

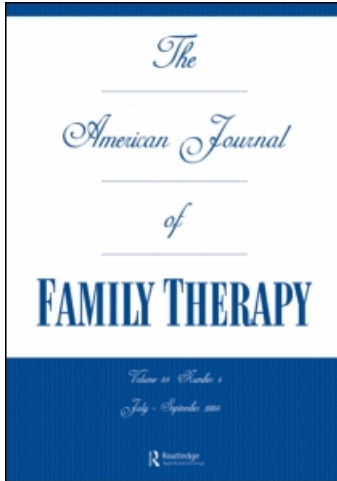
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Parental Alienation, DSM-V, and ICD-11

William Bernet ^a; Wilfrid von Boch-Galhau ^b; Amy J. L. Baker ^c; Stephen L. Morrison ^d

^a Department of Psychiatry, Vanderbilt University School of Medicine, Nashville, Tennessee, USA ^b

Private Practice, Würzburg, Germany ^c Vincent J. Fontana Center for Child Protection, New York, New

York, USA ^d Houston Police Department and Departments of Criminal Justice and Social Science,

University of Houston-Downtown, Houston, Texas, USA

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Parental Alienation, DSM-V, and ICD-11

WILLIAM BERNET

Department of Psychiatry, Vanderbilt University School of Medicine, Nashville, Tennessee, USA

WILFRID VON BOCH-GALHAU

Private Practice, Würzburg, Germany

AMY J. L. BAKER

Vincent J. Fontana Center for Child Protection, New York, New York, USA

STEPHEN L. MORRISON

*Houston Police Department and Departments of Criminal Justice and Social Science,
University of Houston-Downtown, Houston, Texas, USA*

Parental alienation is an important phenomenon that mental health professionals should know about and thoroughly understand, especially those who work with children, adolescents, divorced adults, and adults whose parents divorced when they were children. We define parental alienation as a mental condition in which a child—usually one whose parents are engaged in a high-conflict divorce—allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. This

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Address correspondence to William Bernet, M.D., Department of Psychiatry, Vanderbilt University School of Medicine, Vanderbilt Psychiatric Hospital, 1601 Twenty-third Avenue South, Suite 3050, Nashville, TN 37212-7182. E-mail: william.bernet@vanderbilt.edu

process leads to a tragic outcome when the child and the alienated parent, who previously had a loving and mutually satisfying relationship, lose the nurture and joy of that relationship for many years and perhaps for their lifetimes. The authors of this article believe that parental alienation is not a minor aberration in the life of a family, but a serious mental condition. The child's maladaptive behavior—refusal to see one of the parents—is driven by the false belief that the alienated parent is a dangerous or unworthy person. We estimate that 1% of children and adolescents in the U.S. experience parental alienation. When the phenomenon is properly recognized, this condition is preventable and treatable in many instances. There have been scores of research studies and hundreds of scholarly articles, chapters, and books regarding parental alienation. Although we have located professional publications from 27 countries on six continents, we agree that research should continue regarding this important mental condition that affects hundreds of thousands of children and their families. The time has come for the concept of parental alienation to be included in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V), and the International Classification of Diseases, Eleventh Edition (ICD-11).

INTRODUCTION

There is considerable international interest in the proposition that parental alienation should be included in the official diagnostic systems for psychiatric conditions.

With regard to the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-V), a group of mental health and legal professionals were invited to submit a formal proposal to the DSM-V Disorders in Childhood and Adolescence Work Group. The proposal, "Parental Alienation Disorder and DSM-V," was submitted to the Work Group in August 2008. The August 2008 formal proposal included more than 50 citations and quotations from the mental health literature and more than 90 citations from the world legal literature. The authors concluded that the diversity of these publications supported the proposition that the concept of parental alienation is generally accepted by mental health and legal professionals. The August 2008 proposal was published in the *American Journal of Family Therapy* (Bernet, 2008).

After reviewing the August 2008 formal proposal, Daniel Pine, M.D., the chairman of the Disorders in Childhood and Adolescence Work Group, replied that the proposal did not have enough information about the validity of parental alienation as a distinct mental condition, the reliability of

the diagnostic criteria, and the prevalence of this condition. Dr. Pine provided constructive criticism to the authors of the proposal and suggested that we either locate or conduct additional research regarding this topic. Dr. Pine indicated that the Work Group would be pleased to consider this additional research as they continue their deliberations regarding the child and adolescent aspects of DSM-V.

With regard to the *International Classification of Diseases*, Eleventh Edition (ICD-11), of the World Health Organization, there is considerable interest in coordinating as much as possible the content of DSM-V and ICD-11. With that in mind, the authors were invited to submit a proposal regarding parental alienation to the WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders. This document—"Parental Alienation, DSM-V, and ICD-11"—has been submitted both to the DSM-V Task Force and the ICD-11 International Advisory Group. This document is based on the August 2008 proposal, "Parental Alienation Disorder and DSM-V," but is longer and much more detailed. This document contains much more information about the validity, reliability, and prevalence of parental alienation. It also includes a comprehensive international bibliography regarding parental alienation with more than 600 citations.

DEFINITIONS AND GOALS

Although parental alienation has been described in the psychiatric literature for at least 60 years, it has never been considered for inclusion in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). When DSM-IV was being developed, nobody formally proposed that parental alienation be included in that edition. Since the publication of DSM-IV in 1994, there have been hundreds of publications (articles, chapters, books, court opinions) regarding parental alienation in peer-reviewed mental health journals, legal literature, and the popular press. There has been controversy among mental health and legal professionals regarding some aspects of parental alienation, and at times the professional discourse resembled the hostility manifested by entrenched and angry parents fighting over their children.

Regarding our proposed diagnostic criteria, we argue that the essential feature of *parental alienation* is that a child—usually one whose parents are engaged in a high-conflict divorce—allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. The primary behavioral symptom is that the child refuses or resists contact with a parent, or has contact with a parent that is characterized either by extreme withdrawal or gross contempt. The primary mental symptom is the child's irrational anxiety and/or hostility toward the rejected parent. This anxiety and hostility may

have been brought about by the preferred parent or by other circumstances, such as the child who avoids being caught between warring parents by gravitating to one side and avoiding the other side of the conflict.

In this document, we differentiate the general concept of *parental alienation* from *parental alienation syndrome*. Parental alienation refers to the child's strong alliance with one parent and rejection of a relationship with the other parent without legitimate justification. Depending on the context, we sometimes use the term *parental alienation syndrome* (PAS), which is a more complex concept. When we refer to the research and published literature, we use the term PAS if that was the terminology in the original material.

PAS typically refers to a child with parental alienation who manifests some or all of the following eight characteristic behaviors: the child's campaign of denigration against the alienated parent; frivolous rationalizations for the child's criticism of the alienated parent; lack of ambivalence; the independent-thinker phenomenon; reflexive support of the preferred parent against the alienated parent; an absence of guilt over exploitation and mistreatment of the alienated parent; borrowed scenarios; and spread of the child's animosity toward the alienated parent's extended family (Gardner, 1992a). (These eight behaviors or symptoms are defined in Appendix A.) Another difference between parental alienation and PAS is that the latter typically includes the idea that one of the parents actively influenced the child to fear and avoid the targeted parent. Although we believe that occurs in many instances, it is not necessary to have an alienating parent for parental alienation to occur. Parental alienation may occur simply in the context of a high-conflict divorce in which the parents fight and the child aligns with one side to get out of the middle of the battle, even with no indoctrination by the favored parent.

Parental alienation and PAS do not describe or pertain to different groups of children. On the contrary, we believe that the children who experience parental alienation are almost the same children who manifest PAS. The latter is a subset of the former. We believe that the great majority of children who experience parental alienation also manifest some or all of the eight characteristic behaviors of PAS. In other words, parental alienation is simply a general term that is not encumbered by the baggage associated with PAS, i.e., the eight symptoms that constitute the syndrome and the role of the alienating parent. In our use of these terms, parental alienation and PAS are typically descriptors of the child. (For example, "For several years, Jimmy lost the loving relationship he had with his mother because he experienced parental alienation.") However, the terms could be used to describe the triadic relationship that involved two parents and a child. (For example, "Every member of the Smith family was damaged by a severe degree of parental alienation.")

We are explaining these definitions in detail because we realize that some authors have given other meanings to “parental alienation.” For example, some authors use “parental alienation” to describe the behaviors of the alienating parent and “PAS” to describe the condition of the child. Also, some authors use “parental alienation” to describe any estrangement between the child and a parent (including situations in which the parent was abusive) and “PAS” to describe the child’s unjustified rejection of a parent (i.e., when the parent was not abusive).

When we refer to our proposal for DSM-V and ICD-11, we use the term *parental alienation disorder* (because that is the terminology for mental disorders in DSM-V) or *parental alienation relational problem* (because that is the terminology for relational problems in DSM-V). See Appendix A for the proposed criteria for parental alienation disorder. See Appendix B for the proposed criteria for parental alienation relational problem. The proposed criteria for parental alienation disorder and parental alienation relational problem incorporate our definition of parental alienation and are partly based on the definition of PAS.

We use the phrase *contact refusal* for the behavior of the child or adolescent who adamantly avoids spending time with one of the parents. Contact refusal is simply a symptom that could have a number of possible causes, one of which is parental alienation. This terminology is similar to *school refusal*, which is simply a symptom that could have a number of possible causes.

Our proposal is that one of the following will occur with regard to DSM-V:

- The text in Appendix A (regarding parental alienation disorder) will be included in the main body of DSM-V.
- OR, the text in Appendix A will be included in one of the appendices of DSM-V, that is, Criteria Sets and Axes for Further Study.
- OR, the text in Appendix B (regarding parental alienation relational problem) will be included in the chapter of DSM-V, Other Conditions That May Be a Focus of Clinical Attention.

In addition to being included in DSM-V as either a mental disorder or a relational problem, the concept of parental alienation should be mentioned in the DSM-V differential diagnoses of certain disorders seen in children and adolescents. For instance, parental alienation should be mentioned in the differential diagnosis of separation anxiety disorder, since both conditions can be manifested by an apparent fear of leaving one of the parents. Parental alienation should be mentioned in the differential diagnosis of oppositional defiant disorder, since both conditions can be manifested by the child’s adamant refusal to follow a reasonable expectation of an adult.

We are making an analogous proposal regarding ICD-11:

- The text in Appendix A (regarding parental alienation disorder) will be included in the section of Chapter V called “Behavioural and emotional disorders with onset usually occurring in childhood and adolescence.”
- OR, The text in Appendix B (regarding parental alienation relational problem) will be included in one of the sections of Chapter XXI. For example, Chapter XXI includes a section called “Other problems related to primary support group, including family circumstances” and another section called “Problems related to other legal circumstances.” Parental alienation relational problem would be appropriate for one of those sections.

We believe there is almost uniform belief in the international mental health community that parental alienation is a real phenomenon that affects the life-long mental health of thousands of children and likewise the mental health of their families. Parental alienation affects the quality of life of those who are exposed to it. We believe there is enough research regarding validity, reliability, and prevalence to support the adoption of parental alienation as a psychiatric diagnosis.

TWENTY REASONS WHY PARENTAL ALIENATION SHOULD BE A DIAGNOSIS

It is time to include parental alienation as a diagnosis in DSM-V and ICD-11 for the following reasons. Most of these reasons are discussed in this article, but some are not because of space limitations. The topics that are in parentheses are not discussed in detail in this article, but will be addressed in a subsequent publication (Bernet, in press).

- Developmental factors are being considered for DSM-V. Attachment is a very important developmental factor, and parental alienation can be conceptualized as a disorder of attachment.
- Relational disorders are being considered for DSM-V, and parental alienation is a typical example of this type of mental condition.
- (Dimensional diagnoses are being considered for DSM-V, and the descriptions of parental alienation have had dimensional features since the early 1990s.)
- (The phenomenon of parental alienation was described long before PAS was formally defined.)

- (Parental alienation is a valid concept. There has been considerable qualitative and quantitative research regarding parental alienation and PAS.)
- Parental alienation is a valid concept. In the 1980s and 1990s, the phenomenon was recognized and described independently by at least six researchers or groups of researchers.
- Parental alienation is a valid concept. After PAS was formally defined, many researchers or groups of researchers were able to apply the definition to their own subjects.
- Parental alienation is a valid concept. Despite controversies regarding terminology and etiology, the phenomenon is almost universally accepted by mental health professionals who evaluate and treat children of high-conflict divorces.
- Parental alienation is a valid concept. Parental alienation has been identified and studied in many countries.
- (Parental alienation is a valid concept. Collateral research regarding related topics supports the contention that parental alienation is a real phenomenon.)
- The diagnostic criteria for PAS are reliable. Systematic research indicates the diagnostic criteria exhibit both test-retest and inter-rater reliability.
- It is possible to estimate the prevalence of parental alienation. Systematic research indicates the prevalence of parental alienation in the United States is approximately 1% of children and adolescents.
- Parental alienation and PAS have been discussed by professional organizations.
- (Parental alienation and PAS have been discussed extensively by legal professionals.)
- (Parental alienation and PAS have been discussed extensively by the general public.)
- Parental alienation is a serious mental condition. It has a predictable course that often continues into adulthood and can cause serious, long-term psychological problems.
- Establishing diagnostic criteria will make it possible to study parental alienation in a systematic manner on a larger scale.
- Establishing diagnostic criteria will be helpful for: clinicians who work with divorced families; divorced parents, who are trying to do what is best for their children; and children of divorce, who desperately need appropriate treatment that is based on a correct diagnosis.
- Establishing diagnostic criteria will reduce the opportunities for abusive parents and unethical attorneys to misuse the concept of parental alienation in child custody disputes.
- (There are critics of parental alienation and PAS who oppose the use of these concepts as a psychiatric diagnosis, but their arguments are not convincing.)

Developmental Factors are Being Considered for DSM-V. Attachment is a Very Important Developmental Factor, and Parental Alienation Can Be Conceptualized as a Disorder of Attachment

Child and adolescent psychiatrists and other mental health professionals have urged DSM-V personnel to take a developmental approach with regard to the diagnoses that apply to children and adolescents and the criteria for these diagnoses. For example, the criteria for some disorders are different, depending on whether the patient is a child or an adult.

One of the most important aspects of child and adolescent development is the concept of attachment, that is, the affective tie between a child and a caregiver. There are several psychiatric conditions that directly affect the child's attachment to caregivers or reflect an aberration in the child's attachment. The most obvious disorders of attachment are reactive attachment disorder ("markedly disturbed and developmentally inappropriate social relatedness in most contexts") and separation anxiety disorder ("excessive anxiety concerning separation from . . . those to whom the individual is attached"). There are other disorders that may be considered disorders of attachment, such as feeding disorder of infancy or early childhood (because the condition may be caused by parent-child interaction problems) and oppositional-defiant disorder (because the condition may be caused by harsh, inconsistent, or neglectful child-rearing practices).

We recommend that, in DSM-V, attachment disorders be clustered in the same way that pervasive developmental disorders and elimination disorders are clustered in DSM-IV-TR. This new section would start with a general overview of the significance of attachment as a developmental issue, a brief discussion of typical attachment phenomena in childhood and adolescence, and a general explanation of the problematic variations in attachment. Parental alienation disorder can be conceptualized as a disorder of attachment and included in this cluster of mental disorders. It is notable that all of these disorders of attachment have something important in common, that is, they are not predominantly genetic or constitutional, but are caused primarily by what parents or caretakers do and say to their children.

Relational Problems Are Being Considered for DSM-V. Parental Alienation Is a Typical Example of a Relational Problem Because It Usually Involves the Interacting Attitudes of One Child and Two Parents

In DSM-IV-TR, relational problems were included as V codes in the chapter, Other Conditions That May Be a Focus of Clinical Attention. For example, one of the relational problems in DSM-IV-TR is parent-child relational problem (V61.20). According to DSM-IV-TR, "This category should be used when the

focus of clinical attention is a pattern of interaction between parent and child . . . that is associated with clinically significant impairment in individual or family functioning or the development of clinically significant symptoms in parent or child" (American Psychiatric Association, 2000, page 737).

It is our understanding that relational problems will be addressed in a more comprehensive manner in DSM-V. One way to organize DSM-V would be to have a separate chapter called Relational Problems. That chapter could explain the difference between mental disorders and relational problems and also explain how relational factors are a consideration in many mental disorders.

Recent publications by DSM-V personnel emphasized the importance of relational problems. For example, Michael First and his colleagues said, "Relational disorders are painful, persistent behavioral problems that seriously affect adjustment and should be considered for inclusion in the next edition of the DSM" (First et al., 2002). Also, we agree with Steven Beach and his colleagues that "disorder-specific relationship processes may prove to be critical for understanding particular disorders or for distinguishing functionally distinct types of disorders. Accordingly, a . . . proposal for enhancing the description of relationship processes in DSM-V would incorporate a reference to the presence or absence of disorder-specific relational processes with relational specifiers" (Beach et al., 2006). Beach et al. gave examples of diagnoses—feeding disorder of infancy and conduct disorder—that have prominent relational characteristics.

In considering how relational problems will be presented in DSM-V, parental alienation should be at the forefront of the discussion. Parental alienation can be conceptualized simply as a mental disorder of the child, who has a false belief that one of his or her parents is a dangerous or contemptible or simply expendable person. Or, parental alienation can be conceptualized as a complex relational problem in which: two parents have a highly conflicted relationship; the child has a pathologically enmeshed relationship with the preferred parent; and the child has an unfounded fear or disregard of the alienated parent. Furthermore, all three parties contribute in some way to the end result of the child's false belief.

It is not a new idea that the concept of parent-child relational problem (V61.20) overlaps to some extent with the concept of parental alienation. Richard Gardner commented on this topic in his article, "Does DSM-IV have equivalents for the parental alienation syndrome (PAS) diagnosis?" Gardner thought that parent-child relational problem and PAS "have some symptoms in common," but they are not equivalent. He said, "In the PAS situation there is a pathological dyad between the alienating parent and the child and another pathological dyad between the alienated parent and the child. . . . Examiners using this criterion do well to emphasize that two separate parent-child relational problems are manifested" (Gardner, 2003a).

The Comprehensive Textbook of Psychiatry suggests that parent-child relational problem includes the symptoms and behaviors that are typically seen in parental alienation. In the chapter on Relational Problems, the author said, “Substantial evidence indicates that marital discord leads to problems in children, from depression and withdrawal to conduct disorder and poor performance at school. This negative effect may be partly mediated through *triangulation* of the parent-child relationships. *Triangulation* refers to the process in which conflicted parents attempt to win the sympathy and support of their child, who is recruited by one parent as an ally in the struggle with the partner” (Dickstein, 2005, p. 2244). At least one medical insurance company specifically states in its provider handbook that PAS is an example of parent-child relational problem. The ValueOptions Provider Handbook states the following example in the section regarding parent-child relational problem: “Unresolved parental conflict (i.e., the constant devaluing of one parent by the other) in divorced or estranged families resulting in parental alienation syndrome” (ValueOptions, 2006).

The ICD already includes several conditions that are comparable to the relational problems in DSM-IV. Chapter XXI of ICD-10 includes a section called “Problems related to negative life events in childhood,” for example, “Altered pattern of family relationships in childhood” (Z61.2). There is a section called “Other problems related to primary support group, including family circumstances,” for example, “Disruption of family by separation or divorce” (Z63.5). In fact, disruption of family by separation or divorce has an explanatory note that refers to “estrangement.” It is unclear what “estrangement” means in this context and whether the authors of ICD-10 have already included the concept of parental alienation in their understanding of disruption of family by separation or divorce. Finally, there is a section called “Problems related to other psychosocial circumstances,” for example, “Problems related to other legal circumstances” (Z65.3). The last category, problems related to other legal circumstances, makes reference to “child custody or support proceedings.”

Although both DSM and ICD allude to relational problems and although parental alienation is a classic example of severe relational problems, neither DSM nor ICD explicitly mentions parental alienation. We recommend that the committees charged with coordinating DSM-V and ICD-11 find a way to include parental alienation in both of these documents.

