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Recommended treatments for “parental alienation syndrome” (PAS) may cause children foreseeable and lasting psychological harm

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ABSTRACT

The coercive and punitive “therapies” recommended for children diagnosed with parental alienation constitute an ethical minefield and are especially inappropriate when used on children who have already been traumatized. Forced reunification against a child’s will and without taking into consideration the child’s point of view and emotional well-being, can be expected to reinforce a sense of helplessness and powerlessness in an already vulnerable child. Such “treatment” can be expected to do more harm than good, and rather than helping their well-being, could cause lasting psychological harm, particularly when imposed upon children who claim the parent they are being forced to reunify with is abusive.

KEYWORDS

Child abuse; parental alienation; reunification; treatment

We are in agreement with the broad critiques of parental alienation theory as offered by O’Donohue, Benuto, and Bennett (2016) and Clemente and Padilla-Racero (2016) in this issue, and many of the researchers that they cite. “Parental alienation syndrome” (PAS) criteria are vague and subjective, nondiagnostic, and inconsistent with good child-centered evaluation. As a result, PAS proponents frequently draw conclusions based on pure speculation, correlation without demonstrated causation, and inference without any foundation other than their own beliefs about how children should think and behave during a stressful divorce. Current proponents of parental alienation, including Bernet (2008) and Warshak (2015), have attempted to circumvent widespread condemnation of PAS by replacing it with parental alienation disorder (PAD) or simply parental alienation. While they have attempted to imbue their viewpoints with the mantle of science, the criteria used to determine alienation are the same ones offered by Gardner and thus the same criticisms of Gardner’s theory of PAS are applicable as noted in the Commentaries in this issue noted above as well as by others (e.g., Houchin, Ranseen, Hash, & Bartnicki, 2012; Meier, 2013; Saini, Johnston, Fidler, & Bala, 2016). In rejecting PAD for inclusion in the latest revision of the *Diagnostic*

and *Statistical Manual of Mental Disorders* (DSM), Dr. Darrel Regier, vice chair of the DSM task force, stated, “It’s a relationship problem—parent–child or parent–parent. Relationship problems per se are not mental disorders.” The Board of Trustees would not even consider putting it in a section for disorders needing further research (Thomas & Richardson, 2015, p. 33). Our view is that the ongoing harm to children that this faulty concept has engendered is significant. In this Comment, we examine some of the diagnostic and treatment implications derived from PAS that can harm children and families.

The potential for PAS diagnoses to harm children is not surprising given the concept’s origin. As noted in the Commentaries, PAS was invented by Richard Gardner based on his clinical impressions of cases he believed involved false allegations of child sexual abuse (Gardner, 1985). At the time, Gardner was a frequent expert witness, most often on behalf of fathers accused of molesting their children (Sherman, 1993). Thus, PAS was first described to counter sexual abuse allegations in custody litigation. Without citing any evidence, Gardner (1987) claimed that PAS is responsible for most accusations of child sexual abuse that are raised during custody disputes, and that in his experience “in custody litigation ... the vast majority of children who profess sexual abuse are fabricators” (p. 274). As a result, PAS has frequently been introduced into custody cases by parents whose child has rejected them in order to discredit allegations of family violence or abuse (Bruch, 2001). Actual research, on the other hand, has consistently shown that sexual abuse allegations are not common during custody litigation and when thoroughly investigated, are often no more likely to be false than allegations raised at other points in time (see Dallam & Silberg, 2006 for a review). Yet, even when abuse claims were valid, Gardner appeared to believe that PAS was more detrimental than sexually abusing a child. For example, Gardner (2000) considered PAS to be a form of emotional abuse that can lead to lifelong psychiatric disturbance in the child. Conversely, Gardner claimed that the determinant as to whether the sexual abuse will be traumatic for a child “is the social attitude toward these encounters” (1992a, pp. 670–671) and that special care should be taken by the therapist to not alienate the child from the molesting parent (p. 537).

Gardner’s theory of parental alienation was based on the assumption that if a child rejects their parent (usually the father) after allegations of abuse, the other parent (i.e., the mother) must have brainwashed the child. As Gardner (1992b) stated, “Children are not born with genes that program them to reject a father. Such hatred is environmentally induced, and the most likely person to have brought about the alienation is the mother” (p. 75). Thus, problems in the child’s relationship with the father were simply blamed on brainwashing by the mother. The recommended solution to remedy PAS involves coercive and punitive treatments for both the mother and the child along with switching custody to the rejected parent as noted by Clemente and Padilla-Racero (2016) in this issue. Although Gardner (2001) said that children may then

add their own contributions to the vilification of a parent, there is minimal indication in Gardner's perspective that children can react to a parent based on their own experiences, feelings, and beliefs. Thus, the mental life of the child who is being diagnosed with PAS is largely ignored in Gardner's theoretical analysis.

