Parental Alienation Syndrome: Diagnostic and Triadic Perspectives

Daniel J. Weigel
Kimberly A. Donovan
Southeastern Oklahoma State University

This article provides a review of recent research concerning parental alienation syndrome (PAS). This article is written to familiarize the couple and family counselor with this subtle-but-extreme form of child abuse. An overview of proposed diagnostic criteria for PAS is provided in this review. Differential diagnostic issues are also examined to familiarize the reader with other closely related syndromes and disorders. Common personality characteristics and tactics of the alienation-inducing parent are presented. Short- and long-term experiences of the targeted parent and child subjected to this unfortunate experience are also explored. Last, multicultural and gender issues are discussed, and implications for couple and family counselors are provided.

Keywords: parental alienation syndrome; child abuse; child custody disputes; diagnosis

Parental alienation syndrome (PAS) is a recently defined phenomenon, which represents a subtle-but-extreme form of child abuse (Gardner, 2003b). This article is written to familiarize the couple and family counselor with this recently delineated syndrome and to provide an overview of the converging perspectives of which it encompasses. It is our belief that most couple and family counselors have already encountered cases of PAS whether or not it has been formally acknowledged. The goal of this article is to provide the couple and family counselor with an insider’s view of this highly complex and intentionally orchestrated form of relationship sabotage that appears to be happening with increasing frequency in today’s divorcing society.

DEFINITION AND PARAMETERS OF PAS

By definition, PAS involves the intentional and gradual denigration of the bond between a child and one parent, seen almost exclusively in child custody disputes (Gardner, 1998). The process is typically perpetrated by the custodial parent against the noncustodial parent in a child custody situation in an attempt to indirectly attack and harm the noncustodial parent (Gardner, 2003b). Although the destructive actions are ultimately intended to harm the targeted parent (TP), the foremost victim of this syndrome is the child who is often exploited as the involuntary voice of the alienation process (Baker, 2005b; Cartwright, 1993; Kopetski, 1998b). Several authors (Baker, 2005a; Byrne, 1989; Cartwright, 1993; Gardner, 2001a, 2002c; Walsh & Bone, 1997) have suggested that a form of brainwashing or progressive programming occurs among children involved in the parental alienation process. As a result of this subtle indoctrination, the child of PAS will often actively participate in the destruction of his or her bond with the alienated parent (please note that although we recognize that more than one child may be involved in a PAS system, we use the term child of PAS in the interest of consistency throughout this article).

In the earlier literature on this subject, the alienation-inducing parent (AIP) was identified almost exclusively as the mother because she was most likely to be awarded primary custody by the court system (Duane & Hedrick, 1994; Gardner, 2001c, 2003c). Correspondingly, the TP was most often the father because he was most likely the noncustodial parent. However, recent discoveries have indicated that this syndrome tends to be more gender neutral and may be perpetrated with equal likelihood by either parent as an attempt to passively undermine the other parent’s connection with his or her child (Gardner, 2001b, 2001c, 2002a, 2003c; Kopetski, 1998b).

With regard to other characteristics of separated or divorced families presenting with PAS, a study by Duane and Hedrick (1994) indicated the following: (a) length of marriage prior to separation is not an accurate predictor of PAS, (b) symptoms of PAS can originate immediately following separation or several years following divorce, (c) PAS can occur in families with very young children and those with older children, (d) healthy prior relationships between child
and TP does not preclude the development of PAS, and (e) PAS can occur with only one or with all children in a family system. In further examining the parameters of PAS, Vassiliou and Cartwright (2001) found that characteristics such as number of marriages or number of children are not accurate predictors of the future development of PAS. These data suggest that though a clear definition of PAS exists, very few commonalities have been found regarding environmental and situational factors leading up to its unfortunate development.

