

## **A Guide to the “Parental Alienation Syndrome”**

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### **Introduction**

The term “Parental Alienation Syndrome” was invented by a US child psychiatrist and psychoanalyst called Richard A Gardner (Gardner 1998) to describe an extraordinary psychological phenomenon, which is seen in a relatively small number of children whose parents have undergone a bitter and hostile separation. The phenomenon, which Gardner clarified and attempted to explain, had been known for many years and is that some of these children develop an extraordinary fear and loathing of one parent and a simultaneous total loyalty to the other. Unfortunately Gardner’s explanation for this phenomenon, his use of medical and psychodynamic terminology and, most of all, the advice he gave on the management of the problem caused enormous controversy. Prior to his death in 2003 he had written extensively on the subject and frequently appeared in US Courts to give evidence.

### Case example

*W was 8.7; the younger of 2 boys born to his parents’ marriage. He was a year old when his parents separated. He and his brother remained with their mother and there was regular contact until he was 5 when all contact ceased at the mother’s insistence, on the basis that her sons disliked visits and no longer wished to see their father. There had been no visits since. The father applied to the Court and Proceedings commenced. Reports were obtained from CAFCASS Reporters and experts but no progress was made. At interview W was openly disparaging of his father, made implausible allegations against him and was resistant to the idea of a contact visit. A visit was arranged and W was taken to his father’s home. Shortly after meeting his father he made rude comments about him and punched him hard on the chest. W refused his father’s efforts to engage him and kept asking to go home. Of his own accord W talked to the father’s wife and her mother, later saying that he liked them. On the way home to his mother W protested when told that there were to be 2 further visits. Those visits went well. Visiting contact was Ordered and 4 years later W enjoyed regular unsupervised staying contact with his father.*

This case is typical of scores that I have assessed over the years and shows features which will be recognisable to most professionals who are frequently involved in dealing with children who are the subject of prolonged high conflict contact disputes. The vast majority of these children are pleasant, well adjusted and doing well socially and academically. It is only within the confined and restricted context of their relationship with one of their parents (usually, but not always, the non resident parent - NRP) that the child expresses feelings, statements and behaviour which are extreme and out of character.

### **The Causes of Children's Resistance to Contact**

A more recent and more acceptable attempt to explain the origins of this type of behaviour was made by Joan Kelly and Janet Johnson in their paper "The Alienated Child: a reformulation of parental alienation syndrome" (2001). Kelly and Johnson are US academics who have both written extensively on the topic of children whose parents have separated or divorced (e.g. Kelly 2007).

Kelly and Johnson's 2001 paper contains a reasoned critique of the main objections to Gardner's PAS theory. Gardner's theory proposed that children with PAS had been indoctrinated against one parent by the other. Kelly and Johnson pointed out that in high conflict contact disputes many children are exposed to denigration of the NRP but very few develop "alienation". Similarly clinical research suggested that some children who developed "alienation" had not been exposed to indoctrination or denigration of the NRP. Thus they concluded that "alienating behaviour by a parent is neither a sufficient nor a necessary condition for a child to become alienated".

Secondly they criticised Gardner's use of the term "syndrome" as needlessly adding to the controversy because it suggested that it was a medical "condition" with a known cause, and giving it the spurious authority of medical acceptance (when in fact it was not recognised in existing medical classification schemes). Although this latter is a reasonable argument in the sense that this aspect of Gardner's theory has created considerable controversy it is of note that a similar use of the term syndrome to describe a psychological set of symptoms, "The Child Sexual Abuse Accommodation Syndrome" (Summitt 1983) was accepted without controversy in the legal/psychological/academic world.

Their third main criticism of PAS was the lack of corroborative scientific research. Gardner wrote and published prodigiously, but very little of his work appears to have been the subject of peer review so that his claims were largely unsubstantiated. Kelly and Johnson stated that

Gardner's theory "generated both enthusiastic acceptance and strong negative response", the latter being somewhat of an understatement given the degree of vilification and personal abuse to which Gardner has been subjected.

Kelly and Johnson suggest that there are a number of explanations for the varying ways in which children's relationships with their parents can be affected following parental separation. They suggest that those relationships can be considered to be spread along a continuum of adjustment with at one end the healthiest outcome, children who are able to maintain "**a positive relationship with both parents**", and at the other end the most pathological outcome "**alienation**" in which one parent is idealised and the other denigrated and rejected.