Gardner's theory of PAS has been difficult to overcome because he relied on popular gender and cultural myths (see Dallam & Silberg, 2006 for a review) and offered courts a simple explanation for very complex cases. One judge wrote that when she first read Gardner's (1987) book *The Parental Alienation Syndrome and the Differentiation Between Fabricated and Genuine Child Sex Abuse*, she believed that "Dr. Gardner had just handed me the key to the mysteries of all my high-conflict family law custody cases ... the magic of the theory was intoxicating" (Slabach, 2014, p. 8). One reason the theory seemed so comprehensible was that the definition of PAS includes its hypothesized etiological agents (i.e., a manipulative/alienating parent and a receptive child) (Kelly & Johnston, 2001). This renders Gardner's theory of PAS unfalsifiable because it is tautological (i.e., true by definition). The child's denial that such brainwashing has taken place and the mother's attempts to obtain professional assistance in diagnosing, treating, and protecting the child, are then used by Gardner and proponents of his views as evidence of alienation. Thus, Gardner's theory works backward using circular reasoning to assume causation from an observation. As a result, Rotgers and Barrett (1996) cite PAS theory as a prime example of a nonscientific theory that engages in reverse logic.

The rejected parent's role in contact refusal

As a theory, PAS is black and white with minimal attention given to family dynamics or child development. The alienating parent was painted by Gardner as pathological and completely to blame for the child's position. The rejected parent in Gardner's theory was totally blameless and the "true victim" (Gardner, 2002, p. 26). In actuality, when a child rejects a parent there is a wide range of possible explanations including normal developmental conflicts with a parent, separation anxiety with the preferred parent, abuse, or neglect, etc. (e.g., Faller, 1998; Garber, 1996). Moreover, research on the topic has found that rejected parents often have contributed to their situation. Huff (2015) surveyed 292 young adults (18–35 years old) who were between 8 and 17 at the time their parents separated. He found that that violence and a perceived lack of warmth were significant predictors of contact refusal with a parent. The largest effect size for predicting contact refusal was for the degree to which participants reported being aligned with the other parent. At the same time, co-parental conflict and parents' alienating behaviors had little to no direct contribution to contact refusal after controlling for the other

variables in the model. Huff's study is of particular importance since alienating behaviors are the primary variable that alienation proponents claim causes contact refusal. His study found that participants were *not* influenced to reject a parent due to manipulation by the other parent; instead, they tended to align with the parent who exhibited the most caring behavior toward them.

These findings are supported by prior studies looking at children's rejection of a parent after divorce. Lampel (1996) studied 24 consecutively referred children of parents in custody litigation. She found that the rejected parent's demonstration of empathy was a better predictor of a child's rejection than manipulation by the preferred parent. She concluded, "The complex family dynamics suggested by these studies are that a closed parent system, in which both parents are defensive and remain in conflict, led the child to align with the more problem solving, capable, and outgoing of the two parents" (p. 239). Johnston, Walters, and Olesen (2005) found that substantiated accounts of abuse significantly predicted parental rejection when controlling for a variety of other factors, including alienating behaviors by the other parent.

Acceptance of PAS can result in failure to adequately investigate reports of abuse

One of the biggest pitfalls of having children evaluated by someone trained in parental alienation theory is that the assumption of manipulation by the preferred parent means that the rejected parent is deemed by evaluators to be the only source of "credible" information; the preferred parent and child are not viewed as credible and thus their concerns are often ignored. This parent and the child often quickly realize that the evaluator does not believe them, is biased, and has their mind made up. This can lead to them shutting down and not providing information, or even exaggerating actual abuse to be more extreme in an attempt to get the evaluator to pay attention.

Although proponents of parental alienation agree that substantiated abuse rules out a diagnosis of PAS, many custody evaluators appear predisposed to attribute abuse allegations to vindictiveness, rather than exploring whether there is a factual basis for the child's disclosure or the protective parent's concerns (e.g., Saunders, Faller, & Tolman, 2011). In addition, as Johnston, Roseby, and Kuehne (2009) pointed out, parental violence, abuse, and neglect range on a continuum from blatant acts to more subtle forms of emotional abuse, neglect, and a lack of empathy and concern for the child that may not be acknowledged, difficult to document, and unreported or dismissed by authorities. Even when abuse is formally investigated, it is frequently not substantiated as allegations of interpersonal violence can be very difficult to independently confirm, especially if the law enforcement or child protective services personnel also believe in the myth of PAS and, therefore, do not conduct their normal comprehensive investigations.

