i.e., a child who unreasonably rejects a parent in divorce) and an *estranged* child (i.e., a child who legitimately rejects a relationship with a parent, for example, because the parent is abusive to the child or toward the other parent) (Kelly & Johnston, 2001). Indeed, Kelly and Johnston propose a continuum of children’s responses to parental divorce, from positive relationships with both parents to reasonable fear of the rejected parent and preference for the non-violent parent. They note that alienated children are most commonly found in situations of high-conflict divorce and describe some of the behaviors of the aligned parent that may cause the child’s alienated response. This reformulation has given an important distinction between cases in which a child may be rejecting a

parent for various reasons, one of which was a parent intentionally trying to turn the child against the other parent. This distinction is quite important because it means that a thorough investigation and evaluation must occur to determine possible reasons and hypotheses for why a child may be rejecting a parent. Thus, abuse, poor parenting, boundary issues, neglect, and lack of attachment could all be legitimate reasons for a child to be estranged from a parent and then to reject that parent. These would have nothing to do with parental alienation behaviors.

Research by Baker to Justify PAS

Central to the legitimation of PAS (and later PAD) in the mid-2000s was a study conducted by Baker (2005a; b; 2006). The study was based upon a convenience sample, sought by posting on more than 100 Internet sites and by word of mouth. The sample size varied from 38 to 40, depending upon the article that she wrote, but it is not clear from the articles why the sample size varied. The only screening criterion employed was that cases in which alienation was not a result of parental alienating behaviors were excluded; Baker does not identify how many cases were excluded. This study used a semi-structured interview protocol according to the author. Baker noted that she recorded the 1-hour interviews and transcribed them, and she stated that she used qualitative analysis (grounded theory; e.g., Straus, 1987). However, it appears that Baker was the only data coder; thus, the study lacks intercoder reliability, and it also appears there is a lack of opportunity for systematic feedback from colleagues and participants in the study. Like most qualitative studies, this research lacks generalizability because of the lack of representativeness of the sample. In addition, no provisions of trustworthiness of the data, the procedures, or the coding were provided. Moreover, in describing the results, Baker stated, “It is also important to note that it is not possible to isolate these outcomes as directly resulting from the alienation as opposed to the more general experience of divorce and the parental pathology that was probably underlying the alienation for at least some families” (Baker, 2005b, p. 289). However, the author still attributed all the outcomes to “parental alienation.” The failure to honor other potential sources of bias further compromises the results.

Research on PAS/PAD has been carefully reviewed by other professionals in child custody and high-conflict divorce. These professionals note the absence of large, representative samples and randomly drawn comparison/control groups (e.g., Drozd, Saini, & Olesen, 2016; O'Donohue, Benuto, & Bennett, 2016). In addition, these authors note that many articles on PAS/PAD are advocacy publications or represent reiterations of Baker's original article in other journals. The study by Baker (2005a, b; 2006) has been frequently cited in publications and often quoted or referred to by those supporting a PAS/PAD diagnosis. The fundamental limitations of Baker's research are not acknowledged by proponents of PAS/PAD.

Other studies have attempted to explain PAS or identify an etiology for PAS. These studies did not necessarily support conclusions proposed by Gardner, and they too were methodologically flawed (see critiques by Baker & Darnell, 2007; Walker et al., 2004). Thus, it is clear that in the more than 30 years since PAS was proposed and its subsequent iterations have been proposed, there is still a lack of legitimate research or evidence to support this theory.

The Reformulation of PAS to Parental Alienation Disorder (PAD)

In 2008, Bernet published an article that reformulated PAS into parental alienation disorder (PAD) (Bernet, 2008). Because the strategy was to get PAD included as a child disorder, the proposed diagnosis focused on the child's behavior (Bernet, 2008). Later, Bernet published a book advocating that PAD be an official diagnosis and placed in DSM-5 (Bernet, 2010). A review of the book and its contents appeared in *Journal of Child Sexual Abuse* in 2012. This critique again found minimal supporting data, research, theory, or framework for such a diagnosis or condition (Pepiton, Alvis, Allen, & Logid, 2012).

There have been other criticisms from child custody, domestic violence, and child maltreatment professionals of PAS/PAD. For example, the National Council on Juvenile and Family Court Judges (NCJFCJ) (Bowles et al., 2008; Dalton, Drozd, &

Wong, 2006), which has published judicial guides for custody cases, has stated that courts should not accept testimony regarding PAS, referring to PAS as a "soft science" that does not pass the Daubert or Frye tests for admissibility in either child abuse or domestic violence court cases. The guides clearly state that PAS should be ruled inadmissible and should be stricken from evaluations, yet many courts have not abided by this admonition.

It is not even clear who would be the person who suffers from this syndrome/disorder: Is it the parent who engages in parental alienating behaviors or the child who is alienated? Was this to be a diagnosis of the child or parent? Additionally, there was no real consensus as to which of the behaviors or "symptoms" would be required criteria, or whether these behaviors could be attributed to negative parental influence separate from PAS/PAD. That is another serious problem with PAS/PAD in that we do not know exactly what criteria or requirements individual commentators or authors utilize. The DSM requires specific criteria and research, and a consensus, for an official diagnosis. For a diagnosis, there are specific symptoms, duration, intensity, frequency, and differentials associated with each so that the criteria are specified. The DSM-5 committee refused to include PAD or PAS as a diagnosis or even an area for future research. The committee held a press conference, and there was an article in the *Washington Times* to state this (Crary, 2012).