Between these two extremes were children who showed varying degrees of difficulties in their relationship with one parent. They suggested that these other contact resistant children can be placed in three broad groupings of children who show "**affinity**", "**alliance**" and "**estrangement**" from one parent. They emphasised that whilst it is easy to characterise each group it should be recognised that children themselves may not fall neatly into one group and may share characteristics of more than one group.

My own clinical experience suggests that their groupings are useful but would add that they have to be viewed as flexible. For example, within a single family different child members may be showing quite different reactions to the separation of their parents, so that one can see a child who maintains "a positive relationship with both parents" and a child who is "alienated" within the same sibling group. In addition any individual child can change the way in which they relate to their separated parents from time to time and although some of these changes are understandable (e.g. a reduction of separation anxiety with age; a reduction of moral condemnation with maturity; changes as a consequence of changes to the parents' relationships), others seem quite unpredictable. With these provisos the five proposed groupings, in order along the spectrum are as follows:

1) **"A positive relationship with both parents"**

These are children who enjoy extensive contact with the NRP. This is by far the largest group for children whose parents have separated. It probably includes the majority of those children whose parents' separation remains conflicted and difficult. Where parental conflict is high these children tend to keep their views to themselves and resist being drawn into criticism of either parent. They try not to take sides.

## 2) **“Affinity” with one parent**

These children wish to maintain a limited relationship with one parent; for example a very young child might have limited experience of being separated from the resident parent and thus have understandable “separation anxiety”. In such a case contact should be modified to allow the child to build up confidence in being alone with the NRP. Some children prefer spending more time in one household for obvious and understandable reasons such as the presence of siblings or step siblings (for or against), step parents, mutual activities and interests. Teenagers may prefer to spend more time with the same sex parent. These affinities change developmentally and as a result of life events. But whatever changes take place the children wish to retain a direct contact relationship with both parents.

## 3) **“Alliance” with one parent**

These are children whose preference for one parent may be understandable but is not entirely reasonable. Although they have taken sides with one parent, they are able to express ambivalent feelings towards the other, i.e. that they love the other parent but wish to limit contact because they are angry with them. Children in this group are old enough to form their own moral judgement about the behaviour of their parents. Sometimes these moral judgements are unreasonable because they are based on a limited or distorted understanding of the causes of their parents’ separation. These moral judgements can be quite severe, and harsh views of a parent’s failings may lead to a refusal to have contact for a number of years. A parent may be rejected for selfishness because they “abandoned” their family responsibilities or had an affair. Sometimes the alliance is based on pity and empathy for the resident parent’s depression and unhappiness.

These children benefit from early interventions aimed at helping them reflect upon their feelings and the facts of their parents’ separation. Such interventions have a good chance of improving outcomes in terms of the child’s willingness to retain a relationship with both parents, and in terms of their ability to understand and forgive their parents’ frailties. Although these children are sympathetic towards the resident parent, and express anger towards the NRP they will admit that at some stage they have had a loving relationship with the NRP and can usually envisage that such a relationship might resume in the future.

## 4) **“Estrangement” from one parent**

Some children's resistance to contact with a NRP is based upon real past events and the behaviour of that parent. In the majority of high conflict contact cases which come before the Courts parents make serious allegations against each other. Courts are therefore experienced in dealing with these cases and the allegations which accompany them. Some of these allegations are unreliable and it is essential that the allegations are the subject of a determination as to veracity by the Court. Thus in assessing the extent to which a child's fear or anger is realistic it is essential to know the Court's Findings of Fact.

There are children who are estranged from a parent and resistant to contact as a result of having observed or experienced repeated violence or outbursts of temper by one of their parents either during the relationship or following the separation. There are children who have experienced other forms of abuse or neglect as a result of the actions of one of their parents but who were unable to say anything about their experiences because of fear, loyalty or a hope that matters might improve. Some children experience abusive behaviour by the NRP, or their partner, or step siblings during contact.