Parental alienation proponents, on the other hand, often assert that they can easily determine whether abuse has occurred, often with no formal evaluation of the child or family (e.g., Childress, 2015). Once they make their determination, custody evaluators schooled in PAS theory were instructed by Gardner to ignore and aggressively contradict any abuse disclosures by a child they believe to be alienated. For example, Gardner (1999) wrote, “The court’s therapist must have a thick skin and be able to tolerate the shrieks and claims of impending maltreatment that PAS children often profess... To take the allegations of maltreatment seriously, is a terrible disservice to PAS children” (pp. 201–202). Similarly, Warshak (2015) noted that children can be very convincing in their accounts of poor treatment at the hands of the rejected parent and, as a result, “[n]aïve therapists who lack specialized knowledge and experience with alienation cases may inadvertently reinforce the children’s alienation by accepting their patients’ representations as accurate” (p. 246). Gardner (1999) even directed therapists to actively counter allegations of abuse if they believed them to be false. He stated, “[I]t is therapeutic to say, ‘That didn’t happen! So let’s go on and talk about real things, like your next visit with your father’” (p. 202).

We find this position to be inherently dangerous, not only because it is disrespectful to children, but also because of the very real possibility of abused children being misdiagnosed as alienated and placed with their abuser. The ability for PAS and its offshoots to harm children was recognized by the National Council of Juvenile and Family Court Judges, a leading judicial body, in its published guidelines noting that PAS may divert attention away from the behaviors of an abusive parent by assuming that child’s attitudes toward that parent have no basis in reality (Dalton, Drozd, & Wong, 2006).

Because of the difficulty in substantiating allegations of interpersonal violence in custody cases, the American Professional Society on the Abuse of Children (2013) recommends a comprehensive family evaluation by mental health professionals with expertise in interpersonal violence. Evaluators should conduct more than a single interview with children, rely upon multiple methods of data collection and, whenever feasible, a team approach should be used to mitigate individual bias. Even with such a careful investigation, finding insufficient evidence for a finding of abuse does not mean that “brainwashing” is the most likely alternative. It is very difficult to substantiate abuse particularly in young children and, as noted previously, parental rejection has many causes.

Experimental and punitive treatments for PAS

Both PAS and PAD are built on the assumption the relationship of an alienated child with the rejected parent will be irreparably damaged, unless drastic measures (custody transfer, isolation from the loved parent, and

deprogramming) are taken. These theories further assume that the child will suffer permanent psychological harm if they are not forced to see the rejected parent. Consequently, the recommendations of PAS advocates can endanger children by separating them from the parent with whom they are most bonded and attempting to force the child to accept the rejected, and possibly abusive, parent.

Gardner (2001) claimed that children with PAS require an authoritarian and confrontational approach. As a result, treatment of children who diagnosed with parental alienation involves incarceration, threats, and/or special reunification “camps” where children are held against their will to be indoctrinated into rejecting the influence of the parent with whom the child is most bonded (see Gardner, 1999, 2000, 2001). Current treatments for alienation have not been empirically studied for efficacy and Johnston and Kelly (2004) described Gardner’s prescriptions for treating PAS “a license for tyranny” (p. 85).

Recently a number of reunification “camps” to treat PAS have emerged (see Slabach, 2014; Warshak, 2010b). The operators of reunification “camps” often emphasize that these are not treatment programs but instead are “educational” in nature, thus avoiding scrutiny of regulating bodies (Houchin et al., 2012). Houchin et al. noted that these “educational” programs are a burgeoning industry that are making some professionals and lay people quite wealthy, but which have no empirical support other than the claims of those who run the programs. Many of these programs are run out of hotel rooms. Before agreeing to take the child, most of these “camps” require that the court sign special orders to prevent the preferred parent and child from having any contact (including phone, texts, e-mail or Facebook) for a period of at least 90 days. These no contact orders require that the rejected parent be given sole legal custody, and that the preferred parent, along with the child’s other family and friends, are not allowed to know where the child is being held. The child’s cell phone is taken and all communications are restricted and monitored. The child may be threatened that if they make any attempt to contact their preferred parent, they both will be in trouble with the court, and that the 90-day period of no contact will start over again (e.g., Warshak, 2014).

