



Parental Alienation Syndrome vs. Parental Alienation: Which Diagnosis Should Evaluators Use in Child-Custody Disputes?

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Children who have been programmed by one parent to be alienated from the other parent are commonly seen in the context of child-custody disputes. Such programming is designed to strengthen the position of the programming parent in a court of law. Many evaluators use the term parental alienation syndrome (PAS) to refer to the disorder engendered in such children. In contrast, there are evaluators who recognize the disorder, but prefer to use the term parental alienation (PA). The purpose of this article is to elucidate the sources of this controversy and to delineate the advantages and disadvantages of using either term in the context of child-custody disputes, especially in evaluators' reports and testimony in courts of law. The author concludes that families are best served when the more specific term parental alienation syndrome is used rather than the more general term parental alienation.

Since the 1970s, we have witnessed a burgeoning of child-custody disputes unparalleled in history. This increase has primarily been the result of two recent developments in the realm of child-custody litigation, namely, the replacement of the tender-years presumption with the best-interests-of-the-child presumption and the increasing popularity of the joint-custodial concept. Under the tender-years presumption, the assumption was made that mothers, by virtue of the fact that they are female, are intrinsically superior to men as child rearers. Accordingly, the father had to provide compelling evidence of serious maternal deficiencies before the court would even consider assigning primary custodial status to the father. Under its replacement,

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the best-interests-of-the-child presumption, courts were instructed to ignore gender in custodial considerations and focus on parenting capacity, especially factors that related to the best interests of the child. This change resulted in a burgeoning of custody litigation as fathers now found themselves with a greater opportunity to gain primary custodial status. Soon thereafter the joint-custodial concept came into vogue, reducing even further the time that custodial mothers were given with their children. This change also brought about an increase and intensification of child-custody litigation (Gardner, 1982, 1985, 1986, 1987a, 1987b, 1989). In association with the expansion of child-custody litigation, we have witnessed a significant increase in situations in which one parent has programmed a child to become alienated from the other, often with the hope that this will enhance that parent's position in the course of the litigation. Other factors may certainly be operative in motivating the programming process, but the goal of strengthening one's position in the custody litigation is the primary one. The term to be used for this new development is the focus of this article.

DEFINITION OF TERMS

Programming and Brainwashing

I use the word *programming* to be roughly synonymous with what is colloquially referred to as "brainwashing." I use the dictionary definition: "To cause to absorb or incorporate automatic responses or attitudes." In recent years the term is commonly used in association with computers, wherein programming refers to writing a set of instructions (software) to direct the operation of the physical devices that make up the computer (hardware). When applied to humans, there is the implication that the responses and attitudes become embedded in the brain circuitry and can then be retrieved in accordance with the will of the programmer. There is also the implication that the retrieved material will be verbalized and acted out in an automatic manner that circumvents the individual's own earlier desires, beliefs, and judgments. Accordingly, programmed verbalizations are often rote and have a litany-like quality. Cult indoctrinations are a well-known example. When used in this article, programming refers to the implantation of information that may be directly at variance with what the child has previously believed about and experienced with the alienated parent.

Parental Alienation

Parental Alienation (PA) refers to the wide variety of symptoms that may result from or be associated with a child's alienation from a parent. Children may become alienated from a parent because of physical abuse, with or without sexual abuse. Children's alienation may be the result of parental

emotional abuse, which may be overt in the form of verbal abuse or more covert in the form of neglect. (As will be described below, PAS, as a form of emotional abuse, is also a type of parental alienation.) Children may become alienated as the result of parental abandonment. Ongoing parental acrimony, especially when associated with physical violence, may cause children to become alienated. Children may become alienated because of behavior exhibited by a parent that would be alienating to most people, for example, narcissism, alcoholism, and antisocial behavior. Impaired parenting can also bring about children's alienation. A child may be angry at the parent who initiated the divorce, believing that that parent is solely to blame for the separation. It is not uncommon for divorcing parents to be critical of one another in front of the children and even demean one another in front of the children. The children may believe these denunciations and become somewhat alienated from a parent. Elsewhere, I have described this phenomenon (Gardner, 1971, 1991). These denunciations may serve as the foundation for a PAS if the parent is prepared to escalate the denigrations to the point of complete exclusion. These and many other parental behaviors can produce children's alienation, but none of them can justifiably be considered PAS.

The Parental Alienation Syndrome

In association with this burgeoning of child-custody litigation, we have witnessed a dramatic increase in the frequency of a disorder rarely seen previously, a disorder that I refer to as the *parental alienation syndrome* (PAS). In this disorder we see not only programming ("brainwashing") of the child by one parent to denigrate the other parent, but self-created contributions by the child in support of the alienating parent's campaign of denigration against the alienated parent. Because of the child's contribution I did not consider the terms *brainwashing*, *programming*, or other equivalent words to be sufficient. Furthermore, I observed a cluster of symptoms that typically appear together, a cluster that warranted the designation *syndrome*. Accordingly, I introduced the term *parental alienation syndrome* to encompass the *combination* of these two contributing factors that contributed to the development of the syndrome (Gardner, 1985). In accordance with this use of the term I suggest this definition of the parental alienation syndrome:

The parental alienation syndrome (PAS) is a childhood disorder that arises almost exclusively in the context of child-custody disputes. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. It results from the combination of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the target parent. When true parental abuse and/or neglect is present, the child's animosity may be justified and so the parental alienation syndrome explanation for the child's hostility is not applicable.