THE DIAGNOSIS OF PAS

Verifying the presence of PAS has proven to be a difficult task and has been shrouded in some controversy (Gardner, 2002b, 2003c; Rueda, 2004; Turkat, 2005). During the course of the past two decades, parameters have gradually been established to assist the couple and family counselor in identifying this syndrome. Dr. Richard A. Gardner, one of the foremost experts on PAS, has taken the lead in establishing the parameters of PAS. Based on more than 40 years of work as a forensic and child psychiatrist, Gardner (1998, 1999, 2001b, 2002c, 2003b, 2003c) has identified a cluster of eight symptoms commonly demonstrated by children in PAS cases. These symptoms include (a) a campaign of denigration against the TP; (b) weak, absurd, or frivolous rationalizations for the deprecating behavior displayed by the child; (c) a dichotomization of the parents, within which the child describes one parent in a largely negative light and the other as almost entirely flawless; (d) the "independent thinker" phenomenon wherein it is claimed that the rejections made by the child have originated solely from the child and must therefore be respected; (e) an unwavering and reflexive support of the AIP (referred to as "automatic love" by Vassiliou, 1998, The Nature of Parental Alienation Syndrome section, § 6); (f) an absence of remorse or guilt regarding cruelty to and/or exploitation of the TP; (g) the presence of coached or borrowed litanies and phrases (usually originating from the AIP; Cartwright, 1993), which are designed to malign the TP; and (h) a spread of animosity to friends and extended family of the TP. Gardner (2003b) purported that children who are subject to PAS will exhibit most, if not all, of these symptoms.

Kopetski (1998a) also identified a series of criteria based on the evaluation of 413 families in custody disputes in Colorado. Kopetski’s findings indicated that the following parent-child interactions are often observable amid the alienation process: (a) the AIP persistently presents the child with a distorted, negative perception of the TP; (b) commensurate with the child’s level of cognitive development, the child often begins refusing visitations with the TP; (c) the AIP gradually attempts to control or exclude contact with the TP; (d) the AIP often rationalizes his or her alienation-inducing behaviors through claims of protecting the child from purported immoral or irresponsible conduct of the TP; (e) the AIP also rationalizes the desired outcome (e.g., sole custody, decreased visitations) by arguing a need for a twisted form of “justice”; and (f) the indisputable need of the child of PAS for a relationship with both parents is not recognized by the AIP.

Gardner (1998, 2001d, 2004) has also suggested that three different types of PAS exist: mild, moderate, and severe. In the mild type of PAS, the child’s symptoms (referring to Gardner’s eight aforementioned criteria) are minimal, transitional problems that at times of visitation are usually absent, and the child’s behavior during visitation are only intermittently unfavorable and disgruntled (Gardner, 1998). Alienation behaviors in the mild type tend to dissipate when custody litigation ceased (Gardner, 2004). In the moderate type (which, according to Lund, 1995, is the most common type), the child’s symptoms are moderate, transitional behaviors are noticeably disruptive, and the child’s visitation behaviors are antagonistic and problematic (Gardner, 2001d, 2004). Alienation behaviors in the moderate type are tenacious and overtly vengeful. In the severe type, the child’s symptoms are formidable and unwavering. As such, his or her transitional behaviors tend to be severely disruptive and may preclude the visitation from occurring in the first place. When visitation does occur, the child’s behaviors are likely to be persistently antagonistic and destructive in nature (Gardner, 2001d, 2004). In the severe type, the child’s behaviors may become so reckless as to constitute a danger to self or others (Gardner, 2004). As such, the relationship between child and TP is likely to become significantly compromised if not completely destroyed (Baker, in press).

To assist in the PAS identification process, Siegel and Langford (1998) conducted a study that examined the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) validity scale scores of mothers suspected of engaging in alienation-inducing behaviors (alienation-inducing fathers were not examined in the current study). Participants included 34 mothers who completed the MMPI-2 in the course of child custody evaluations. Evaluation records (aside from MMPI-2 results) of all participants were blindly reviewed, after which time each participant was classified into one of two groups. The first group represented parents who demonstrated PAS tendencies, and the second represented those parents who did not present with such tendencies. Results of this study indicated that participants exhibiting PAS behaviors produced significantly higher scores on the K-scale (measuring the test-taker’s level of defensiveness as a test-taking attitude) and significantly lower scores on the F-scale (assessing the level to which a client has endorsed or failed to endorse a large number of serious psychological items) than did the participants who did not demonstrate PAS tendencies and the standard MMPI-2 normative sample. Significant differences, however, were not found between groups regarding their L-Scale scores (measuring whether or not clients have attempted to present themselves in an unringing light) as had been hypothesized. The authors’ interpretation of the
MMPI-2 results, with specific regard given to K- and F-scale scores, indicated that those parents presenting with PAS tendencies appeared to be denying personal responsibility for their divorce and/or family problems and tended to see themselves as flawless victims of their ex-spouses. Use of defensive distortions and high levels of denial among parents presenting with PAS tendencies was also noted. Siegel and Langford have suggested that results of this study may support the use of the MMPI-2, in addition to other data-gathering methods, to help in the identification of parents presenting with PAS tendencies.

