Parental Alienation Syndrome in Court Referred Custody Cases

by

Janelle Burrill-O’Donnell
PARENTAL ALIENATION SYNDROME
IN COURT REFERRED CUSTODY CASES

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DOCTOR OF PHILOSOPHY

by
Janelle Burrill-O'Donnell
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APPROVAL

We, the undersigned, certify that we have read this dissertation and approve it as fully adequate in scope and quality for the degree of Doctor of Philosophy:

Author: Janelle Burrill-O'Donnell
Title: Parental Alienation Syndrome in Court Referred Custody Cases

Dissertation Committee:

Chair: G. Roy Sumpter, Ph.D. Date:

Member: Barbara Lackey, Ph.D. Date:

Member: Gil Linne, Ph.D. Date:
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To my husband, John. Thank you for your support.
DISSERTATION ABSTRACT

Author: Janelle Burrill-O'Donnell, Ph.D.

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Title of Dissertation: PARENTAL ALIENATION SYNDROME IN COURT REFERRED CUSTODY CASES

Scope of Study: This dissertation summarizes the research of 30 court referred, custody dispute cases assessing the behaviors of the parents and their children to determine the presence or absence of Parental Alienation Syndrome (PAS). The criteria to determine the parent and their children's behaviors is Dr. Gardner's definition of Parental Alienation Syndrome. The parents were placed in three categories (mild, moderate or severe) based on their symptoms and behaviors. Their children (59) were then categorized into three groups (mild, moderate, severe). This investigation seeks to determine additional information regarding the presence or absence of PAS. Reluctance by the courts and mental health community to accept the validity of PAS probably contributes to the perpetuation of the disruption of parent-child relations in custody disputes.

Findings and Conclusions: It appears the data from this study corroborates observations and definitions of Parental Alienation Syndrome. The data from this study indicates that the parents in the mild PAS category have children who exhibit fewer negative behaviors toward the alienated parents whereas children whose parents are in the severe category exhibit more negative behaviors towards the alienated parents. This study found that the more negative behaviors a child exhibits towards an alienated parent, the more severe their parent's symptoms and behaviors. Consequently, there is more severe alienation from the alienated parent and the more disruption to that parent-child relation. PAS is a distinctive form of child abuse generally found in intractable custody disputes.

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CHAPTER ONE
INTRODUCTION

The Parental Alienation Syndrome (PAS) so named by Dr. Richard Gardner, has been misinterpreted, misunderstood, and at times highly criticized. Legal, psychological, and psychiatric communities still "cringe" when PAS is suggested outright or is part of a court report. However, this researcher's professional clinical experience appears to support observations of PAS. This study will seek to determine the presence or absence of PAS in these 30 court referred cases.

Dr. Gardner is an experienced child and forensic psychiatrist who in 1985, introduced the concept of Parental Alienation Syndrome, and knew from experience that the norm for children of divorce was to continue to love and long for both parents and that children continue to long for both parents despite the passage of time subsequent to divorce (Rand, 1997; Dunne, 1994). "Parental Alienation Syndrome," is used to refer to a child’s denigrating and rejecting a previously loved parent in the context of divorce or custody (Rand, 1997; Gardner, 1992).

In the early 1980's, there was concern in the mental health community about the increasing number of children who presented as preoccupied with denigrating one parent, even to the point of expressing hatred toward a once loved parent (Gardner, 1992; Rand, 1997). Dr. Gardner published his observations; however, his publication was from clinical observation only. Dr. Gardner is a practitioner seeking to improve the diagnostic skills and intervention strategies of the courts and other professionals who deal with high conflict custody cases (Rand, 1997). No specific research data is available to support clinical observations of PAS.
The purpose of this study is to determine whether there is support for observations of Parental Alienation Syndrome. A case study approach was used as the methodology. Gardner's criteria for PAS was used as the base for collecting data. Additionally, the signs and symptoms manifested by this study's participants (data collected) were defined using the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (APA, 1994).

PAS was explored and explained using Dr. Gardner's criteria which states in part: 1) the alienating parent's denigration of the alienated parent results in the child viewing that parent as loathsome, worthless and without any admirable qualities; 2) the child emulates the alienating parent; and 3) the child identifies with the alienating parent ("perfect parent") to the exclusion of the alienated parent.

This investigation analyzed thirty cases with 59 children currently in the court system to see if they support the existence of PAS. It examined the characteristics and behaviors of the alienating parents, the alienated parent, the child, as well as, the techniques used by the alienating parent, the responses of the child, and the responses of the alienated parent.