Parental Alienation Is a Valid Concept. In the 1980s and 1990s, Parental Alienation Was Described Independently by at Least Six Researchers or Groups of Researchers in the United States

A concept is a mental representation with meaning, and a valid concept refers to one for which there is general agreement regarding the meaning or

definition of the concept. For example, is the term parental alienation disorder a valid mental representation of the condition that Gardner defined as “a disturbance in which children were preoccupied with deprecation and criticism of a parent—denigration that is unjustified and/or exaggerated” (Gardner, 1992a, p. 59)? One way to answer this question is to see whether various professional observers independently collected similar data and arrived at the same conclusions.

In the case of parental alienation, divorce researchers have consistently identified a portion of children of divorce who become alienated from one parent for no apparent reason, that is, the alienation was not due to abuse or neglect by the rejected parent. At least six individuals or research groups working independently during the 1980s and 1990s identified children of separated or divorced parents who were severely alienated from one parent without apparent justification.

JUDITH WALLERSTEIN, PH.D., AND COLLEAGUES

In 1976, Judith Wallerstein and Joan B. Kelly, Ph.D., both psychologists, identified a clinical phenomenon they called “pathological alignment,” which sometimes occurred in their sample of divorcing families (Wallerstein and Kelly, 1976).

In 1980, Wallerstein and Kelly published *Surviving the Break-up: How Children and Parents Cope with Divorce*. In this important book, the authors described their landmark, long-term study of 60 community families of divorce from Northern California. Wallerstein and Kelly related that some children of divorced parents became aligned with one parent against the other. These children vehemently refused contact with one parent and appeared to be unreasonably allied with the other. The authors referred to an alliance between a narcissistically enraged parent and a particularly vulnerable older child or adolescent, who “were faithful and valuable battle allies in efforts to hurt and punish the other parent. Not infrequently, they turned on the parent they had loved and been very close to prior to the marital separation” (Wallerstein and Kelly, 1980, p. 77).

In 1989, Judith Wallerstein and Sandra Blakeslee published a follow-up book, *Second Chances: Men, Women, and Children a Decade After Divorce*. The authors did not use the term “parental alienation,” but they vividly related how court-ordered visitation can “be entangled with Medea-like rage.” They said, “A woman betrayed by her husband is deeply opposed to the fact that her children must visit him every other weekend. . . . She cannot stop the visit, but she can plant seeds of doubt—‘Do not trust your father’—in the children’s minds and thus punish her ex-husband via the children. She does this consciously or unconsciously, casting the seeds of doubt by the way she acts and the questions she asks. . . . Fathers in similar circumstances make

use of techniques congenial to them, often conveying to the boy or girl that the mother is depraved and dangerous” (Wallerstein and Blakeslee, 1989, p. 197).

RICHARD GARDNER, M.D.

During the 1970s and early 1980s, Richard Gardner, a child and adolescent psychiatrist, was called upon to conduct child custody evaluations, primarily in the New York City area. As a custody evaluator, Gardner was in a position to make observations, a role that was limited to those few mental health professionals who did similar types of work. As Gardner conducted custody evaluations, wrote reports, and prepared to testify in court, he made notes of his observations. In the process of collecting and organizing the descriptions of what he observed, Gardner was conducting qualitative research on the phenomenon of parental alienation.

Drawing upon these observations, Gardner introduced in 1985 the term “parental alienation syndrome” for a type of emotional child abuse almost exclusively seen in separated and divorced families engaged in custody disputes. Gardner said, “The parental alienation syndrome (PAS) is a disorder that arises primarily in the context of child-custody disputes. Its primary manifestation is the child’s campaign of denigration against the parent, a campaign that has no justification. The disorder results from the combination of indoctrination by the alienating parent and the child’s own contributions to the vilification of the alienated parent” (Gardner, 1985).

As he continued to conduct custody evaluations and collect observational data, Gardner defined eight behaviors or symptoms as indicating the presence of PAS. These behaviors—primarily manifested by children caught between parents seeking custody during a high-conflict divorce—consisted of the following: the campaign of denigration; weak, frivolous, and absurd rationalizations for the deprecation; lack of ambivalence; the “independent-thinker” phenomenon; reflexive support of the preferred parent in the parental conflict; absence of guilt over cruelty to and/or exploitation of the alienated parent; presence of borrowed scenarios; and spread of animosity to the extended family of the alienated parent (Gardner, 1992a, pp. 63–82).

Gardner emphasized that in PAS, the child’s denigration of the alienated parent is not justified. The child’s fear of the alienated parent is greatly out of proportion to anything the alienated parent did. Gardner said, “When true parental abuse and/or neglect are present, the child’s animosity may be justified, and so the parental alienation syndrome explanation for the child’s hostility is not applicable” (Gardner, 1998b).

Gardner identified hundreds of children with this condition. He thought the dramatic increase in the prevalence of this condition occurred because, in the late 1970s, it became much more common for fathers to seek custody

of their children and for courts to order joint custodial arrangements. This created a climate in which parents would induce alienation in order to gain the upper hand in court and foil the other parent's claim for custody or visitation. Also, some jurisdictions made it easier to obtain a divorce, thus increasing the rate of divorce. Having observed the behaviors and symptoms of PAS on numerous occasions, Gardner wrote about his observations related to this topic in about 20 articles and four books (Gardner, 1987a, 1992a, 2001b; Gardner et al., 2006).

LEONA KOPETSKI, MSSW

During the 1970s and 1980s, Leona Kopetski, a social worker, conducted child custody evaluations in Colorado. At the time, she was unaware of the work of Richard Gardner and the research of Stanley Clawar and Brynne Rivlin. In describing the phenomenon of "Parent Alienation Syndrome," Kopetski said, "Alienating parents (who should know better) and their children (who cannot be expected to know better) sometimes share a common delusion that *one* and *only one* other human being, namely the alienating parent, can provide the child with the relationship necessary for psychological survival" (Kopetski, 1998a). She also pointed out, "Parent alienation is not a gender-determined syndrome. Either the mother or father can alienate; either can be alienated" (Kopetski, 1998b). Kopetski and her team identified 84 cases of severe alienation out of 413 court-ordered evaluations conducted between 1976 and 1990 (Kopetski, 1998a, 1998b, 2006). Kopetski wrote descriptions of her observations in an effort to assist other evaluators. Kopetski's own work led her "independently to conclusions that were remarkably similar to Gardner's conclusions regarding the characteristics of the syndrome" (Kopetski, 1998a).

STANLEY S. CLAWAR, PH.D., C.C.S., AND BRYNNE V. RIVLIN, M.S.S.

In 1991, Stanley Clawar, a sociologist, and Brynne Rivlin, a social worker, who conducted child custody evaluations, published a study through the American Bar Association titled *Children Held Hostage*. An increase in child custody fights passing through the family court system created a concern for how to better manage the conflict. In their research, Clawar and Rivlin followed 700 counseling cases over a 12-year period (apparently from the mid 1970s to the late 1980s), primarily in Pennsylvania. Clawar and Rivlin documented their observations over the course of their study, from which they made conclusions. They found that in about 80% of the cases, there was some element of parental programming in an effort to implant false and negative ideas about the other parent with the intention of turning the child against that other parent. Their work focused on emotional issues,

persistent programming, and brainwashing, which sometimes resulted in severe parental alienation (Clawar and Rivlin, 1991).

JANET R. JOHNSTON, PH.D., AND COLLEAGUES

In 1985, Janet R. Johnston, a sociologist, Linda E. G. Campbell, Ph.D., and Sharon S. Mayes, Ph.D., reported the “distress and symptomatic behavior of 44 children, aged 6–12 years, . . . who were the subject of post-separation and divorce disputes over their custody and care.” The authors described six primary responses of these children to their parents: “strong alliance,” “alignment,” “loyalty conflict,” “shifting allegiances,” “acceptance of both” with “avoidance of preferences,” and “rejection of both.” The authors’ definition of “strong alliance” was “a strong, consistent, overt (publicly stated) verbal and behavioral preference for one parent together with rejection and denigration of the other. It is accompanied by affect that is clearly hostile, negative and unambivalent.” Of the 44 children studied, 7 (16%) manifested this response (Johnston et al., 1985). It is notable that Gardner described “parental alienation syndrome” and Johnston and her colleagues described children with a “strong alliance” in the same year. They apparently were talking about the same phenomenon in different groups of subjects.

In 1993, Janet Johnston reported on two studies “of divorcing families who represent the more ongoing and entrenched disputes over custody and visitation.” Together, the two studies involved 140 divorcing parents disputing the custody and visitation of 175 children. These families were referred from family courts in the San Francisco Bay Area for counseling and mediation between 1982 and 1990. Some of these children demonstrated “strong alignment” with one parent, which meant: “The child consistently denigrated and rejected the other parent. Often, this was accompanied by an adamant refusal to visit, communicate, or have anything to do with the rejected parent.” Although Johnston’s research was undertaken independently of Gardner, she observed, “Strong alignments are probably most closely related to the behavioral phenomenon Gardner referred to as parental alienation syndrome . . .” (Johnston, 1993).

In 1997, Janet Johnston and Vivienne Roseby published *In the Name of the Child*, which addressed the assessment and treatment of high-conflict divorcing families. In the chapter on “Parental Alignments and Alienation among Children of High-Conflict Divorce,” they say, “Most children and adolescents of divorce are eager to have an ongoing relationship with both of their parents, and most are pained by loyalty conflicts and the fear that they might have to choose one parent and lose the other. A minority of children, however, will become enmeshed in the parental conflict to such a degree that they are said to be aligned with one parent and alienated from

the other” (Johnston and Roseby, 1997, p. 193). A second edition of this book was recently published (Johnston et al., 2009).

In 1998, Vivienne Roseby and Janet Johnston explained rather eloquently how parental alienation comes about. In a book chapter with a dramatic title, “Children of Armageddon,” they said, “A central problem in high-conflict divorce and protracted custody disputes involves the narcissistic vulnerability of the divorcing parties. . . . The other parent is seen as irrelevant, irresponsible or even dangerous, whereas the self is seen as the essential, responsible, and safe caretaker. These parents tend to selectively perceive and distort the child’s concerns regarding the other parent. For example, if a vulnerable woman has experienced her ex-spouse as emotionally neglectful, she expects him to be neglectful with her child; if the child comes back upset or depressed after spending time with the father, the mother attributes the difficulty solely to the father’s lack of care. . . . In this way, vulnerable parents overidentify with elements of the child’s emotional response that remind them of their own experience with the ex-spouse and confirm the other parent’s ‘badness.’ Thus, such a mother will amplify and distort her perception of the child’s sadness and anxiety, and run the risk of distorting the child’s reality testing about his or her own feelings and ideas” (Roseby and Johnston, 1998).

In 2001, Joan Kelly and Janet Johnston critiqued Gardner’s definition of PAS and proposed an alternative framework for classifying alienated children. Although Janet Johnston and Joan Kelly agree that parental alienation is a real phenomenon, they do not agree with the concept of parental alienation *syndrome*. Their work is sometimes referred to as the “reformulation” of PAS, which meant that the focus of the assessment should be on the child, not on the parent as embodied in the concept of PAS. Kelly and Johnston believe that parental alienation is not necessarily caused primarily by an alienating parent. Rather, they discussed alienation as a result of interrelated systemic processes with contributing factors within the environment, within each parent, and in the child to “create and/or consolidate alienation” of a child from a once-loved parent (Kelly and Johnston, 2001).

Although they started with somewhat different assumptions about etiology, both Gardner and Kelly and Johnston apparently identified the same group of children. For example, Gardner thought that PAS consisted of eight specific symptoms. In their alternative framework, Kelly and Johnston listed almost the identical symptoms as features of what they called the “alienated child.” For instance, Gardner’s list included “weak, absurd, or frivolous rationalizations for the deprecation” of a parent; Kelly and Johnston’s list included “trivial or false reasons used to justify hatred” (Kelly and Johnston, 2001). Also, Kelly and Johnston defined an alienated child as “one who expresses freely and persistently unreasonable negative feelings and beliefs (such as anger, hatred, rejection and/or fear) toward a parent that are significantly disproportionate to the child’s actual experience with that parent.” Although

these authors do not agree with the concept of parental alienation *syndrome*, they endorse the basic premise of parental alienation, that some children ally with one parent against the other parent in the absence of abuse or neglect.

Johnston's definition of an "alienated child" is almost exactly the same as our concept of "parental alienation." We also agree with Johnston's statement that "it is important to differentiate *alienated* children (who persistently refuse visitation and stridently express unrealistic negative views and feelings) from other children who also resist contact with a parent after separation but for a variety of expectable reasons, including *normal developmental preferences* for one parent, *alignments* that are reactions to the specific circumstances of the divorce, and *estrangement* from a parent who has been neglectful or abusive" (Johnston, 2005, emphasis in original text). Furthermore, we agree that there are various routes to becoming an alienated child, as there are various causes of parental alienation. Since our definitions and opinions seemed highly congruent, we have encouraged Janet Johnston since October 2008 to participate with us in developing this proposal for DSM-V and ICD-11; she has repeatedly declined our invitations.

One of Johnston's reasons for not supporting either "the alienated child" or "parental alienation" as a diagnostic entity is that sometimes it is hard to tell the difference between alienation (which is unjustified) and estrangement (which is justified because of the rejected parent's neglectful or abusive behaviors). However, in their own research, Johnston and her colleagues studied the records of separating and divorced families and were able to tell the difference between cases in which allegations of abuse were substantiated and those in which allegations of abuse were not substantiated. They based their determinations on the type of information and documents that are commonly collected in both clinical and forensic evaluations—such as interviews of family members, observations of the interactions between parents and children, information from collateral professionals and other individuals, and written documentation provided by attorneys and parents (Johnston, Lee, Olesen, and Walters, 2005).

BARRY BRICKLIN, PH.D.

From the mid 1960s to the present, Barry Bricklin, a psychologist, has conducted child custody research, which was published in book chapters and books (for example, Bricklin, 1995), as well as in peer-reviewed journals and law reviews. Thousands of children and their parents were evaluated and in some cases there have been seven years of follow-up data. Bricklin studied children who voiced strongly-worded verbal opinions about parents that were inconsistent with other information. In his research, Bricklin called this phenomenon Not-Based-On-Actual-Interactions (NBOAI). That is, a child made verbal statements that were likely not based on his or her

actual interactions with the person being spoken about, but rather on what the child had been manipulated, bribed, or coerced into saying and possibly believing. Children were most susceptible to these manipulations when they viewed the parent doing the manipulating as needing help to survive psychologically or needing retribution for some, usually imagined, wrong.

Bricklin identified four categories of NBOAI, one of which strongly resembled the parental alienation syndrome as that entity was being discussed in the prevailing psychological literature. The signs for this category of NBOAI were described as follows: (1) The child expressed a strong favorable verbal opinion of the parent he or she wished to live with, and a strong negative verbal opinion of the parent he or she “never wanted to see again.” (2) On a test in which it was consciously obvious to the child whom he or she would be endorsing on each test item, all or almost all of the endorsements were for the favored parent by huge and statistically rare margins. (3) On a nonverbal test where it was not consciously obvious what the statistically based responses meant, there were several endorsements for the non-favored parent. (4) When the child was asked to give sense-based real-life examples of negative endorsements, these examples were mostly trivial or downright irrelevant to the issues supposedly involved.

It is important to note that these six groups of clinicians and researchers—working during the same period of time—independently identified the same phenomenon. This is very strong evidence that the consistent pattern of behaviors, which we are calling parental alienation, really exists as a distinct clinical entity.

Parental Alienation Is a Valid Concept. After PAS Was Formally Defined by Richard Gardner, Many Mental Health Researchers Applied That Definition to Study Children of High-Conflict Divorces. These Researchers Verified That Gardner’s Definition Could Be Used to Identify Groups of Children Who Fulfilled the Diagnostic Criteria of PAS

One way to establish the external and ecological validity of a concept is to apply the criteria for the concept to other samples to see if similar individuals are identified. Converging results from multiple samples allows for more generalization and strengthens both external and ecological validity. After the criteria for PAS were widely published and understood—for example, through Gardner’s book, *The Parental Alienation Syndrome: A Guide for Mental Health and Legal Professionals* (Gardner, 1992a)—researchers applied these criteria to totally separate samples of children of divorced parents. They found that Gardner’s criteria allowed them to identify parents and children with a particular cluster of symptoms, which we call parental alienation.

Most of the research discussed in this section of the article was conducted in the U.S. and Canada and published in English. See a subsequent section for a discussion of many research studies that were conducted and published in other countries. The research cited in this section was either published in a peer-reviewed journal or was a dissertation written for a graduate degree in psychology or a related field. Dissertation research is guided by committees composed of experts at the doctoral level, which is analogous to peer review. The following research studies are in chronological order.

JOHN DUNNE, M.D., AND MARSHA HEDRICK, PH.D.

In 1994, John Dunne, a child and adolescent psychiatrist, and Marsha Hedrick, a psychologist, who worked in Seattle, published a study involving 16 cases of severe parental alienation which were very resistant to clinical intervention. Using Gardner's criteria for PAS, these authors found that the syndrome can occur without reference to the length of the relationship prior to the separation and can occur immediately following separation or not until many years after the divorce. They also found that it can occur throughout the age range, from very young children to teenagers who had previously enjoyed a lengthy positive post-divorce relationship with the alienated parent. In their study, PAS could involve all the children in a family or only one. Although the alienating parent was most often the custodial mother, alienation by non-custodial parents, usually fathers, also occurred. Dunne and Hedrick thought that the motivations of the alienating parents were often out of their consciousness or colored in socially acceptable ways (Dunne and Hedrick, 1994).

LARRY NICHOLAS, PH.D.

In 1997, Larry Nicholas, a forensic psychologist practicing in California, reported on a survey of 21 custody evaluators. Nicholas sought to determine whether there was a cluster of identifiable attitudes and behaviors in the alienating parent, the target parent, and the child, which could be said to constitute a syndrome as Gardner suggests. Parent alienating behaviors were found to be highly correlated with children's alienation symptoms and vice versa. There were no significant correlations between the child's alienation symptoms and eight of ten target parent characteristics. Significant correlations were found, however, between child alienation symptoms and two target parent items: temporarily giving up on the child and becoming irritated and angry with the child for exhibiting the alienating behaviors. The findings of Nicholas' survey support Gardner's contention that the core dynamic in PAS is between the alienating parent and child, and that the target parent's behavior is much less likely to be a major contributing factor (Nicholas, 1997).

DEIRDRE CONWAY RAND, PH.D., AND COLLEAGUES

Between 1997 and 2010, Deirdre Rand, Ph.D., a forensic psychologist practicing in California, published “The Spectrum of Parental Alienation Syndrome” in four parts. Part I discussed social changes, the etiology of PAS, and the behaviors of parents who induce PAS (Rand, 1997a). Rand reviewed the descriptions of parental alienation and PAS by Gardner (1987a, 1989a, 1992a), Clawar and Rivlin (1991), Turkat (1994, 1995), and several other authors. Part II described the behaviors of children after PAS had been introduced (Rand, 1997b). She also discussed other aspects of PAS, such as the contribution of the targeted parent, the involvement of third parties, and the response of the legal system to PAS. In Part III, Deirdre Rand and Randy Rand, Ed.D., joined Leona Kopetski, MSSW (Rand et al., 2005). They sought to evaluate methods to therapeutically interrupt PAS in 45 custody evaluations and presented the results of their research. Deirdre Rand has written another article (Rand, in press) which discusses “critics of parental alienation syndrome and the politics of science.”

JEFFREY C. SIEGEL, PH.D., AND JOSEPH S. LANGFORD, PH.D.

In 1998, psychologists Jeffrey Siegel and Joseph Langford published an important paper, “MMPI-2 Validity Scales and Suspected Parental Alienation Syndrome.” The authors said, “The present study is an attempt to gain understanding of parents who engage in alienating tactics through a statistical examination of their MMPI-2 validity scales.” The study involved 34 female subjects who completed the MMPI-2 in the course of child custody evaluations. Of the total, 16 subjects met the criteria for classification as PAS parents; 18 were considered non-PAS parents. Siegel and Langford concluded, “The hypothesis was confirmed for K and F scales, indicating that PAS parents are more likely to complete MMPI-2 questions in a defensive manner, striving to appear as flawless as possible. It was concluded that parents who engage in alienating behaviors are more likely than other parents to use the psychological defenses of denial and projection, which are associated with this validity scale pattern” (Siegel and Langford, 1998).