A common source of contention regarding the parental alienation phenomenon is the use of the word syndrome to describe it (Gardner, 2002c; Rueda, 2004). Gardner (2002c) remained firm in his stance that PAS should be the term by which this phenomenon is referred, as it includes a cluster of symptoms (delineated above) that occur together and warrant being grouped together because of a common etiology and basic underlying cause. In support of his stance, Gardner (2002c) referred to a consistently increasing number of courts that have recognized PAS as a defensible syndrome. A critical milestone in this legal recognition process was January 30, 2001, the date on which PAS first satisfied Frye test criteria for admissibility in a court of law (Gardner, 2002c; 2003b).

As explained by Rueda (2004), the Frye test is the standard by which a court determines whether or not a scientific contribution (such as PAS) has gained sufficient acceptance within the scientific community so that it may be recognized in a court of law. According to Rueda, PAS is now recognized in six countries (Australia, Germany, Israel, the Netherlands, the United Kingdom, and the United States), including the courts of 21 states within the United States. Legal citations cumulated by Gardner (2003a) indicate that courts in Canada and Switzerland have also admissibly recognized PAS. Rueda cautioned, however, that although PAS continues to gain legal ground, it also continues to elicit controversy.

Amid the abundance of support, research, and controversy concerning PAS, and because of the relatively recent delineation of the syndrome, the most recent version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) does not include a separate category for diagnosing this syndrome. Gardner (2003b), however, suggested that many categories presently included in the DSM-IV-TR already pertain to PAS. According to Gardner, diagnoses that appear potentially applicable to the AIP and the child of PAS include shared psychotic disorder and parent-child relational problem. Those diagnoses that are potentially applicable to the AIP include delusional disorder and paranoid, borderline, or narcissistic personality disorders (Gardner; Kopetski, 1999b).

Last, Gardner submitted that the DSM-IV-TR diagnoses that may be applicable to children who demonstrate symptoms of PAS include conduct disorder, separation anxiety disorder, dissociative disorder not otherwise specified (NOS), adjustment disorder, or disorder of infancy NOS. Rand (1997) added that in cases involving children indoctrinated to make false accusations of abuse, a diagnosis of factitious disorder (in the form of Munchausen syndrome by proxy) may also be applicable. In examining future diagnostic possibilities, Gardner (2003c) verified that a PAS file has been established by the American Psychiatric Association to examine its possible inclusion in the DSM-V, which is slated for publication in 2011.

CLOSELY RELATED SYNDROMES

In further understanding the parameters of PAS, it would best serve the couple and family counselor to become familiar with two closely related syndromes that have been presented in the recent literature. One such syndrome, referred to as divorce-related malicious parent syndrome (DRMPS), was proposed by Turkat (1999). This syndrome was formerly referred to as divorce-related malicious mother syndrome by Turkat (1995) but was changed in 1999 to better reflect the gender-neutral nature of the phenomenon. Turkat (1999) presented a series of diagnostic criteria for DRMPS. The first criterion concerns the parent who unjustifiably punishes his or her ex-spouse by (a) intentionally alienating the mutual child from the ex-spouse, (b) involving other people in malicious actions against the ex-spouse, and (c) participating in excessive litigating with regard to the ex-spouse. Second, the parent attempts to (a) interrupt child visitation with the ex-spouse, (b) inhibit telephone contact with the ex-spouse, and (c) interfere with the ex-spouse’s participation in his or her child’s school life and extracurricular activities. Third, the parent’s behaviors involve damaging acts toward the ex-spouse, which include lying to the offspring, lying to others, and violating the law. Turkat further postulated that although a separate mental disorder may exist, the aforementioned behaviors may not be specifically because of a mental condition to meet the criteria for DRMPS.