In the PAS, the alienating parent programs into the child's brain circuitry ideas and attitudes that are directly at variance with the child's previous experiences. In addition, PAS children frequently add their own scenarios to the campaign of denigration, from the recognition that their complementary contributions are desired by the programmer. The child's contributions are welcomed and reinforced by the programmer, resulting in even further contributions by the child. The result is an upwardly spiraling campaign of denigration. Schuman (1986) refers to this aspect of the phenomenon as a "positive feedback loop." In mild cases the child is taught to disrespect, disagree with, and even act out antagonistically against the targeted parent. As the disorder progresses from mild to moderate to severe, this antagonism becomes converted and expanded into a campaign of denigration. The PAS diagnosis is based on the symptoms of the child, but the problem is clearly a family problem in that in each case there is one parent who is a programmer, another parent who is the alienated parent, and one or more children who exhibit the symptomatology. PAS children respond to the programming in such a way that it appears that they have become completely amnesic for any and all positive and loving experiences they may have had previously with the targeted parent.

The term *PAS* is applicable *only* when the target parent has *not* exhibited anything close to the degree of alienating behavior that might warrant the campaign of vilification exhibited by the children. Rather, in typical cases the victimized parent would be considered by most examiners to have provided normal, loving parenting or, at worst, exhibited minimal impairments in parental capacity. It is the *exaggeration* of minor weaknesses and deficiencies that is the hallmark of the PAS. When bona fide abuse does exist, then the child's responding alienation is warranted and the PAS diagnosis is *not* applicable. The term *parental alienation* would be applicable in such cases and justifiably so. However, without specifying the particular cause of the alienation the term is not particularly informative.

Is the PAS a True Syndrome?

Some who prefer to use the term *parental alienation* (PA) claim that the PAS is not really a syndrome. This position is especially seen in courts of law in the context of child-custody disputes. A syndrome, by medical definition, is a cluster of symptoms, occurring together, that characterize a specific disease. The symptoms, although seemingly disparate, warrant being grouped together because of a common etiology or basic underlying cause. Furthermore, there is a consistency with regard to such a cluster in that most (if not all) of the symptoms appear together. The term *syndrome* is more specific than the related term *disease*. A disease is usually a more general term because there can be many causes of a particular disease. For example, pneumonia is a disease, but there are many types of pneumonia—for example, pneumococcal pneumonia and bronchopneumonia—each of which has more

specific symptoms, and each of which could reasonably be considered a syndrome (although common usage may not utilize the term).

The syndrome has a purity because most (if not all) of the symptoms in the cluster predictably manifest themselves together as a group. Often, the symptoms appear to be unrelated, but they actually are because they usually have a common etiology. An example would be Down's Syndrome, which includes a host of seemingly disparate symptoms that do not appear to have a common link. These include mental retardation, mongoloid facies, drooping lips, slanting eyes, short fifth finger, and atypical creases in the palms of the hands. Down's Syndrome patients often look very much alike and most typically exhibit all these symptoms. The common etiology of these disparate symptoms relates to a specific chromosomal abnormality. It is this genetic factor that is responsible for linking together these seemingly disparate symptoms. There is then a primary, basic cause of Down's Syndrome: a genetic abnormality.

Similarly, the PAS is characterized by a cluster of symptoms that usually appear together in the child, especially in the moderate and severe types. These include:

1. A campaign of denigration
2. Weak, absurd, or frivolous rationalizations for the deprecation
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

Typically, children who suffer with PAS will exhibit most (if not all) of these symptoms. However, in the mild cases one might not see all eight symptoms. When mild cases progress to moderate or severe, it is highly likely that most (if not all) of the symptoms will be present. This consistency results in PAS children resembling one another. It is because of these considerations that the PAS is a relatively "pure" diagnosis that can easily be made. Because of this purity, the PAS lends itself well to research studies because the population to be studied can usually be easily identified. Furthermore, I am confident that this purity will be verified by future interrater reliability studies. In contrast, children subsumed under the rubric PA are not likely to lend themselves well to research studies because of the wide variety of disorders to which it can refer, for example, physical abuse, sexual abuse, neglect, and defective parenting. As is true of other syndromes, there is in the PAS a specific underlying cause: programming by an alienating parent in conjunction with additional contributions by the programmed child. It is for

these reasons that PAS is indeed a syndrome, and it is a syndrome by the best medical definition of the term.

In contrast, PA is not a syndrome, has no specific underlying cause, and the proponents of the term do not claim it is. Actually, PA can be viewed as a group of syndromes, which share in common the phenomenon of the child's alienation from a parent. To refer to PA as a group of syndromes would, by necessity, lead to the conclusion that the PAS is one of the syndromes subsumed under the PA rubric and would thereby weaken the argument of those who claim that PAS is not a syndrome.

The Parental Alienation Syndrome is *Not* the Equivalent of Programming or Brainwashing

There are many who use the term PAS as synonymous with parental brainwashing or programming. No reference is made to the child's own contributions to the victimization of the targeted parent. Those who do this have missed an extremely important point regarding the etiology, manifestations, and even the treatment of the PAS. The term *PAS* refers *only* to the situation in which the parental programming is *combined with* the child's own scenarios of disparagement of the vilified parent. Were we to be dealing here simply with parental indoctrinations, I would have simply retained and utilized the terms *brainwashing* and/or *programming*. Because the campaign of denigration involves the aforementioned *combination*, and because the cluster of symptoms so produced had a consistency, I decided a new term was warranted, a term that would encompass all these factors. Furthermore, it was the child's contributions that led me to my understanding of the etiology and pathogenesis of this disorder. Clarification of the child's contributions is of importance not only in the proper diagnosis of the disorder (Gardner, 1998) but in its treatment as well (Gardner, 2001a, 2001b).

The Parental Alienation Syndrome is *Not* the Equivalent of Parental Alienation

There are some who use the terms *parental alienation syndrome* and *parental alienation* interchangeably. This is an error. Parental alienation is a *more general* term, whereas the parental alienation syndrome is a *very specific* subtype of parental alienation, namely, the kind of alienation that results from a combination of parental programming and the child's own contributions that is seen almost exclusively in the context of child-custody disputes. To equate the *parental alienation syndrome* with *parental alienation* cannot but produce confusion in that the former is a subtype of the latter. This distinction is particularly important when one is considering therapeutic and legal remedies. One must first define specifically the patient's particular type of disorder before one can properly consider the various treatment options. This distinction will be referred to repeatedly in the course of this article.

