

CURRENT CONTROVERSIES REGARDING PARENTAL ALIENATION SYNDROME

Richard A. Warshak, Ph.D.

Despite a growing literature, the term parental alienation syndrome (PAS) continues to stir controversy in child custody matters. This article draws on the relevant literature to examine the main controversies surrounding the use of the term PAS by mental health professionals. The focus is on controversies regarding the conceptualization of the problem of alienated children, the reliability and validity of PAS, and the treatment of PAS. Some attention is given to issues relevant to the admissibility of expert testimony on PAS, such as the use of the term "syndrome," the question of whether PAS has passed peer review, and whether PAS enjoys general acceptance in the relevant professional community.

Despite a growing literature, the term parental alienation syndrome (PAS) continues to stir controversy in child custody matters (1, 2). Proponents of the term believe it: 1) accurately describes a subset of children whose unreasonable alienation from a parent results, in large measure, from the influence of the other parent; 2) assists in recognizing, understanding, and treating this group of children; and 3) describes a cluster of behaviors displayed by these children which warrants the designation "syndrome." They regard the term as helpful to courts in deciding the best interests of children and believe that testimony regarding PAS should be admissible.

Critics of PAS argue that it: 1) oversimplifies the causes of alienation, 2) leads to confusion in clinical work with alienated children, and 3) lacks an adequate scientific foundation to be considered a syndrome. They argue that the term is misused in court and that testimony regarding this diagnosis, its course, and its treatment should be inadmissible.

This article examines the main controversies surrounding the use of the term PAS by mental health professionals. It focuses on controversies in the mental health profession, including conceptualization, empirical research, and treatment issues. The article gives some attention to certain issues relevant to the admissibility of expert testimony on PAS, such as the use of the term "syndrome" and the issues of peer review and general acceptance among clinicians, but this article does not purport to provide a comprehensive treatment of this area.

WHAT IS PARENTAL ALIENATION SYNDROME?

Parental alienation syndrome refers to a disturbance whose primary manifestation is a child's unjustified campaign of denigration against, or rejection of, one parent, due to the influence of the other parent combined with the child's own contributions (3, 4). Note three essential elements in this definition: 1) rejection or denigration of a parent that reaches the level of a campaign, i.e., it is persistent and not merely an occasional episode; 2) the rejection is unjustified, i.e., the alienation is not a reasonable response to the alienated parent's behavior; and 3) it is a partial result of the non-alienated parent's influence. If either of these three elements is absent, the term PAS is not applicable.

Some of the controversy over PAS results from the failure to consider the second and third elements as integral aspects of the concept. Attorneys, therapists, and parents may falsely conclude that a child suffers from PAS based only on the first element—the child's negative behavior. This reflects an inadequate understanding of the concept. Some critics of PAS make the same mistake (5-8; see 9 for Gardner's rebuttal). They equate PAS with only the first element, attack this straw man concept, and conclude that PAS leads to confusion and misuse when they are themselves confused about the concept. Before concluding that PAS is present, in addition to the child's alienation, it must be established that the alienation is irrational, and is

influenced by the favored parent. Properly understood, a clinician using the term PAS does not automatically assume that the favored parent has influenced a child's alienation from the other parent. Rather, the term PAS is used to describe only those children who are 1) alienated, 2) irrationally, 3) under the influence of the favored parent. PAS does not apply in the absence of evidence for all three elements.

Child psychiatrist Richard A. Gardner, M.D. introduced the term in 1985, but he was not the first to describe this phenomenon (10). In 1949, psychoanalyst Wilhelm Reich wrote about parents who seek "revenge on the partner through robbing him or her of the pleasure in the child" (11; p. 265). And in 1980, Wallerstein and Kelly described children in their research project who "were particularly vulnerable to being swept up into the anger of one parent against the other. They were faithful and valuable battle allies in efforts to hurt the other parent. Not infrequently, they turned on the parent they had loved and been very close to prior to the marital separation" (12; p.77).

Despite these earlier descriptions, it was Gardner's detailed account of the origin, course, and manifestations of the phenomenon, along with his guidelines for intervention by courts and therapists, that captured the attention of the mental health and legal professions and stimulated the growing literature on the topic (for a review see 1, 2, 13; for a comprehensive list of publications see 14). Along with the study and elucidation of PAS, controversy remains about how to conceptualize, label, and treat this phenomenon.

CONCEPTUALIZING PAS

To establish a new diagnostic category, we must establish that: 1) the phenomenon exists; 2) it is a disturbance or deviation from the norm; and 3) its symptoms warrant a separate diagnosis and cannot more reasonably be subsumed under a previously existing category.

Most mental health and legal professionals agree that some children whose parents divorce develop extreme animosity toward one parent that is not justified by that parent's behavior and, to some extent, is promulgated or supported by the other parent. That such children exist is not a point of contention in the social science literature. At issue is whether we should regard this type of disturbance as abnormal, and if so, whether a separate diagnosis for these children provides significant benefits beyond already existing labels, and whether PAS is the best way to conceptualize and label this disturbance.

Is a Child's Unreasonable Alienation Normal?

Though it might seem an obvious point, not everyone agrees that a child's unreasonable denigration and rejection of a parent should be considered an abnormal development worthy of professional attention. One author believes it is possible that parental alienation is a normal part of growing up (15). She argued that we have no basis for regarding parental alienation as abnormal because we lack normative data from intact and low-conflict divorced families, i.e., we lack research on the prevalence of this phenomenon.

The position that it might be normal for children to be alienated from their parents is inconsistent with the scientific literature. It overlooks research on children's adjustment in divorced families and on healthy parent-child relations in intact families.

The literature on the effects of parent conflict on children documents the harm to children who are caught in the middle of the conflict, as in situations where they are encouraged to side with one parent against the other (16). Studies of children's attitudes about their parents' divorce consistently reveal that most children long for more time with each parent and wish their parents would reunite (12, 17-19). One study, for example, reported that regardless of custodial status, 84% of children longed for their divorced parents' reconciliation (17; p. 41). The desire to be with a parent is normative, not the desire to avoid a parent.

Regarding intact families, the research is clear that the type of denigration, hatred and fear characteristic of PAS is foreign to most intact families and would be considered a symptom

worthy of treatment (20). Even in clinical samples with children who are enmeshed with one parent, usually the mother, the children still tolerate their father. I am unaware of any reports in the literature, nor any therapeutic programs, in which a parent in an intact family, who is not guilty of child abuse or gross mistreatment, is advised to cut off contact with the children in response to conflicted parent-child relationships. Instead, articles and books on treatment suggest strategies for helping the family understand and heal ruptured parent-child relationships.