In distinguishing DRMPS from PAS, Turkat (1999) proposed that DRMPS represents a more vicious form of parental attack than PAS. With regard to DRMPS, Turkat submitted that the fight surrounding the child may even escalate to the form of violence. In reviewing Turkat’s (1995, 1999) documents, we caution that DRMPS may serve to further confound the definition and acceptance of PAS by introducing a potentially overlapping concept. We propose that although DRMPS encompasses what appears to be a more-specific set of symptomatology from the AIP’s perspective, it may actually represent Gardner’s (2003c) severe form of PAS (which is conversely presented from the perspective of the child of PAS). Nonetheless, Turkat (1999) established clear parameters for identifying the behaviors of the AIP as a separate entity from the generally presented systems nature of PAS.

Another closely related syndrome, presented by Klass and Klass (2005), has been referred to as threatened mother syndrome (TMS; we propose that this phenomenon may be better labeled as threatened parent syndrome). According to
Klass and Klass, TMS represents the reaction a caretaker may exhibit when his or her bond with a young, dependent child is immediately threatened. Such responses may include “rage, screaming, manipulativeness, intolerance, subterfuge, irritability, and even aggressiveness” (Klass & Klass, p. 189). Klass and Klass submitted that these reactive behaviors tend to be impulsive and episodic in nature, subsiding when the immediate threat is removed.

Klass and Klass (2005) provided a clear distinction between TMS and PAS. Specifically, the uncharacteristic actions of the parent displaying TMS behaviors are engaged in for the sole purpose of protecting the bond between parent and child. On the other hand, although the actions of the AIP in PAS may be intended to protect the same bond, they are also specifically designed to alienate the child from the other parent. Furthermore, TMS behaviors tend to be more reactive and short lived than the alienation-inducing behaviors of PAS that tend to be more persistent and calculated in nature (Klass & Klass). Thus, PAS appears to have more of a premeditated, antisocial, and intentionally destructive quality in comparison to TMS.

PERSONALITY CHARACTERISTICS AND INTERERENCE TACTICS OF THE AIP

In an attempt to better understand the vantage point of the AIP, Kopetski (1998b) examined data obtained from the evaluation of 600 parents in custody disputes throughout a 20-year period. As a result of this analysis, Kopetski identified the following four unique characteristics commonly demonstrated by AIPs: (a) an orientation of paranoia and narcissism with regard to relationships with others, often as the result of an underlying personality disorder; (b) an overreliance on psychological defenses as a coping mechanism for one’s intrapersonal pain, often resulting in the externalization of ideas, attitudes, feelings, and responsibility for one’s misfortune as a form of unhealthy self-preservation; (c) engagement in an unhealthy grieving process regarding one’s divorce, often leading to a preponderance of anger and rage as a substitution for repressed feelings of sadness and rejection; and (d) a family history centered on an absence of awareness concerning normal ambivalence toward and conflicts with one’s parents. Emnishment with one’s family of origin is also a common characteristic found among AIPs (Kopetski, 1998b).

Rand (1997) also summarized a number of common personality traits characteristic of AIPs, including (a) an underlying narcissistic vulnerability, wherein the parent lacks a clear self-identity and therefore relies heavily on primitive defenses such as projection, denial, and externalization; (b) attempts to conceal one’s parental deficits by deflecting scrutiny of one’s underlying personal problems via externalizing alienation strategies; (c) a preexisting vulnerability to loss and conflict with regard to attachment and separation, perhaps originating from experiences in one’s family of origin; (d) a high intrapersonal need for control, often motivated by internal drives for power, influence, and domination; and (e) an obsessive and uncontrollable drive to exact vengeance against one’s ex-spouse. Such attempts at revenge may be exacerbated by the remarriage of either parent in the PAS system (Warshak, 2000).

In addition to focusing on personality characteristics of the AIP, several authors (Baker, 2005a; Baker & Darnall, 2006; Gardner, 1999; Rand, 1997; Turkat, 1994, 1997; Vassiliou, 1998; Vassiliou & Cartwright, 2001) have described interference tactics commonly enlisted by such parents. To examine this issue, Vassiliou (1998) completed a qualitative study examining the experiences of six parents subjected to PAS from the perspective of the TP. Alienation techniques described by participants in this study included (a) a campaign of vilification by the AIP implying that the TPs were bad people, (b) subjection of the children to an exhaustive line of questioning and interrogation by the AIP following visits with the TP, and (c) instances in which the AIP attempted to entice the children with alternatives to scheduled visitations with the TP. All six participants in this study reported experiencing a pervasive form of sabotage with regard to their relationships with their children, which was intentionally promulgated by the AIP (Vassiliou & Cartwright, 2001).