JODI STONER-MOSKOWITZ, PSY.D.

In 1998, Jodi Stoner-Moskowitz completed a dissertation that examined the relationship of children’s self-concept to four types of family structure, Intact, Divorced, High Conflict, and Alienated families. Stoner-Moskowitz, using Gardner’s definition of PAS to define the Alienated families, examined 141 children of divorced parents. Stoner-Moskowitz found that children in all four groups had diminished self-concept; divorce conflict was inversely correlated with self-concept (Stoner-Moskowitz, 1998).

JEAN-GUY BELLEROSE, M.S.W.

In 1998, Jean-Guy Bellerose completed a thesis for graduate school. He studied the phenomenon of parental alienation syndrome as defined by Gardner. Bellerose said, “When, after a divorce, one is trapped in one’s emotions, the result is an impasse, where parental alienation is but one aspect of this impasse. This paper shows how an impasse grows and which form the parental alienation syndrome takes” (Bellerose, 1998).

DESPINA VASSILIOU, PSY.D.

In 2001, Despina Vassiliou and Glenn Cartwright published a small, qualitative study involving five fathers and one mother who had experienced PAS. The data were collected via semistructured, open-ended interviews to determine if there were shared characteristics among alienated families, common issues in the marital conflicts that contributed to the marriage dissolution, the nature of the participants’ reports of alienation, similarities in the experience of alienation, and what things a lost parent might do differently. Vassiliou observed that a tactic used by the alienating parent is that of denigration aimed at the targeted parent and that children aligned with the alienating parent will join in the process. Overall, Vassiliou found that there are several possible attributes that may be precursors or indicators of PAS (Vassiliou and Cartwright, 2001).

In 2005, Vassiliou completed a dissertation for graduate school. The purpose of this research was to find identifiable characteristics of PAS. Vassiliou examined targeted parents’ experiences with the legal system as their cases passed through the family court. Vassiliou also compared PAS and false allegations of abuse, and she sought to identify similarities and differences and examine possible relationships between the two. Vassiliou found that interference in visitation was a common tactic used for those inflicting PAS. Also, she found that all participants left with negative perceptions of lawyers, judges, and the family court system (Vassiliou, 2005).

JANELLE BURRILL, PH.D.

In 2001, Janelle Burrill published significant research regarding PAS. Burrill examined 30 families with 59 children, who were referred to her for evaluation, therapy, or mediation. The selection criteria for her study were intractable parental conflict and custody disputes, manifested by at least two court appearances during a 24-month period commencing January 1998. Using the Gardner criteria for identifying and categorizing PAS, Burrill was able to sort the parents—based on their PAS symptoms—into the mild, moderate, and severe categories. She was able to sort the children—based on their PAS symptoms—into the mild, moderate, and severe categories. Burrill compared

the number of symptoms manifested by the parents and the children in these various groups. She found a correlation between the parents' symptoms and the children's symptoms. She found a correlation between the alienating parents' behaviors and the child's negative behaviors toward the alienated parent. Burrill concluded, "The data from this study appear to support Dr. Gardner's observations of PAS published in 1985. . . . In its severe form, PAS is more distinctive than the mild form. PAS is destructive to a child's relationship with the alienated parent. Severe PAS can be irreversible in its effects. Severe PAS is destructive irrespective of the gender of the alienating parent. Children's negative behaviors towards the alienating parent increase in severity as the negative behaviors and hostility of the alienating parent increases. The results of this data are significant" (Burrill, 2001, p. 78).

KRISTEN MARIE CAREY, PSY.D.

In 2003, Kristen Marie Carey completed a dissertation for graduate school. She identified subjects in the San Francisco Bay area who had some degree of parental alienation. Of the ten subjects, eight were found to have been affected by PAS upon the divorce of their parents, and Carey was able to categorize them as mild, moderate, or severe based on Gardner's criteria. The two remaining subjects manifested some degree of parental alienation, but not PAS. It is notable that only six of the ten subjects had recovered their relationship with the alienated parent. Although her sample size was small, Carey confirmed the existence of the phenomenon of PAS (Carey, 2003).

JEAN ANDREW DETERS, PSY.D.

In 2003, Jean Andrew Deters completed a dissertation for graduate school. Deters' research was based on the assumption that the phenomenon of PAS existed. He sought to find methods for courts to deal with high-conflict divorce and ongoing parental alienation. He described how models based on "parent coordinating" would help courts deal with these issues (Deters, 2003). Since Deters conducted the research for his dissertation, many states have adopted the role of "parenting coordinator" to help parents communicate in a constructive manner, reduce the conflict, and follow the court-ordered parenting plan.

CYNTHIA RASO, M.A.

In 2004, Cynthia Raso completed a dissertation for graduate school, a qualitative study regarding the long term effects of PAS. Raso examined eleven subjects who were self-identified as victims of PAS. After conducting detailed interviews, Raso found, "The more severe the PAS, the more likely the child will develop externalizing problems (drugs and alcohol, early sexual and

promiscuous sexual activity and disciplinary problems at school). . . . The more severe the PAS, the more likely the child will develop internalizing problems (issues with trust, intimacy, and commitment). . . . The more severe the PAS, the more likely the child, if she/he becomes a parent and goes through a divorce, will handle his/her divorce differently from the way his/her parents did. . . . The more severe the PAS, the more likely the non-custodial parent-child relationship will be damaged for life.” Raso concluded that PAS has detrimental effects for the alienated child and that the effects continue into adulthood (Raso, 2004).

LUISA PEDERSON MACHUCA, M.S.

In 2005, Luisa Pederson Machuca completed a dissertation for graduate school. Machuca used Gardner’s definition and eight symptoms of PAS. In this research, Machuca evaluated a test instrument for determining presence of PAS. She examined 329 students from Anchorage, Alaska, who were divided into two groups, parents divorced and parents non-divorced. Machuca assessed which of the eight symptoms of PAS contributed to the occurrence of PAS; four were identified for mothers and three for fathers. Machuca concluded her test instrument was valid to measure the presence of PAS (Machuca, 2005). It is notable that Machuca identified some subjects as having PAS, so her research confirmed the existence of the concept of PAS.

AMY J. L. BAKER, PH.D., AND COLLEAGUES

In 2006, Amy J. L. Baker, Ph.D., and Douglas Darnall, Ph.D., completed a study of targeted parents who were asked to describe in detail the behaviors exhibited by the alienating parents. Independent coding that achieved inter-rater reliability identified the most common strategies. These strategies were consistent with those identified by adults who as children were turned against one parent by the other (Baker and Darnall, 2006).

In 2007, Baker and Darnall published a survey in which 97 targeted parents were asked to rate the severity of the alienating parent’s alienation strategies (naïve, active, obsessed) as well as the degree of the child’s alienation (mild, moderate, severe). Although 90% of the parents were rated as obsessed (defined as, “S/he has a mission to destroy the relationship between the targeted parent and the child.”), only 44% of the children were rated as severely alienated (defined as, “Your child professes to want nothing to do with you. Visitation is minimal if at all.”). In other words, not all children exposed to alienating behavior succumb to the pressure to choose sides. The primary purpose of this study was to determine the extent to which targeted parents describe their alienated children’s behavior as being consistent with the eight behavioral manifestations of PAS as identified by Richard Gardner. Although this was borne out in general, it was also discovered that even

the most alienated child will present some “crack in the armor” which can be used as a window of opportunity by targeted parents for countering the alienation (Baker and Darnall, 2007).

In 2007, Baker published the results of an empirical investigation into the beliefs and practices of custody evaluators. Baker found that over 70% of survey respondents reported that they “very much” believed that it was possible for a parent to turn a child against the other parent in the absence of abuse, neglect, or abandonment (essentially a restatement of the core idea of PAS), and 75% said that they “very much” thought it was important to assess the presence of parental alienation in custody evaluations (Baker, 2007a).

Also in 2007, Baker published a book describing the results of in-depth interviews with adults who believed that when they were children they had been turned against one parent by the other. These data presented the first look at the phenomenon of parental alienation from the perspective of the children who lived through it and provided compelling validation that parents are able to emotionally manipulate children to reject a parent that they would otherwise have no reason or desire to reject. The study also provided harrowing accounts of the negative lifelong impact of this experience for the child victims (Baker, 2007b).

A very recent collaborative study between the Vincent J. Fontana Center for Child Protection and New York University revealed that about 28% of adults in a community sample (i.e., not selected because of a precondition related to divorce or custody) reported that when they were children one parent tried to turn them against the other. These data are striking in that a significant portion of the sample was probably raised in an intact family. Not surprisingly, the proportion who reported that they had been exposed to parental alienation (defined in the study as one parent trying to turn the child against the other parent) was higher in the subsample of individuals who had been raised by a stepparent, at 44%. Thus, it would fair to estimate that in 40% to 80% of all divorcing families, one parent exhibits parental alienation tactics, at least periodically (Baker, 2010).

KATHLEEN M. REAY, PH.D.

In 2007, Kathleen M. Reay completed a dissertation for graduate school. Reay conducted a quantitative study designed to answer the following question: “Do adult children of divorce with different levels of PAS show corresponding levels of psychological distress.” Reay used Gardner’s concept of PAS and the symptoms of PAS to conduct her study. She collected data from 150 adults from a Canadian community, who had been selected based on specified criteria. Based on responses to questionnaires, Reay determined the level of PAS for each subject as mild, moderate, or severe. Next, Reay used a separate questionnaire to determine each respondent’s present psychological

distress. Upon analyzing the data for correlations, Reay found, “As the level of PAS increased, so did the measurable level of psychological distress.” Reay concluded that her research lends support to Richard Gardner’s theory of PAS, with a lifetime of mental health issues observed to occur for those victimized by PAS. Reay thought her data analysis supported the scientific validity of PAS (Reay, 2007).

MELISSA COLAROSSO, M.A.

In 2007, Melissa Colarossi completed a dissertation for graduate school. She conducted a small qualitative study regarding the impact of marital separation and divorce on individuals. Colarossi examined twelve subjects and found two cases of PAS. She found that the two individuals who had experienced PAS manifested sadness because their ex-wives were making sure they would not be able to spend time with their children. Colarossi noted that alienating parents strive to cut off contact between the targeted parent and the children (Colarossi, 2007).

ROBERT GORDON, PH.D., AND COLLEAGUES

In 2008, Robert Gordon, Ronald Stoffey, and Jennifer Bottinelli published important research regarding the use of objective psychological testing—the Minnesota Multiphasic Personality Inventory-2 (MMPI-2)—with families involved in custody disputes. The authors collected the MMPI-2 results from the parents who had been seen in 158 court-ordered custody evaluations. Of these cases, 76 were PAS cases and 82 were custody cases without PAS (controls). The subjects were identified as alienating parent, target parent and control parent. Two different MMPI-2 indexes were used to measure primitive defenses: $L + K - F$ and $(L + Pa + Sc) - (Hy + Pt)$. The authors found that mothers and fathers who were alienators had higher scores (in the clinical range), indicating primitive defenses such as splitting and projective identification, than control mothers and fathers (scores in the normal range). The scores of target parents were mostly similar to the scores of control parents. Overall, this study strongly supported Gardner’s definition of PAS (Gordon et al., 2008).

JAMES N. BOW, PH.D., AND COLLEAGUES

In 2009, James N. Bow, Jonathan W. Gould, and James R. Flens published their research in which they surveyed 448 mental health and legal professionals about their knowledge of parental alienation and PAS. They found their subjects, as a group, to be knowledgeable about parental alienation and aware of the controversies regarding this topic. The authors found that on the average, their respondents had attended five conferences and read ten books or articles that addressed parental alienation (Bow et al., 2009).

Parental Alienation Is a Valid Concept. Despite Controversies Regarding Terminology and Etiology, the Phenomenon of Parental Alienation Is Almost Universally Accepted by Psychiatrists, Psychologists, Social Workers, and Family Counselors Who Evaluate and Treat Children of High-Conflict Divorces

During the 1990s and into the 2000s—after Gardner and other authors described the features of parental alienation—hundreds and perhaps thousands of mental health professionals in North America, South America, Europe, Africa, Australia, and Asia identified the same constellation of symptoms in children of parents who were embroiled in high-conflict divorces. Psychologists, psychiatrists, family counselors, and other mental health professionals have described individual cases and small groups of divorcing families that manifested the same pattern of parental alienation. This extensive literature has provided a wealth of observations regarding this phenomenon. The following citations do not constitute systematic research, but they reflect the widespread acceptance of the concept of parental alienation among mental health professionals. These articles and chapters are discussed in chronological order.

FRANK S. WILLIAMS, M.D.

In 1990, Frank S. Williams, a child and adolescent psychiatrist and family therapist who practiced in Los Angeles, gave the keynote address at the annual meeting of the National Council for Children's Rights in Washington, D.C. Williams' address was titled "Preventing Parentectomy Following Divorce." He said, "Parentectomy is the removal, erasure, or severe diminution of a caring parent in a child's life, following separation or divorce. Parentectomy covers a large range of parent removal from partial parentectomy, 'You may visit your Daddy or Mommy every other Sunday'; to total parentectomy, as in Parental Alienation Syndrome, described by Gardner; or complete parent absence or removal. The victims of parentectomy are the children and the parents so severed from each other's lives. A parentectomy is the most cruel infringement upon children's rights to be carried out against human children by human adults. Parentectomies are psychologically lethal to children and parents" (Williams, 1990).

GLENN F. CARTWRIGHT, PH.D.

In 1993, Glenn F. Cartwright, a psychologist, published "Expanding the Parameters of Parental Alienation Syndrome" (Cartwright, 1993). Cartwright is a professor in the Department of Educational and Counseling Psychology at McGill University in Canada. He frequently lectures on PAS and maintains an Internet web site that provides information regarding PAS to the public.

IRA DANIEL TURKAT, PH.D.

Since 1994, Ira Daniel Turkat, a clinical psychologist practicing in Florida, has written about PAS (Turkat, 1995, 1997, 2000, 2005). He conceptualized PAS as being a feature or a condition of one of the parents, not the child. For instance, Turkat said, "In certain cases, child visitation interference is a direct result of a custodial parent suffering from a Parental Alienation Syndrome. Here, the custodial parent engages in a variety of direct and indirect methods designed to alienate the child from his or her nonresidential parent. The result is that the child becomes preoccupied with unjustified criticism and hatred of the nonresidential parent" (Turkat, 1994). Most writers have conceptualized PAS as being a feature or a condition of the child. Subsequently, in "Parental alienation syndrome: A review of critical issues," Turkat discussed the spectrum of PAS and the problems and difficulties faced by social researchers studying this topic (Turkat, 2002).

CARLA B. GARRITY, PH.D., AND MITCHELL A. BARIS, PH.D.

In 1994, Carla Garrity and Mitchell Baris published *Caught in the Middle: Protecting the Children of High-Conflict Divorce*. Although not exclusively about PAS, the authors discussed that topic. They said, "Parental alienation is very real. It occurs when one parent convinces the children that the other parent is not trustworthy, lovable, or caring—in short, not a good parent. This persuasion may be consciously malicious and intended to destroy the children's relationship with the other parent. Or it may take a more insidious, even unconscious form arising from the personality issues as yet unresolved in the childhood of one parent" (Garrity and Baris, 1994, p. 66). These authors introduced the concept of the parenting coordinator, who had two tasks: "(1) translating the visitation plan into a conflict-reduction plan tailored specifically to the dynamics of the divorce impasse and (2) assisting parents to implement it on an ongoing basis" (Garrity and Baris, 1994, p. 120). Parenting coordination has become an important intervention for children who manifest mild and moderate degrees of parental alienation.

WILLIAM BERNET, M.D.

In 1995, William Bernet published the first edition of *Children of Divorce: A Practical Guide for Parents, Attorneys, and Therapists* (Bernet, 1995). Bernet described "parental alienation through indoctrination" (consistent with the Gardner definition of PAS) and "parental alienation without indoctrination" (when the child gravitates to one parent or the other simply to get out of the war zone of parental battles). Bernet, a child and adolescent psychiatrist, also described the phenomenon of PAS in an article, "Child Custody Evaluations" (Bernet, 2002) and in a major reference book, the *Handbook of Child and Adolescent Psychiatry* (Bernet, 1998).

KENNETH H. WALDRON, PH.D., AND DAVID E. JOANIS, J.D.

In 1996, Waldron and Joanis described parental alienation syndrome as a family dynamic that can have long-term deleterious effects on the child because the child learns that “hostile, obnoxious behavior is acceptable in relationships and that deceit and manipulation are a normal part of relationships” (Waldron and Joanis, 1996).

J. MICHAEL BONE, PH.D., AND MICHAEL R. WALSH

In 1997 and 1999, J. Michael Bone, a psychotherapist and family law mediator, and Michael R. Walsh, a marital and family law lawyer, published articles regarding PAS in a legal journal in Florida. Bone and Walsh based their writings on Gardner’s definition of PAS. They said, for example, “The strategies utilized by the [alienating parent] to alienate the children and the other parent vary from the most subtle to the most obvious. They all, however, have a consistent theme: any opportunity for the [alienating parent] to control access and contact or the sharing of major decisions with reference to the child is apt to be exploited” (Walsh and Bone, 1997). Bone and Walsh also identified “four very specific criteria that can be used to identify potential PAS”: one parent actively blocks access or contact between the child and the absent parent; false or unfounded accusations of abuse against the absent parent; a deterioration in the relationship between the children and the absent parent following the parents’ separation; the children’s fear in displeasing or disagreeing with the potentially alienating parent (Bone and Walsh, 1999).

DOUGLAS DARNALL, PH.D.

In 1998, Douglas Darnall, a clinical psychologist with over 25 years of experience, published *Divorce Casualties: Protecting Your Children from Parental Alienation*, which discussed the spectrum of parental alienation. Darnall used the term “parental alienation” for the adult behaviors and processes that cause PAS. He proposed a three-tier classification system, now in common use, that distinguishes between naïve, active and obsessed alienators. Naïve alienators make negative comments about the other parent but without serious intent to undermine the child’s relationship with that parent. Their negative comments tend to be careless remarks, and, in general, naïve alienators support the child’s relationship with the other parent. Active alienators are more consistent and determined in their alienating behaviors. There is an intentional desire to criticize and undermine the targeted parent. Deep down, however, active alienators realize that what they are doing is wrong and potentially harmful to the child. By contrast, obsessed alienators are determined to destroy the child’s relationship with the targeted parent. Obsessed

alienators are extremists. They pressure the child to adopt their own negative view of the targeted parent, put much pressure on the child to emphatically reject the targeted parent, and cannot tolerate a good relationship between the child and the targeted parent. Also, Darnall created a 49-item questionnaire to help determine the presence of behaviors that induce PAS (Darnall, 1998, pp. 18–22).

ELIZABETH M. ELLIS, PH.D.

In 2000, Elizabeth Ellis published *Divorce Wars: Interventions with Families in Conflict*. Ellis discussed parental alienation extensively in this book and said, “Although the term [PAS] has not gained formal acceptance by the American Psychiatric Association, it has come to be accepted by clinicians working with families involved in postdivorce conflict. Definitions for PAS have been unclear, because clinicians still confuse the child’s symptoms with the parent’s behavior and the qualities of the relationship between the child and the alienating parent” (Ellis, 2000, page 227). Ellis conceptualized PAS as a mild form of *folie à deux* and she proposed DSM-style criteria for its diagnosis. Ellis suggested that the diagnosis of PAS should require that the child or adolescent manifest nine of the following twelve criteria: the child maintains a delusion of being persecuted by a parent; the child uses the mechanism of splitting to reduce ambiguity; the child denies any positive feelings for the targeted parent; the attribution of negative qualities to the targeted parent may take on a quality of distortion or bizarreness; the child states “recollections” of events that occurred out of the child’s presence; the child’s sense of persecution by the targeted parent has the quality of a litany; the child, when faced with contact with the targeted parent, displays a reaction of extreme anxiety; the child has a dependent and enmeshed relationship with the alienating parent; the child is highly cooperative with all adults other than the targeted parent; the child views the alienating parent as a victim; the child maintains a complete lack of concern about the targeted parent; and the child’s belief system is particularly rigid, fixed, and resistant to traditional methods of intervention (adapted from Ellis, 2000, pp. 229–232).