Alternative Models of the Problem of Alienated Children

The consensus that a child's unreasonable alienation from a parent is a problem does not extend to the issue of how to conceptualize the problem. Wallerstein finds the term PAS unnecessary and believes that the problem is subsumed under her concept of "overburdened children" who must attend to the needs of disturbed parents at the expense of their own psychological development (2, 21). She does, however, introduce the term "Medea Syndrome" to refer to vindictive parents who destroy their child's relationship with the ex-spouse (21). Other authors conceptualize the phenomenon as a vulnerable child's maladaptive reaction to a high conflict divorce (22). This "high conflict model" accepts the utility of a separate classification for alienated children. It uses terms such as "unholy alliances" and "extreme forms of parent alienation" in place of PAS (23; pp. 174, 202). The high conflict model differs from Gardner's conceptualization in that greater emphasis is placed on the child's psychological vulnerabilities and the contributions of the entire family system to the child's alienation. By contrast, some authors place greater emphasis on the behavior of alienating parents and distinguish their destructive behavior (labeled "parent alienation") from PAS which is one possible outcome of such behavior (24).

Kelly and Johnston expressed concern that PAS oversimplifies the causes of alienation and that Gardner's formulation leads to confusion and misuse in litigation (25). To remedy these flaws, they drew on their considerable clinical and mediation experience with divorced families to propose a reformulation of PAS which they call "the alienated child" (hereinafter referred to as the AC model).

The AC model defines an alienated child 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" (25). This definition retains two of the three essential elements in the concept of PAS. The free and persistent expression of negative feelings corresponds to the campaign of denigration. And the unreasonableness of the feelings corresponds to the alienation being unjustified. The third element of PAS, the influence of the alienating parent, is not part of the definition of an alienated child. The omission is deliberate. The AC model notes that the manipulations of one parent are insufficient to explain alienation because some children resist attempts to undermine their affection for a parent. Thus, other factors must play a role, and this model emphasizes the importance of multiple interrelated factors in the etiology of alienation. The AC model organizes these "alienating processes" into background factors that directly or indirectly affect the child, and intervening variables that influence the child's response to the background factors. Examples of background factors are a history of the parents involving the children in severe marital conflict, the circumstances surrounding the separation and divorce, and the child's cognitive capacity and temperament. Examples of intervening variables are each parent's behavior, sibling relationships, and the child's vulnerabilities.

Comparison of Parental Alienation Syndrome and the Alienated Child Model

In their critique, Kelly and Johnston characterize PAS as focusing almost exclusively on the alienating parent as the cause of the child's alienation. This characterization is not entirely accurate. Even the definition of PAS refers to the influence of the other parent combined with the child's own contributions. Gardner discusses several factors within children that lead to their joining with one parent in denigrating the other. To a lesser extent he discusses why some children are able to resist an alienating parent's influence and maintain affection for both parents.

In addition to the contributions of the child, the literature on PAS has repeatedly and clearly identified contributions of people in addition to the alienating parent, including the alienated parent, new partners, therapists, custody evaluators, and relatives (2, 3, 26-32). Particularly in his earlier work, though, Gardner did give less emphasis to the role of the alienated parent. His recent work elaborates on the contributing behaviors of alienated parents, particularly in terms of their passivity, but he continues to regard alienating parents' contributions as primary (33). In some respects, Gardner, who is a physician, has cast PAS in a medical model. By contrast, Kelly, a psychologist, and Johnston, a sociologist, prefer a family systems approach which gives more detailed attention to a wider range of factors without labeling any as primary.

The reformulation of PAS was also a response to its misuse in litigation. Specific concerns are that children are diagnosed with PAS who are not truly alienated or whose alienation is warranted by the history of their relationship to the alienated parent (3; pp. xx, xxviii, 13, 25, 30, 34, 35).

In some cases alienation is confused with situations in which a child prefers, or feels more comfortable with, one parent, or is significantly aligned with one parent, but still seeks to maintain a relationship with the other (25). In other cases a child may resist spending time with a parent, but is neither alienated nor acting under the influence of the other parent (13, 30, 34, 35). Such a child may exhibit hostility and apparent rejection of a parent that: 1) is temporary and short-lived rather than chronic, 2) is occasional rather than frequent; 3) occurs only in certain situations, 4) coexists with expressions of genuine love and affection, and 5) is directed at both parents (35). Situations that meet these criteria include some 'normal reactions to divorce, developmentally normal separation anxiety, the behavior of difficult or troubled children, attempts to avoid exchanges that occur in an explosive climate, a concern about a parent's emotional state when left alone, and situation specific reactions, such as a teenager who refuses to be around a new stepparent (34, 35).

Alienation may be justified in cases where a child is physically or sexually abused; witnesses domestic violence, frightening displays of rage, or the aftermath of violence; or suffers severe emotional abuse, neglect, abandonment, or very poor treatment by a chronically angry, rigidly punitive, extremely self-centered, or substance-abusing parent (25, 34, 35).

Gardner is clear that such situations do not constitute PAS, and he has expressed concern about the misuse of PAS (3). He gives considerable attention to distinguishing between PAS and alienation that is a response to parental abuse or neglect (36). And, without going into detail, he recognizes that children resist contact with a parent for a variety of reasons other than PAS, and that PAS is not the same as the situation where a child aligns with one parent without participating in a campaign of denigration against the other parent. The AC model gives much more specific attention to these categories than does Gardner, although articles by other authors working within the PAS framework have addressed these categories (13, 30, 34).

The AC model provides a detailed and organized description of behaviors which clarifies the distinction between alienated children and non-alienated children who show an affinity for, or strongly align with, one parent, while still maintaining a relationship with the other parent (25). In addition, the AC model gives examples of factors that can lead children to develop such affinities and alignments. By introducing specific terms to denote the categories of behavior that resemble and may be mistaken for PAS, and delineating the behaviors of children in each of these categories, the AC model may facilitate a welcome reduction in the incidence of PAS misdiagnosis and misuse. This would represent a substantial contribution that results in wiser clinical and judicial decisions.

What is unclear, however, is whether the term "alienated child" provides significant advantages over PAS. Until Gardner's initial work on PAS, the divorce research literature made only occasional mention of children alienated from, or rejecting, a parent. The term, PAS, has proved useful in facilitating communication among clinicians and fostering numerous publications in peer-review journals. At last count there were 108 publications that focused significantly or exclusively on PAS and alienated children. Most of these were in peer-review journals, some

were book chapters, and a very few were by authors who have subsequently withdrawn their support for the term PAS. Because of space considerations; the reader is referred elsewhere for a list of PAS reference citations in addition to those cited in this article ([1](#), [2](#), [14](#)).

It is possible to adopt a family systems theory of PAS, and to differentiate the various reasons for children's rejection of parents, while retaining the familiar term PAS to denote children whose denigration and rejection goes beyond "alignment" and is not a reasonable response to the rejected parent's behavior ([30](#), [34](#)).