Baker (2005a, 2005c) conducted a qualitative study examining the experiences of 40 adults who had experienced PAS as children. Selected experiences shared by participants in this study included (a) constant bad-mouthing of the TP by the AIP, (b) statements from the AIP suggesting that the TP was dangerous and intended to harm the child (e.g., themes of abuse or kidnapping), (c) statements of deception from the AIP about the TP’s feelings toward the child (e.g., themes of abandonment or hatred of the child), (d) withdrawal of love and affection by the AIP if the child indicated any inclination of loyalty toward the TP, (e) requiring the child to choose and express loyalty to the AIP, (f) the AIP sharing personal information with the child about the parents’ former relationship, and (g) attempts at complete erasure of the TP from the child’s life (e.g., denying contact with anyone close to the TP, including extended family). One particularly disturbing example presented in Baker’s (2005c) study involved the regular beating of the TP in front of the child of PAS as an alienation strategy. Baker (2005a) described these alienation tactics as being cultic in nature, suggesting that oftentimes the AIP will demand complete allegiance from the child at almost any cost.

As a follow-up to the Baker (2005a, 2005c) study, Baker and Darnall (2006) developed a survey of common alienation strategies, which was completed by 97 parents who had been directly targeted by their alienation-inducing ex-spouses. Common alienation-inducing strategies reported by the parents in this study included (a) bad-mouthing the TP in a variety of forms, (b) imposing limitations or interference with regard to visitations or other physical contacts with TP, (c) interfering with mail or telephone contact with TP, (d) interfering with symbolic contact with TP (e.g., throwing out gifts from TP, prohibiting child or others from mentioning TP),
(e) interfering with TP’s attempts to garner information about the child (e.g., denying TP access to school or medical information), (f) engaging in emotional manipulation of child (e.g., forcing child to express loyalty to AIP and reject TP), (g) cultivating an unhealthy alliance with the child (e.g., fostering dependence, having child spy on TP), and (h) other miscellaneous interference strategies (e.g., interfering with the child’s counseling, preventing TP from attending parenting functions). Furthermore, 14 of the 97 parents surveyed by Baker and Darnall reported being falsely accused of abuse (type unspecified) by the AIP as an alienation-inducing tactic. These authors did not, however, find any significant differences with regard to strategies employed based on the gender of either the AIP or the child of PAS.

Turkat (1994) described the commonly discussed alienation tactic of brainwashing, wherein the AIP intentionally engages in negative behaviors in front of the child for the purpose of “programming” the child against the TP. Examples of such behaviors include verbal slander in the form of labeling the TP using immoral or judgmental terms (e.g., as an adulterer or unfit parent), accusing the TP of having psychological problems such as alcoholism, or accusing the TP of abandoning the family either directly (e.g., leaving the family in a clear time of need) or indirectly (e.g., providing too little support money; Turkat, 1994). Through repetition, the child of PAS eventually accepts these statements as truth and, in turn, starts voicing the statements as his or her own (i.e., the independent thinker phenomenon described above). Eliciting guilt from the child is another common indoctrinating tactic of the AIP (Turkat, 1994). This is usually accomplished by seeking an enmeshed bond with the child that leads to automatic feelings of betrayal if the child expresses any interest in spending time with the TP.

Turkat (1997) presented a number of additional interference tactics commonly employed by AIPs. Examples include the following: (a) sporadically ignoring scheduled visitation times; (b) calling, or having others call, the child frequently during visits with the TP; (c) arranging specific activities for the child during scheduled visitation periods; (d) encouraging the child to behave defiantly while in the presence of the TP; and (e) contacting law enforcement personnel to report that the child is being exposed to a harmful event while under the TP’s care and supervision (Turkat).

Cartwright (1993) presented an alternative version of Turkat’s fifth example above, referring to the virtual abuse allegation tactic. By definition, virtual allegations involve cases in which the AIP alludes to abuse to defame the character of the TP in the absence of formal accusations (Cartwright; Vassiliou, & Cartwright, 2001).