Reluctance by professionals to consider the existence of PAS contributes to the perpetuation of the alienation of children and destruction of a parent-child relation. It is believed by this researcher that an appropriate diagnosis of PAS can make the difference between allowing the case to go beyond the point of no return or intervening effectively before it is too late to save the parent-child relationship and maintain the emotional stability of children.
Manifestations of and Definitions of Parental Alienation Syndrome

A syndrome is defined as a grouping of signs and symptoms, based upon their frequent occurrence that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection (DSM 4th Edition, 1994). The syndrome identified by Gardner seeks to understand the process of a child aligning with one parent against the other parent in a legal context.

PAS was first observed in children who had been involved in protracted custody litigation. Parental alienation is now so common that manifestations of PAS were observed in approximately 90% of the children involved in custody conflicts by the mid 1980's (Gardner, 1992).

PAS vs. Brainwashing

PAS is different from simple brainwashing, and the term PAS refers to a "disturbance in which a child is preoccupied with denigration and criticism of a parent." (Gardner, 1992). The criticism and denigration of PAS is unjustified and/or exaggerated. Gardner stated, "Brainwashing implies one parent is systematically and consciously programming the child to denigrate the other" (Gardner, 1992, p. 64.). While the concept of PAS includes the brainwashing component, it is much more comprehensive. PAS includes not only conscious coercion, but "unconscious factors within the programming parent" which contribute to the child's alienation from the alienated parent (Gardner, 1992; 1998; 1999).

PAS emphasizes factors that arise within the child which are independent of the parental contributions that initiated the development of PAS. Clinical observations
emphasized the combination of the child's own scenarios of denigration of the alienated parent and the alienating parent's programming. PAS is a term, which includes and encompasses both contributory factors of the child and the alienating parent.

PAS is not animosity that a child harbors against a parent who has actually abused that child. PAS will not be considered if the parent is found neglectful and/or abusive. In such cases, it is appropriate for the child to want to cease contact with the abusing parent. "PAS is applicable only when the [alienated] parent has not exhibited anything close to the degree of alienating behavior that might warrant the campaign of denigration exhibited by the child" (Gardner, 1992, p. 64). Rather, in typical cases, the alienated parent would be considered by most evaluators to have been a normal, loving parent or at worst, exhibited "minimal impairments in parenting capacity" (Gardner, 1992, p. 64; 1998; 1999). It is the exaggerating of minor weaknesses and deficiencies by a child that is the hallmark of PAS.

The Children

When bona fide abuse is present, the PAS diagnosis is not applicable. No single child is going to exhibit all of the symptoms of PAS; rather, the symptoms can be divided into mild, moderate, and severe categories. For example, the severely alienated child is obsessed with "hatred of a parent" (Gardner, 1992, p. 64). The denigration of the parent often has the quality of a litany: "I hate him and I never want to see him again" because "he scares me." The once revered parent is now referred to as "boring" and "mean". The child has no memory of any happy, good, or positive times prior to the alienated parent's departure.

The relationship between the alienated parent and child is fragile in these families even if it was positive prior to the separation. Children have a diminished
ability to maintain healthy boundaries and relationships when brought into conflict in a custody battle.

Dr. Stahl (1999) suggests children are most susceptible to alienation when they are passive and dependent and feel a strong need to psychologically care for the alienating parent. In both the child and the alienating parent, there is a sense of moral outrage at the alienated parent and there is typically a fusion of feelings between the alienating parent and child such that they talk about the alienated parent as having hurt "us" (Stahl, P., 1999, p. 4). Dr. Stahl believes the children in such families are likely to develop a variety of pathological symptoms which can include: 1) splitting in their relationships; 2) difficulties in forming intimate relationships; 3) a lack of ability to tolerate anger in other relationships; 4) psychosomatic symptoms; 5) conflicts with authority figures; and 6) an unhealthy sense of entitlement that leads to social alienation in general.

It is important for the evaluator to make an attempt to divide children with manifestations of PAS into mild, moderate, and severe categories. As is true of all psychiatric disorders, there is a continuum from the mildest through the moderate, to the most severe.

Mild PAS

The children in this category may develop their own scenarios about the alienated parent with only slight prodding by the alienating parent. Here, the children's primary motive is to strengthen the alienating parent's position in the custody dispute in order to maintain the psychological bond they have with that parent. These children present as ambivalent about visitation, but are the most free to express affection for the alienated parent even in the alienating parent's presence.
Moderate PAS

The children in this category are less fanatic in their vilification of the alienated parent than those children in the severe category. However, these children do have campaigns of deprecation of the alienated parent, but are much more "likely to give up their own scenarios" when alone with the alienated parent, especially for long periods. When these children are removed entirely from the alienating parent's purview, they quiet down, relax, and involve themselves with the alienated parent. The primary motive of the child's scenario is to maintain the psychological bond with the alienating parent.