Dropping the term "syndrome" when referring to irrationally alienated children, and limiting oneself to behavioral descriptions, does avoid legal issues surrounding the admissibility of expert testimony on PAS. But it is not clear how changing the term from PAS to "alienated child" would lead to fewer misidentifications of children who are unreasonably alienated from a parent. As with PAS, the term "alienated child" can be misapplied to children who are not alienated, or whose alienation is warranted.

In one respect, the terms proposed in the AC model may result in more confusion. Kelly and Johnston use the term "estrangement" to refer to alienation that is a realistic response to parental behavior, such as occurs in cases of parental abuse. They contrast this with "alienation" that is not a realistic response. This may be confusing because the terms "estrangle" and "alienate" are synonyms.

The first definition in the dictionary under the entry "alienate" is "to make indifferent or averse; estrange" and the entry offers this sentence as an illustration: "He has alienated his entire family" ([37](#); p. 37). The dictionary entry for "alienation of affections" is: "Law, the estrangement by a third person of one spouse from the other" ([37](#); p.37). The first entry for "estrangle" is "to turn away in feeling or affection; alienate the affections of" ([37](#); p. 488). And the definition of "estranged" is "displaying or evincing a feeling of alienation; alienated" ([37](#); p. 488). The use of synonyms to describe these two distinct types of alienation (reasonable versus unreasonable) invites confusion, particularly as the concepts leave the arena of mental health professionals and are used in legal circles and the popular press. Though intended to draw a clear distinction, the synonymous terms may inadvertently obscure the difference. It would be useful to have a label to refer to children whose alienation from a parent is reasonable, but "estranged" is probably not the best candidate.

Before leaving this discussion, it should be noted that neither Gardner nor Kelly and Johnston have proposed a term to refer to children whose severe alienation is not warranted by the rejected parent's behavior, but who have come to be alienated in the absence of manipulations by the favored parent. Some aligned parents of alienated children agree that the other parent has done nothing to warrant the child's extreme rejection, but they also deny having contributed to the alienation and profess great concern over their child's disturbed behavior toward the rejected parent. For the sake of conceptual clarity, it makes sense to designate a term to describe this phenomenon. A possible candidate is the phrase "child-driven alienation" which has been used to describe children whose unreasonable rejection of a parent is a misguided way of coping with difficult feelings ([35](#)). The absence of a separate term for these children may be less of a problem for the AC model because it would apparently categorize such a child as alienated, with no particular assumption about the contributing factors. According to the definition of PAS, however, without the contributions of the alienating parent such a child would not fit the category of PAS.

On balance, the two formulations appear more similar than different. Both agree that some children become alienated without adequate justification, and both regard this phenomenon as a disturbance rather than a type of normal development. Both agree on how to recognize this disturbance and on how to distinguish it from alienation that is a realistic response to parental mistreatment.

Despite using different terms, both agree on the behaviors which characterize aligned parents and pathologically alienated children. In fact, the list of symptoms is nearly identical. They

differ on the name given to the phenomenon, and on the relative contributions of the aligned parent. The AC model sees a greater role played by the alienated parent and the child, while recognizing the contributions of the aligned parent. According to Kelly (personal communication, 2000), this model does not regard the behavior of an alienating parent as necessary to create an alienated child, although it recognizes that it is often present. The PAS formulation sees a greater role played by the parent who is fostering the alienation, while recognizing the contributions of the child and, to a much lesser extent, the alienated parent. Both formulations rule out pathological alienation when the contributions of the rejected parent are substantial enough to warrant the child's alienation. Overall, I believe the difference between the models is one of emphasis, and not a fundamental distinction, although this is open to dispute. Kelly (personal communication, 2000) indicated that the final version of her article with Johnston (25) will sharpen the distinctions between their model and PAS.

Both models are based on clinical experience. Both find support in the literature for some aspects of their formulation, while neither has large-scale empirical research to validate its conceptual superiority. There are substantial differences in the treatment approaches each advocates, but diagnostic terms are independent of the discovery or proposal of new treatments.

An advantage of the AC formulation is that it provides a differentiated view of the processes, factors, and behaviors in the entire family system which result in a child's unreasonable alienation from a parent. Also, it clarifies the distinction between what is and is not alienation. An advantage of PAS is that the concept is widely known and has stimulated a clinical literature that has elucidated and refined our understanding of this disturbance. Abandoning the term would impede integration of the existing literature with future work. Also, the term PAS has the virtue of parsimony: It clearly denotes a circumscribed group of alienated children—those whose alienation is not warranted by the history of the child's relationship with the rejected parent. By contrast, the phrase "alienated child" is ambiguous with respect to the reasonableness of the alienation, and thus requires additional descriptors (e.g., "pathological") to distinguish it from what the AC model calls "estrangement."

A final caveat: Kelly (personal communication, 2000) indicated that the manuscript in press was being edited and that the final version would include revisions and refinements which address some of the points raised in the present article. Also scheduled for publication in the same journal issue (edited by Johnston and Kelly) are three articles elaborating this model's approach to case management, custody evaluations, and therapeutic interventions. The reader is encouraged to consult these articles for the most complete and recent statement of this model.

Future work will undoubtedly result in further refinements of the AC model as well as PAS. It remains to be seen whether the AC reformulation will gain general acceptance among clinicians working with divorced families and among experts witnesses, and replace PAS, or whether future additions to the literature will support, or be compatible with, the retention and utility of the concept PAS.

RELIABILITY

The misidentification and misuse of PAS raises the issue of its reliability. Reliability, in the social sciences, means something different than legal reliability. For scientists, reliability refers to the degree to which a statistical measurement, test result, or diagnosis, is consistent on repeated trials or among different observers. A proposed syndrome, such as PAS, has high reliability if different clinicians, examining the same children, reach a high rate of agreement on which children do or do not have the syndrome. Naturally, it is not necessary for clinicians to reach one hundred percent agreement in order to qualify as having reached a scientifically acceptable level of reliability. Two doctors often disagree on a diagnosis; that is why we get second opinions. But, if the symptoms of the proposed diagnosis are too imprecise and ambiguous, or require an excessively high degree of inference on the part of the observer, the rates of disagreement may be unacceptably high. In such cases, the proposed syndrome should undergo further refinement (such as more precise definitions of symptoms) before it gains general acceptance.

The description of PAS symptoms (3), and the description of the behaviors seen in the alienated child (25), appear on the surface to be clear-cut and intelligible. We await empirical research, however, which tests the ability of clinicians to apply these symptoms to case material and agree on whether or not a particular symptom is present in a particular child. For example, Gardner lists “weak, absurd, or frivolous rationalizations for the deprecation” of a parent as one symptom of PAS. Kelly and Johnston list “trivial or false reasons used to justify hatred” as a behavior seen in an alienated child (note the close similarity between the two models). Can different observers agree on what constitutes frivolous or trivial justifications? Or is this symptom so inherently ambiguous that, after examining the same children, clinicians will disagree to a significant extent on which children’s reasons for rejecting a parent are reasonable and which should be dismissed as trivial?