Perhaps the most severe and egregious alienation tactic sometimes perpetrated by the AIP is that of falsely accusing the TP of physically or sexually abusing the child of PAS (Gardner, 1999, 2001a, 2001b, 2002c, 2003c; Price & Fioske, 1994; Rand, 1997). Such accusations often occur as part of the relentless programming tactics described elsewhere in this article. Based on his work with children of PAS who had reported being sexually abused, Gardner (2002c, 2003c) discovered that some of their reports were, in fact, false. He has determined that children of PAS are sometimes coached by the AIP to voice fabulous stories of abuse by TP’s or those who are close to the TP. By using this tactic, the AIP may be able to temporarily enlist the support of law enforcement and social service agencies in perpetuating the alienation process. Gardner (1998, 2002c) has referred to this tactic as a particularly shameful weapon in child-custody disputes, usually reverted to when other alienation-inducing tactics have failed to produce desired outcomes.

Because of his discoveries of false sexual abuse accusations, Gardner was one of the first mental health professionals to assert that perhaps some children may be lying when they claim to have been sexually abused by a parent targeted amid PAS (Warshak, 2004). It is not surprising to note, many have spoken out against Gardner’s (2001a, 2001b, 2002c) claims, suggesting that children do not lie and that professionals must accept all that children report to be true. Controversies surrounding this issue in Gardner’s writings have led to several criticisms regarding the existence of PAS in the first place. Nonetheless, Gardner (1987, 1992, 1995, 1999) has published a series of guidelines to help intervening professionals distinguish between false sexual abuse accusations per PAS and genuine child abuse.

PERSPECTIVES AND EXPERIENCES OF THE TP

In an effort to understand PAS from the TP’s perspective, Kopetski (1999b) examined child-custody evaluation data from 600 cases gathered during a 20-year period in Colorado. Based on analysis of these data, Kopetski presented a common profile of the TP. Characteristics of TPs included (a) a history of passivity, emotional constriction, and overaccommodation; (b) a tendency to avoid self-assertion; (c) the potential for presenting overt psychological distress (e.g., anxiety, depression) in response to the AIP’s tactics; and (d) a possible willingness to provide justifications for the AIP’s strategies. In discussing these commonly observed characteristics, Kopetski suggested that these behaviors are likely demonstrated in response to learned survival strategies amid the power imbalance that is almost always present among couples presenting with PAS. In addition, virtual allegations of abuse by the AIP may also lead to inaction because of the fear of somehow triggering a false allegation of child abuse. Correspondingly, the TP’s symptoms of psychological distress likely develop in response to repressed feelings of anger and sadness regarding the AIP’s tactics and their impacts on the child of PAS. The TP’s justifying behaviors may be presented in response to the self-blame and doubt often experienced by individuals as they divorce.

Such characteristics may be best understood when examined in context. Vassiliou (presented in Vassiliou, 1998, and
Vassiliou & Cartwright, 2001) interviewed six TPs in an attempt to give voice to their perspective of the PAS process. Results of Vassiliou’s study indicated that the TPs were often subjected to a progressive and destructive campaign of degradation with regard to their relationships with their children of PAS. Examples of participants’ reported experiences amid this campaign included (a) a gradual decrease in visitations, often to the point where court-implemented visitations had ceased; (b) a gradual reduction of other forms of contact (e.g., letters, telephone calls, attendance at school-related events); and (c) an overriding experience of TP-child relationship sabotage, intentionally orchestrated by the AIP. Other experiences reported by participants in Vassiliou’s study included instances in which the child and the AIP’s close family members directly participated in the alienation process (Vassiliou & Cartwright, 2001). In addition, false accusations of mental, physical, and sexual abuse had been made against three of the six participants in the study (Vassiliou, 1998).

In discussing their perceptions and beliefs regarding the overall PAS experience, participants in Vassiliou and Cartwright’s (2001) study believed the underlying cause of their alienation situation to be vengeance, anger, and hatred on behalf of the AIP. Participants also reported perceiving a loss of identity in their role as a parent resulting from the overall PAS experience. With regard to experiences surrounding legal and mental health interventions, several participants reported dissatisfaction and feelings of unfairness and injustice throughout the process. Complaints expressed by participants were centered largely on a perceived lack of knowledge regarding PAS on behalf of intervening legal and mental health professionals.