Severe PAS

These children are easy to recognize. When the therapist or evaluator invites everyone for a family interview or for an interview of the children with each parent separately, the alienating parent was sitting on one side of the waiting room with the children acting as if the alienated parent was not present in the waiting room. Typically, the child sits next to the alienating parent, who tries to find a position most remote from the alienated parent. "The professions of hatred are most intense when the child and the alienating parent are in the presence of the alienated parent." (Gardner, 1992; 1998; 1999).

However, when the child is alone with the alienated parent, he or she may exhibit feelings, which range from: 1) hatred, 2) neutrality, or 3) inhibited expressions of affection. Children provide the most frivolous excuses for not visiting which are supported by the alienating parent. Visitation is strongly resisted by these children. In pre-adolescents and adolescents, visitation frequently stops.
Manifestations of the Alienating Parent in PAS

It is not unusual for one to see a family in which the allegiance of the children has been "split." One or more children may side with the mother and one or more children may side with the father. However, it is the introduction of the children's own scenarios, which warrant the PAS designation. The alienating parent desires to maintain a strong psychological bond with the child. "Obviously, the custody dispute threatens this bond and there is the omnipresent risk of its interruption, attenuation and possibly even its ultimate obliteration." (Gardner, 1992, p. 121.)

Parents with Mild PAS

The alienating parents with mild PAS are healthy enough not to involve themselves in courtroom litigation in order to gain primary custody. These parents recognize that alienation from the other parent is not in the best interests of their child and make a more conciliatory approach to the alienated parent's request. However, some manifestations of programming are visible in the alienating parent in order to strengthen their position. "There is no paranoia here, but there is anger and there may be some desire for vengeance" …These parents are typically entrenched in their positions and feel they are in an unequal situation with the other parent" (Gardner, 1992, p. 154).

Parents with Moderate PAS

This is about the parent, not the child. These parent's exhibit rage and paranoia in severe cases. Their rage may stem from feelings of abandonment by the other parent (Roseby, 1993; 1998).

These parents are able to differentiate between sexual/physical abuse allegations that are preposterous and those that are not. Nonetheless, there is still a campaign of
denigration and a significant desire to withhold the child from the other parent as a vengeance maneuver. These parents will find a variety of excuses to interfere with or circumvent visitation. These parents may be unreceptive to complying with court orders; however, they will often comply with threats of sanctions or transfer of custody.

For example, when a sex abuse allegation occurs, these parents are able to differentiate between the child's obviously "coached" claims of abuse and those that may have validity. The parents in this category are more likely to have been good child-rearers prior to the separation/divorce. In contrast, the parents in the severe category had serious impairments in child rearing capacity prior to the separation/divorce.

Parents with Severe PAS

The alienating parent in PAS, severe type, often manifest psychopathic elements. Their maneuvers may be sadistic in an attempt to totally eliminate the alienated parent. According to Gardner, (1992; 1998; 1999) the (severe) alienating parent's "cruel maneuvers are often derivatives of psychopathological processes that become incorporated" into the alienating parent's programming resulting in exclusionary procedures of the alienated parent.

In severe PAS, these parents are often fanatics. They will frequently use every mechanism at their disposal (legal and illegal) to prevent and interrupt visitation with the alienated parent. The alienating parents are obsessed with antagonism and anger toward the other parent. "In many cases they are paranoid" (Gardner, 1992, p. 150).

Frequently, the paranoia that becomes so apparent did not exhibit itself prior to the breakup of the relationship or marriage, but may now be the manifestation of the psychiatric deterioration seen in the context of custody/divorce disputes (Gardner, 1985; 1992). "Central to the paranoid mechanism is projection" (Gardner, 1992, p. 150). The
alienating parent sees the other parent as having many noxious qualities, which actually exist within themselves. These alienating parents project these unacceptable qualities onto the other parent so they can consider themselves innocent victims.

Alienating parents in severe PAS cases do not respond to logic, confrontations with reality or appeals to reason. They truly believe their preposterous scenarios. It takes skilled mental health examiners to maintain a therapeutic relationship with the entire family. Frequently, there is no evidence for the alienating parent's accusations. This includes even a court decision that the alienated parent is not guilty of the allegations made by the alienating parent. The child in severe PAS joins and shares in the paranoid fantasies about the alienated parent with the alienating parent. These children may become panic-stricken over the prospect of visiting the other parent. Visitation frequently becomes impossible.

**Internal Processes Involved in Alienating**

The below definitions and examples may help the reader understand the alienating parents' internal processes.