To date, no study has directly measured the extent to which different examiners, with the same data, can agree on the presence or absence of PAS (or, for that matter, alienation in a child). Until a sufficiently high rate of agreement on the presence or absence of PAS is established through systematic research, the diagnosis will not attain the empirical support which is probably necessary to achieve acceptance on a par with the disorders recognized in the American Psychiatric Association’s official description of diagnoses (38). And, until such data exist, the reliability of PAS cannot be supported by reference to scientific literature. This does not mean that the diagnosis lacks reliability, any more than it meant that the diagnosis of AIDS lacked reliability prior to the publication of empirical research on the syndrome.

VALIDITY

The validity of the concept PAS is a more complex issue than reliability. It relates to some of the issues explored in the earlier discussion of conceptualization. The central question is whether PAS accurately, adequately, and usefully describes a disturbance suffered by some children.

As is true of most, if not all, newly proposed syndromes, Gardner based his identification and description of PAS on his clinical experience. The same is true of all existing formulations of the problem of alienated children. To establish the validity of PAS, the scientific literature must demonstrate that the clinical observations that formed the basis for the initial formulation are representative of a wider population of children. There are generally two stages in this process. First, other clinicians report on their experiences related to the phenomenon, supplementing and refining the initial proposal. These reports are either anecdotal accounts of a few cases, or reports of a larger volume of cases, organized and analyzed in some systematic fashion. Second, empirical research with larger samples of subjects, standardized and systematic measures, and appropriate scientific controls tests hypotheses drawn from the clinical reports in the literature. The field of PAS study is just beginning to enter the second stage with studies in progress.

The descriptions of PAS in the clinical literature have struck a chord of recognition among divorcing parents, attorneys and mental health professionals. As we have seen, even alternative formulations of the phenomenon agree that unjustified parental alienation sometimes accompanies custody battles and that the favored parent sometimes contributes to this alienation. The concept of PAS has served to organize a volume of articles on the appropriate identification and treatment of a child suffering with this problem (1, 2). The frequency of reports in the clinical literature, and the close similarity of reported cases to Gardner’s descriptions, lends support to the validity of PAS. Reality is not determined by popular vote, but the burgeoning literature is evidence of the utility of the PAS concept, at least as experienced by practitioners in the field. As discussed below, this is relevant to the admissibility of PAS testimony.

Kopetski published two reports on severe PAS in a sample of 413 court-ordered custody evaluations conducted by the Family and Children’s Evaluation Team in Colorado (39, 40). Prior to learning of Gardner’s work, the team identified 84 cases of severe alienation that led them “independently to conclusions that were remarkably similar to Gardner’s conclusions regarding the characteristics of the syndrome.” Independent identification of the same cluster of symptoms would generally be considered strong support for the validity of a newly proposed syndrome.

Dunne and Hedrick found Gardner's criteria useful in differentiating 16 cases of severe PAS from other cases with other post-divorce disturbances (41). Other clinicians have also found the PAS concept useful in organizing their impressions of alienated children (30-32, 42-45). Common experience and clinical cases, however, must be corroborated by systematic empirical investigations.

A 12-year study of 700 divorce families, commissioned by the American Bar Association Section on Family Law, is the one large-scale study which has delineated the phenomenon in which divorced and divorcing parents program and manipulate their children to turn against the other parent (29). This study provides some empirical support for the validity of PAS. As an early study in the field, it is heavily descriptive and the description of procedures does not make clear exactly how the data were analyzed and what procedures were used to ensure the reliability of the results. Nevertheless, because of the wealth of experience reflected in the large number of families studied, and the detailed and sophisticated analysis of the problem, this study's observations and conclusions merit significant weight. Gold-Bikin offers this view: 'This treatise is based on years of experience counseling families in divorce and evaluating children during custody litigation. It should provide guidance to the bar, bench, and mental health professionals in ascertaining whether a child has been intentionally brainwashed or alienated from one parent by the other parent...' (46; p. ix).

There is considerable scientific research which supports the conclusions of the ABA-sponsored study and validates key facets of PAS. Chief among these are the bodies of literature on children exposed to parental conflict (16), on programming and brainwashing (47, 48), and on children's suggestibility (49). Numerous methodologically sophisticated studies have established that children are susceptible to accepting suggestions that an innocent adult did harmful or illegal things and then repeating these suggestions as if they were true (49). Children will even provide elaborate details of events that never occurred. Research findings on programming, brainwashing, stereotype induction, and children's suggestibility help to explain how one parent could exert enough influence over a child to cause that child to lose affection and respect for the other parent.

Systematic empirical research is lacking when it comes to validating the specific cluster of symptoms that characterizes PAS. There is, as yet, no specification of which symptoms and how many are necessary for the diagnosis. It should be noted, however, that many of the diagnoses in DSM-IV also lack research which empirically verifies the appropriate number of symptoms necessary to make the diagnosis (50).

As discussed earlier, some clinicians believe that Gardner's formulation of the causes of PAS oversimplifies the situation and places undue emphasis on the alienating parent. This is explored in a later section. If this criticism is correct, it may modify our understanding of the etiology of PAS, but may not undermine the validity of the PAS phenomenon itself. Gardner himself expects that the concept of PAS will be refined and elaborated by future investigators (3).

PAS AS A SYNDROME

The use of the term "syndrome" in reference to alienated children has sparked heated debate. A syndrome is "a grouping of signs and symptoms based on their frequent co-occurrence, that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection." This seems descriptive of PAS.

Some have argued that PAS does not qualify as a syndrome because not every child who is exposed to alienating behavior by one parent develops the same distinct disorder (25). This reasoning is not compelling. In medicine, including psychiatry, it is well-recognized that the same pathological agent can produce different outcomes in different individuals. This generally does not invalidate the syndrome or disorder. For example, rape may, but does not always, result in a posttraumatic stress disorder (PTSD—originally termed a syndrome). The fact that some victims survive traumas without developing PTSD does not disqualify PTSD as a proper diagnostic entity. Another example is adjustment disorder. Two children may experience the

death of a parent or a divorce. One develops an adjustment disorder and the other escapes any diagnosable mental disorder. The American Psychiatric Association, which acknowledges that most of its official diagnostic categories are syndromes, specifically assumes that some disorders will “result mainly from an interplay of psychological, social, and biological factors” (51; p. xxiii). This seems to allow for a multi-factored approach to understanding. PAS, while retaining the term “syndrome.”

A greater concern is that the medical designation “syndrome” conveys an established stature and legitimacy that may be more appropriate following more rigorous empirical research. In court, the term “syndrome” may strengthen confidence in the scientific basis of the witness’ testimony and, by implication, in the value and reliability of that testimony.