In reflecting on their overall personal experiences, participants in Vassiliou and Cartwright’s (2001) study reported significant emotional and financial consequences. TPs used terms such as emotionally exhausting, traumatic, devastating, and life-ruining to describe their experiences amid the alienating circumstances (Vassiliou, 1998). Gardner (2001d) had similar observations based on his interviews with 99 TPs who had been involved in prior custody battles accompanied by PAS. Following these interviews, Gardner reported dismay at the large number of parent-child relationships that had been completely destroyed by PAS. He also reported that he had underestimated the enormous grief carried by TPs who had been beleaguered by such outcomes. Cartwright (1993) observed that while the AIP may experience a pathological form of “victory” via the PAS crusade, the TP experiences the suffering associated with the loss of a child—not through death, but through hatred. Gardner expanded on the unique dynamics of this loss well when he stated,

I consider losing a child because of PAS to be more painful and psychologically devastating than the death of a child. Death is final and there is absolutely no hope for reconciliation. Most bereaved parents ultimately resign themselves to this painful reality. The PAS child is still alive and may even be in the vicinity. Yet, there is little if any contact, when contact is feasible. Therefore, resignation to the loss is much more difficult for the PAS alienated parent than for the parent whose child has died. For some alienated parents the continuous heartache is similar to living death. (p. 163)

IMPACTS ON THE CHILD OF PAS

Several authors (Baker, 2005a, 2005b; Cartwright, 1993; Kopetski, 1998b; Warschak, 2000) have examined the short- and long-term impacts of PAS on the child. Cartwright (1993), for example, suggested that the alienation process might actually trigger mental illness in the child. In an effort to examine this issue, Baker (2005a, 2005b) conducted a qualitative study that examined the experiences of 38 adults who were subjected to PAS as children. A number of salient themes arose from these interviews with regard to the psychological impacts of PAS on children. For example, participants in this study reported feelings of diminished self-esteem accompanied by self-hatred. These feelings originated from several sources, including the internalization of the hate demonstrated by the AIP. As children, many participants reported concluding that if the TP being bad-mouthed was psychologically and physically related to them, then they too must also be worthy of hatred and abandonment (Baker, 2005a, 2005b). In addition, most respondents had been told repeatedly by the AIP that the TP had rejected them or did not love them, which contributed to feelings of low self-worth and rejection (Baker, 2005b).

Depression was another common theme reported by participants in Baker’s (2005a, 2005b) study. Of participants, 70% reported suffering from debilitating episodes of depression into adulthood (Baker, 2005b). Several participants connected feelings of depression to their loss of connection with the TP amid the alienation campaign. A disturbing correlate to this loss was the fact that most participants were denied the opportunity to appropriately mourn the loss of their connection with the TP (Baker, 2005a, 2005b). Unfortunately, many of the participants received the childhood message that the loss was a positive event, involving a “good riddance to bad rubbish message” (Baker, 2005a, Depression section, ¶ 2). It is not surprising to note, a message of this contradictory nature could not easily be assimilated by the child. Participants also reported feelings of guilt and shame regarding the PAS experience. They seemed to relate their feelings of guilt to their active role in betraying and rejecting the TP (Baker, 2005a).

Baker (2005a, 2005b) reported a number of additional long-term impacts on the child of PAS. Examples included using drugs and alcohol as a coping mechanism for emotional pain and experiencing an overriding lack of trust regarding self and others, both of which often carried over into adult relationships. Baker (2005b) also discovered that a
significant number of participants in the study had later become alienated from their own children. This suggests the potential for a perpetuation of the PAS phenomenon to future generations if appropriate interventions have not been made. Baker (2005b) suggested that the cause of this perpetuation process was likely related to reports from participants that they had selected life partners who were remarkably similar to their AIPs. This may account for the fact that two thirds of participants in Baker’s (2005b) study had been divorced at least once (well above the national average). In anticipation of this possible consequence, some participants avoided having children altogether so that they would not have the potential of being someday rejected by them.

Baker’s (2005b) final point above warrants further discussion. Specifically, research has indicated that children in PAS circumstances are often enlisted as active participants in the alienation process (Baker, 2005a, 2005b; Kopetski, 1998b; Vassiliou & Cartwright, 2001; Warshak, 2000). This enlistment occurs as part of the aforementioned brainwashing or programming process repeatedly observed in PAS cases (Baker, 2005a; Byrne, 1989; Cartwright, 1993; Gardner, 2001a, 2002c; Walsh & Bone, 1997). The fact that children often serve as active participants in PAS systems leads to a dynamic requiring careful intervention with regard to children of PAS and TPs. Among children, the participation often contributes to the feelings of guilt and depression described above (Baker, 2005a, 2005b). From the perspective of the TP, repeated attacks from the child of PAS may lead to feelings of helplessness and rejection (Vassiliou & Cartwright, 2001). The important point is that even though ownership for this shared experience tends to be introjected by both parties, neither the child of PAS nor the TP are responsible for these behaviors. They are, in reality, indirectly perpetuated by the AIP as part of the overall alienation process. Therefore, interventions must be appropriately developed to accurately address this sort of “two-layered emotional abuse by proxy” phenomenon.