Failure to make the differentiation between parental alienation and parental alienation syndrome is likely to result in improper therapeutic and legal courses of action.

The Parental Alienation Syndrome Is a Form of Child Abuse

A parent who inculcates a PAS in a child is indeed perpetrating a form of child abuse. Specifically, it is a form of *emotional abuse* in that such programming may not only produce a child's lifelong alienation from a loving parent, but lifelong psychiatric disturbance in the child as well. A parent who systematically programs a child into a state of ongoing denigration and rejection of a loving and devoted parent is exhibiting complete disregard for the alienated parent's role in the child's upbringing. The alienating parent causes an attenuation and even total destruction of a psychological bond that could, in the vast majority of cases, prove of great value to the child—the separated and divorced status of the parents notwithstanding. Such alienating parents exhibit a serious parenting deficit, a deficit that should be given serious consideration by courts when deciding primary custodial status.

Physical and/or sexual abuse of a child would quickly be viewed by the court as a reason for assigning primary custody to the nonabusing parent. Emotional abuse is much more difficult to assess objectively, especially because many forms of emotional abuse are subtle and difficult to verify in a court of law. The PAS, however, is most often readily identified, and courts would do well to consider its presence a manifestation of emotional abuse by the programming parent.

Accordingly, courts do well to consider the PAS programming parent to be exhibiting a serious parental deficit when weighing the pros and cons of custodial transfer. I am not suggesting that a PAS-inducing parent should automatically be deprived of primary custody, only that such induction should be considered a form of emotional abuse and be given serious consideration when deliberating the custody decision. Elsewhere (Gardner, 1998, 2001a), I provide specific guidelines regarding the situations when such transfer is not only desirable, but even crucial, if PAS children are to be protected from lifelong alienation from the targeted parent.

Misuse of the PAS Diagnosis

Programming parents who are accused of inducing a PAS in their children will often claim that the children's campaign of denigration is warranted because of bona fide abuse and/or neglect perpetrated by the denigrated parent. Such indoctrinating parents may claim that the counteraccusation by the target parent of PAS induction by the programming parent is merely a "cover-up," a diversionary maneuver, and indicates attempts by the vilified parent to throw a smoke screen over the abuses and/or neglect that have justified the children's acrimony. Programmers in this category will com-

monly say, "He brought it on himself" and "She's only getting what she deserves." In contrast, there are some genuinely abusing and/or neglectful parents who will indeed deny their abuses and rationalize the children's animosity as having been programmed by the other parent. Such a denying parent may proclaim, "Doctor, she's (he's) a typical PAS programmer, right out of the book." When such cross-accusations occur—namely, bona fide abuse and/or neglect versus a true PAS—it behooves the evaluator to conduct a detailed inquiry in order to ascertain the category in which the children's accusations lie, that is, true PAS *or* true abuse and/or neglect. In some situations, this differentiation may not be easy, especially when there actually has been some abuse and/or neglect and the PAS has been superimposed upon it, resulting thereby in much more deprecation than would be justified in such a situation. It is for this reason that detailed inquiry is crucial if one is to make a proper diagnosis.

A common problem is the one in which examiners, after a relatively superficial interview, often without all concerned parties, come to a premature conclusion regarding whether or not bona fide abuse has taken place. Joint interviews, with all parties in all possible combinations, will generally help examiners ascertain whether PAS and/or bona fide abuse is operative and to what degree. It is in the joint interview, when one has the opportunity for face-to-face interchanges and confrontations, that the evaluator is in the best position to "smoke out the truth." Examiners who choose not to avail themselves of this important evaluative technique are depriving themselves unnecessarily of a valuable technique for more accurate data collection. Elsewhere (Gardner, 1998, 1999) are detailed the criteria I find useful for differentiating between the PAS and bona fide abuse/neglect.

There are those who claim that the PAS formulation has given genuinely abusing parents a weapon to use against their accusers. The implication of the criticism is that the PAS contribution is somehow responsible for such misuse of it by abusers. PAS exists, as does child abuse. There will always be those who will twist a contribution for their own purposes. This is indeed unfortunate. It is not justifiable, however, to criticize the PAS formulation *per se*. Criticisms should be directed at those abusers who misuse the contribution and those evaluators who do not properly assess their patients. It is unfortunate that there are many evaluators who claim to be knowledgeable about the PAS, but are clearly not. Whenever something becomes an invogue diagnosis, there will always be those who misinterpret it and misuse it. There will always be those who will be quick to use the new diagnosis in order to create the impression that they are in touch with the latest developments. The Attention Deficit/Hyperactivity Disorder (ADHD) is a good example of this phenomenon. I am certain that only a small percentage of the children so diagnosed warrant this diagnosis. Elsewhere, I have discussed this phenomenon (Gardner, 1987c). And there will always be those who will misrepresent a contribution for their own purposes, especially in a court of

law. This does not justify criticizing the PAS per se or those who properly utilize the contribution.

THE PAS AND DSM-IV

There are some, especially adversaries in child-custody disputes, who claim that there is no such entity as the PAS. This position is especially likely to be taken by legal and mental health professionals who are supporting the position of someone who is clearly a PAS programmer. The main argument given to justify this position is that the PAS does not appear in DSM-IV. To say that PAS does not exist because it is not listed in DSM-IV is like saying in 1980 that AIDS (Autoimmune Deficiency Syndrome) does not exist because it was not then listed in standard diagnostic medical textbooks. DSM-IV was published in 1994. From 1991 to 1993, when DSM committees were meeting to consider the inclusion of additional disorders, there were too few articles in the literature to warrant submission of the PAS for consideration. That is no longer the case. It is my understanding that committees will begin to meet for the next edition of the DSM (probably to be called DSM-V) in 2002 or 2003. Considering the fact that there are now at least 110 articles in peer-review journals on the PAS, it is highly likely that by that time there will be even more articles. (The list of peer-reviewed PAS articles is to be found on my website, www.rgardner.com/refs, a list that is continually being updated.)