An additional concern about syndrome evidence is that expert witnesses sometimes offer a collection of symptoms as a test to prove the existence of one particular causal agent, even in the absence of independent verification of the cause. In the case of PAS this would mean that, after determining that a child has the behaviors characteristic of alienated children, the expert assumes that the existence of alienation supports a claim that the favored parent must have fostered the alienation. This is clearly a misuse of PAS; by definition, the manipulations of the favored parent must be identified in order to diagnose PAS.

Mosteller has proposed that the purpose for which syndrome evidence is used should govern its admissibility (52). When an expert proffers syndrome evidence as a test of whether certain conduct has occurred, such as child sexual abuse, “the science must be of the highest quality and should satisfy the standards set out in *Daubert v. Merrell Dow Pharmaceuticals, Inc.*” (52; p. 468). Mosteller argues that less exacting scientific standards should apply when the expert relies on syndrome evidence “to correct human misunderstandings of the apparently unusual and therefore suspicious reactions of a trial participant” (52; p. 467).

Although PAS testimony should not be used as a test of whether the aligned parent promulgated the child’s alienation, it can provide the court with an alternative explanation of a child’s negative or fearful conduct and attitudes. Also, PAS testimony can assist the court in evaluating a child’s ability to perceive, recollect, or communicate. When PAS has been misdiagnosed, as in the case of children who are not alienated, or whose alienation is justified by the rejected parent’s behavior, expert testimony on PAS may be proffered in rebuttal.

Testimony by an expert knowledgeable about the strategies that parents use to promulgate and support alienation, the extent to which children can be manipulated to reject and denigrate a parent, the extent to which children are suggestible, the mechanics of stereotype induction, and the psychological damage associated with involving children in parental hostilities, may assist the court in determining the proper amount of weight to give a child’s explicitly stated preferences and statements regarding each parent. The expert can demonstrate that a child’s statement of preference, even when executed in an affidavit, does not necessarily reflect the history of that child’s relationship with the non-preferred parent, particularly when the child totally rejects the non-preferred parent.

Lund regards this as one of the most important benefits of PAS (30). In their study, Clawar and Rivlin determined that 80 percent of the children in their sample wanted the brainwashing detected and terminated, and there was often a substantial difference between children’s expressed opinions and their real desires, needs and behaviors (29).

PAS UNDER DAUBERT

The U.S. Supreme Court decision in *Daubert v. Merrell Dow Pharmaceuticals, Inc.* (53) provided a non-exclusive list of criteria for federal courts to consider in judging the admissibility of scientific expert testimony. Subsequent decisions, such as the Supreme Court cases of *General Electric Co. v. Joiner* (54) and *Kuhmo Tire Co. v. Carmichael* (55), and the Texas Supreme Court cases of *E.L du Pont Nemours and Co. v. Robinson* (56) and *Gammill v. Jack Williams Chevrolet, Inc.* (57) have built upon the principles of the *Daubert* analysis.

The application and significance of *Daubert* to mental health expert testimony is the subject of considerable speculation. Some commentators suggest that the *Daubert* decision spells the end of psychological and psychiatric testimony (58). This has not occurred. Slobogin sees little impact of *Daubert* on psychological testimony in criminal cases, including the admissibility of battered women and rape trauma syndrome evidence (59). In custody cases it is not clear whether trial court judges are using *Daubert* criteria to evaluate expert testimony on the best interest of a particular child (60).

Shuman and Sales note the difficulty of applying *Daubert*'s pragmatic considerations, developed for scientific testimony, to clinical testimony (61). These authors suggest that when clinically based testimony is proffered, courts "are limited to judging the qualifications of the experts and the acceptability of that testimony to other similar practitioners, resulting in nearly identical pre- and post-*Daubert* admissibility decisions" (61; p. 10). General acceptance in the relevant scientific community is one of the *Daubert* factors and is the familiar criterion originated in *Frye v. United States* for science-based testimony (62). Many courts, though, exempt psychological syndrome testimony from a *Frye* analysis (59). With respect to syndrome testimony in criminal trials, Slobogin argues for a formulation of the *Frye* test that would admit testimony "that a sizeable group of professionals find plausible, based on their specialized knowledge" (59; p. 113). PAS would pass this test. Indeed, it already has (63). There is another index of the general acceptance of PAS in addition to the growing professional literature on PAS in peer-review journals. The American Psychological Association concludes its Guidelines for Child Custody Evaluations in Divorce Proceedings with a highly selective reference section titled "Pertinent Literature" (64). Three of the 39 references are books by Gardner; one is titled "The Parental Alienation Syndrome" and the other two include discussions about PAS. This could be taken to imply APA recognition of PAS as pertinent to child custody proceedings.

Zervopoulos draws on post-*Daubert* decisions to offer two guides for assessing the reliability of testimony that does not seem to fit the *Daubert* criteria (65). His analysis may be applicable to syndrome testimony. The first guide he refers to as "the applicable professional standards test" citing the decision in *Gammill*, which in turn quotes from *Watkins v. Telmith, Inc.* (66): "The court should assure that the opinion comports with applicable professional standards outside the courtroom and that it 'will have a reliable basis in the knowledge and experience of [the] discipline'" (57; pp. 725-726). Proffering PAS testimony under the "applicable professional standards test" might involve introducing the wide body of clinical literature regarding alienated children, and the similar observations noted in the various clinical reports.

The second guide is "the analytical gap test," drawing on the *Joiner* decision: "(N)othing in either *Daubert* or the *Federal Rules of Evidence* requires a district court to admit opinion evidence which is connected to existing data only by the *ipse dixit* of the expert. A court may conclude that there is simply too great an analytical gap between the data and the opinion proffered" (54; p. 146). Zervopoulos explains how the "analytical gap test" might apply to syndrome testimony: "If elements of the proposed syndrome can be supported by research, those elements should pass muster under a *Daubert/Robinson/Gammill* analysis" (65). A similar approach is suggested by Shuman and Sales, "*Kuhmo Tire* and *Daubert* probably will raise the level of scrutiny given to the proffers of clinical information to determine if there is science that could have been used by the clinician" (61; p. 10).

Applying this type of analysis to PAS, one could bridge the "analytic gap" with the literature on stereotype induction and on children's suggestibility (49). An element of PAS is the persuasive influence of the alienating parent which results in a child forming an unwarranted negative opinion of the other parent. This element is supported by the literature on stereotype induction which demonstrates how children can be manipulated to form negative stereotypes and will subsequently confabulate stories about bad things the target person has done (49). Gould makes a similar point: "If parent-child verbal exchanges in alienating families can be construed as a form of suggestive interviewing, then the evaluator may attempt to identify how the parent has used specific suggestive interview techniques to alter the child's perception of his or her father or mother" (67; p. 173).