Proponents then attempted to indicate that PAS/PAD had been accepted in DSM-5 by suggesting it was classified as Parent-Child Relationship Problems (Harman, Kruk, & Hines, 2018; Warshak, 2015a). However, this code was found in the section for non-diagnosable clinical concerns in the DSM long before PAS/PAD proponents made this claim (American Psychiatric Association, 2000; 2013).

Proposed Interventions for Cases of PAS

Proponents of PAS/PAD believe that such a syndrome is so detrimental to children, despite the lack of sufficient research and the issues previously presented, that if a child is suspected of suffering from this type

of alienation, extreme formal intervention would be necessary. This treatment has been referred to as a “parentectomy,” wherein the child is immediately removed from the favored or aligned parent and then is placed with the parent with whom the child is having problems or has accused of abuse, often awarding primary custody to the alienated parent and cutting off contact with the preferred parent (e.g., Gardner, 1992; Templer, Matthewson, Haines, & Cox, 2017; Warshak, 2015b). The parentectomy approach has been described by Williams as “the removal, erasure, or severe diminution of a caring parent in a child’s life, following separation or divorce” (Williams, 1990, p. 1). Gardner recommended this kind of deprogramming for moderate to severe cases of PAS. However, it is not clear exactly what defines moderate or severe cases of PAS, how to determine such levels, or the specific criteria that should be used.

Gardner also recommended that, if the alienating parent did not force the child to visit the alienated parent, the alienating parent should then be incarcerated to encourage the parent to enforce the visitation (Gardner, 1992; 1998). Moreover, holding a child in contempt, or putting him or her in a juvenile detention center was also recommended, suggesting that jail could also serve as a transition placement where the “victimized parent” could visit the child (Gardner, 1999, p. 4).

The current versions of parentectomy include reunification programs, of which there are several in the United States. Children may be sent to specific “deprogramming” camps or programs (Williams, 1990). In fact, PAS children have been compared with cult children, and the suggested deprogramming is effective only when the child is removed from direct exposure to the indoctrination by the alienating parent, according to the proponents (Baker, 2005a; 2006; Gardner, 1998).

According to their recommended “intervention,” the children are forced to live with the parent they are less attached to, whom they may have expressed specific desires or fears of living with, and then they are required to engage in a reunification process that is inconsistent with child development, trauma, or family psychology theories or research (Dallam &

Silberg, 2016; Mercer, 2019). Ethical implications associated with these unlicensed “treatment centers” and the re-traumatization that is caused by uprooting children from their primary home, family, school, and community in order to isolate them have been noted by a number of experts (Dallam & Silberg, 2016; Mercer, 2019). These deprogramming centers were essentially designed to pressure a child until he or she recants what the child has said and feels.

As already noted, a parent who intentionally verbally denigrates and repeatedly criticizes the other parent in front of the child is not appropriate and can indeed traumatize a child. However, unlicensed and draconian deprogramming centers should not be sanctioned or utilized in cases where parents engage in alienating behaviors. It is also important to note whether a parent has been informed about the negative effect of her or his actions on the child, has been referred to treatment for such behaviors, or has entered a legitimate treatment program. Whether intentional or unintentional, derogatory statements or behaviors should be halted and addressed through psychoeducation and other non-invasive intervention procedures. Intentional alienating behaviors should be viewed as red flags for the need for therapeutic interventions regarding parenting, co-parenting, and appropriate use of language or communication with children.

It is likely such alienating behaviors form a continuum from unintentional statements around children that could potentially negatively influence them, to the extreme of toxic denigration in which one parent deliberately attempts to turn a child against the other parent by repeatedly making very negative statements about the other parent, taking actions to ruin the relationship, and behaving in extremely negative ways around the other parent. It should be noted, however, that when one parent actually attempts to negatively influence a child against the other parent, it typically backfires if there has been a positive attachment between the child and the other parent, and it creates even more distance between the negatively influencing parent and the child (Rowen & Emery, 2014; 2018). A parent who speaks poorly about another parent, limits contact without cause or motive, or tells a child that the other parent does not love him or her are all

examples of intentional negative behaviors. These are indeed counterproductive and need to be dealt with appropriately, but this is not a syndrome or disorder and the behaviors can be specifically described and observed.

Current Situation

At this point, one would assume that PAS/PAD would have begun to disappear given that 30 years after it was proposed, there is no solid research to show the mechanisms whereby such a syndrome would exist or occur. Additionally, solid operational definitions and specific criteria have still not been validated, prevalence rates have not been determined, nor has any official organization accepted such a syndrome or disorder. Gardner had acknowledged that many evaluators prefer to use the term *parental alienation*, but that they still recognize such a syndrome (Gardner, 2002).

In addition, the proponents have now been advocating strongly to have a diagnosis of PAS/PAD accepted into ICD-11, and they have been conducting numerous advocacy efforts and trainings in many other countries to promote this (see a counter response to the World Health Organization to these efforts by over 1,000 associations, networks, and individuals; Collective Memo of Concern). Again, the use of the assumptions that were used for PAS when people did not believe the abuse allegations by the child are still occurring in too many child custody cases when adequate or comprehensive evaluations that actually document or observe such behaviors by the “alienating” parent do not occur.

The disconnect in the field and the tendency to use the term *alienation* for both inappropriate parenting as well as the claims brought about by followers of Gardner has caused confusion among professionals and in the field. Hence, there is the need to eliminate the labels and focus on behaviors that can be described and observed. We need to focus on facts, evidence, observable behaviors, and research when conducting thorough evaluations and investigations of child abuse or domestic violence allegations in child custody cases, and not rely on assumptions based upon junk science.

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Parental Alienation Syndrome/Parental Alienation Disorder (PAS/PAD): A Critique...

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