It is important to note that DSM-IV does not frivolously accept every new proposal. Their requirements are very stringent with regard to the inclusion of newly described clinical entities. The committees require many years of research and numerous publications in peer-review scientific journals before considering the inclusion of a disorder, and justifiably so. Gille de La Tourette first described his syndrome in 1885. It was not until 1980, 95 years later, that the disorder found its way into the DSM. It is important to note that at that point, Tourette's *Syndrome* became Tourette's *Disorder*. Asperger first described his syndrome in 1957. It was not until 1994, 37 years later, that it was accepted into DSM-IV and Asperger's *Syndrome* became Asperger's *Disorder*.

DSM-IV states specifically that all disorders contained in the volume are "syndromes or patterns" (p. xxi), and they would not be there if they were not syndromes. Once accepted, the name *syndrome* is changed to *disorder*. However, this is not automatically the pattern for nonpsychiatric disorders. Often the term *syndrome* becomes locked into the name and becomes so well known that changing the word *syndrome* to *disorder* may seem awkward. For example, Down's syndrome, although well recognized, has never become Down's disorder. Similarly, AIDS (Autoimmune Deficiency Syndrome) is a well-recognized disease but still retains the syndrome term.

One of the most important (if not *the* most important) determinants as

to whether a newly described disorder will be accepted into the DSM is the quantity and quality of research articles on the clinical entity, especially articles that have been published in peer-review journals. The committees are particularly interested in interrater reliability studies that will validate the relative “purity” of the disease entity being described. PAS lends itself well to such studies; PA does not. One of the first steps one must take when setting up a scientific study is to define and circumscribe the group(s) being studied. PAS lends itself well to such circumscription. PA is so diffuse and all-encompassing that no competent researcher would consider such a group to be a viable object of study. Whether one is going to study the etiology, symptomatic manifestations, pathogenesis, treatment modalities, treatment efficacy, and follow-up studies one is more likely to obtain meaningful results if one starts with a discrete group (such as PAS) than if one starts with an amorphous group (such as PA). One of the major criticisms directed against many research projects is that the authors’ study group was not “pure” enough and/or well-selected enough to warrant the professed conclusions. Studies of PAS children are far less likely to justify this criticism than studies of PA children.

Whereas there is some possibility that the PAS may ultimately be recognized in DSM-V, it is extremely unlikely that DSM committees will consider an entity referred to as *parental alienation*. It is too vague a term and covers such a wide variety of clinical phenomena that they could not justifiably be clumped together to warrant inclusion in DSM as a *specific* disorder. Because listing in the DSM ensures admissibility in courts of law, those who use the term PA instead of PAS are lessening the likelihood that PAS will be listed in DSM-V. The result will be that many PAS families will be deprived of the proper recognition they deserve in courts of law, which often depend heavily on the DSM.

RECOGNITION OF THE PAS IN COURTS OF LAW

Some who hesitate to use the term PAS claim that it has not been accepted in courts of law. This is not so. Although there are certainly judges who have not recognized the PAS, there is no question that courts of law with increasing rapidity are recognizing the disorder. My website (www.rgardner.com/refs) currently cites 51 cases in which the PAS has been recognized. By the time this article is published, the number of citations will certainly be greater. Furthermore, I am certain that there are other citations that have not been brought to my attention.

It is important to note that on January 30, 2001, after a two-day hearing devoted to whether the PAS satisfied Frye Test criteria for admissibility in a court of law, a Tampa, Florida court ruled that the PAS had gained enough acceptance in the scientific community to be admissible in a court of law (*Kilgore v. Boyd*, 2001). This ruling was subsequently affirmed by the Dis-

trict Court of Appeals (February 6, 2001). In the course of those two days of testimony, I brought to the court's attention the more than 100 peer-reviewed articles (there are 110 at the time of this writing) by approximately 100 other authors and over 40 court rulings (there are 51 at the time of this writing) in which the PAS had been recognized (www.rgardner.com/refs). I am certain that these publications played an important role in the judge's decision. This case will clearly serve as a precedent and facilitate the admission of the PAS in other cases—not only in Florida, but elsewhere.

Whereas there are some courts of law that have not recognized PAS, there are far fewer courts that have not recognized PA. This is one of the important arguments given by those who prefer the term PA. They do not risk an opposing attorney claiming that PA does not exist or that courts of law have not recognized it. There are some evaluators who recognize that children are indeed suffering with a PAS, but studiously avoid using the term in their reports and in the courtroom, because they fear that their testimony will not be admissible. Accordingly, they use PA, which is much safer, because they are protected from the criticisms so commonly directed at those who use PAS. Later in this article I will detail the reasons why I consider this position injudicious.

Many of those who espouse PA claim not to be concerned with the fact that their more general construct will be less useful in courts of law. Their primary interest, they profess, is the expansion of knowledge about children's alienation from parents. Considering the fact that the PAS is primarily (if not exclusively) a product of the adversary system, and considering the fact that PAS symptoms are directly proportionate to the intensity of the parental litigation, and considering the fact that it is the court that has more power than the therapist to alleviate and even cure the disorder, PA proponents who claim unconcern for the long-term legal implications of their position is injudicious and, I suspect, specious.