PAS AND PEER REVIEW

One of the *Daubert* factors, and a key means of satisfying *Frye's* general acceptance test, is whether the science has been subjected to peer review. The meaning and legal significance of peer review of clinical publications is debatable (61). But, it would seem fairly straightforward to determine whether or not PAS passes this criterion. Not so. Some critics imply that PAS has not passed standards of peer review because Gardner's books on parental alienation are published by his own press (5, 6, 8). These critics also discount the peer-review status of some of Gardner's published articles on the subject and imply that none of his work on PAS has passed peer review. These same critics omit from their analyses the many peer-reviewed publications on PAS by authors other than Gardner. An examination of the entire literature on PAS fails to support the contention that PAS has not passed peer review, and in fact strongly supports the opposite conclusion.

Although Gardner's books are not peer-reviewed, neither are most books. He has had eleven articles on PAS pass the peer-review process in social science publications (10, 36, 68-76), two articles in legal journals (77, 78), and one invited chapter in a prestigious psychiatric reference volume whose board of editors includes many of the world's leading experts in child psychiatry (79). Critics have tried to discount Gardner's publications in *The Academy Forum*, arguing mistakenly that it does not rely on peer review (6, 8); the status of his other peer-reviewed publications has not been disputed.

In addition to Gardner's work on PAS, there are currently 94 publications that focus significantly or exclusively on PAS and alienated children (14). Though some may question the value of peer review, or of the *Frye* test, as an index of the admissibility of syndrome research, there are no reasonable grounds for maintaining that PAS has not passed peer review

DOES THE PAS CONCEPT UNFAIRLY BLAME ONE PARENT FOR FAMILY DYSFUNCTION?

According to Gardner's formulation, alienated parents are innocent of any behavior that justifies their children's total alienation from them. If a parent's behavior does warrant the children's alienation, this is not a case of PAS.

When a child suffers from PAS, Gardner holds the alienating parent and the child primarily responsible. Similarly, although Kelly has clearly revised her thinking on this topic, her earlier work emphasized the contributions of the aligned parent, "The most extreme identification with the parent's cause we have called an 'alignment'- a divorce-specific relationship that occurs when a parent and one or more children join in a vigorous attack on the other parent. It is the embattled parent, often the one who opposes the divorce in the first place, who initiates and fuels the alignment" (12; p. 77).

Some critics argue that Gardner's position on the etiology of PAS is incomplete, simplistic, and perhaps erroneous (6-8, 23, 25, 31). Such critics believe that the concept of PAS overemphasizes the pathological contributions of the alienating parent while overlooking other possible causes of the child's denigration and rejection of a parent. In some cases, when the author faults Gardner for not recognizing that genuine abuse, neglect, or violent behavior can cause behavior identified as PAS, the criticism clearly reflects an inadequate understanding of Gardner's formulation (6-9). Gardner recognizes that poor parental behavior can cause a child's alienation; but he reserves the label PAS for the type of alienation that is not warranted by the parent's behavior and which results from the combination of the alienating parent's influence and the child's own contributions.

As discussed earlier, other clinicians believe that Gardner's formulation overlooks the importance of family dysfunction in which neither parent can be said to be psychologically healthier than the other. Lund captures this opinion: "The PAS cases that end up in therapists' offices after a court hearing usually do not have one parent who is much more psychologically healthy than the other. From a 'Family Systems' perspective, the blame for PAS lies less with psychopathology of one parent than it does with the usually very high conflict between both

parents and both parents' psychopathology" (30; p. 309). Other authors concur, "Usually, PAS is not just the work of the alienating parent.. ..It is a family dynamic in which all of the family members play a role, have their own motives, and have their own reasons for resisting the efforts of others at correction" (31).

Johnston and Roseby believe that a particular type of family dynamic is responsible for certain severe alienation cases: "Rather than seeing this syndrome as being induced in the child by an alienating parent, as Gardner does, we propose that these 'unholy alliances' are a later manifestation of the failed separation-individuation process [the process by which a child develops psychological independence from the parents] in especially vulnerable children who have been exposed to disturbed family relationships during their early years" (23; p. 202). These authors regard the child's vulnerability to the alienating parent as the most important aspect of some of these cases, rather than "conscious, pernicious brainwashing" by an angry parent.

In contrast, mental health professionals working with families involved in custody litigation often report clear evidence that the alienating parent is deliberately and knowingly manipulating the child (1, 2, 28, 29). Even when the manipulation is subtle, or outside the immediate awareness of the parent doing the manipulating, because of the power imbalance between parent and child. Clawar and Rivlin view the process as driven by the alienating parent (29). Kopetski's research supports this and she regards PAS as parental exploitation of the child (39, 40). Although Kelly and Johnston do not regard the behavior of the favored parent as necessary to create the child's irrational alienation, when such behavior is present, they too regard it as emotional abuse of the child regardless of whether the alienator consciously intends to negatively influence the child (25).

Garbarino and Scott also regard PAS as a form of psychological mistreatment of children and believe that all mistreatment of children is more likely to occur in families where the atmosphere is one of stress, tension, and aggression (80). Nicholas surveyed custody evaluators "and found significant correlations between symptoms of alienation and behaviors on the part of the alienating parent, but few links between the child's alienation and the target parent's behavior. This lends support to the position that the core problem in PAS is between the alienating parent and the child. This study, however, was merely exploratory and has a number of methodological limitations including a small sample of 21 completed surveys (81). Other studies report that target parents tend to be less disturbed than alienating parents, but these studies all relied on populations in which false accusations of sex abuse were present; these results may not generalize to the majority of PAS cases which do not include such allegations (82-85).

A central issue in assigning responsibility for a child's unwarranted alienation is whether, absent the support of the favored parent, the child would have become alienated. If, for example, the flaws of the rejected parent would not normally result in the child's total estrangement, then it may be more accurate to describe these flaws as having played a role in the child's ambivalence rather than having caused the alienation (35). If PAS symptoms arise only after the favored parent begins to manipulate his children's affections, and the rejected parent has not altered her treatment of the children in any significant way, this increases the likelihood that the manipulations have played a key role in the alienation; other explanations, though, are possible, such as the child exhibiting a maladaptive reaction to the divorce.

Several authors have identified how other parties, such as relatives and professionals, contribute to the alienation (2, 3, 22, 25-32). These authors have drawn attention to the damage caused by psychotherapists and custody evaluators whose intervention and recommendations reflect an inadequate understanding of PAS. Such professionals may accept as valid the children's criticisms of the target parent, and thus the professional may perpetuate and foster PAS.

Different opinions about PAS etiology lead to different treatment recommendations. Some support the idea of conducting psychotherapy while allowing children to live with an alienating parent to whom they are pathologically tied (22). Others recommend placing the child with the parent who has the best potential for fostering the child's healthy psychological development (3, 33, 39, 40).