**Reaction Formation**

Reaction formation is an unconscious process whereby an individual controls what he or she believes to be unacceptable feelings or impulses by establishing behavior patterns, which are directly opposed to the unacceptable feelings, or impulses. Even though the original impulse is repressed, it is believed to continue to exist unconsciously in its original form and is thus, "likely to emerge under some circumstances" (Reber, 1995). An alienating parent may cover his or her feelings about the other parent and use anger as the mechanism to cover up affection. It is very important to understand that
many alienating parents may not be loving toward the child, but rather may ostensibly campaign against the other parent in their so-called attempt to "protect the child from harm by the alienated parent" (Gardner, 1992).

A healthy parent, a parent who truly loves his/her child, appreciates the importance of the noncustodial parent in the life of their child and, with the exception of the genuinely abusing parent, facilitate meaningful contact between the child and their former spouse. Parental deficiency is a manifestation of PAS and is not in the child's best interests. The alienating parent's apparent obsessive love of their child may often be an attempt to cover up their underlying hostility (Lund, J., Sullivan, M., 1996).

**Projection**

The mechanism of projection is often operative for many of the alienating parents, particularly the moderate and severe category. (Rand, 1997). Projection is an unconscious process by which a person's own traits, emotions, or dispositions are ascribed to another. Frequently, there is denial that these feelings or tendencies exist. Projection functions as a defense mechanism to protect the alienating parent from the underlying conflict and feelings that have been repressed (Reber, 1995).

The alienating parent attributes to the other parent tendencies and practices, which are unlikely, if not impossible, and are products of their own imaginations. The alienating parent can then consider him or herself free of odious behavior (Gardner, 1992; 1998). For example, an alienating parent attributes inappropriate touching of a child to the alienated parent. The child can come to believe this distortion of reality and fear the alienated parent.

Mental health professionals believe the alienating parent may be able to correct the distorted thinking by logic and confrontation with reality. However, if this does not
occur and the belief becomes fixed and unswerving in spite of confrontation, "then the term paranoid is well warranted" (Gardner, 1992, p. 126).

Many accusations are conscious and deliberate; however, in other cases subconscious and unconscious factors are operative, especially projection. This is primarily observed in PAS, severe type. For example, an alienating parent's own suppressed and repressed sexual fantasies are projected onto the child and the other parent. There may be accusations of sexual abuse, physical abuse, and/or domestic violence without evidence.

Paranoia

A disorder manifesting suspiciousness of delusional proportions typical of this disorder or the belief of some harm to self or another exists (DSM 4th Ed., 1994). In PAS, paranoia is expressed by obsession with antagonism toward the other parent. Sometimes the paranoid thoughts and feelings about the other parent are isolated to that person alone; however, in other cases this paranoia is just one example of many types of paranoid thinking in the alienating parent (Gardner, 1992). For example, a parent may have paranoid delusions that the other parent is seeking to take the child away when in fact the other parent just wants a consistent parenting schedule and an opportunity to share the parenting. The paranoid belief system is also transferred to the children by instilling fear that the other parent is attempting to take the child away. For example, a child will express (during an interview) that "he doesn't want anymore time with his father because his father is mean and he is trying to hurt my mother by taking me away from her." There is no evidence to support these fears and beliefs, which the mother has projected onto the child.
Anger

Anger is used to describe the alienating parent's behavior towards the alienated parent. The anger fuels the campaign of denigration and the desire to withhold the child from the alienated parent as a vengeance maneuver. Anger in alienating parents is also exhibited by finding a wide variety of excuses to interfere with or circumvent visitation with the alienated parent. Psychodynamically, angry or raging parents may feel abandoned by the other parent. In their rage and anger they pull the child toward them in an attempt to not feel abandoned by the child, and they begin a campaign of deprecation against the child's other parent. The anger fuels this campaign for years until appropriate intervention by the courts and mental health professionals is in place (Rand, 1997).

Programming the Child

Programming is defined as a parent who denigrates and criticizes the alienated parent overtly and covertly. For example, "I can't afford to send you to private school anymore because your father left us and won't pay child support." These kinds of statements are frequently said in a variety of ways and situations, but the message is always the same: "your father did this to us." This is but one example of many different kinds of statements made repeatedly to program a child.

Allegations of Sexual Abuse or Physical Abuse

Allegations of sex abuse or physical abuse frequently occur often resulting in long periods without contact between the child and the alienated parent. An investigation must take place and the parent is typically on supervised visitation pending the outcome of the investigation. For example, a child may state to the mental health professional, "My Daddy touched my privates." During the investigation,