THE PAS AND THE AMERICAN PSYCHOLOGICAL ASSOCIATION

One of the arguments given in courts of law against the admissibility of the PAS is that "it has not been recognized by the *American Psychological Association*." First, the *American Psychological Association* does not have a specific list of disease entities that it formally recognizes. The *American Psychological Association* is basically a guild with many functions, for example, setting up standards for the training of psychologists and the psychological treatment of patients. It does not serve as a scientific body that screens for the scientific validity of clinical entities. The *American Psychiatric Association* serves similar functions for psychiatrists, but it does publish a list of psychiatric disorders (DSM-IV) that it recognizes as clinical entities. Accordingly, one can say that a disorder is recognized (or not recognized) by the *American Psychiatric Association* but one cannot justify the claim that a

particular disorder is recognized (or is not recognized) by the *American Psychological Association*. Whereas earlier editions of the DSM were compiled mainly by psychiatrists, over the years an increasing number of psychologists have actively participated in its preparation. Accordingly, inclusion of the PAS in any future edition of DSM would be a statement of some degree of recognition by the *American Psychological Association*.

The *American Psychological Association* has, however, in a less direct way, recognized the PAS in one of its official publications: *Guidelines for Child-Custody Evaluations in Divorce Proceedings* (1994). Of the 39 recommended publications, the Guidelines cite 3 PAS publications. The Guidelines cite *Family Evaluation in Child Custody Mediation, Arbitration, and Litigation* (Gardner, 1989) wherein I describe in detail the diagnosis and treatment of the parental alienation syndrome (as I understood it at that point). Also cited is the first edition of *The Parental Alienation Syndrome* (Gardner, 1992a), and *True and False Accusations of Child Sex Abuse* (Gardner, 1992b). In that volume, as well, attention is given to the parental alienation syndrome insofar as it relates to sex-abuse accusations. Accordingly, the argument that there is no recognition by the *American Psychological Association* of the PAS is not valid.

THE PARENTAL ALIENATION SYNDROME AND ALLEGATIONS OF SEXISM

From the time I first began seeing PAS patients (in the early 1980s) until the mid-1990s, my observations were that more women than men were likely to be the primary alienators. During that time frame my experience had been that in 85–90 percent of all the cases in which I had been involved, the mother was the alienating parent and the father the alienated parent. And this was the experience of Clawar and Rivlin (1991), who studied hundreds of PAS cases. For simplicity of presentation, then, I often used the term *mother* to refer to the alienator, and the term *father* to refer to the alienated parent. In 1990 I conducted an informal survey among approximately 60 mental health and legal professionals whom I knew were aware of the PAS and dealt with such families in the course of their work. I asked one simple question: What is the ratio of mothers to fathers who are successful programmers of a PAS? The responses ranged from mothers being the primary alienators in 60 percent of the cases to mothers as primary alienators in 90 percent of the cases. Only one person claimed it was 50/50, and no one claimed it was 100 percent mothers. In the 1998 edition of my book *The Parental Alienation Syndrome* (especially Chapter Five) I discussed this gender difference in greater detail and provided references in the scientific literature confirming the preponderance of mothers over fathers in successfully inducing a PAS in their children. My claim that more mothers than fathers were PAS indoctrinators resulted in my being branded “a sexist.”

Since the mid-1990s, I have noted an increase in the number of men who induce PAS in their children—to the point where the ratio is now approximately 50/50. In association with this gender shift I see the “sexism” criticism becoming less frequent because women are now being increasingly victimized by PAS indoctrinating husbands. Many colleagues, as well, have confirmed this shift. I believe one reason for this change relates to the fact that men are now more likely to be primary caretakers, have greater access to the children, and so have more time and opportunity to program them. In addition, with greater general recognition of the PAS, more men are learning about programming techniques. Accordingly, PAS indoctrinators are no longer gender specific. The primary determinants for becoming a PAS indoctrinator relate to access to the children, relentlessness in the programming process, and financial superiority (for lawyers and luring the children materialistically). Elsewhere I have commented on this gender shift (Gardner, 2001c).

In recent years it has become “politically risky” and even “politically incorrect” to describe gender differences. Such differentiations are acceptable for such disorders as breast cancer and diseases of the uterus and ovaries. But once one moves into the realm of personality patterns and psychiatric disturbances, one is likely to be quickly branded a “sexist” (regardless of one’s sex). And this is especially the case if it is a man who is claiming that a specific psychiatric disorder is more likely to be prevalent in women. My past observations that PAS inducers were much more likely to be women than men has subjected me to this criticism. Nevertheless, this was the observation of Clawar and Rivlin (1991) in their study authorized by the American Bar Association and this was the conclusion of my own survey of approximately 60 colleagues that I conducted around the year 1990. The fact that most other professionals involved in child-custody disputes had the same observation still did not protect me from the criticism that this is a sexist observation. The fact that I then, and still now, recommend that most mothers who are inducing a PAS should *still* be designated the primary custodial parent has also not protected me from this criticism. This association between the PAS and sexism has resulted in some examiners fearing that their using PAS will subject them to the same criticism. In order to protect themselves from such tainting they may substitute the PA term for PAS.

My basic position regarding custodial preference has always been that the primary consideration in making a custodial recommendation is that the children should be preferentially assigned to that parent with whom they have the stronger, healthier psychological bond. I generally recommend that PAS-inducing mothers in both the mild and moderate categories retain primary custody. When the PAS is severe, or rapidly approaching the severe level, and the mother is the primary promulgator, then I recommend a change of custody. But this represents only a small percentage of cases. These recommendations are made in my book *Therapeutic Interventions for Children with Parental Alienation Syndrome* (2001a). Furthermore, as fathers are now

increasingly indoctrinating PAS in their children I find myself testifying more frequently in support of women who have been victimized by their husbands' inducing PAS in their children. This development will probably lessen PAS's reputation as being a "sexist diagnosis."