RICHARD WARSHAK, PH.D.

In 2001, Richard Warshak published *Divorce Poison*, perhaps the best-known book for both professionals and the general public regarding the topic of parental alienation (Warshak, 2001a). A clinical professor at the University of Texas Southwestern Medical Center, Warshak has over 30 years of experience in evaluating and treating children, adolescents, and families. Warshak—among others—provided an explanation that we believe supports the acceptance of PAS as an official diagnosis. He said, “PAS fits a basic pattern of many psychiatric syndromes. Such syndromes denote conditions in

which people who are exposed to a designated stimulus develop a certain cluster of symptoms. . . . These diagnoses carry no implication that everyone exposed to the same stimulus develops the condition, nor that similar symptoms never develop in the absence of the designated stimulus. . . . Similarly, some, but not all, children develop PAS when exposed to a parent's negative influence. Other factors, beyond the stimulus of an alienating parent, can help elucidate the etiology for any particular child" (Warshak, 2006).

DIANA MERCER, J.D., AND MARSHA KLINE PRUETT, PH.D.

In 2001, Diana Mercer and Marshal Kline Pruett published *Your Divorce Advisor: A Lawyer and a Psychologist Guide You Through the Legal and Emotional Landscape of Divorce*. Although this book is not exclusively devoted to PAS, it does address this topic. The authors said, "The field of law and psychology has created a term for when a child does not want to visit the nonresidential parent, and expresses that refusal with venom and vehemence. The child shows disregard for the parent, maybe even hatred. The term is Parental Alienation Syndrome (PAS). PAS occurs when children become allied with one parent to a degree that they refuse to have any contact with the other parent. The hatred they express often reflects the feelings of their primary parent. They become echoes of one parent's disdain for the other. This may be communicated directly to the children, until that parent cultivates negative feelings in the children that become deep-rooted and unmalleable" (Mercer and Pruett, 2001, p. 256).

PHILIP M. STAHL, PH.D.

In 2003, Philip M. Stahl, a psychologist who practiced in Arizona, explained that pathological alienation is caused by the attitudes and behaviors of all three parties, the aligned parent, the rejected parent, and the child. He also emphasized, "When children are caught up in the midst of this conflict and become alienated, the emotional response can be devastating to the child's development. The degree of damage to the child's psyche will vary depending on the intensity of the alienation and the age and vulnerability of the child. However, the impact is never benign because of the fact of the child's distortions and confusions" (Stahl, 2003). Stahl published extensively regarding child custody evaluations and parenting children of divorce, including three books (Stahl, 1994, 1999a, 2007).

MICHAEL G. BROCK, M.A., AND SAMUEL SAKS, J.D.

In 2008, Michael Brock, a forensic mental health professional in private practice, and Samuel Saks, an attorney, published *Contemporary Issues in*

Family Law and Mental Health. This book was part of the American Series in Behavioral Science and Law. Although not exclusively about PAS, the authors discussed this topic. They said, “The motivation behind a pattern of alienation is not difficult to discover if one considers all the surrounding circumstances. Yet it does require mental health professionals to undertake a thorough investigation of the situation and not merely accept the presenting parent’s perspective. . . . False allegations of abuse represent the most extreme form of alienation” (Brock and Saks, 2008, p. 87).

WILEY ENCYCLOPEDIA OF FORENSIC SCIENCE

In 2009, Wiley InterScience published *The Wiley Encyclopedia of Forensic Science*, described as “the defining major reference work for forensic scientists and the legal profession.” This encyclopedia includes an entry on parental alienation syndrome in which the authors said, “This article summarizes parental alienation, a child’s rejection of an appropriate parent in the context of a high conflict divorce. Mental health professionals are often asked to evaluate children of separated or divorced parents for the presence of parental alienation. This article explains the psychodynamics and etiology of parental alienation. Custody recommendations and treatment strategies are discussed to aid custody evaluators, judges, and lawyers, and guide families to address this very difficult problem that can destroy families and hurt children” (Kenan and Bernet, 2009).

Numerous mental health practitioners and social researchers have observed PAS and published their observations. Hundreds of articles have been published in peer-reviewed mental health and legal journals. (See the comprehensive bibliography beginning on page 143 of this document.) The consistency and redundancy of these observations have confirmed the existence of “a disturbance in which children were preoccupied with deprecation and criticism of a parent—denigration that was unjustified and or exaggerated” (Gardner, 1992a, page 59). Drawing from the numerous collective observations, we consider parental alienation and PAS to be valid concepts.

Parental Alienation Is a Valid Concept. Although It Was Originally Described in the U.S., Parental Alienation Has Been Identified and Studied in Many Countries

Parental alienation was originally described in the United States independently by six different researchers or research groups, as discussed earlier in this article. Parental alienation has been studied extensively in the United States, where many mental health and legal professionals have written about it. However, it is extremely important to note that practitioners in many other

countries have recognized the same phenomenon. In some cases, these professionals heard about Richard Gardner's criteria for PAS, and they found it helpful to apply those criteria to their own patients and clients. In other cases, the mental health and legal professionals in other countries noticed a particular pattern among the children of high-conflict divorces, and they subsequently realized that these children met the Gardner criteria for PAS. The bibliography of this article cites publications from the professional literature of twenty-seven countries.

The most exhaustive single volume regarding PAS is *The International Handbook of Parental Alienation Syndrome* (Gardner et al., 2006), which was part of the American Series in Behavioral Science and Law published by Charles C. Thomas. More than thirty mental health professionals wrote chapters for this book, including authors from Australia, Canada, the Czech Republic, England, Germany, Israel, Sweden, and the United States. This book received positive reviews. Pressmann (2007) said, "*The International Handbook of Parental Alienation Syndrome* is a powerful volume that provides therapists and justices a wealth of knowledge and wisdom that may positively impact the lives of children who have become fodder in marital and custodial conflicts." Dunkley (2007) said, "The strengths of this volume are its comprehensiveness and its clinical components. There is much to learn from the contributions about how children are manipulated in the aftermath of separation, and how to prevent and repair the damage. I would recommend it to any child welfare professional, particularly those involved in residency and contact disputes."

ARGENTINA

In 1993, the legislature of Argentina adopted a law (Ley 24270) that provides criminal penalties for "a parent or a third person who illegally prevents or obstructs contact of a minor with his or her nonresidential parent." This law has been used to prosecute parents who alienate their children against the other parent. A book by Graciela N. Manonelles, *Responsabilidad penal del padre obstaculizador, La Ley 24270. Síndrome de alienación parental (SAP) (Criminal Responsibility of the Obstructing Parent, Law 24270. Parental Alienation Syndrome [PAS])*, explains the concept of PAS and also discusses legal cases and prosecution of alienators (Manonelles, 2005).

In 2008, two Argentines, Delia Susana Pedrosa and José Bouza, published an important book, *Síndrome de Alienación Parental. Proceso de obstrucción del vínculo entre los hijos y uno de sus progenitores (Parental Alienation Syndrome: The Process of Obstructing the Bond between the Child and Parent)* (Pedrosa and Bouza, 2008). It is notable that this book received a favorable review in the publication of the National Academy of Sciences of Buenos Aires.

AUSTRALIA

Sandra S. Berns, Ph.D., a professor at Griffith Law School, Brisbane, has written extensively on family law. She conducted research regarding divorce judgments in Brisbane, Australia, and found that parental alienation syndrome was present in 29% of cases (Berns, 2001). In commenting on the role of PAS in family courts in Australia, Berns said, "Although the Australian Family Court will admit evidence of PAS in appropriate cases . . . and has given that evidence weight in decision making, the intense politicization of PAS remains a significant problem for the court. Injudicious statements both by those advocating full legal recognition of PAS and by those opposing such recognition have created a climate in which the courts and the legal profession are skeptical and reluctant to move too far in advance of settled legal and psychiatric opinion" (Berns, 2006).

BELGIUM

Several mental health professionals in Belgium have observed and written about PAS. A Belgian journal for mental health professionals, *Divorce & Séparation*, devoted its June 2005 issue to the topic of parental alienation. For instance, that issue of the journal included an article by Didier Erwoine, M.A., a Belgian clinical psychologist, "Les traitements du Syndrome d'Aliénation Parentale" ("Treatments of the Parental Alienation Syndrome"). Erwoine said that one of the most dramatic elements of PAS was its often "incurable and irreversible" aspect. In Erwoine's opinion, it is absolutely essential to combine psychotherapeutic treatment with court ordered measures in order to reverse the PAS inducing process (Erwoine, 2005).

Benoit van Dieren, Ph.D., a psychologist, family therapist, family mediator, and expert, identified PAS in some of the families he assessed in Brussels. He has started to educate mental health and legal professionals regarding this topic. Van Dieren reported, "I have always perceived this 'disorder' as a systemic problem, that is, a problem that can be understood only if we consider the complex and dynamic relationships between *at least* three poles: the child, the father, and the mother, plus the other elements gravitating around these poles such as the extended families, friends, new partners, and the judicial and psychosocial systems." In Belgium, van Dieren has helped to organize a multidisciplinary group (a magistrate, a lawyer, a mediator, and a psychologist) to study how to detect PAS and how to intervene when it occurs. They have promoted an approach that is combined (both judicial and psychological functions), coordinated, and rapid.

Jean Yves Hayez, M.D., Ph.D., a child psychiatrist at the Catholic University of Louvain, wrote a cautionary article, "L'Aliénation Parentale, un concept à haut risque" ("Parental Alienation: A high risk concept") (Hayez and Kinoo, 2005). Hayez thought the concept of parental alienation should

be limited to cases in which the toxicity of the guardian parent is evident, for example, in psychotic or highly disturbed parents.

Finally, in 2008, Jean-Emile Vanderheyden, M.D., a neuropsychiatrist, edited and published an important book, *Approcher le divorce conflictuel* (*Approaching Conflicting Divorces*). This is a multidisciplinary book that discusses high-conflict divorce from a number of perspectives. The chapter authors include judges, lawyers, family mediators, social workers, neuropsychiatrists, and psychologists. The book includes poignant statements by mothers and fathers who experienced loss of their children through parental alienation. There are discussions of the misdiagnosis of parental alienation and the mismanagement of it by the justice system. The authors make various suggestions ranging from the training of competent judges to the designation of “a special day in the calendar” in order to improve societal awareness of parental alienation.

BRAZIL

Maria Berenice Dias is a distinguished appellate judge who has been a leader in the Brazilian women’s movement, particularly fighting against domestic violence. Judge Dias has been active—both in Brazil and internationally—in teaching and writing about family law. Her website (www.mariaberenicedias.com.br) includes a notable article, “Síndrome da alienação parental, o que é isso?” (“Parental alienation syndrome, what is it?”) (Portuguese). Judge Dias said, “Certainly everyone involved in the study of family conflict and violence in interpersonal relationships has come across a phenomenon that is not new, but that has been identified by more than one name. Some call it ‘parental alienation syndrome,’ others refer to it as ‘implantation of false memories.’” After citing the work of “the American psychiatrist, Richard Gardner,” Judge Dias said, “The child, who loves his parent, is taken away from a father who also loves him. This generates a conflict of feelings and a destruction of the bond between them. . . . In this game of manipulation, all weapons are used, including the assertion of the child having been the victim of sexual abuse. . . . The child cannot always discern that he is being manipulated and ends up believing what he was told in such an insistent and repeated manner. Over time, even the mother cannot distinguish the difference between truth and falsehood. Her truth becomes the truth for the son, who lives with false characters of a false existence, resulting then in false memories being implanted in his mind” (Dias, 2006).

Priscilla Maria Pereira Corrêa da Fonseca, Ph.D., a law professor, published an article in a pediatric journal, “Síndrome de alienação parentale” (“Parental alienation syndrome”). She discussed the causes of PAS and how to identify it. Corrêa da Fonseca (2006) concluded, “To identify the parental alienation and prevent this harmful process from affecting the child and converting into a syndrome are tasks for the Justice. The family law lawyer must

prioritize the child and adolescent even when the alienating parents demand their rights, including the refusal to support the cause of the alienating parent.” Igor Nazarovicz Xaxá wrote a dissertation at Universidade Paulista, Brasília, which was titled, *A Síndrome de Alienação Parentale eo Poder Judiciário* (The Parental Alienation Syndrome and the Judiciary). Xaxá, who apparently was himself an alienated or targeted parent, described how resistant Brazilian officials were to appreciating the serious consequences of PAS (Xaxá, 2008). There is now a movement in the National Congress of Brazil to adopt measures (Bill Number 4053) that address parental alienation and seek to protect children and adolescents from this type of abuse.

CANADA

Mental health and legal professionals in Canada have been familiar with the concept of parental alienation for many years. Perhaps the earliest discussion of PAS in the professional literature in Canada was a 1991 article by Anne-France Goldwater in a law journal, “Le syndrome d’aliénation parentale” (Goldwater, 1991). In 1992, Abe Worenklein, Ph.D., a clinical and forensic psychologist, published “Custody Litigation and Parental Alienation” (Worenklein, 1992). More recently, Gold-Greenberg and Worenklein (2001) published “L’aliénation Parentale, un Défi Légal et Clinique pour les Psychologues” (“Parental Alienation, a Legal and Clinical Challenge for Psychologists”).

Hubert Van Gijseghem, Ph.D., a professor at the University Montreal, has conducted research and written extensively regarding parental alienation (Van Gijseghem, 2002, 2004, 2005b, 2009). For instance, he reported his attempts to calculate the prevalence of parental alienation in metropolitan Montreal in an interesting article, “L’Aliénation parentale: Points controversés” (“Parental alienation: Controversial points”). In this article, Van Gijseghem acknowledged that the concept of parental alienation is not accepted by everybody, and he commented on the emotional debates regarding this topic. He concluded, “That the phenomenon does exist, there is no doubt, but we will have to wait another decade to resolve several aspects of the controversy” (Van Gijseghem, 2005a). Van Gijseghem has also organized training workshops regarding parental alienation for professionals in Canada and European countries.

Marie Hélène Gagné, Ph.D., and Sylvie Drapeau, Ph.D., psychologists at Laval University, Quebec, published “L’aliénation parentale est-elle une forme de maltraitance psychologique?” (“Is parental alienation a form of psychological abuse?”). The authors proposed to use the conceptual and theoretical frame of psychological abuse to study parental alienation. They defined both concepts and described the conceptual links between them (Gagné and Drapeau, 2005).

In 2008, Barbara Jo Fidler, Ph.D., Nicholas Bala, Rachel Birnbaum, Ph.D., and Katherine Kavassalis published *Challenging Issues in Child Custody Assessments: a Guide for Legal and Mental Health Professionals*. Fidler and Birnbaum are mental health professionals; Bala and Kavassalis are lawyers. In the chapter titled “Understanding Child Alienation and Its Impact on Families,” the authors said, “Children from separated and divorced families who vigorously resist or refuse contact with one parent frequently are referred for child custody assessments. . . . There is significant debate in the mental health and legal literature about the conceptualization and etiology of parent-child contact problems, and about the most appropriate mental health interventions and judicial remedies relating to them. Although most authors agree that the phenomenon exists, finding an appropriate name for the problem is also a subject of debate” (Fidler et al., 2008a, p. 203).

The Canadian Symposium for Parental Alienation Syndrome (CS-PAS) is an international, educational conference for mental health professionals, family law attorneys and other professionals dedicated to the prevention and treatment of parental alienation and PAS. The CS-PAS conferences occurred in March 2009 and October 2009 in Toronto. Additional information is available at www.cspas.ca.

CZECH REPUBLIC

Eduard Bakalář, C.Sc., is a psychologist who began assessing custody disputes for the Municipal Court in Prague in 1967. He has noted the occurrence of parental alienation in the Czech Republic, where mental health professionals have published articles regarding this topic. Bakalář also reported that the phenomenon of parental alienation has been described in the Ukraine and Russia, but the mental health professionals have no name for it because they are not familiar with the literature and research published elsewhere.

Bakalář wrote extensively regarding parental alienation, including “Popouzení dítěte proti druhému rodiči” (“Inciting the child against the other parent” (Bakalář and Novák, 1996) and “Syndrom zavržení rodiče: Příčiny, diagnóza, terapie” (“Parental alienation syndrome: Etiology, diagnostics, therapy) (Bakalář, 2006b). In his book, *Průvodce otčovstvím (A Guide through Fatherhood)*, Bakalář included a chapter regarding parental alienation syndrome in the Czech Republic (Bakalář, 2002). In another book chapter, Bakalář discussed the psychodynamics of PAS. He said, “Competition and narcissism may play a part in the rivalry between some parents who consciously or unconsciously wish that their children will look like, act like, and think like they do. . . . Neurotic egotistical projection on the part of at least one parent can cause the child to favor a point of view and take sides when the child observes parental conflict and separation of the household” (Bakalář, 2006a, p. 302).

DENMARK

A Danish judge who has written extensively about family law, Svend Danielsen, recently published *Forældres Pligter—Børns Rettigheder (Parents' Duties—Children's Rights)*. This judge was commissioned by Nordisk Ministerråd (the Nordic Council of Ministers) to compare family law in English-speaking countries (England, Scotland, Australia, and Canada) with the Nordic countries (Denmark, Finland, Iceland, Norway, and Sweden) to look for possible ideas for Nordic reforms. In this book, PAS was mentioned and the phenomenon of parental alienation was discussed: "It can be that the residential parent has such strong rejections against visiting rights for the other parent that the child is affected. In English justice it is called 'implacable hostility.' Another concept and manifestation of conflict is 'parental alienation syndrome.' . . . Generally it is unlucky to capitulate because of ill-disposed parents, resulting in no visitation. . . . If one of the parents makes the contact difficult or impossible, a decision on residence for the child can be altered, but this has to be the last way out, and the possibility cannot be used for solving a relatively mild contact problem" (Danielsen, 2004, pp. 210–211).

The Danish organization, Foreningen Far til Støtte for Børn og Forældre (Fathers in Support of Children and Parents) was established in 1977. This organization convened a conference on parental alienation in 2002, and lectures regarding parental alienation and PAS were presented by Erik Kofod and Lena Hellblom Sjögren, Ph.D., a Swedish psychologist. The proceedings of this conference were published in the organization's yearbook, "On Visitation and Parents' Responsibility," in September 2002.

FINLAND

Anja Hannuniemi, LL.Lic.—a lawyer, licentiate of law, and medical law researcher—has conducted research and taught criminal law and medical law at the University of Helsinki for twenty years. She is preparing a doctor's thesis about PAS. Hannuniemi has acted as an attorney, expert witness, and a judge in very difficult cases involving children. When she heard about PAS in 2000, Hannuniemi immediately realized that PAS had been a factor in all of the longest and most difficult custody disputes and compulsory guardianship cases that she had been working on as an attorney. ("Compulsory guardianship" means that the municipality becomes the custodian of the child instead of the parents.) Hannuniemi thought that in many of these cases, PAS was induced or made much worse by social workers involved with the divorced families. Hannuniemi has worked hard to educate the judiciary in Finland regarding PAS. For instance, in a lengthy article published in a Finnish legal journal, she noted, "Alienation syndrome does not result only from the close parent intentionally, semi-intentionally, or subconsciously acting to alienate the child from the other parent, but its clinical picture also includes *the part*

of the child, in which he/she—following his/her sense of loyalty to the close parent—is susceptible to the indoctrination practiced by that parent, and actively alienates oneself from the distant parent” (Hannuniemi, 2007).

FRANCE

There is considerable interest in PAS among both mental health professionals and child advocates in France. An advocacy organization, Association Contre L’aliénation Parentale (ACALPA) (The Association against Parental Alienation) was founded in 2004. This organization engages in extensive education of parents, legal professionals, and mental health professionals regarding PAS. ACALPA also organizes national programs for training police and gendarmerie officers regarding PAS.