The management of these situations follows from assessment of the non resident parent/household, but there are situations in which the risk is so tangible that it is not possible for unsupervised contact to be recommended. There are, rarely, cases in which it is unlikely that any form of face to face contact could be recommended without substantial change. Some estranged children may have been so traumatised by their experiences that they show signs of anxiety, fearfulness and other post traumatic symptoms. Such children may need psychological treatment before any consideration of further contact.

Some estranged children have not been traumatised by past experiences but come to a mature judgement about the value of visits to the non resident parent based upon experiences which they are able to describe. For example, some parents are unreasonably restrictive, selfish, neglectful or preoccupied. Children might reasonably feel that contact visits are boring or unpleasant. Older children may object to hearing constant denigration of the other parent. In these cases it may be possible to raise the problems with the NRP and to reach some agreement for change, but that is not always the case.

#### 5) **“Alienation” from one parent**

These children show complete resistance to any form of contact with the NRP (not only refusing to visit, but also refusing to receive cards or presents, and often destroying those that are sent) and they openly express an extraordinary level of hostility and/or fear of a

parent with whom they once had a loving relationship. The behaviour and expressed views of these children are so striking (as in the case example) that to observe it is an experience never to be forgotten. Although many aspects of Gardner's PAS are unacceptable his description of the range of behaviours shown by alienated children is not controversial. The behaviours shown by the child may include :-

- being actively involved in a campaign of denigration against the (usually) NRP
- serious complaints of the NRP's failings may be weak (e.g. "He made me eat my carrots"), and frivolous; or distorted/exaggerated descriptions of normal discipline and experiences.
- a lack of ambivalence in feelings towards the parents so that one is idealised and the other denigrated
- maintaining that their views and memories are entirely their own: sometimes to the point of ridiculousness ("He threw my mum down the stairs when she was pregnant with me ... I know because I was there").
- having an unusual knowledge of the matters of dispute between the parents, often showing awareness of adult issues (e.g. the value of the family home) and giving full support to the resident parent's position
- showing an extraordinary lack of guilt or regret regarding things they have said about, or done to, the NRP; behaviour which they would never show to any other adult.
- using phrases, language and complaints which appear to have been "borrowed" or overheard and expressing them in unusual, or adult language
- resisting contact with the NRP's relatives (including grandparents) and friends.

Alienation in children varies in severity and in the number of features shown from child to child, and in the individual child over time. Changes can be sudden and dramatic and can be observed during a set of assessment interviews or during a single contact visit.

### **The cause of alienation**

Whereas Gardner proposed that alienation was a result of deliberate brain washing by the resident parent. Kelly and Johnson suggested the cause was more complicated and resulted from the interaction of "a history of intense marital conflict; a humiliating separation; subsequent divorce conflict and litigation that can be fuelled by professionals and extended kin; personality dispositions of each parent; and the age, cognitive capacity, and temperament of the child". They suggested that "intervening variables can either moderate or intensify the child's response to these crucial background factors, including parenting

beliefs and behaviours, siblings' relationships, and the child's own vulnerabilities within the family dynamics". This is a complex model and it may be difficult to disprove the hypothesis, but the complexity is similar to that which has emerged as a result of the increasing understanding of developmental psychopathology (Rutter 2009).

In a subsequent paper (Johnson 2003) the hypothesis was put to a preliminary test using the archive data from the original San Francisco Bay studies on the effect of divorce upon children (Wallerstein & Kelly 1980). The original data was gathered during 1970's, with follow up in the 80's, and was not entirely suitable for the analysis of this problem (cases of substantiated abuse against children were excluded); it was also gathered at a time when "conventional" family structures were much more common. The findings suggested that vulnerability to alienation did depend on the interaction of a number of variables; the important points to emerge were that Alienation was associated with :-

- a high level of parental conflict following family breakdown in every case
- Alienation was unusual and occurred in less than 10% of the children in the study
- Rejected fathers were more likely to show a lack of "warm involvement" with the child
- Alienated children were more likely to have had separation anxiety in relation to the resident parent
- The resident parent was more likely to show evidence of sabotaging the child's relationship with the NRP
- Older children were more likely to be rejecting of the NRP than younger children
- The mother was more likely to show "warm involvement" with the child

Johnson emphasises the limitations of the study and the very preliminary nature of the findings.