THE PARENTAL ALIENATION SYNDROME AND SEX-ABUSE ACCUSATIONS

A false sex-abuse accusation sometimes emerges as a derivative of the PAS. Such an accusation may serve as an extremely effective weapon in a child-custody dispute. In fact, it is probably one of the most powerful vengeance maneuvers ever utilized by a woman whose husband has left her. Of course, there are parents who will promulgate a sex-abuse accusation for other reasons. A woman might want to remove herself from her husband permanently and has long planned the separation. The sex-abuse accusation can serve to speed up the process significantly and may result in his permanent removal. Fathers have a more difficult time utilizing the sex-abuse accusation against mothers because females are far less likely to sexually abuse their children than males. However, a sex-abuse accusation promulgated against the mother's new male companion may be quite effective. Again, the sex-abuse accusation is a very effective vengeance maneuver, but for men, too, there may be other reasons for promulgating it, for example, convincing the court that the mother's exposing the children to a man who sexually abuses them is such a serious deficiency that primary custody should be reverted to him. Obviously, the presence of cases of false accusations does not preclude the existence of other cases of bona fide sex abuse. In recent years, some examiners have been using the term PAS to refer to a false sex-abuse accusation in the context of a child-custody dispute. The terms have even been used synonymously. Such utilization indicates a significant misperception of the PAS. In the majority of PAS cases, the sex-abuse accusation is not promulgated. In some cases, however, especially after other exclusionary maneuvers have failed, the false sex-abuse accusation may emerge. The sex-abuse accusation, then, is often a spin-off of the PAS but is certainly not synonymous with it. Of course, there are divorce situations in which the sex-abuse accusation may arise without a preexisting PAS. Under such circumstances, one must give serious consideration to the possibility that true sex abuse has occurred, especially if the sex abuse antedated the marital separation.

My experience has been that when a sex-abuse accusation emerges in the context of a PAS—especially after the failure of a series of exclusionary maneuvers—the accusation is far more likely to be false than true. Claiming that a sex-abuse accusation may be false has been "politically" risky in recent years. Those who have publicly made such claims, both within and outside of the realm of the PAS, have subjected themselves to enormous criticism—

often impassioned and irrational, for example, that they don't "believe the children" and are "protecting pedophiles." Because a sex-abuse accusation can have such devastating consequences to the accused—including many years of incarceration—we are indebted to those who have the courage to rise above such stigma and identify false accusations when they are promulgated. Sex-abuse accusations that arise within the context of the PAS are more likely to be directed toward men than women. This is obviously related to the fact that a sex-abuse accusation made against a man is more likely to be true than one made against a woman, especially because male pedophilia is much more common than female pedophilia. Accordingly, custody evaluators who conclude that a sex-abuse accusation is false are likely to be testifying more frequently against women (the more common false accusers) than against men (the more common falsely accused). They thereby expose themselves to the criticism of being "sexist." Accordingly, in sex-abuse cases *in the context of custody disputes* I am more likely to conclude that the wife's sex-abuse accusation is a false one, that the child was not sexually abused, and that the husband is innocent of the alleged crime. For some, this proves me "sexist," that is, that I am biased against women in general. The fact that I have also testified against men in many such cases, men who falsely accused their former wives' new husbands or male companions of sexually abusing their children has also not dispelled this notion.

Another derivative of this situation has been the criticism that I do not "believe the children" and rarely if ever recognize bona fide sex abuse. There is no basis for this allegation, especially when directed against someone who has written extensively on differentiating between true and false sex-abuse accusations (Gardner, 1992b, 1995a) as well as the treatment of sexually abused children (Gardner, 1996).

There are those who fear that if they use the term PAS they too will be subjected to similar criticisms. And this is especially the case if they are dealing with the sex-abuse spin-off. Accordingly, they resort to the safer term, PA, which is less likely to be linked with a false sex-abuse accusation.

SOURCES OF THE CONTROVERSY OVER THE PARENTAL ALIENATION SYNDROME

There are some who claim that because there is such controversy swirling around the PAS, there must be something specious about the existence of the disorder. Those who discount the PAS entirely because it is "controversial" sidestep the real issues, namely, what specifically has engendered the controversy, and, more importantly, is the PAS formulation reasonable and valid? The fact that something is controversial does not invalidate it. But why do we have such controversy over the PAS? With regard to whether PAS exists, we generally do not see such controversy regarding most other clinical entities in psychiatry. Examiners may have different opinions regarding

the etiology and treatment of a particular psychiatric disorder, but there is usually some consensus about its existence. And this should especially be the case for a relatively “pure” disorder such as the PAS, a disorder that is easily diagnosable because of the similarity of the children’s symptoms when one compares one family with another. Why, then, should there be such controversy over whether or not PAS exists?

The PAS and the Adversary System

The PAS is very much a product of the adversary system (Gardner, 1985, 1986, 1987a, 1987b, 1989, 1992a, 1998). Furthermore, a court of law is generally the place where clients attempt to resolve the PAS. Most newly developed scientific principles inevitably become controversial when they are dealt with in the courtroom. It behooves the attorneys—when working within the *adversary system*—to take an adversarial stand and create controversy where it may not exist. In that setting, it behooves one side to take just the opposite position from the other if one is to prevail. Furthermore, it behooves each attorney to attempt to discredit the experts of the opposing counsel. A good example of this phenomenon is the way in which DNA testing was dealt with in the O. J. Simpson trial. DNA testing is one of the most scientifically valid procedures for identifying perpetrators. Yet the jury saw fit to question the validity of such evidence, and DNA became, for that trial, controversial. I strongly suspect that those jury members who concluded that DNA evidence was not scientifically valid for O. J. Simpson would have vehemently fought for its admissibility if they themselves were being tried for a crime, whether they committed it or not. I am certain, as well, that any man in that jury who found himself falsely accused of paternity would be quite eager to accept DNA proof of his innocence.