French psychiatrists have studied PAS and published papers regarding this topic. Paul Bensussan, M.D., for example, a psychiatric expert for the French courts, has specialized in cases of parental alienation and false allegations of child sexual abuse. In 15 years, he has studied more than 800 cases of high conflict divorce. In a recent article in a medical journal, “L’aliénation parentale: vers la fin du déni?” (“Parental alienation: Toward the end of the denial?”), Bensussan commented that PAS “arouses polemics and controversies.” He said in the abstract, “Some go as far as denying the very existence of the phenomenon itself, arguing that it is still absent from the international classifications of psychiatric disorders (European or American). . . . The author describes the difficulties encountered, by judges as well as by experts, to evaluate the quality of the relationship before the split and to suggest adequate solutions, in as much as the field of action is severely restricted with such determined children or teenagers” (Bensussan, 2009).

Another psychiatric expert, Jean-Marc Delfieu, M.D., published in a legal journal “Syndrome d’aliénation parentale—Diagnostic et prise en charge médico-juridique” (“Parental alienation syndrome—Diagnosis and medical-legal management”). In this article, Delfieu described the recent increase of cases with severe mental manipulation of children, which he saw in divorce cases. He described the psychopathology, psychodynamics, and clinical manifestation of PAS, with case examples. He proposed joint therapeutic and judicial interventions (Delfieu, 2005).

Mireille Lasbats, Ph.D., a clinical psychologist and forensic expert, published an article in an important legal journal, “Etude du syndrome d’aliénation parentale à partir d’une expertise civile” (“Study of the parental alienation syndrome starting from a civil expertise”). Lasbats described the identification of PAS in high-conflict divorces. With clinical cases she explained how to recognize this phenomenon and the risks to which the alienated child, as well as the rejected parent, are exposed. Consistent with Richard Gardner’s concept of PAS, Lasbats said the factors contributing to

this condition are the manipulation by a parent and the contribution of the child to the denigration of the rejected parent (Lasbats, 2004).

Also, Jacques Trémintin, M.A., a social worker, published an article, “Quand l’enfant se retrouve piégé—L’aliénation parentale” (“When the child finds himself/herself trapped—Parental alienation”). Trémintin said, “The concept of parental alienation seems to be very helpful to better understand what is going on in certain families and work out intervention strategies for professionals” (Trémintin, 2005).

GERMANY

A large number of German mental health and legal professionals have studied and commented on PAS. The first mention of “Parental Alienation Syndrome (PAS)” in the German professional literature was in 1995 by Wolfgang Klenner, Ph.D., a forensic psychologist, in an important article, “Rituale der Umgangsvereitelung bei getrennt lebenden oder geschiedenen Eltern” (“Rituals of contact refusal from parents in separation or divorce”). Klenner mentioned PAS—when a child has been heavily manipulated by one parent on whom it is dependent—as one of the possible causes of contact refusal (Klenner, 1995).

In 1998, Ursula Kodjoe, M.A., a forensic psychologist, family therapist, and mediator, and Peter Koeppel, J.D., a family law attorney, published papers regarding PAS in Germany (Kodjoe and Koeppel, 1998a, 1998b, 1998c). These articles prompted an intensive discussion among mental health and legal professionals in Europe regarding the phenomenon of parental alienation and the diagnosis of parental alienation syndrome. Subsequently, Kodjoe said, “Experts need to have several theories and concepts at their disposal—amongst others, the PAS concept as an explanation for the refusal of contact for *manipulative reasons*. Experts who equate any form of contact refusal and the PAS concept did not understand the concept and must therefore reject it. The ‘estranged child’ is left out as a consequence. Manipulated against the other by the care-taking parent, seldom by the visiting parent and at the worst by both parents, the child internalizes the enemy image and behaves accordingly. This emotional abuse seems to be a taboo and is denied even by experts” (Kodjoe, 2003b).

Walter Andritzky, Ph.D., a forensic psychologist and sociologist, studied PAS phenomena and published book chapters and articles in professional journals regarding this topic (Andritzky, 2002a, 2002b, 2002c, 2003a, 2003b, 2003c). He published two book chapters regarding PAS in English, “Behavioral Patterns and Personality Structure of Alienating Parents: Psychosocial Diagnostic and Orientation Criteria for Intervention” (Andritzky, 2003d) and “The Role of Medical Reports in the Development of Parental Alienation Syndrome” (Andritzky, 2006). Andritzky described the behavioral patterns of alienated children and the personality structure of alienating parents, as well

as the “natural” and “induced” symptoms of children affected by high conflict separation or divorce. His articles assist professionals and institutions of the health and legal systems to understand the psychodynamic and diagnostic criteria of PAS and to make appropriate clinical and legal decisions in cases involving PAS.

Wilfrid von Boch-Galhau, M.D., a psychiatrist and psychotherapist, and Ursula Kodjoe studied adult survivors of PAS in Germany. In a book chapter in English, they said, “The induction of PAS in the child must be considered a form of psychological/emotional abuse. It can be connected with traumatizing long-term effects in the child that endure into adulthood. It is difficult to understand that this phenomenon—despite corresponding clinical findings and despite relevant results of recent traumatology and victimology research—is still trivialized, denied, or even opposed by many experts” (Boch-Galhau and Kodjoe, 2006b, p. 310). They also published their findings in a French journal, *Synapse, Journal de Psychiatrie et Système Nerveux Central* (Boch-Galhau and Kodjoe, 2006a).

Also, Boch-Galhau, Kodjoe, Koepfel, and Andritzky organized the International Conference on PAS that was held in Frankfurt, Germany, in October 2002. Richard Gardner presented a lecture at that conference. The proceedings of this conference were published in their book, *Das Parental Alienation Syndrom: Eine interdisziplinäre Herausforderung für scheidungsbegleitende Berufe (The Parental Alienation Syndrome: An Interdisciplinary Challenge for Professionals Involved with Divorce)* (Boch-Galhau et al., 2003). Information regarding this conference can be found on www.pas-konferenz.de.

Astrid Camps, M.D., a child psychiatrist in Germany, said, “Gardner’s PAS concept proves helpful in child psychiatric practice. If the PAS problem for the child of divorce is not solved, the psychiatric and psychosomatic long-term consequences can be dramatic and for the child patient may be accompanied by great suffering (Camps, 2003, p. 155).

Uwe Jopt, Ph.D., and Katharina Behrend, Ph.D., forensic psychologists from the University of Bielefeld, published a well known pair of articles regarding PAS. They described PAS as consisting of two stages. In the first stage, the specific conditions for the development of PAS are met (instrumentalization and parentification of the child, denigration of the other parent, with the custodial parent expecting the child to align to herself). In the second stage, the syndrome is solidified. There occurs a reduction of cognitive dissonance, a lack of empathy, internal and external reinforcement. The authors discussed possible methods of intervention by the various professions (family court, social services, psychological experts, and lawyers) (Jopt and Behrend, 2000a, 2000b).

In Germany, mental health and legal professionals, institutions, and agencies use an important handbook, *Kindesmisshandlung und Vernachlässigung (Child Abuse and Neglect)*. This book refers to the “Parental Alienation Syndrome” as a particular kind of psychological violence against

children in the context of custody and visitation conflicts (Deegener and Körner, 2005, pp. 684 and 694).

ISRAEL

Daniel J. Gottlieb, Psy.D., is a clinical psychologist who has served as a court-appointed expert in child custody and adoption cases. In a book chapter, Gottlieb said, "In the Hebrew literature, PAS is referred to by different names: syndrome *nikur hori* (parental alienation syndrome), *hitnakrut be-horeh* (alienation from a parent), or *sarvanut kesher* (contact refusal). The differences in terminology do not reflect different theoretical approaches, . . . but rather all point to the same constellations of symptoms and dynamics that comprise PAS as described by Gardner" (Gottlieb, 2006, p. 90).

ITALY

Several mental health professionals in Italy have published articles, book chapters, and books regarding parental alienation. Apparently, the first person to write about PAS in the Italian professional literature was Isabella Buzzi, Ph.D., who is on the faculty of the Catholic University of Milan. Buzzi contributed a chapter regarding PAS to a comprehensive book, *Separazione, Divorzio e Affidamento dei Figli (Separation, Divorce, and Child Custody)* (Buzzi, 1997). In the following year, Guglielmo Gulotta published "La sindrome di alienazione genitoriale: Definizione e descrizione" ("The parental alienation syndrome: Definition and description") (Gulotta, 1998).

A psychologist, Roberto Giorgi, has written extensively regarding parental alienation, including a monograph, *Le Possibili Insidie delle Child Custody Disputes: Introduzione Critica alla Sindrome di Alienazione Parentale di Richard A. Gardner (The Possible Pitfalls of Child Custody Disputes: Critical Introduction to Parental Alienation Syndrome by Richard A. Gardner)* (Giorgi, 2005). Mario Andrea Salluzzo, a psychologist and psychotherapist, reviewed and summarized the work of Richard Gardner regarding PAS, and applied the concepts to several Italian cases. In a journal article, Salluzzo concluded, "For a therapeutic intervention, it is necessary that the legal personnel and the mental health professionals work in synergy. Only a clear and swift judicial action, aimed to discourage any attempt of sabotage by the alienating parent, can guarantee a good margin of success for psychotherapeutic or family mediation interventions" (Salluzzo, 2006).

In 2005, an entire issue of a professional journal, *Maltrattamento e Abuso all'Infanzia (Maltreatment and Abuse of Children)* was devoted to PAS. The articles included "La sindrome di alienazione genitoriale (PAS): Studi e ricerche" ("The parental alienation syndrome (PAS): Studies and research") (Malagoli Togliatti and Franci, 2005) and "La sindrome di alienazione genitoriale (PAS): Epigenesi relazionali" ("The parental alienation syndrome

(PAS): Epigenesis of relationships”) (Malagoli Togliatti and Lubrano Lavadera, 2005). Marisa Malagoli Togliatti is a professor for the psychodynamics of child development and family relations at a distinguished institution, Sapienza Università di Roma.

There is a comprehensive, recent book from Italy regarding parental alienation, *La Sindrome di Alienazione Parentale (PAS): Lavaggio del Cervello e Programmazione dei Figli in Danno Dell'altro Genitore (The Parental Alienation Syndrome [PAS]: Brainwashing and Programming of Children to the Detriment of the Other Parent)*. The authors include: Guglielmo Gulotta, a psychologist, lawyer, and professor of forensic psychology at the University of Turin; Adele Cavedon, a researcher in the Department of Psychology at the University of Padua; and Moira Liberatore, a psychologist, mediator, and lecturer at the University of Turin. They provide a complete and systematic description of PAS and its manifestations, generally based on the work of Richard Gardner, with a discussion of the differential diagnosis of PAS and related topics such as false memories and factitious disorder by proxy. These authors developed a method for identifying alienating behavior by means of microanalysis of communicative interaction and psycholinguistic analysis. This method involved the analysis of dialogue between the alienating parent and the child. They intended “to provide the various professional groups who encounter this perverse condition precise directions to recognize, diagnose, denounce, and take charge” (Gulotta et al., 2008).

JAPAN

Colin P. A. Jones published an article, “In the Best Interests of the Court: What American Lawyers Need to Know about Child Custody and Visitation in Japan,” in the *University of Hawaii Asian-Pacific Law & Policy Journal*. He said, “Unfortunately, focusing on the problem as a cross-cultural one risks marginalizing it. In reality, parental child abduction and parental alienation are problems for parents and children in Japan, regardless of race or nationality. For every foreign parent who loses contact with their children in Japan, a greater number of Japanese parents suffer the same fate” (Jones, 2007).

MEXICO

The First International Congress of Families was held in Mexico City in August 2006. The congress participants passed resolutions including the following: “It is important to stress that children should not suffer the consequences of separation or divorce of the parents. . . . Manipulating the children to create hatred or bitterness toward any of the parents, that is, parental alienation, should be avoided.” It was noted that the manipulation and brainwashing of children should be considered a form of child abuse. An international

congress specifically regarding “Síndrome de Alienación Parental” took place in June 2009 in Monterey, Mexico.

Apparently, the legislature of the state of Querétaro, Mexico, has been particularly proactive in recognizing the issue of parental alienation among divorced parents. The recently revised Civil Code of Querétaro states in Article 396, “Whosoever exercises parental authority over a dependent minor ought to procure the establishment of a respectful and close relationship between said minor and the other adult exercising parental authority over this minor. Each adult exercising such parental authority over the minor must avoid any act of manipulation or parental alienation that may lead to feelings of resentment or rejection by said minor for the other adult” (Instituto de Investigaciones Jurídicas, 2009).

THE NETHERLANDS

Ed Spruijt, Ph.D., at Utrecht University and his colleagues conducted quantitative research regarding PAS. They sent questionnaires to members of the Dutch Association of Family Lawyers and Divorce Mediators and also to a group of non-resident parents. Altogether they had 138 respondents from these two groups, and the authors “aimed to gain a first empirical impression of the phenomena of PAS in the Netherlands.” In conclusion, the authors stated, “Does parental alienation occur in the Netherlands? Our research confirms that it does. Of the respondents to our questionnaire, 58% thought PAS does not occur, or hardly, in the Netherlands, whereas 42% thought it does occur” (Spruijt et al., 2005).

NORWAY

In 1994, Richard Gardner introduced the concept of PAS to Norway when he spoke at a conference called “Seksuelle overgrep mot barn rettssikkerhet og rasjonalitet” (“Child Sexual Abuse, Justice and Rationality”). Part of Gardner’s lecture was later published in a book, *Seksuelle overgrep mot barn: Et kritisk perspektiv (Child Sexual Abuse: A Critical Perspective)*, which was edited by Astrid Holgerson, Ph.D., and Lena Hellblom Sjögren, Ph.D. (1997). Probably the first description of parental alienation by a professional in Norway was an article by Jan Brögger, an anthropologist, who wrote, “Når barn utvikler sykkelig hat mot foreldre,” (“When Children Develop Morbid Hatred toward Parents”) (Brögger 1995).

A psychiatrist in Oslo, Terje Torgersen, M.D., has published several articles regarding parental alienation. In an article called “Foreldrehat-syndromet” (“Parental Hate Syndrome”), he wrote, “If a residence parent frightens the child to reject contact with the other parent although he/she has visiting rights, this strategy will often be successful. As long as our politicians do not realize how serious the situation is, there is little hope for changes

of the law (sole custody is still the norm)” (Torgersen, 1995b). In an article called “Samvaersrett og avmakt” (“Visitation Rights and Powerlessness”), Torgersen commented on the pathology often found in alienating parents. He wrote, “A lot of parents, sabotaging their children’s legitimate contact with the other parent, sadly enough have more or less disturbed personalities and are not capable of focusing on their children’s needs instead of their own. It is noteworthy that the society has not done more to help these children by reassuring them an actual right to have contact with both their parents” (Torgersen, 2008b).

There have been additional publications in Norway regarding parental alienation and closely related topics. A Norwegian professor of psychology, Frode Thuen, published a book regarding children of divorced parents, *Livet Som Deltidsforeldre (Life as a Part-time Parent)*. One of the chapters describes programming of a child to reject a parent without justified cause in connection with PAS (Thuen, 2004, pp. 91–121). Another important recent book was published by a Norwegian lawyer, Sverre Kvilhaug, a specialist in family law. This book, which discusses research regarding children separated from parents, was *Atskillelse barn og foreldre, Hva internasjonal forskning sier om sammenheng mellom atskillelse i barndommen og senere fysiske og psykiske lidelser (Separation of Children and Parents: What International Research Says about the Relationship between Childhood Separation and Later Physical and Mental Disorders)* (Kvilhaug, 2005). Finally, a Norwegian journalist, Ole Texmo, wrote a pamphlet on how to distinguish mild from serious parental alienation, which was based on a U.S. publication: *Et langt og vanskelig ord Om metodisk påvisning av ulike typer av foreldrefiendtliggjøring med referanse til Bone & Walsh (1999) kriterier for identifisering av PAS (Parental Alienation Syndrome) (A Long and Difficult Word: The Methodical Detection of Different Types of Parental Alienation with Reference to the Bone & Walsh [1999] Criteria for the Identification of PAS [Parental Alienation Syndrome])* (Texmo, 2007).

POLAND

PAS has been observed in Poland and studied by senior academic psychiatrists. In Poland, PAS is called “Zespół Gardnera” or “Gardner Syndrome.”

Irena Namysłowska, M.D., Ph.D., the head of the Department of Child Psychiatry at the Institute of Psychiatry and Neurology, Warsaw, and her colleagues recently published an article in *Psychiatria Polska*. The title of the article was “Zespół Gardnera—zespół oddzielenia od drugoplanowego opiekuna (PAS). Rozpoznanie czy rzeczywistość rodzinna?” (“Gardner Syndrome—Parent Alienation Syndrome (PAS). Diagnosis or family reality?”). The authors present characteristics of PAS, as described by Gardner, and they made suggestions for differentiating that syndrome from

actual psychological, physical, and sexual abuse. The consequences of Gardner Syndrome for legal decisions in the court cases of child custody and the critique of this syndrome in forensic and psychiatric literature are also discussed, and several questions posed. They conceptualized PAS not as a disorder of the child, but as “a specific, dynamic family situation, which sometimes occurs during divorce and fights over child custody” (Namysłowska et al., 2009).

Monika Dreger, a psychologist in Poland, also summarized the work of Richard Gardner. Dreger said, in effect, “[Gardner] described a disorder occurring in children, which in the course of the conflict, is involved in deprecation and criticism of one of the parents, but this kind of vilification is not justified and/or exaggerated. PAS can apply only if the children rejected a parent who is not the perpetrator of sexual, physical, or mental abuse against the children.” She concluded, “The most important thing is not to involve the child in conflict with the former partner” (Dreger, 2007).

PORTUGAL

A Spanish psychologist, José Manuel Aguilar, Ph.D., published a book about PAS in Portuguese, *Síndrome de Alienação Parental* (Aguilar, 2008b). Subsequently, Aguilar lectured on this topic at the School of the Judiciary and Bar in Lisbon and other locations in Portugal.

SOUTH AFRICA

Christopher P. Szabo, Ph.D., at the University of the Witwatersrand, Johannesburg, South Africa, has written extensively about psychology and psychiatry in his country. He studied the concept of PAS as it occurred in South Africa. Szabo commented, “Involvement of mental health professionals who have no insight into PAS may exacerbate matters. The longer the time spent with the alienating parent, the more likely the process of alienation will be consolidated. It is suggested that PAS be recognized as a form of child abuse; accordingly custody may be awarded to the innocent party, with sanctions potentially applied against the alienating party” (Szabo, 2002).

SPAIN

Parental alienation has been recognized and studied extensively in Spain. Probably the most prolific author and speaker regarding parental alienation has been José Manuel Aguilar, Ph.D., a forensic psychologist. Aguilar (2004) published a book regarding this topic, *S.A.P., Síndrome de Alienación Parental*. He also published “Interferencias de las relaciones paterno

filiales. El Síndrome de Alienación Parental y las nuevas formas de violencia contra la infancia” (“Interference of the parent-child relationships. Parental Alienation Syndrome and New Forms of Violence against Children”) (Aguilar, 2007). Aguilar has lectured at scholarly meetings and at government agencies throughout Spain, as well as in Mexico and Portugal. Aguilar reported that he has documented hundreds of cases of PAS.

Domènec Luengo Ballester, Ph.D., a psychotherapist, and Arantxa Coca Vila, an educational psychologist, have published two books regarding parental alienation. Their first book – *Hijos manipulados tras la separación: Cómo detectar y tratar la alienación parental (Children Manipulated after Separation: How to Detect and Treat Parental Alienation)* – illustrated and explained the messages that parents use to program their children (Luengo Ballester & Coca Vila, 2007). Their second book, which was recently published – *El síndrome de alienación parental: 80 preguntas y respuestas (The Parental Alienation Syndrome: 80 Questions and Answers)* – explained the difference between parental alienation and loyalty conflicts in children (Luengo Ballester & Coca Vila, 2009).

M. Cartie and colleagues assigned to the Catalan Civil Family Courts conducted research regarding the occurrence of PAS, as defined by Richard Gardner, in the families that came to their attention. They identified 83 children in 69 families who manifested PAS, which constituted about 10% in the total population served. These researchers found that over time some children developed false memories of past events. They also found that the various symptoms of PAS occurred with different frequencies in children of different ages (Cartie et al., 2005).