Future research should help clarify which explanation gives a better account of the genesis of unreasonable parental alienation: an emphasis on the aligned parent's behavior, or an approach which considers multiple interrelated factors without assigning priority to the behavior of any one person in the system. As our understanding of these phenomena expands, we will probably find that no one explanation can best account for every case; in some cases the contributions of the aligned parent will be paramount, while in other cases a sufficient understanding of the disturbance will require an analysis of the complex interplay of the behavior of the child, the alienated parent, and the aligned parent, along with the contributions of other people (such, a new partners, other family members, and therapists) and circumstances.

SHOULD CHILDREN BE FORCED TO SPEND TIME WITH THE TARGET PARENT?

By far the most controversial issue in the PAS literature is the recommendation of enforced access between children and their alienated parents and reduction of access between the children and the parent promulgating the alienation.

In the majority of cases of moderate PAS, Gardner recommends that the court award primary custody to the alienating parent, appoint a therapist for the family, and enforce the child's contact with the target parent through the threat and imposition (if necessary) of sanctions applied to the alienating parent (33). Such sanctions are similar to those the court would use against a parent who is in contempt for failure to pay court-ordered alimony or child support. The sanctions include a continuum from requiring the posting of a bond, fines, community service, probation, house arrest, to short-term incarceration. Some states grant courts the power to suspend a contemnor's driver's license or order public service duty. Turkat notes that the absence of such sanctions has allowed parents to interfere with visitation and flaunt court orders with impunity (86).

The goals of therapy with children suffering from moderate PAS are to foster healthy contact with the target parent and to assist children in developing and maintaining differentiated views of their parents as opposed to polarized views of one parent as all good and the other as all bad. One way to get children involved with the rejected parent is to take the decision about contact out of the children's hands, reminding them of the possible sanctions against the preferred parent for resisting court-ordered contact, and thereby giving them an excuse to spend time with the target. The therapist also tries to help the children appreciate that their animosity has been influenced by programming which has undermined their ability to reach conclusions on the basis of their own direct experiences with the target. Some authors compare this aspect of treatment with the "deprogramming" that is used with cult victims to help counteract the effects of indoctrination (29, 33).

In some cases of moderate PAS, when the parent is more intensively programming the children and there is a high risk of the alienation becoming more severe, Gardner recommends a different legal approach. In such cases he recommends that courts consider awarding primary custody to the alienated parent and extremely restricted contact between the alienating parent and child, in order to prevent further indoctrination. Similarly, in the most severe cases of PAS (which, in Gardner's experience, comprise about 5-10 percent of all PAS cases), Gardner recommends that the court remove the children from the home of the alienating parent.

Because children with severe PAS will not generally comply with court orders, and the programming parent cannot be relied upon to facilitate contact with the target parent, and because courts are reluctant to place children with a parent they appear frightened of, Gardner recommends temporary placement of the children in a transitional site before reintegrating the children in the home of the target parent. Possible transitional sites range from least restrictive to most restrictive, depending on the amount of control necessary to ensure the children's cooperation and the alienating parent's compliance with court orders. Such sites include the home of a relative or friend, a foster home, a community shelter, or a hospital. Gardner makes a good case for the transitional program, but he has had little direct experience with it, mainly due to courts' general hesitance to implement it (3). Rand, however, describes some success with it (2).

In addition to serving as transitional sites, the threat of temporary placement in a foster home, community shelter, or juvenile detention center may induce children to cooperate with court-ordered visitation. With older children (ages 11-16) who refuse visits with the alienated parent, Gardner suggests the possibility of finding the child in contempt of court (4). This recommendation has met with the most opposition.

One author who objects to enforced visitation argued that a contempt finding for a child who refuses visitation is strictly punitive in nature and counterproductive (87). The concern is that such actions will reinforce the child's hatred of the alienated parent. Instead, this author recommends that the court examine why a child resists contact with a parent and rely on family counseling and supervised visitation as a first step in repairing the child's relationship with the alienated parent: "Instead of punishing them for their feelings, we need to work with them to help them understand the value of a relationship with their parent" (87; p. 95). Gardner, on the other hand, warns against unnecessary indulging of children's visitation refusal (3). He believes that the best way to reverse alienation is to provide a child with direct experiences which can counteract negative programming and correct the child's distorted perceptions of the target parent.

One problem with supervised visitation is the message it can send to a child: It can suggest that the child's fears of the target parent are rational and that the court agrees that the child needs some sort of protection from the alienated parent. Thus, rather than increase the child's security around that parent, it may reinforce the child's uneasiness. The AC model makes a similar point (25).

The importance of separating the child from the alienating parent, and ensuring the child's exposure to the target parent, is consistent with treatment methods for victims of brainwashing, including prisoners of war and members of cults. Clawar and Rivlin report on the similarities between the methods used by cult leaders to control their followers and the manipulations of alienating parents (29). Brainwashing scholars have identified the victim's dependence on the programmer and isolation from the target as critical conditions for successful indoctrination. These conditions must be removed for effective deprogramming to take place.

The results of the ABA-sponsored study support a firmer approach to enforcing parent-child contact. The study reported, "One of the most powerful tools the courts have is the threat and implementation of environmental modification. Of the approximately four hundred cases we have seen where the courts have increased the contact with the target parent (and in half of these, over the objection of the children), there has been positive change in 90 percent of the relationships between the child and the target parent, including the elimination or reduction of many social-psychological, educational, and physical problems that the child presented prior to the modification" (29; p. 150).

Gardner's recent follow-up study of 99 children diagnosed with PAS found a strong association between environmental modification and reduction in PAS symptoms (76). In 22 instances, the alienated child's contact with the rejected parent was increased and contact with the alienating parent was decreased. In all 22 cases, PAS symptoms were reduced or eliminated. By contrast, only 9% of the children (7 out of 77) whose contact with the rejected parent was not increased by the court, showed a reduction in PAS symptoms. This study also provides a beginning understanding of the factors that lead alienated children to initiate their own reconciliation with the rejected parent. Further study along these lines may assist decision-makers in determining which children might not require environmental modification in order to recover from PAS. The large sample and the statistical test of significance allowed by this size sample make this an important study. Nevertheless, its limitations must be noted, chiefly that the children were not interviewed, the only informant for the follow-up was the rejected parent, and the interviews were conducted by a clinician who had formulated the hypothesis being tested.

Other treatment approaches to severe PAS have been reported in the clinical literature, but in general such approaches have met with failure. Dunne and Hedrick published a clinical study of 16 severe PAS cases (41). The court ordered a custody change and/or strict limitation of contact

between the alienating parent and the children in only three of these cases. In all three cases PAS was eliminated. The other 13 cases were treated with various, less restrictive interventions, ranging from individual or conjoint therapy for the parents, therapy for the children with either the alienating parent or target parent, or the assignment of a Guardian Ad Litem. In none of these cases was the PAS eliminated. Two cases showed “some” or “minimal” improvement, nine showed no improvement, and two were worse after the interventions.