A parent accused of inducing a PAS in a child is likely to engage the services of a lawyer who may invoke the argument that there is no such thing as a PAS. The reasoning goes like this: “If there is no such thing as the PAS, then there is no programmer, and therefore my client cannot be accused of brainwashing the children.” This is an extremely important point, and I cannot emphasize it strongly enough. It is a central element in the controversy over the PAS, a controversy that has been played out in courtrooms not only in the United States but in various other countries as well. And if the allegedly dubious lawyer can demonstrate that the PAS is not listed in DSM-IV, then the position is considered “proven” (I say “allegedly” because the lawyer may well recognize the PAS but is only serving his client by his deceitfulness). The only thing this proves is that in 1994 DSM-IV did not list the PAS. The lawyers hope, however, that the judge will be taken in by this specious argument and will then conclude that if there is no PAS, there is no programming, and so the client is thereby exonerated. Substituting the term *PA* circumvents this problem. No alienator is identified, the sources are vaguer, and the causes could lie with the mother, the father, or

both. The drawback here is that the evaluator may not provide the court with proper information about the cause of the children's alienation. It lessens the likelihood, then, that the court will have the proper data with which to make its recommendations.

The Possible Dilemma of Guardians ad Litem and Children's Attorneys

The terms *guardian ad litem* (GAL) and *attorney for the children* are sometimes used interchangeably, especially because both are generally lawyers and both focus directly on serving the best interests of the children in their charge. Strictly speaking, there is a difference between the two roles. Guardians are generally appointed by the court or their appointments are approved by the court. In contrast, children's lawyers are more likely to be chosen jointly by the parents, with less likelihood of input by the court. Children's lawyers generally do not have free and unilateral access to the judge. They are similar to the parent's lawyers in this regard. In contrast, GALs are viewed as the court's "right arm" and usually have direct access to the judge, access not enjoyed by the parents' attorneys nor usually enjoyed by children's attorneys either. Guardians usually have greater freedom than children's attorneys to speak to any and all parties involved in the litigation, especially each of the parents' attorneys. In the courtroom, children's attorneys are more likely to be conducting direct and cross-examinations, whereas the guardians are more likely to be sitting silently observing the proceedings.

Attorneys and GALs learn in law school that their primary obligation to their clients is to support vigorously their position and/or cause, even if they do not have conviction for the client's situation. Some lawyers have problems with this dictum, for example, with clients who are, for example, murderers, criminal psychopaths, or pedophiles. They not only feel they will compromise their own values if they defend such clients, but if the case is brought to public attention, they may suffer stigma in family and community for representing such clients. Other attorneys do not have guilty consciences when representing such clients and claim that they are only doing what they have learned in law school, namely, that every accused party deserves zealous legal representation, no matter how repulsive the crime. PAS children are often like psychopaths and many of them are *very* psychopathic. This is especially the case with regard to their guiltless disregard for the feelings of the targeted parent. A GAL who recognizes the depravity of the PAS child may feel discomfort, and even suffer inner conflict, about zealously representing a client who would be so cruel to another human being, in this case a loving parent. One way of reconciling this dilemma is to substitute PA for PAS, with the implication that there *could* be other causes for the child's alienation, including bona fide abuse and/or neglect by the alienated parent. Using PA diffuses the situation, muddies the waters, and opens up the possibility that the court too will not recognize the specific psychopathic disease

suffered by the client child. This dilemma-alleviating value of the term PA, then, may contribute to the rejection of the PAS diagnosis by GALs.

The Possible Dilemma of Family Law Attorneys

The same principle may hold for the attorney who represents the alienating parent. Acceptance of the fact that a PAS is operative in the case practically demands that one look very quickly for the indoctrinator, that is, the perpetrator. Acceptance of the fact that the *syndrome* is present necessitates the search for the programmer. The analogy to AIDS is applicable here. Once the AIDS diagnosis is made one cannot deny that a specific category of virus is operating. In most PAS cases, it is not hard to ascertain who is at fault. An attorney who is reluctant to represent a client who is a PAS indoctrinator, a parent who would perpetrate the abominable act of programming his (her) own children against a loving ex-spouse, may be able to diffuse this dilemma by embracing the PA explanation. Such an attorney cannot deny that the children are alienated because all agree that this is the case. Substituting the PA alternative confuses the situation, lessens the likelihood that the indoctrinator will be easily identified, and may raise the hope that some abuse may be found on the part of the alienated parent to explain the children's campaign of denigration.

The Possible Money Factor

It is a well-known fact of life that the poorer the client, the shorter the trial. The O. J. Simpson case ("the trial of the century") is a good example of this principle. If, at that time, a poor black man were to have murdered two white people in Los Angeles, he would not have been represented by an extremely expensive "dream team" of attorneys, and he would not have had an eight-month trial. Rather, he would have been assigned a legal-aid lawyer, most likely someone just out of law school and/or with limited experience, and his trial probably would have taken a week, or even less time. One of the proverbial light-bulb jokes is applicable here:

Question: How many lawyers does it take to unscrew a dead lightbulb?

Answer: How many can you afford?

The same principle holds with regard to child-custody disputes. The more money the clients have, the longer the trial. In fact, litigated child-custody disputes are generally a prerogative of the rich and not something that most poor people can afford. Many (I did not say *all*) attorneys are ever sensitive to their clients' financial resources and monitor their efforts accordingly. When the clients' resources run low, they reduce their efforts. For very wealthy clients, there is no limit to the amount of work they are willing to expend in the service of working "for the best-interests-of-the-children." When

the money runs out, they could not care less about what happens with the children. The PA label is likely to confuse issues and thereby lengthen the trial. In contrast, a PAS diagnosis is more specific and is likely to shorten the trial. Although not publicly stated, I believe this is one of the important factors operative when attorneys vigorously deny the existence of the parental alienation syndrome. If PAS becomes listed in DSM-V it will result in a significant loss of money for attorneys.

It would be an error if the reader were to conclude that I believe that *all* lawyers are as mercenary as those described here. This is not the case. There are lawyers who take on pro bono cases, there are lawyers who accept clients at reduced fees, and there are lawyers who will continue to represent clients long after their financial resources have been depleted. Many of the attorneys in this category recognize well the validity of the aforementioned criticisms I have of their colleagues. Over the 35-year time span in which I have been involved in custody litigation, I have seen such attorneys. However, I have seen many more of the venal type, so many that the aforementioned comments about them as a group still hold. The mercenaries are the ones who most vigorously argue against the utilization of the PAS diagnosis and so enthusiastically embrace the PA explanation.