### **The management of alienation in children**

When alienation is mild and not longstanding it is generally recommended that there be an attempt to provide information about the problem to both parents in as non blaming a way as can be managed, together with parental mediation over the issue of contact arrangements. Although it is tempting to suggest that children might benefit from therapy there is no empirical data to suggest that this is beneficial and some suggestion that it is rather resented by children, who see the problem as lying within their parents' relationship (Weir 1999).

The management of the more severe cases of alienation is much more difficult. Johnson suggests that whatever attempts at mediation/therapy are made in respect of the parents it is essential that there is a resumption of some form of direct contact at the same time. My own experience also suggests that without a resumption of direct contact attempts to modify parents or children's views are impossible. I have advised (Weir, 2006) that the assessment of these cases should include an attempt to observe the child in contact with both parents. My more recent study (Weir 2009) suggests that, even in alienated children, it is possible to resume successful and affectionate contact in the majority of cases, even when the child is consistently expressing opposition to such contact (as in the case example).

The manner in which these assessments are done, and the manner in which the reintroduction of contact takes place may be crucial to success. In my opinion it is essential that the child is helped to understand that the conflict over contact arrangements is not of their making but is a result of unresolved disputes between their parents and that it will be for the Court/Judge to decide what contact will be best. It is essential that the resident parent shares that understanding and at least voices some support for an attempt to evaluate the child's relationship with the NRP by facilitating a supervised contact visit. It is probably essential that when the child is taken to see the NRP the resident parent is not involved in the handover. Thus collecting the child from a neutral venue, such as their school, may greatly increase the prospect of a visit taking place and of the consequent success of that visit. Once initial successful visits have taken place, and it may take two or three such visits before anxieties are overcome, it is usually a straightforward matter for the Court to Order continuing contact.

My study suggests that it is easier to resume contact when the child is younger and when the intervening period of no contact has been shorter. However the results in individual cases are so variable that it is rarely possible to predict the outcome as the most mature and apparently articulate teenagers may decide to resume a relationship with a parent they have totally denigrated.

### **Why was parental alienation syndrome so controversial?**

In some ways this is a discussion which no longer needs to be conducted. The influence of Gardner's theory has declined since his death. High conflict contact/resident disputes arouse an extraordinary level of hostility between the participants, their families and sometimes their legal advisors. For professionals (e.g. CAF/CASS Reporters) dealing with these cases it is recognised that there is a much higher rate of complaints regarding their

conduct/competence than in their other work. The problem is renowned in the United States where Clinical Psychologists routinely carry out Court assessments in high conflict divorce cases, and are therefore advised to ensure that they have adequate professional liability insurance (Gould & Martindale 2007).

Quite apart from the general intensity of debate which surrounds giving an opinion in these cases Gardner expressed his views trenchantly and provocatively. It didn't help that so much of his writing was not subject to peer review as that process might have helped him reflect upon what he was saying and temper his language and opinions. Most controversial was his opinion that alienation was a sure sign of brain washing by the resident parent and that in severe cases it was so abusive that the child should automatically be in the care of the NRP. He was, as is sometimes the case for professionals dealing with high conflict contact disputes, faced with having to give an opinion regarding allegations of sexual abuse against fathers. He gave the impression that such allegations were always false and was thus criticised for being a protector of paedophiles. Debate about his work is sometimes characterised by hyperbole and distortion on both sides. Although alienation can be caused by brain washing by one parent, this is not usually the case.

In the Courts of England and Wales, where PAS was never accepted as a 'diagnosis', the controversy may be less as Court procedures ensure a factual basis upon which professionals assess the best interest of children in disputed contact Proceedings. The two stage Court Procedure allows all the parties to reconsider their positions in the light of Findings of Fact before the court reconvenes to consider what orders to make in respect of contact and residence.

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Kirk Weir is a UK trained medical practitioner who has specialised in child psychiatry for more than 30 years. He was an NHS Consultant Child Psychiatrist in CAMHS in London and Suffolk. Alongside clinical work he developed a role as an expert witness in the Family Court. He has given evidence in hundreds of private and public law cases to Courts in most areas of England and Wales. Following his experience of giving expert evidence during the epidemic of ritual sexual abuse cases he developed a special interest in children as witnesses. Over the last ten years he has taken a particular interest in children who are the subject of high conflict contact disputes between their separated parents.

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