This study has significant limitations. The sample size is small. Details are not provided about the methods used to analyze clinical case material. As is typical in clinical research with small samples, no statistical analyses were conducted to document that the findings were not due to chance. Nevertheless, the 100% correspondence between elimination of severe PAS and transfer of custody does provide some evidence in support of this intervention.

Lampel analyzed clinical case studies on 18 families, out of which seven children were described as rejecting a father who had no objectively noted parental dysfunction (48). Such children could be classified as moderately to severely alienated. The therapists conceptualized the children’s rejection of the father as a phobia with hysterical features and tried two different approaches commonly used to treat phobias.

The first approach, used with six children, included individual therapy sessions with the child followed by gradually increasing times with the father both in and out of the therapist’s office. Sessions were also held for the mother, both individually and jointly with the child, for the father, and for both parents and child jointly. This approach is similar to Gardner’s recommended treatment for moderate PAS cases.

The second approach, used with one child, is similar to Gardner’s recommendation for severe PAS. The child was placed with the father for six to eight weeks while the therapist provided individual therapy sessions for the child and parents, and joint sessions with the child and father. This child was the only one of the seven children whose symptoms reduced markedly. The children whose treatment did not include placement with the rejected father experienced results varying from minor improvement to deterioration. In three cases the treatment was regarded as a clear failure. Lampel attributed the failures to the mothers’ “collusive involvement” with their children. Again, although this is a very small sample, the results support the effectiveness of placing the child with the alienated parent.

Naturally, treatment approaches to PAS will benefit from more and higher quality research. Given the limitations in the available studies, some might dismiss the current professional literature as too inadequate to serve as an authoritative guide to decisions for alienated children. But no study is free of limitations. The issue is whether the limitations render the study useless. The peer review process, though no guarantee of a study’s lasting value, is designed to weed out studies whose flaws outweigh their contributions.

Courts and clinicians face decisions about alienated children on a daily basis. These decisions can draw on the best available information, while duly noting its limitations, and thereby benefit from the experience of the families reflected in the published reports. Or the decisions can ignore this information. At this point in time, all the published findings on treatment outcomes support the effectiveness of enforcing contact between the child and alienated parent and no findings oppose this policy. When all available studies point to the same conclusion, it makes sense to pay attention to that conclusion, while allowing for the possibility that the circumstances of any single case may dictate an alternative treatment approach. Indeed, an emerging consensus among mental health professionals supports the idea that “court orders for continued contact are the cornerstone for treatment” of PAS cases (30; p. 309). Similarly, Stahl refers to “general agreement” that recommendations should include “forced consistent time between the child and the alienated parent” (88; p. 6).

But no consensus has been reached on the proposal for courts to consider a transfer of custody (as opposed to enforced contact) in severe PAS cases. Some have expressed the concern that alienated children are ill-equipped to cope with the change in custody, and that they could be

seriously harmed (23). Although this possibility must be entertained, if this were a likely outcome, one would expect to see reports in the professional literature; to date there is no published documentation of such harm. Some allegations that harm has resulted from custody transfer may actually be misrepresentations promulgated by embittered litigants. Nevertheless, some clinicians advise parents of severely alienated children to accept the loss of their children while maintaining hope for future reconciliation (88).

Based on their ABA-sponsored study, Clawar and Rivlin conclude, "Caution must be exercised in judging that the point of no return has been reached. We have seen numerous cases where children have been successfully deprogrammed by making radical changes in their living arrangements—often with appropriate legal interventions" (29; p. 144). As they explain it, "There are risks incumbent in any process; however, *a decision has to be made as to what is the greater risk*. It is usually more damaging socially, psychologically, educationally, and/or physically for children to maintain beliefs, values, thoughts, and behaviors that disconnect them from one of their parents (or from telling the truth, as in a criminal case) compared to getting rid of the distortions or false statements" [emphasis in the original] (29; p. 141).

Large scale, objectively measured, long-term outcome studies on the effectiveness of different interventions with PAS have not yet been conducted. Until such scientific evidence is available, controversy will probably continue concerning the proper treatment of children and parents when PAS is present. And until more courts implement the proposed treatment recommendations, it is not likely that investigators will have large enough samples to conduct large-scale outcome studies.

CONCLUSION

The concept of parental alienation syndrome has received much attention in the professional literature, including articles appearing in peer-review journals which elaborate on Gardner's original formulations. Mental health professionals and courts agree that children can suffer estrangement from a parent following divorce that is not warranted by the history of the parent-child relationship. This observation can be useful to courts dealing with a child's visitation refusal or determining how much weight to assign a child's stated preferences regarding custody. Although empirical research is at an early stage, the available published studies support the importance of enforcing contact between a child and an alienated parent, when the child's alienation is not justified by that parent's behavior.

Controversy exists, however, in conceptualizing the problem of alienated children and in using the term PAS. Those favoring the term believe it assists in understanding and treating a well-recognized phenomenon. Those opposing the term believe that it lacks an adequate scientific foundation to be considered a syndrome and that courts should not admit testimony on PAS. Critics argue that PAS is either an unnecessary or potentially damaging label for normal divorce-related behavior, that it oversimplifies the etiology of the symptoms it subsumes, and that it may result in custody decisions which fail to promote children's welfare.

Given the volume of published references to PAS, we can expect that it will continue to be raised in custody and access litigation. Future empirical research should help resolve some of the current controversies by providing data on the reliability and validity of PAS, the effectiveness of various interventions, and the long-term course of parental alienation.

Topics for study include: 1) the ability of clinicians to reach agreement on the presence or absence of each PAS symptom and the presence or absence of PAS; 2) the factors that enable children to resist or to recover from alienation; 3) the psychological attributes of favored and rejected parents; 4) prospective studies of children who have been exposed to systematic attempts to undermine their relationship with a parent; 5) the link between unwarranted alienation and the personality and behavior of the rejected parent; 6) the incidence of unwarranted alienation in the absence of documented attempts by the favored parent to alienate; 7) comparisons of different treatment methods using adequate scientific controls, such as

samples initially matched on relevant variables, raters who are kept unaware of which treatment the children received, and statistical analyses of results.

The results of such studies will yield information that should help refine and enhance our understanding of how best to help families with alienated children.

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ABOUT THE AUTHOR

Richard A. Warshak, Ph.D. is a clinical and research psychologist in private practice in Dallas, Texas and consults to attorneys, mental health professionals, and families. He is a Clinical Professor of Psychology at the University of Texas Southwestern Medical Center, and is author of *The Custody Revolution* (Simon and Schuster, 1992), the WICAA-2 parent questionnaire, and over thirty articles on divorce and custody. His most recent publications deal with relocation, parental alienation syndrome, and overnight contact between parents and young children. His forthcoming book is *Divorce Poison: Protecting the Parent-Child Bond From a Vindictive Ex* (Regan Books, 2001). Email: rawars@att.net ; Web: www.warshak.com

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