The Gardner-PAS Identification

Another source of the controversy relates to the strong identification between my name and the PAS. I believe that some of the anger (and I do not hesitate to use this word) directed at the PAS is really anger directed at me. The question then is, why the anger? I believe one source relates to the fact that for many years I have been very critical of the legal profession, especially those who involve themselves in adversarial proceedings in the context of child-custody disputes. I believe, however, that my criticisms have been basically constructive, because I have always described ways of changing and improving the system, going back all the way to the training of lawyers (Gardner, 1982, 1986, 1989, 1992a, 1995b, 1998). For example, I have repeatedly described how adversarial proceedings are just about the worst way to attempt to resolve child-custody disputes. I have repeatedly recommended mediation as the more humane and civilized method for dealing with such conflict. Mediation, of course, is far less expensive than protracted litigation, so there are many attorneys who are very unhappy about the utilization of this alternative method of dispute resolution. The comments I made earlier in "The Possible Money Factor" section cannot but make many attorneys angry, anger that is directed not only at me but toward any of my contributions (both in and outside of the PAS realm).

I have also been critical of many mental health professionals with regard to the way they have conducted child-custody and sex-abuse evaluations. These criticisms have often provided important information for clients, attorneys, judges, and juries involved in such litigation. However, I am cer-

tain that many of those whose work has been criticized by me harbor significant resentment against me, resentment that becomes directed at the PAS as well as other contributions of mine. Accordingly, mental health professionals who use the term PAS may find themselves the targets of such criticism. Elsewhere I have elaborated on this point (Gardner, 2001d).

WHICH TERM TO USE IN THE COURTROOM: PA OR PAS?

Many examiners, then, even those who recognize the existence of the PAS, may consciously and deliberately choose to use the term *parental alienation* in the courtroom. Their argument may go along these lines: "I fully recognize that there is such a disease as the PAS. I have seen many such cases and it is a widespread phenomenon. However, if I mention PAS in my report, I expose myself to criticism in the courtroom such as, 'It doesn't exist,' 'It's not in DSM-IV' etc. Therefore, I just use PA, and no one denies that." I can recognize the attractiveness of this argument, but I have serious reservations about this way of dealing with the controversy—especially in a court of law.

Using PA is basically a terrible disservice to the PAS family because the cause of the children's alienation is not properly identified. It is also a compromise in one's obligation to the court, which is to provide accurate and useful information so that the court will be in the best position to make a proper ruling. Using PA is an abrogation of this responsibility; using PAS is in the service of fulfilling this obligation.

Furthermore, evaluators who use PA instead of PAS are losing sight of the fact that they are impeding the general acceptance of the term in the courtroom. This is a disservice to the legal system, because it deprives the legal network of the more specific PAS diagnosis that could be more helpful to courts for dealing with such families. Moreover, using the PA term is shortsighted because it lessens the likelihood that some future edition of DSM will recognize the subtype of PA that we call PAS. This not only has diagnostic implications, but even more importantly, therapeutic implications. The diagnoses included in the DSM serve as a foundation for treatment. The symptoms listed therein serve as guidelines for therapeutic interventions and goals. Insurance companies (who are always quick to look for reasons to deny coverage) strictly refrain from providing coverage for any disorder not listed in the DSM. Accordingly, PAS families cannot expect to be covered for treatment. Elsewhere (Gardner, 1998) I describe additional diagnoses that are applicable to the PAS, diagnoses that justify requests for insurance coverage. Examiners in both the mental health and legal professions who genuinely recognize the PAS, but who refrain from using the term until it appears in DSM, are lessening the likelihood that it will ultimately be included because widespread utilization is one of the criteria that DSM committees con-

sider. Such restraint, therefore, is an abrogation of their responsibility to contribute to the enhancement of knowledge in their professions.

There is, however, a compromise. I use PAS in *all* those reports in which I consider the diagnosis justified. I also use the PAS term throughout my testimony. However, I *sometimes* make comments along these lines, both in my reports and in my testimony:

Although I have used the term PAS, the important questions for the court are: Are these children alienated? What is the cause of the alienation? and What can we then do about it? So if one wants to just use the term PA, one has learned something. But we haven't really learned very much, because everyone involved in this case knows well that the children have been alienated. The question is what is the *cause* of the children's alienation? In this case the alienation is caused by the mother's (father's) programming and something must be done about protecting the children from the programming. That is the central issue for this court in this case, and it is more important than whether one is going to call the disorder PA or PAS, even though I strongly prefer the PAS term for the reasons already given.

I wish to emphasize that I do not routinely include this compromise, because whenever I do so I recognize that I am providing support for those who are injudiciously eschewing the term and compromising thereby their professional obligations to their clients and the court.

Warshak (1999, 2001), has also addressed the PA vs. PAS controversy. He emphasizes the point that espousers of both PA and PAS agree that in the severe cases the only hope for the victimized children is significant restriction of the programmer's access to the children and, in many cases, custodial transfer—sometimes via a transitional site. Warshak concludes that the arguments for the utilization of PAS outweigh the arguments for the utilization of PA, although he has more sympathy for the PA position than do I.

CONCLUDING COMMENTS

The conflict between those who use the term PAS and those who use PA has been formidable. The differences of opinion, unfortunately, have significant implications when they are played out in the courtroom where differences are exploited, causing thereby significant grief for PAS families. And this is what has happened with the PAS. It is my hope that this article will not only shed light on important aspects of the PAS vs. PA controversy, but prove useful to both mental health and legal professionals who deal with PAS families in courts of law. Most specifically, it is my hope that it will serve to strengthen the arguments for preserving the full term *parental alienation syndrome*.

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