Asunción Tejedor Huerta, Ph.D., who has taught courses for the Official College of Psychologists in Spain, published a book, *El Síndrome de alienación Parental. Una forma de maltrato (Parental Alienation Syndrome. A Form of Abuse)* (Tejedor Huerta, 2007a), as well as articles and book chapters. For example: “Intervención ante el Síndrome de Alienación Parental” (“Response to the Parental Alienation Syndrome”) (Tejedor Huerta, 2007b); “SAP y Maltrato” (“PAS and Abuse”) (Tejedor Huerta 2008); “Pautas de Intervención ante casos de SAP en la familia” (“Guidelines for intervention in cases of PAS in the family”) (Tejedor Huerta, 2009); and “Reflexiones sobre el Síndrome de Alienación Parental” (“Reflections about the Parental Alienation Syndrome”) (Tejedor Huerta, 2006).

Several other Spanish psychologists have written articles regarding parental alienation. Bolaños (2002) published “El síndrome de alienación parental. Descripción y abordajes psico-legales” (“The parental alienation syndrome. Description and psycho-legal approaches”). Gómez (2008) published “Síndrome de Alienación Parental (SAP).” Ramirez (2004) published “Psicología y derecho de familia. Trastorno mental y alternativa de custodia. El síndrome de alienación parental” (“Psychology and family law. Mental disorder and alternative care. Parental Alienation Syndrome”).

Adolfo Jarne Esparcia and Mila Arch Marin (2009) discussed whether PAS should be included in DSM-V, and they concluded that it should be considered a relational problem. These authors eloquently stated, “In this section [of the DSM] there is a subsection denominated ‘relational problems.’ . . . It seems evident from the descriptive perspective that PAS includes a pattern of interaction of a relational unit (parents and children), which results in a clinically significant impairment in functioning (marked presence of psychological pain and risk in the psychosocial development of the minor given the complete absence of one of the parents) and it can appear related to a pathology in one or more of the unit members or in the absence of any other disorder. And, of course, they are subject to receiving clinical attention; thus, it does not seem that there is any clinician in the world that when confronted with a child who ‘does not want to see his/her parent, does not want to have any sort of relationship with him/her’ will deal with it with a simple ‘that is not important, let him/her not see him/her; it will pass.’ This simply does not happen.”

Several professional organizations or agencies in Spain have commented on the importance of parental alienation. In 2005, the Ethics Committee of the Official College of Physicians of Madrid denounced the “emotional abuse of children by using them as weapons, as achieved through programming and brainwashing . . . this process is child abuse . . . you get to express a hatred of the minor toward the target parent.” In 2007, the Spanish Ministry of Labor and Immigration presented a course regarding PAS for professionals. The objectives of this course were: “Analyze and study the manifestations and consequences of Parental Alienation Syndrome (PAS). Provide skills for the development of competent diagnoses in cases of PAS and planning for more successful intervention in each case. Explore ways of competent intervention in cases where these situations occur.” Also, in 2008, the General College of Psychologists in Spain released a statement in which the Coalition of Legal Psychology endorsed “the appropriateness of the analysis of the problem known as Parental Alienation Syndrome in the psychological evaluation . . . within the forensic field of family law.” Courts in Spain have endorsed the concept of parental alienation as a factor that they should take into consideration in divorce proceedings.

At least three national and international conferences have been organized in Spain regarding parental alienation. In March 2006, the First National Symposium on Parental Alienation Syndrome took place in Madrid. The participants of that meeting—physicians, psychologists, and attorneys—signed a declaration to the effect, “The manipulation of children by one of the parents, or within the family circle of this parent, with the intention that they reject the other parent, is a type of psychological violence which qualifies as child abuse. This abuse process includes obstruction of the relationship between the children, their parent, and the parent’s side of the extended family, false accusations of sexual aggression and abuse, physical distancing

mechanisms and inculcation of denigrating and injurious arguments which construct in the mind of the child beliefs, emotions and behaviors which the children believe they themselves have created, in which they express hatred against the rejected parent, together with an extreme form of defense of the alienating parent.” In December 2008, a second national conference that addressed parental alienation took place in Santiago de Compostela, Galicia, Spain. An international symposium, “Síndrome de Alienación Parental y Custodia Compartida,” occurred in September 2009, in León, Spain. (See www.congresointernacionalsap.org for additional information.)

SWEDEN

The phenomenon of parental alienation process in high-conflict custody cases has been described in Sweden by mental health professionals. Legal professionals, social workers, and psychologists in Sweden have observed, lectured about, and written about PAS. In 1991, Richard Gardner lectured in Lund, Sweden, on PAS and how to differentiate accurate accusations of child abuse from false accusations often appearing in complex custody conflicts.

In 1992, an important research project was published in Sweden, which was based on interviews with children who had grown up without their fathers. PAS was described in this book, *Pappa, se mig! Om förnekade barn och maktlösa fader*, (*Father, See Me! About Rejected Children and Powerless Fathers*). In this book, the researchers related what the children told about their feeling of loss. One child explained her longing to be allowed to love both her parents by saying, “Both are in my blood circulation” (Öberg and Öberg, 1992, p. 147).

A Swedish psychologist, Lena Hellblom Sjögren, Ph.D., has extensively studied PAS. In 1997, Hellblom Sjögren described PAS in a book about research on memory, suggestibility, and four criminal cases involving sexual abuse. This book was *Hemligheter och minnen. Att utreda tillförlitlighet i sexualbrottmål* (*Secrets and Memories: To Investigate Reliability in Sexual Criminal Cases*). Hellblom Sjögren has practiced as an investigative psychologist giving testimony about PAS in family and criminal courts in Sweden and Norway since the beginning of the 1990s. In several cases, in which Hellblom Sjögren conducted investigations and identified PAS, the court gave custody to the parent who demonstrated insight regarding the importance for the children to have contact with both their parents. Also, Hellblom Sjögren is a researcher, who is now analyzing how children’s human rights and their best interests were affected in 60 cases in which she identified PAS. Hellblom Sjögren reported cases in which the PAS was brought about by child welfare workers. In a book chapter, Hellblom Sjögren wrote, “The purpose of this article is to describe the alienation process in five Swedish cases where children have developed PAS after having been influenced to reject their mothers by local social welfare agencies. It is concluded that children and

their parents are best served if PAS can be recognized, and efforts made to educate professionals about how harmful it can be” (Hellblom Sjögren, 2006, p. 131).

In 1998, a child advocacy organization, Rädda Barnen (Save the Children) in Sweden, published an important book, *Barnets rätt till båda föräldrarna* (*The Child's Right to Both Parents*). In this book, a Swedish child psychiatrist, Magnus Kihlbom, M.D., wrote about the PAS phenomenon without actually naming it. In a chapter called “Relationen till föräldrarna—grunden för barnets psykiska utveckling” (“The Relation to the Parents—The Foundation for the Child’s Mental Development”), Kihlbom said, “It is particularly difficult for a child when a parent’s demand for loyalty is so total that it also includes the way to value the other parent. Then the child is threatened to be in disgrace and rejected: if you do not think as I do, if you do not reject him/her, I will reject you in the same way. Many children live in such a situation full of pain, without being able to afford emotionally to protest” (Kihlbom, 1998, p. 16).

In 2005, two social workers in Sweden, Gösta Emtestam and Agnetha Svensson, published a book in which they described a method for rapidly investigating the possibility of PAS and then intervening so that alienation resulting in PAS can be avoided. Their goal is for the child to have access to both parents after the parents’ separation. The book was *Vårdnads-, boende- och umgängesutredningar* (*Custody-, Residence- and Visitation-investigations*) (Emtestam and Svensson, 2005).

SWITZERLAND

Mental health and legal professionals in Switzerland have observed and written about PAS. For example, Ursula Birchler-Hoop, a Swiss family law attorney and mediator, published “Eltern-Entfremdung, Störungen im Kontakt zwischen dem Kind und dem nicht-sorgeberechtigten Elternteil” (“Parent-child alienation, contact difficulties between child and noncustodial parent”). Birchler-Hoop provided a detailed discussion of the symptoms, diagnosis, causes, and psychodynamics of the parental alienation syndrome, as well as possible methods of intervention. Regarding PAS and Swiss family law practice, Birchler-Hoop noted that from the legal literature and case law one can conclude that there is general awareness of the problem of parent-child alienation in Switzerland, but solid knowledge about PAS is still mostly lacking (Birchler-Hoop, 2002).

Also, Pedro Goncalves, M.D., a psychiatrist and family therapist, and A. Grimaud de Vincenzi, a family consultant, published an article, “D’ennemis à Coéquipiers, le Difficile Apprentissage de la Coparentalité après un Divorce Conflictuel” (“Co-parenting after a conflicted divorce, growing from enemy to ally”). The authors said that in the process of a conflictual divorce, the

children are almost always caught in the triangle of their parents' fights. Their description of the process corresponded with Richard Gardner's description of the parental alienation syndrome. The authors explained intervention techniques aimed at de-triangulating the children and helping the parents achieve collaboration as a functional parenting team. The authors stressed potential traps and the need to coordinate therapeutic interventions with the courts involved in the custody decisions (Goncalves and Vincenzi, 2003).

UNITED KINGDOM

Ludwig F. Lowenstein, Ph.D., has been a practicing psychologist in England for over 40 years. A prolific author, he has published over 400 articles and a dozen books, including articles and book chapters regarding PAS (e.g., Lowenstein, 1998, 2006a, 2006c). Lowenstein's book, *Parental Alienation Syndrome: How to Understand and Address Parental Alienation Resulting from Acrimonious Divorce or Separation*, was published in 2007. Lowenstein addressed in detail the causes of parental alienation and possible treatment approaches. For example, he said, "The inducer of the implacable hatred holds the key to the child's delusional beliefs of the absent parent. If this parent (with or without counseling) learns to self-reflect and stimulate the child in their relationship with the other parent, then the child's delusional beliefs of the absent parent and their 'evil and wicked ways' can be eliminated. Often this is not the case and the custodial parent persists in promoting rejection of the absent parent in the child. Only by breaking the relationship between the inducer of such implacable hatred towards the absent parent can the child's delusional beliefs be eliminated" (Lowenstein, 2007, p. 47).

Tony Hobbs, J.P., L.L.M., a psychologist and researcher in family law, teaches at Keele University, England. In a book chapter, Hobbs said, "As PAS becomes more widely accepted, undoubtedly instances will arise in which false and/or malicious claims of children being inculcated into PAS are made. This may be regrettable but it should not be surprising, as it will only represent the converse of the many false claims of abuse that have become prevalent against PAS target parents" (Hobbs, 2006b, p. 89).

Systematic Research Indicates That the Criteria Used to Diagnose PAS Are Reliable

Social researchers may use methodological triangulation—using a variety of research methods to address a particular question—in their studies, which enables them to overcome the weaknesses of using a single method of research. We previously summarized several types of qualitative research that were used to reach the conclusion that PAS is a valid concept. In this section we summarize two quantitative studies, which increase confidence

that PAS can be reliably measured. This is an example of methodological triangulation. Regarding this approach, Webb et al. (1966) stated “Once a proposition has been confirmed by two or more independent processes, the uncertainty of its interpretation is greatly reduced. The most pervasive evidence comes through a triangulation of measurement.”

Reliability refers to the consistency of a test, survey instrument, observation, or other measuring device. For example, test-retest reliability refers to the test’s consistency in measuring between different administrations. Inter-rater reliability refers to the degree of agreement between evaluators when evaluating the same phenomenon. There have been two test-retest and inter-rater reliability studies on PAS conducted and published, one in a peer-reviewed journal and one in the form of a dissertation. In these studies, the researchers measured the agreement of evaluators, using Gardner’s definition of PAS, when presented with vignettes. High measures of agreement suggest reliability and low measures suggest the opposite. These two reliability studies, summarized here, represent quantitative research on PAS.

CARLOS RUEDA, PH.D., AND INTER-RATER RELIABILITY

Carlos Rueda, Ph.D., conducted the first inter-rater reliability study on PAS. The concept of PAS examined was grounded in Gardner’s conceptual framework, that is, the definition of PAS and eight defined symptoms. Rueda sent survey instruments to doctoral level mental health professionals and asked each to examine five vignettes that related to PAS. The evaluation instruments were designed and created by “a panel of experts who were consulted on the study’s language, instrumentation, methodology, and case selection.” The vignettes used for the study were based on real-life scenarios.

Evaluators, upon reading each vignette, were asked to determine, “Did the scenario presented meet the criteria for PAS?” with the choice of answers being “No,” “Not sure,” and “Yes.” Next, respondents were asked “Which type of PAS?” with the choice of answers being “Mild,” “Moderate,” or “Severe.” In addition, each respondent was asked to assess a total of 23 questions based on Gardner’s eight symptoms of PAS, including 10 questions regarding the parent behaviors and 13 questions regarding the child behaviors. In Rueda’s study, 14 evaluators responded and participated in the test (the first sending of the vignettes) and 10 of the 14 completed the re-test (the same five vignettes sent 60 days later to the same respondents) (Rueda, 2003, 2004).

Rueda measured the degree of inter-rater reliability in two ways. First, he assessed whether evaluators were able to agree that PAS was or was not present and on the level of PAS, mild, moderate or severe. In this kind of study, researchers are able to measure the degree of agreement, from no agreement between evaluators to total agreement between evaluators. Kendall’s Coefficient of Concordance (also called Kendall’s W) was used to

TABLE 1 Kendall's W Values for Rueda's inter-rater reliability study.

	Vignette 1	Vignette 2	Vignette 3	Vignette 4	Vignette 5
Test	1.00	.889	.923	.909	.923
Retest	1.00	1.00	.889	1.00	1.00

determine the degree of agreement among the evaluators. A zero obtained value indicates no agreement and a one obtained value indicates total agreement. A result of .60 is the minimum value suggesting agreement, although some researchers prefer .70 as a minimum acceptable value. The Kendall's W values obtained in the Rueda study are indicated in Table 1. There was a high rate of agreement among the evaluators, both for the test and the retest.

Second, Rueda assessed whether evaluators were able to agree on the presence or absence of the eight symptoms of PAS. That is, whether they agreed regarding the 23 questions based on the eight symptoms of PAS, including 10 questions regarding the parent behaviors and 13 questions regarding the child behaviors. SPSS, a statistical software program, was used to obtain the intraclass correlation coefficient. Again, a zero obtained value indicates no agreement and a one obtained value indicates agreement, with .70 being the minimum value suggesting agreement. Table 2 presents the obtained intraclass correlation coefficient (alpha values) for each of the five vignettes. Rueda found a high rate of agreement regarding the diagnostic criteria for PAS. The results indicated reliability for Rueda's PAS test instrument in measuring or testing for PAS, based on Gardner's definition of PAS and eight defined symptoms.

STEPHEN MORRISON, PH.D., AND INTER-RATER RELIABILITY

Stephen Morrison, Ph.D., conducted a second test-retest and inter-rater reliability study, an exact replication of Rueda (2003), using the same vignettes and PAS test instrument. This replication was designed in this way to make it possible to compare the results of the two studies. In the Morrison study, the vignettes and survey instruments were sent to child custody and mental health practitioners in the United States, but not in Florida, the primary source of respondents for the Rueda study. (This was to minimize the potential for

TABLE 2 Intraclass correlation coefficient (alpha values) for Rueda's inter-rater reliability study.

	Vignette 1	Vignette 2	Vignette 3	Vignette 4	Vignette 5
Test	.9171	.9061	.8237	.7963	.6189
Retest	.9376	.8012	.8565	.8131	.8486

TABLE 3 Kendall's W Values for Morrison's inter-rater reliability study.

	Vignette 1	Vignette 2	Vignette 3	Vignette 4	Vignette 5
Test	1.00	.346	.737	.684	.800
Retest	1.00	.296	.778	.778	.850

obtaining duplicate respondents.) In this study, 31 evaluators participated in the test (the first sending of the vignettes) and 20 of the 31 in the retest (the same vignettes sent 60 days later) (Morrison, 2006).

Morrison also measured the degree of inter-rater reliability in two ways. First, he assessed whether evaluators were able to agree that PAS was or was not present and on the level of PAS, mild, moderate or severe. The Kendall's W values obtained in the Morrison study are indicated in Table 3. The values obtained reflect agreement except on Vignette 2 and weak agreement on Vignette 4. There are several possible reasons for these findings. However, it is believed that this is because in Vignette 2 there were no symptoms of PAS and in Vignette 4 the symptoms were weak. This indicates the recognition difficulty evaluators have when PAS occurs in mild form. Of course, the assessment of the vignettes was conducted in a laboratory, which has limitations when compared to real life.

Second, Morrison also assessed whether evaluators were able to agree on the presence or absence of the eight symptoms of PAS. The results of this inter-rater reliability study are presented in Table 4. These obtained intraclass correlation coefficient values in Morrison's second inter-rater reliability study all approach one and indicate significant agreement among evaluators, especially in the vignettes where the symptoms are pronounced and/or visible. The results indicate the PAS test instrument is reliable when testing for PAS.

Zirotian (2001) stated, "When a standardized test measures the occurrence of a disease or syndrome, the test is reliable if different evaluators giving the same test derive the same or similar conclusions." The collected high intraclass correlation coefficient values in both Rueda (2003, 2004) and Morrison (2006) indicate agreement and consensus among evaluators working independently. Both studies indicate the PAS test instrument is reliable for determining the presence and degree of PAS and is reliable when used to identify PAS based on Gardner's eight defined symptoms of PAS.

TABLE 4 Intraclass correlation coefficient (alpha values) for Morrison's inter-rater reliability study.

	Vignette 1	Vignette 2	Vignette 3	Vignette 4	Vignette 5
Test	.8117	.7787	.9471	.8910	.9251
Retest	.8515	.7992	.9493	.9033	.9169

TEST-RETEST RELIABILITY

In addition to assessing the inter-rater reliability of the instrument for identifying PAS, Rueda and Morrison also measured the test-retest reliability of the instrument. Test-retest reliability refers to the test's consistency in measuring between different administrations by the same evaluators. A test is deemed reliable if evaluators produce the same results when measuring the same subjects at different times. Of importance is the amount of time between tests. If the time period is too short, the evaluators' answers may be based on their memories of the first administration of the test. If the time period is too long, the evaluators may mature and their answers may be based on different and or newly acquired knowledge. In these two studies, a time period of 60 days elapsed between evaluations. The answers by each of the evaluators during the "test" were compared to their answers during the "retest."

In reporting the degree of test-retest reliability, Rueda said, "The second round concerning the retest began 60 days after the initial survey was sent and there was not much variation from the original observations. From the total number of questions answered by all respondents in all five cases, only 2.1% of the answers showed a slight variation in the second round" (Rueda, 2004). Morrison reviewed his data and arrived at a similar conclusion. He said there were 2,666 questions that were answered during both the first and second administration of the questionnaires to the evaluators. Morrison said, "Of these 2,666 answered questions, 10.8% changed from the first to the second administration." The Rueda and Morrison studies indicate a high degree of test-retest reliability for the PAS test instrument.

It Is Possible to Estimate the Prevalence of Parental Alienation at 1% of Children and Adolescents in the United States

The prevalence of parental alienation has been studied. In general, parental alienation is more likely to occur in highly conflicted, custody-disputing families than in community samples of divorcing families. Even in highly conflicted divorces, only the minority of children experience parental alienation. The following studies indicate that approximately 25% of children involved in custody disputes develop parental alienation. The exact number depends on whether one considers all levels of parental alienation or only a severe degree of parental alienation.

JANET JOHNSTON, PH.D.

Janet Johnston—in California—found that 7% of the children in one study and 27% of the children in a second study had "strong alignment" with one parent and rejection of the other parent (Johnston, 1993).

Subsequently, Johnston reported that 15% of children in a community sample of divorcing families and 21% in contested custody cases experienced either “some” or “much” alignment with one parent or the other, which was defined as the “child’s behavioral and verbal preference for one parent with varying degrees of overt or covert negativity toward other parent” (Johnston, 2003, 2005). In these statistics, Johnston did not distinguish whether the child’s negativity toward the other parent was justified (because of domestic violence, for example) or unjustified. (We calculated these percentages using the raw data available in Johnston [2003] and found that 18% of the children in the community sample and 27% in the contested custody cases experienced some degree of alignment.)