Isolating a child from everyone they are familiar with and attempting to force them to adopt a different view of a parent, especially by strangers who know little about the child’s actual experiences, can in and of itself be traumatic. Warshak (2010b) who runs Family Bridges, a reunification program for “alienated” children, wrote that that when children are court-ordered into Family Bridges and told they can have no further contact with their preferred parent, “It is not uncommon for children to react by screaming, refusing to go, threatening to run away, sobbing hysterically, and, in one case, hyperventilating” (p. 61). At the same time, Warshak (2010a) claimed, “Despite their vehement protests, children and teens welcome the sense of

protection and control that comes when adults exert appropriate authority to keep children on the right track” (as cited by Warshak & Otis, 2010, p. 93) However, no peer reviewed research to support such claims has been published.

Research refutes forced treatment for PAS

Research refutes the assumption that a child’s bond with a preferred parent must be disrupted to safeguard the child’s relationship with the rejected parent. Instead, researchers have found that if a child’s rejection of parent is unwarranted, the child will usually reconcile with the parent on their own without any intervention (e.g, Johnston & Goldman, 2010; Johnston et al., 2009). Johnston et al. found that alignments with a preferred parent are usually time-limited. However, they noted if these cases are mishandled through attempting to force the child to change allegiances, they can contribute to the entrenched position in the child. Research by Johnston and Goldman found that adults who were forced into reunification with a rejected parent when they were a child had strong negative views and feelings about the experience. Based on their research, Johnston and Goldman suggested a “strategy of voluntary supportive counseling and/or backing off and allowing the youth to mature and time to heal the breach” (p. 113) instead of forcing adolescents to participate in counseling. They concluded that teenagers who feel empowered and have their autonomy respected are better able to distance themselves from the parental and family conflicts and consequently more likely to initiate meaningful contact with the rejected parent. Other writers who have looked at the issue argue that enforced treatment and custody reversal are counterproductive, in that they will only serve to reinforce the child’s hatred for the rejected parent, and add stress to the already vulnerable child (e.g., Jaffe, Ashbourne, & Mamo, 2010; Johnston et al., 2009).

Silberg, Dallam, and Samson (2013) documented the harm that can come when children are court ordered into custody of abusive parents. They analyzed the court records of 27 custody cases in which courts initially placed children in the custody of an allegedly abusive parent and later reversed itself and protected the child. Silberg et al. reported that family courts were highly suspicious of a mother’s motive for being concerned with abuse and custody evaluators and guardian ad litem (GALs) frequently accused mothers of alienating their children from fathers and coaching them to report abuse. In the majority of the cases (59%), the alleged perpetrator was granted sole custody. Some mothers were not allowed any contact with their children, and several others were ordered not to speak to their children about abuse or report any further concerns about abuse or risk losing any further contact. The children spent an average of three years in the abusive parent’s custody before the case was reversed. Court records showed evidence of the children’s deteriorating mental and physical condition including anxiety, depression,

dissociation, PTSD, self-harm, and suicidality. Thirty-three percent of the children became suicidal, some repeatedly ran away, and others ended up in psychiatric hospitals.

Conclusion

Hopefully, the tide is beginning to turn on this issue. The lack of empirical support for PAS theory has been repeatedly documented, as has the potential for harm when children are diagnosed and treated for this pseudoscientific condition. In addition, the confinement of children, who have no mental disorder and who have committed no wrong doing, away from parents and friends in unfamiliar surroundings in order to force them to adopt a new belief system would appear to violate these children's basic civil rights (Kleinman & Kaplan, 2016). As a result, in our view, diagnosing children with PAS (or following the same principles without using the label) and recommending coercive and untested treatments for child who refuse contact constitute a form of professional malpractice.

In summary, parental alienation as defined by PAS advocates is a popular, but faulty, concept which has been disproven by research and is not accepted by any professional mental health organization. Coercive and punitive "therapies" recommended for children diagnosed with parental alienation constitute an ethical minefield and are especially inappropriate when used on children who have already been traumatized. Forced reunification against a child's will and without taking into consideration the child's point of view and emotional well-being, can be expected to reinforce a sense of helplessness and powerlessness in an already vulnerable child. Such "treatment" can be expected to do more harm than good, and rather than helping their well-being, could cause lasting psychological harm, particularly when imposed upon children who claim the parent they are being forced to reunify with is abusive.

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