In concluding the article, Baker (2005b) reported that with the passage of time all 38 participants had gained insight into the manipulation strategies they had been subjected to by their AIPs. This awareness process occurred 7 to 47 years after participants had lost contact with the TP (Baker, 2005c). Participants reported that although this awareness process had been painful to confront, it represented a significant turning point in mending relationships with their TPs. As a particularly poignant example of this healing process, one participant reported that “the moment he met his father for the first time in 40 years he could feel the hole in his soul closing” (Baker, 2005b, p. 301).

MULTICULTURAL AND GENDER ISSUES

Limited information was uncovered concerning multicultural factors involved in the PAS experience. Participant information provided in each of the studies examined in the current review failed to include cultural information. Furthermore, none of the reviewed studies examined cultural factors as possible mitigating variables in the development or maintenance of PAS. For example, would the prevalence or systemic presentation of PAS be different among families with traditionally patriarchal values? Is PAS an issue among gay and lesbian families? What role does socioeconomic status play with regard to the involvement of the legal system in PAS-related child-custody disputes?

As previously discussed, the issue of gender in PAS has also been a topic of discussion since PAS was first identified. Gardner (2001c), for example, reported that in his work with PAS families in the early 1980s, the AIP was almost always the mother (85% to 90% of the time). In more recent years, Gardner (2001b, 2001c, 2002a, 2003c) has reported seeing a gender shift wherein mothers served as the AIP in only 50% of the cases. This gender shift, however, has not been consistently demonstrated in recent studies. For example, mothers served as the AIP at a rate of 94% in Dunne and Hedrick’s (1994) study, 83% in Baker’s (2001a, 2005b, 2005c) and Vassiliou’s (1998) studies, and 62% in Baker and Darnall’s (2006) study. Therefore, based upon data available at this time, no solid conclusions may be drawn with regard to typical gender representation within the PAS scenario.

IMPLICATIONS FOR COUPLE AND FAMILY COUNSELORS

We suggest that although PAS has only recently been delineated, it has existed for decades. The above survey of current research establishes a clear need for training among couple and family counselors in the identification of PAS. As Gardner (2001d) repeatedly observed, the court system is quick to refer conflicted families in custody situations to receive professional counseling. Unfortunately, many couple and family counselors have not received specific training regarding the assessment and treatment of PAS. It is often reported by most participants in Vassiliou and Cartwright’s (2001) study that they therefore behave in a way that family counselors become familiar with the above-delineated diagnostic criteria for PAS, in addition to the characteristics and experiences of all members of this dysfunctional triad. This will help such professionals craft appropriate interventions and avoid being manipulated by specific members of the PAS triad to further the alienation process.

CONCLUSION

Parental alienation syndrome is an elusive yet destructive form of child abuse affecting a large number of divorced and separated families involved in custody disputes. Although PAS has not yet been recognized in the DSM, a series of criteria has been developed to assist the couple and family counselor in
identifying its presence. In addition, a number of studies (e.g., Baker, 2005a, 2005b, 2005c; in press; Baker & Darnall, 2006; Dunne & Hedrick, 1994; Gardner 2001d; Kopetski, 1998a, 1998b; Price & Pioske, 1994; Rueda, 2004; Siegel & Langford, 1998; Vassiliou, 1998; Vassiliou & Cartwright, 2001) have been completed to further our professional understanding of PAS and the devastating effects it can have on parents and children alike. These studies have examined the characteristics and experiences of all three parties involved in the PAS experience. They have also served to examine the long-term impacts of the alienation process on the family system. Although further research is needed to truly understand the scope and impacts of this devastating syndrome, a great deal of progress has been made since Dr. Gardner formally identified the syndrome nearly 20 years ago.

REFERENCES