LEONA KOPETSKI, M.S.S.W.

Leona Kopetski—in Colorado—found that 20% of families involved in custody disputes manifested parental alienation syndrome (Kopetski, 1998a).

LARRY NICHOLAS, PH.D.

Larry Nicholas—in California—reported on a survey of 21 custody evaluators (Nicholas, 1997). According to Nicholas, the majority of respondents to his survey reported that in about one-third of their custody evaluation cases, one parent was engaging in identifiable alienating behavior.

AMY BAKER, PH.D.

Amy Baker—in New York—surveyed 106 mental health professionals who conducted custody evaluations. The respondents reported that PAS occurred in between 0% and 55% of their cases, with an average of 11.2% (SD = 13). Baker found that the evaluators who identified PAS more frequently were more familiar with the concept of PAS, were more likely to assess for PAS, were more likely to believe that one parent can turn a child against the other parent, and were more confident in their evaluations (Baker, 2007a).

JAMES N. BOW, PH.D., AND COLLEAGUES

James N. Bow, Jonathan W. Gould, and James R. Flens surveyed 448 mental health and legal professionals who were experienced with parental alienation. They said, “When respondents were asked [in] what percentage of child custody cases was parental alienation an issue, the mean reported was 26% (SD = 22), with a median of 20” (Bow et al., 2009).

The prevalence of parental alienation in the United States can be roughly estimated as follows. (1) The U.S. Census Bureau estimates that about 20% of children under age 18 live with separated or divorced parents (United States

Census Bureau, 2009). (2) In approximately 20% of separations and divorces, there is serious disagreement involving the children, which sometimes leads to formal custody or visitation disputes. (3) When there is serious disagreement between parents regarding custody and visitation, approximately 25% of the children develop parental alienation. Multiplying these percentages yields a prevalence of 1%, or about 740,000 children and adolescents in the United States. For comparison purposes, this prevalence is about the same as the prevalence of autism spectrum disorders among children and adolescents in the United States.

We realize this is a very rough estimate, but it is probably the correct order of magnitude. When parental alienation is recognized as an official diagnosis and formal criteria are established, it will be possible to determine its prevalence more accurately. This estimate may be lower than the actual number of children and adolescents who experience parental alienation. In calculating this estimate, it was assumed that parental alienation only occurs in divorced families, while it may also occur in intact families. Also, many instances of parental alienation after divorce never come to the attention of the legal system because many targeted parents lose contact with their children and never fight about it in court because they do not have the resources or do not want to make the situation worse.

Parental Alienation and PAS Have Been Discussed by Professional Organizations

AMERICAN ACADEMY OF CHILD AND ADOLESCENT PSYCHIATRY

In 1997, the American Academy of Child and Adolescent Psychiatry (AACAP) published "Practice Parameters for Child Custody Evaluations." This document, an "AACAP Official Action," referred explicitly to "Parental Alienation" and said, "There are times during a custody dispute when a child can become extremely hostile toward one of the parents. The child finds nothing positive in his or her relationship with the parent and prefers no contact. The evaluator must assess this apparent alienation and form a hypothesis of its origins and meaning. Sometimes, negative feelings toward one parent are catalyzed and fostered by the other parent; sometimes, they are an outgrowth of serious problems in the relationship with the rejected parent" (American Academy of Child and Adolescent Psychiatry, 1997b).

LICENSED CLINICAL SOCIAL WORKERS

In 2005, Virginia H. Luftman, MSW, and her colleagues published "Practice Guidelines in Child Custody Evaluations for Licensed Clinical Social Workers." These guidelines discuss a number of topics including ethical considerations, the parent-child relationship, parenting style, gender issues, parental

conflict, and parental alienation. After explaining Gardner's definition of PAS, they said, "Although there is implicit professional consensus that one parent has the capacity to influence children negatively against the other parent, there are those who do not classify this rejection as a 'syndrome.' . . . Regardless, it is important for the evaluator to address each parent's acceptance of a child's need to be co-parented and their acknowledgment of the importance of the child's attachment to the other parent. Any attempts by one parent to disrupt the relationship of the child to the other parent should be duly noted and included in the report to the court" (Luftman et al., 2005).

AMERICAN PSYCHOLOGICAL ASSOCIATION

The American Psychological Association has addressed the topic of parental alienation on a number of occasions. In 1994, the American Psychological Association published "Guidelines for Child Custody Evaluations in Divorce Proceedings." The text of the guidelines does not refer explicitly to parental alienation, but simply states that the psychological assessment should include "an evaluation of the interaction between each adult and child" (American Psychological Association, 1994). However, the authors of the guidelines provide a highly selective bibliography (39 references) of "Pertinent Literature," which includes *The Parental Alienation Syndrome* and two other books by Richard Gardner, both of which include discussions about PAS. In 2009, the American Psychological Association published a revision to their 1994 document, which is called "Guidelines for Child Custody Evaluations in Family Law Proceedings" (American Psychological Association, 2009). The 2009 document cites several general principles for forensic evaluators—such as, "The purpose of the evaluation is to assist in determining the psychological best interests of the child"—but does not address specific methodology and topics to consider in conducting the evaluation.

In 1996, the American Psychological Association Presidential Task Force on Violence and the Family published a report, in which the authors expressed the concern that testimony regarding parental alienation might be misused. The Presidential Task Force report said, "Family courts often do not consider the history of violence between the parents in making custody and visitation decisions. In this context, the nonviolent parent may be at a disadvantage, and behavior that would seem reasonable as a protection from abuse may be misinterpreted as a sign of instability. Psychological evaluators not trained in domestic violence may contribute to this process by ignoring or minimizing the violence and by giving inappropriate pathological labels to women's responses to chronic victimization. Terms such as 'parental alienation' may be used to blame the women for the children's reasonable fear or anger toward their violent father" (American Psychological Association, 1996, p. 100).

In January 2008, the American Psychological Association released an updated statement, as follows: “The American Psychological Association has no official position on ‘parental alienation syndrome.’ This concept has been used in contested child custody cases and has become the subject of significant debate. While it may be that in some divorces, children become estranged from their non-custodial parent for a variety of reasons, there is no evidence within the psychological literature of a diagnosable parental alienation syndrome” (American Psychological Association, 2008).

The problem with these succinct statements by the American Psychological Association is that they are ambiguous and perhaps misleading precisely because of their brevity. They are ambiguous for the following reasons: (1) These statements apparently are referring specifically to *parental alienation syndrome* (that is, including the “alienating parent” and the eight symptoms described by Richard Gardner), not to the more general notion of *parental alienation*. There is much more evidence to support the reality of parental alienation than for PAS. (2) In the reference to being “diagnosable,” the authors from the American Psychological Association do not distinguish between the diagnosis of a “mental disorder” and the diagnosis of a “relational problem.” As explained earlier in this article, both of these entities are diagnoses in the DSM, although the criteria for being a relational problem are much more relaxed than those for a mental disorder. (3) It is hard to know what these authors meant when they flatly said, “There is *no evidence* within the psychological literature. . . .” As related in this article, there is extensive qualitative research and a modest amount of quantitative research regarding both parental alienation and PAS in peer-reviewed journals and in book chapters and books. We understand how it might be argued that there is not enough quantitative research for PAS to be considered a mental disorder in DSM (a rather high threshold). However, there is abundant qualitative and quantitative research for parental alienation to be considered a relational problem (a rather low threshold). The 1996 and 2008 statements by the American Psychological Association do not address any of these nuances and are not particularly helpful in this discussion of whether parental alienation should be included in DSM-V.

Parental Alienation Is a Serious Mental Condition. It Has a Predictable Course That Often Continues Into Adulthood and Can Cause Serious, Long-term, Psychological Problems

There are several areas and types of research that relate to the temporal course of this condition, parental alienation, which will be summarized here. First, classic research regarding attachment by pioneers such as John Bowlby, Harry Harlow, and Mary Ainsworth. Second, informal studies regarding the course and outcome of parental alienation by mental health professionals

who have published anecdotal observations. Third, systematic, qualitative research.

We are concerned that some writers have: (1) trivialized and minimized the condition and its serious, long-term detrimental effects on both the children and the parents; (2) characterized parental alienation as an expectable and minor consequence of divorce; (3) misrepresented and/or distorted the existing scientific data regarding parental alienation; and (4) even denied the existence of parental alienation, a position that is utterly untenable given the existing clinical reports and research studies. We believe that Judith Wallerstein and Sandra Blakeslee are misinformed when they say, "Although the parent under attack may feel like the problem will never end, I've never seen an alignment last through adolescence" (Wallerstein and Blakeslee, 2003, p. 243). Of course, these authors may be describing accurately their own clinical experience, but it is not consistent with the hundreds of articles and book chapters written by mental health professionals who have studied and treated children and adolescents affected by parental alienation. The authors of this article believe that parental alienation is a serious condition that causes considerable morbidity and in some cases can even be life-threatening. How many mental disorders that are already in the DSM result in the total loss of a child's relationship with a parent for many years, perhaps a lifetime?

RESEARCH REGARDING CHILD DEVELOPMENT

The importance of attachment as a fundamental component of healthy parent-child relationships has been firmly established in the literature of child development. The seminal literature regarding attachment and child development will be summarized here, though the present discussion is intended only as a brief introduction.

In the 1950s, John Bowlby (1988), a British psychiatrist, worked with children who had been separated from their mothers and endeavored to define the bond between parent and child created during infancy and early childhood. Bowlby found that children separated from their parents failed to thrive and he developed the theory of attachment, which suggests that a special relationship or bond is formed between the child and the caregiver. This emotional attachment creates the foundation or model of the child's relationships with other individuals and influences the child's personality development. Bowlby also concluded that children separated from the caregiver experience short-term and possibly long-term negative effects on their cognitive and emotional life.

Harry Harlow, an American psychologist, wanted to see if Bowlby's theory of attachment could be demonstrated empirically. Harlow (1958) observed baby rhesus monkeys that were taken from their birth mothers and

raised in isolation. These monkeys failed to thrive and apparently were severely disturbed psychologically. Harlow also placed baby rhesus monkeys in cages with wire surrogate parents (that provided food) and soft terrycloth surrogate parents (that did not provide food). Although the baby monkeys approached the wire parent when they wanted food, they preferred the warmth and nurturing of the terrycloth parent. Harlow thought his research suggested the importance of the parent-child relationship for healthy development.

Mary Ainsworth (1978) conducted research that was based on Bowlby's theory of attachment. She developed a way for the theory to be empirically tested, that is, the Strange Situation Protocol, a method for assessing and documenting separation and reunion behavior of young children. She described three patterns of attachment behavior: secure attachment, anxious-avoidant insecure attachment, and anxious-ambivalent insecure attachment. There has been considerable interest in studying whether these early patterns are related to subsequent psychological or behavioral problems as the children grow.

We are not suggesting that parental alienation is exactly the same as the maternal loss that Bowlby described or the sensory isolation experienced by Harlow's monkeys. We are simply pointing out that a healthy attachment to caregivers is an extremely important feature of normal human development and that parental alienation can severely compromise a child's ability to form normal, healthy attachments. Among other things, parental alienation destroys the healthy relationship the child previously had with the targeted parent. Parental alienation also perverts the child's relationship with the preferred parent. As stated earlier in this article, parental alienation might be conceptualized as a "disorder of attachment," along with mental disorders such as reactive attachment disorder and separation anxiety disorder.

INFORMAL, ANECDOTAL OBSERVATIONS

There is considerable anecdotal evidence that parental alienation causes both short-term and long-term consequences, ranging from minor distress to major psychopathology. For example, Douglas Darnall (1998, p. 6) said, "Various studies have shown that youngsters exposed to even mildly alienating behaviors may have trouble learning, concentrating, relaxing, or getting along with their peers. They have been known to develop physical symptoms, such as severe headaches, and serious behavior problems. Alienation will have lasting effects on your children, even into adulthood." Also, Ludwig Lowenstein (2007, pp. 39–40) reported that children who experienced PAS may manifest the following symptoms: anger, loss or a lack of impulse control, loss of self-confidence and self-esteem, clinging and separation anxiety, fears and phobias, depression and suicidal ideation, and sleep disorder.

The most comprehensive book regarding PAS is *The International Handbook of Parental Alienation Syndrome* (Gardner et al., 2006). In the chapter called “Future Predictions on the Fate of PAS Children: What Hath Alienators Wrought?,” Richard Gardner (2006b) suggested that PAS children are likely to manifest the following mental disorders either during childhood or as adults: conduct disorder; psychopathy; separation anxiety disorder; dissociative disorder; delusional disorder; narcissistic personality disorder; and gender identity problems. In the chapter called “Psychological Consequences of PAS Indoctrination for Adult Children of Divorce and the Effects of Alienation on Parents,” Wilfrid von Boch-Galhau and Ursula Kodjoe (2006b) noted, “The child’s loyalty conflict is exacerbated. Of paramount significance in the emergence of the child’s symptoms are fear, dependence, and identification with the alienator. Related psychodynamics can be found, for example, in the Stockholm syndrome, after kidnappings, or in cults.” In the same book, Glenn Cartwright (2006) said, “The awful outcome of PAS is the complete separation of a child or children from a parent. Even more dreadful is that it is deliberately caused, maliciously done, and entirely preventable. This terrible form of child abuse has long-lasting and devastating effects for all concerned; the child not only loses a parent but is cheated of remembering that parent fondly, the lost parent anguishes over the loss of a child and is chronically haunted by the child’s seeming rejection and hatred, and even the alienator’s short-term victory is diminished by potential future guilt and possible lifelong backlash from the child.”

In general, clinicians and researchers have said that parental alienation harms the child in the following ways: the preferred parent uses strategies that are emotionally abusive; the preferred parent encourages the child to be cruel and ungrateful; the preferred parent encourages black-and-white thinking; the experience of parental alienation undermines critical thinking skills and problem solving; by totally cutting off unwanted people, parental alienation constitutes a poor role model for interpersonal relationships; parental alienation creates a negative self-image as the child comes to hate half of who he is; the process of parental alienation encourages the child to cut off aspects of his own self that resemble the alienated parent; the child loses numerous secondary relationships, i.e., the family of the alienated parent; the experience of parental alienation encourages dependency on the preferred parent and undermines the child’s sense of self-sufficiency.

FORMAL, SYSTEMATIC RESEARCH

Janet Johnston said that alienated children (that is, those who express unreasonable negative feelings and beliefs about a parent) “are likely to be more troubled—more emotionally dependent, less socially competent, have problematic self-esteem (either low or defensively high), poor reality testing,

lack the capacity for ambivalence, and are prone to enmeshment or splitting in relations with others” (Johnston, 2005). Johnston and her colleagues collected empirical data that supports these clinical observations and reported their findings in an article titled “The psychological functioning of alienated children in custody disputing families: an exploratory study.” They analyzed parents’ ratings on the Child Behavior Checklist and found that “alienated children had more emotional and behavioral problems of clinically significant proportions compared to their nonalienated counterparts.” They administered Rorschach’s test to the children and found that “alienated and nonalienated children differ in a number of ways with respect to how they perceive and process information, their preferred coping styles and capacities, and how they express affect” (Johnston, Walters, and Olesen, 2005a).

There has also been systematic, qualitative research regarding the long-term effects of parental alienation on the children (who are sometimes called adult children of parental alienation) as well as on the alienated parents. For example, Amy J. L. Baker (2005a) studied adults who had experienced parental alienation as children. This was a retrospective, qualitative study in which she conducted one-hour, semi-structured interviews of 38 adult children of parental alienation. The transcribed interviews were analyzed for primary themes and patterns. Baker identified several problematic areas in these subjects: high rates of low self-esteem to a point of self-hatred; significant episodes of depression in 70% of the subjects; problems with drugs and/or alcohol in about one-third of the subjects; a lack of trust in themselves and in other people; alienation from their own children in 50% of the subjects, which suggests that parental alienation is multigenerational; and a high rate of divorce. That is, two-thirds of the participants had been divorced and one-fourth had been divorced more than once, which was higher than the national average. In summarizing this research, the author said, “These findings are not surprising in light of the multiple traumas associated with parental alienation. Not only did the participants experience the loss of a parent but they were also forbidden to mourn that loss or share their thoughts and feelings with their primary caretaker. They were essentially encouraged to deny and/or bury whatever positive regard they had for the targeted parent, cutting off and denying a piece of themselves in the process” (Baker, 2005).

Baker’s book, *Adult Children of Parental Alienation Syndrome: Breaking the Ties That Bind* (Baker, 2007b), explained in greater detail what she learned by interviewing 40 individuals who believed that they had been turned against one parent by the other parent. Baker indicated that her first goal was to determine if people existed who identified themselves as being alienated from one parent due to the behaviors of the other parent. Forty adults were recruited through the Internet or word of mouth, who acknowledged they experienced alienation as a child. According to Baker, the

fact that 40 individuals came forward indicates that the concept of parental alienation exists. Of the 40 participants in the study, only 29 indicated their parents divorced during their childhood. In other words, parental alienation can occur in intact families. According to these subjects, the alienating parent was the mother in 34 cases and the father in 6 cases.

Perhaps the most important finding in Baker's study was the identification of three primary patterns of PAS: "(1) narcissistic mothers in divorced families alienating children from the father [14 cases]; (2) narcissistic mothers in intact families alienating the children from the father [10 cases]; and (3) cold, rejecting, or abusive alienating parents of either gender—in intact or divorced families—alienating the children from the targeted parents [16 cases]" (Baker, 2007b, p. 14). Based on the data she collected, Baker stated several additional conclusions: many alienating parents seemed to have personality disorders; many alienating parents were also physically or sexually abusive; and alienating parents utilized techniques similar to those used by cult leaders. Baker described 32 parental alienation strategies and concluded that parental alienation is a form of emotional abuse.

In general, Baker's research indicates that the likely long-term effects of parental alienation are: depression due to the lack of ability to mourn and make sense of the loss of the alienated parent; a style of being overly dependent associated with low self-esteem; feelings of guilt when one comes to realize what he or she did to the alienated parent; and difficulties with identity development. The recent research by Baker echoes the observations of John Bowlby in the 1950s. Bowlby said that when the parent-child relationship, the secure base, is destroyed, the consequences are: "Children and adolescents who grow up without their home base providing the necessary support and encouragement are likely to be less cheerful; to find life, especially intimate relationships, difficult; and to be vulnerable in conditions of adversity. In addition, they are likely to have difficulties when they come to marry and have children of their own" (Bowlby, 1988, p. 179). With regard to parental alienation, researchers and mental health practitioners have made similar observations and arrived at consistent conclusions, that parental alienation is a form of child abuse and it can leave children with deep, life-long, emotional scars.

Parental Alienation Is a Real Phenomenon, but Controversies Related to Definitions and Terminology Have Delayed and Compromised Systematic Research Regarding This Condition. Establishing Diagnostic Criteria Will Make it Possible to Study Parental Alienation in a Systematic Manner on a Larger Scale

There has been a remarkable degree of controversy regarding many aspects of parental alienation since the 1980s. There has been disagreement over

what to call this phenomenon: “pathological alignment” (Wallerstein and Kelly, 1976; Johnston, 1993); “visitation refusal” (Wallerstein and Kelly, 1980); “parental alienation syndrome” (Gardner, 1985); “parental alienation” without the word “syndrome” (Garrity and Baris, 1994, p. 60); “Medea syndrome” (Wallerstein and Blakeslee, 1989, p. 196); “toxic parent” (Cartwright, 1993); “the alienated child” (Kelly and Johnston, 2001, p. 251); and “pathological alienation” (Warshak, 2003b).

There has been disagreement over the exact criteria for parental alienation syndrome and the causes of this condition. For example, for a child to develop parental alienation, is it necessary for one parent to actively bad-mouth and alienate the child against the second parent? Or, should we say that a child can develop parental alienation as a way to avoid being caught in the crossfire of the parents’ battle, even though neither parent actively or purposefully caused the alienation? Can parental alienation be created by social workers who are involved with the family or by the legal process itself?

There has been disagreement over whether parental alienation should be considered a diagnosis, a disorder, a disease, a syndrome, or a “nondiagnostic syndrome.” At times, the debate regarding this topic has been scholarly, esoteric, and adversarial. There has been disagreement as to whether mental health professionals should focus on the continuum of parent-child relationships (with positive relationships at one end and very troubled or alienated relationships at the other) or on the evaluation and treatment of the most severely disturbed youngsters who clearly have parental alienation. The concept of the continuum was developed by Kelly and Johnston (2001), which was meant to demonstrate that there is a variety of responses of children whose parents are separating or divorcing, ranging from normative love and a strong wish to be in close contact with both parents through alignment, realistic estrangement from an abusive parent, and pathological alienation.

Regarding these controversies, “A careful review of the extensive literature indicates that with the exception of two or three writers who reject Gardner’s views outright, there is more agreement amongst experienced professionals than there is disagreement” (Fidler et al., 2008a, p. 210). There is consensus among almost all mental health professionals who have written about parental alienation regarding the following: (1) Parental alienation is a real entity, that is, there really are children and adolescents who embark on a persistent campaign of denigration against one of the parents and adamantly refuse to see that parent, and the intensity of the campaign and the refusal is far out of proportion to anything the alienated parent has done. (2) There are many causes of contact refusal, and parental alienation is only one of them. (3) Parental alienation is not the correct diagnosis when the child’s refusal of contact with a parent is caused by child maltreatment or serious problematic behavior of the alienated parent.

In order for research to be accomplished in a more systematic and comprehensive manner, we need to agree—at least tentatively—on diagnostic criteria. As Turkat (2002) wisely said, “For high quality research to proceed, one must have clear definitions. . . . Without a uniform diagnostic criteria specification, different definitions of PAS could be used which would complicate the interpretation of data across different research studies.”

Establishing Diagnostic Criteria Will be Helpful for: Clinicians Who Work With Divorced Families; Divorced Parents, Who Are Trying to Do What Is Best for Their Children; and Children of Divorce, Who Desperately Need Appropriate Treatment That Is Based on a Correct Diagnosis

According to Fidler et al. (2008a), clinical observations, case reviews and qualitative comparative studies uniformly indicate that alienated children may exhibit a variety of symptoms including poor reality testing, illogical cognitive operations, simplistic and rigid information processing, inaccurate or distorted interpersonal perceptions, self-hatred, and other maladaptive attitudes and behaviors. These authors’ survey of the short-term and long-term effects of pathological alienation on children reviewed more than 40 articles and chapters published by mental health professionals between 1991 and 2007.

Children with parental alienation should be provided appropriate treatment promptly. Although there may be disagreement about how to conduct the therapy, almost every mental health professional would agree that one goal of treatment is for the child to have a comfortable, healthy, and mutually satisfying relationship with both of his or her parents. The purpose of this article is not to survey all the treatment approaches that have been suggested for parental alienation. Our purpose is to explain why the concept of parental alienation should be included in DSM-V and ICD-11. However, it is obvious that clinicians need a systematic way to identify and diagnose parental alienation in order for treatment to proceed.

MILD PARENTAL ALIENATION

If parental alienation is identified early when the symptoms are mild (that is, the child resists contact with the alienated parent, but enjoys his relationship with that parent once parenting time is underway), the treatment can be accomplished by a parenting coordinator who helps the parents communicate in a constructive manner and gives them specific advice regarding their approach to the child’s activities with the alienated parent.

A task force of the Association of Family and Conciliation Courts (2006) developed and published a training program for parent coordinators. Michelle Mitcham-Smith, Ph.D., and Wilma J. Henry, Ed.D. (2007), described

how parenting coordination may be a helpful intervention for parents engaged in high-conflict divorce. Elizabeth M. Ellis, Ph.D., and Susan Boyan, M.Ed., LMFT (in press), also explained specific interventions that parenting coordinators might use to reduce the enmeshment between the alienating parent and the child and to strengthen the bond between the targeted parent and the child.

MODERATE PARENTAL ALIENATION

If the parental alienation has reached a moderate degree of severity (the child strongly resists contact and is persistently oppositional with the alienated parent), the treatment typically includes more intensive therapy for the child, mother, and father, as well as meetings with the parenting coordinator. If there are multiple therapists involved with the divorced family, they must agree regarding the nature of the problem and the goals of the treatment.

SEVERE PARENTAL ALIENATION

If the parental alienation is at a severe degree of intensity (the child adamantly refuses contact and may run away to avoid being with the alienated parent), traditional forms of psychotherapy may not be effective. As time goes on, children with parental alienation become intractable in their false beliefs and their mental condition resembles that of individuals with delusional disorder.

Although courts have looked to mental health professionals for recommendations regarding appropriate interventions for severely alienated youngsters, there has been considerable disagreement among the mental health professionals regarding the recommendations. Some mental health professionals have recommended leaving the child with the preferred parent and attempting various combinations of individual and family psychotherapy (e.g., Sullivan and Kelly, 2001). Some mental health professionals have recommended transferring the child from the preferred parent to the custody of the alienated parent (e.g., Gardner, 2001b). Some mental health professionals have recommended doing nothing in circumstances that seem hopeless, allowing the child or adolescent to make his or her own decisions regarding contact with the parents.

Richard Warshak has developed a treatment program for children and adolescents with severe parental alienation. The goal of this innovative educational and experiential program is to help youngsters repair their damaged relationships with alienated parents in a matter of weeks, not months or years. The program is based on principles such as: focusing on the present and future, not the past; education, not psychotherapy; teaching critical thinking skills, not deprogramming; and saving face and moving on, not requiring

apologies for past behaviors. The large majority of children and adolescents who participated in this program achieved and maintained a positive relationship with the previously rejected parent (Warshak, 2010a).

The authors of this article believe that if parental alienation were an official diagnosis, counselors and therapists from all disciplines will become more familiar with this condition. As a result, children with parental alienation will be identified earlier in the course of their illness while it is more easily treated and even cured. Also, if parental alienation were an official diagnosis (with clear criteria for the diagnosis and for severity of the condition), it will be possible to conduct coherent research regarding its treatment.

Some Mental Health Professionals Have Been Concerned That if Parental Alienation Were an Official Diagnosis, the Concept Would Be Misused By Abusive Parents to Hide Their Behavior. On the Contrary, Establishing Diagnostic Criteria Will *Reduce* the Opportunities for Abusive Parents and Unethical Attorneys to Misuse the Concept of Parental Alienation in Child Custody Disputes

The most common objection to making parental alienation an official diagnosis is that the concept will be misused in legal settings. As Johnston said, "Allegations of [parental alienation syndrome] and [parental alienation] have become a legal strategy in numerous divorce cases when children resist contact with a parent. Largely on the basis of the formulation and recommendations of Gardner, attorneys have vilified the aligned parent and argued for court orders that are coercive and punitive, including a change of custody to the 'hated' other parent in severe cases" (Johnston, 2003).

We agree that in some instances the concept of parental alienation has been misused by abusive parents to hide their behavior. However, we strongly disagree with throwing out the baby with the bathwater. Just because it has been misused does not mean the concept of parental alienation should be denied its place as a recognized diagnosis for mainstream psychology and psychiatry. In fact, the psychiatric diagnosis that is most misused in legal settings is posttraumatic stress disorder. In personal injury lawsuits, the diagnosis of posttraumatic stress disorder in an alleged victim may be used properly or misused by inept evaluators. Also, military veterans and workers' compensation claimants sometimes malingering posttraumatic stress disorder in order to receive disability benefits. However, we are not aware that anybody has proposed that posttraumatic stress disorder should be deleted from the DSM because it is sometimes misused.

We believe that the misuse of the concept of parental alienation will be *reduced* rather than increased if parental alienation becomes a diagnosis in the DSM and the ICD. Having established criteria for the diagnosis of parental alienation will eliminate the Babel of conflicting terminology and

definitions that currently occurs when parental alienation is mentioned in a legal setting. More important is that the information regarding parental alienation in DSM-V should include a discussion of the differential diagnosis of contact refusal. It will be clear that the clinician should consider a number of explanations for a child's symptom of contact refusal and not simply rush to the diagnosis of parental alienation. Also, it will be clear that the diagnosis of parental alienation should not be made if the child has a legitimate, justifiable reason for disliking and rejecting one parent, for instance, if the child was neglected or abused by that parent. We believe that when everybody involved in the legal procedures (the parents, the child protection investigators, the mental health professionals, the attorneys, and the judge) has a clear, uniform understanding of the definition of parental alienation, there will be fewer opportunities for rogue expert witnesses and lawyers to misuse the concept in court.

What really matters is whether parental alienation is a real phenomenon, a real entity. If parental alienation is a real clinical entity, it should be included in the DSM and the ICD. If parental alienation is a real clinical entity, the possibility that the diagnosis will sometimes be misused should not be a primary or serious consideration.

CONCLUSIONS AND RECOMMENDATIONS

Parental alienation affects hundreds of thousands of children in the United States and comparable numbers around the world. Parental alienation has been recognized by thousands of mental health and legal professionals. It is treated by thousands of psychologists, psychiatrists, social workers, and family counselors. There is no doubt that parental alienation is recognized by the vast majority of mental health professionals who work with children of divorced parents. There is no doubt it is a real diagnostic entity. There is no doubt that in some instances the concept of PAS has been misused by abusive parents and unscrupulous attorneys. There is no doubt that there should be additional research on this topic. There is no doubt that diagnostic criteria need to be established so that more systematic research can be undertaken and its misuse can be minimized.

We recommend that diagnostic criteria for parental alienation disorder be included in DSM-V and ICD-11. With regard to DSM-V, we propose that the text in Appendix A (regarding parental alienation disorder) be included in the part of the book regarding mental disorders *or* the text in Appendix B (regarding parental alienation relational problem) be included in the discussion of relational problems. With regard to ICD-11, we propose that the text in Appendix A (regarding parental alienation disorder) should be included in the section of Chapter V called "Behavioural and emotional disorders with onset usually occurring in childhood and adolescence" *or* the text in

Appendix B (regarding parental alienation relational problem) should be included in the section of Chapter XXI called “Problems related to negative life events in childhood.” Parental alienation disorder should be recognized as a serious condition that affects many children and families throughout the world.

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Altogether, this bibliography includes more than 630 references. We believe this is the largest bibliography ever developed regarding parental alienation. It includes more than 200 books and book chapters that relate directly to parental alienation or a closely related topic, such as divorce and child custody. The bibliography includes more than 300 articles from professional journals that relate directly to parental alienation or a closely related topic. In developing this bibliography, we were surprised to locate about 25 doctoral theses regarding parental alienation from universities in Austria, Brazil, Canada, France, Germany, Italy, Spain, Switzerland, and the United States. We believe this reflects a widespread interest among scholars in this topic.

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APPENDIX A: PROPOSED CRITERIA FOR PARENTAL ALIENATION DISORDER

Diagnostic Features

The essential feature of parental alienation disorder is that a child—usually one whose parents are engaged in a high-conflict divorce—allies himself or herself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification. The primary behavioral symptom is the child's resistance or refusal to have contact with the alienated parent (Criterion A).

The behaviors in the child that characterize parental alienation disorder include a persistent campaign of denigration against the alienated parent and weak, frivolous, and absurd rationalizations for the child's criticism of the alienated parent (Criterion B).

The following clinical features frequently occur in parental alienation disorder, especially when the child's symptoms reach a level that is moderate or severe (Criterion C). Lack of ambivalence refers to the child's belief that the alienated parent is all bad and the preferred parent is all good. The independent-thinker phenomenon means that the child proudly states the decision to reject the alienated parent is his or her own, not influenced by the preferred parent. Reflexive support of the preferred parent against the alienated parent refers to the pattern of the child's immediately and automatically taking the preferred parent's side in a disagreement. The child may exhibit a disregard for the feelings of the alienated parent and an absence of guilt over exploitation of the alienated parent. The child may manifest borrowed scenarios, that is, rehearsed statements that are identical to those made by the preferred parent. Also, the child's animosity toward the alienated parent may spread to that parent's extended family.

The diagnosis of parental alienation disorder should not be used if the child's refusal to have contact with the rejected parent is justifiable, for example, if the child was neglected or abused by that parent (Criterion D).

Associated Features

Parental alienation disorder may be mild, moderate, or severe. When the parental alienation disorder is mild, the child may briefly resist contact with the alienated parent, but does have contact and enjoys a good relationship with the alienated parent once they are together. When the parental alienation disorder is mild, the child may have a strong, healthy relationship with both parents, even though the child recites criticisms of the alienated parent.

When the parental alienation disorder is moderate, the child may persistently resist contact with the alienated parent and will continue to complain and criticize the alienated parent during the contact. The child is likely to

have a mildly to moderately pathological relationship with the preferred parent.

When the parental alienation disorder is severe, the child strongly and persistently resists contact and may hide or run away to avoid seeing the alienated parent. The child's behavior is driven by a firmly held, false belief that the alienated parent is evil or dangerous. The child is likely to have a strong, severely pathological relationship with the preferred parent, perhaps sharing a paranoid worldview.

While the diagnosis of parental alienation disorder refers to the child, the preferred parent and other persons the child is dependent on may manifest the following attitudes and behaviors, which frequently are the major cause of the disorder: persistent criticisms of the rejected parent's personal qualities and parenting activities; statements that influence the child to fear, dislike, and criticize the alienated parent; and various maneuvers to exclude the rejected parent from the child's life. The behavior of the preferred parent may include complaints to the police and child protection agencies with allegations about the rejected parent. Parental alienation disorder may be the basis for false allegations of sexual abuse against the alienated parent. The preferred parent may be litigious to the point of abusing the legal system. The preferred parent may violate court orders that are not to his or her liking. Specific psychological problems—narcissistic personality disorder, borderline personality disorder, traumatic childhood experiences, and paranoid traits—may be identified in these individuals.

Also, the rejected parent may manifest the following attitudes and behaviors, which may be a minor or contributory cause of the disorder: lack of warm, involved parenting; deficient parenting skills; and lack of time dedicated to parenting activities. However, the intensity and duration of the child's refusal to have contact with the rejected parent is far out of proportion to the relatively minor weaknesses in the rejected parent's parenting skills.

Although parental alienation disorder most often arises in the context of a child-custody dispute between two parents, it can arise in other types of conflicts over child custody, such as a dispute between a parent and stepparent or between a parent and a grandparent. Sometimes, other family members—such as stepparents or grandparents—contribute to the creation of parental alienation disorder. On occasion, other individuals—such as therapists and child protection workers—contribute to the creation of parental alienation disorder by encouraging or supporting the child's refusal to have contact with the alienated parent. Also, parental alienation disorder does not necessarily appear in the context of divorce litigation, but may occur in intact families or years following the divorce.

Differential Diagnosis

It is common for children to resist or avoid contact with the noncustodial parent after the parents separate or divorce. There are several possible

explanations for a child's active rejection of contact. Parental alienation disorder is an important, but not the only, reason that children refuse contact.

In the course of normal development children will become polarized with one parent and then the other depending on the child's developmental stage and events in the child's life. When parents disagree, it is normal for children to experience loyalty conflicts. These transitory variations in a child's relationship with his or her parents do not meet criteria for parental alienation disorder because they do not constitute "a persistent rejection or denigration of a parent that reaches the level of a campaign."

If the child actually was abused, neglected, or disliked by the noncustodial parent or the current partner of that parent, the child's animosity may be justified and it is understandable that the child would not want to visit the rejected parent's household. If abuse were the reason for the child's refusal, the diagnosis would be physical abuse of child or sexual abuse of child, not parental alienation disorder. This is important to keep in mind because an abusive, rejected parent may misuse the concept of parental alienation disorder in order to falsely blame the child's refusal of contact on the parent that the child prefers.

In shared psychotic disorder, a delusional parent may influence a child to believe that the other parent is an evil person who must be feared and avoided. In parental alienation disorder, the alienating parent may have very strong opinions about the alienated parent, but is not usually considered out of touch with reality.

When parents separate or divorce, a child with separation anxiety disorder may become even more worried and anxious about being away from the primary caretaker. In separation anxiety disorder, the child is preoccupied with unrealistic fears that something will happen to the primary caretaker, while the child with parental alienation disorder is preoccupied with unrealistic beliefs that the alienated parent is dangerous.

It is conceivable that a child with specific phobia, situational type, might have an unreasonable fear of a parent or some aspect of the parent's household. A child with a specific phobia is unlikely to engage in a persistent campaign of denigration against the feared object, while the campaign of denigration is a central feature of parental alienation disorder.

When parents separate or divorce, a child with oppositional defiant disorder may become even more symptomatic—angry, resentful, stubborn—and not want to participate in the process of transitioning from one parent to the other. In oppositional defiant disorder, the child is likely to be oppositional with both parents in a variety of contexts, while the child with parental alienation disorder is likely to focus his or her negativism on the proposed contact with the alienated parent and also to engage in the campaign of denigration of that parent.

When parents separate or divorce, a child may develop an adjustment disorder as a reaction to the various stressors related to the divorce including discord between the parents, the loss of a relationship with a parent, and the

disruption of moving to a new neighborhood and school. A child with an adjustment disorder may have a variety of nonspecific symptoms including depression, anxious mood, and disruptive behaviors, while the child with parental alienation disorder manifests a specific cluster of symptoms including the campaign of denigration and weak, frivolous rationalizations for the child's persistent criticism of the alienated parent.

Parent-child relational problem (a V-code) is the appropriate diagnosis if the focus of clinical attention is on the relationship between a child and his or her divorced parents, but the symptoms do not meet the criteria for a mental disorder. For example, a rebellious adolescent may not have a specific mental disorder, but may temporarily refuse to have contact with one parent even though both parents have encouraged him to do so and a court has ordered it. On the other hand, parental alienation disorder should be the diagnosis if the child's symptoms are persistent enough and severe enough to meet the criteria for that disorder.

Diagnostic Criteria for Parental Alienation Disorder

- A. The child—usually one whose parents are engaged in a high-conflict divorce—allies himself or herself strongly with one parent and rejects a relationship with the other, alienated parent without legitimate justification. The child resists or refuses contact or parenting time with the alienated parent.
- B. The child manifests the following behaviors:
 - (1) a persistent rejection or denigration of a parent that reaches the level of a campaign
 - (2) weak, frivolous, and absurd rationalizations for the child's persistent criticism of the rejected parent
- C. The child manifests two or more of the following six attitudes and behaviors:
 - (1) lack of ambivalence
 - (2) independent-thinker phenomenon
 - (3) reflexive support of one parent against the other
 - (4) absence of guilt over exploitation of the rejected parent
 - (5) presence of borrowed scenarios
 - (6) spread of the animosity to the extended family of the rejected parent
- D. The duration of the disturbance is at least 2 months.
- E. The disturbance causes clinically significant distress or impairment in social, academic (occupational), or other important areas of functioning.
- F. The child's refusal to have contact with the rejected parent is without legitimate justification. That is, parental alienation disorder is not diagnosed if the rejected parent maltreated the child.

APPENDIX B: PROPOSED CRITERIA FOR PARENTAL ALIENATION RELATIONAL PROBLEM

This category should be used when the focus of clinical attention is a pattern of interaction between mother and child, father and child, and mother and father (e.g., the parents are divorced and the child forms a strong alliance with one parent [the preferred parent] and rejects a relationship with the other parent [the alienated parent] without legitimate justification) that is associated with clinically significant impairment in individual or family functioning or the development of clinically significant symptoms in mother, father, or child.

The symptoms that typically occur in parental alienation relational problem are the child's persistent campaign of denigration against the alienated parent and weak, frivolous, and absurd rationalizations for the child's criticism of the alienated parent. The symptoms that sometimes occur in parental alienation relational problem include: lack of ambivalence (the child's belief that the alienated parent is all bad and the preferred parent is all good); the independent-thinker phenomenon (the child proudly states the decision to reject the alienated parent is his or her own, not influenced by the preferred parent); reflexive support of the preferred parent against the alienated parent; a disregard for the feelings of the alienated parent and an absence of guilt over exploitation of the alienated parent; borrowed scenarios (rehearsed statements that are identical to those made by the preferred parent); and the child's animosity toward the alienated parent may spread to that parent's extended family.

The diagnosis of parental alienation relational problem should not be used if the child's refusal to have contact with the rejected parent is justifiable, for example, if the child was neglected or abused by that parent.