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THE INTERNATIONAL HANDBOOK OF PARENTAL ALIENATION SYNDROME

Conceptual, Clinical and Legal Considerations

Edited by

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Sir Isaac Newton said, “If I have seen further, it is by standing upon the shoulders of giants.” In the study of alienated children there is one man upon whose shoulders everyone stands. Anyone who studies, writes about, or seeks to understand the phenomenon of alienated children cannot do so without paying homage to Dr. Richard A. Gardner.

Dr. Gardner passed away on May 25, 2003. To say that he was a man of great achievements is an understatement. Most psychiatrists would be content to have a thriving clinical practice. Some have one or two published articles to their credit. The more ambitious have written more articles, perhaps even a book or two. The highest achievers have an impressive output of five or ten books at most.

Dr. Gardner wrote more than 130 articles that were judged by panels of expert reviewers to be worthy of publication in scholarly journals. He wrote 40 books. His contributions to the field of general psychotherapy with children, psychotherapy with children of divorce, and custody evaluations, are considered classic works in the field and are cited often in the professional literature and in psychotherapy textbooks. One indication of Gardner’s stature among his colleagues is that he was invited to contribute several chapters to the standard reference work in his field, the *Basic Handbook of Child Psychiatry*, whose Board of Editors includes many of the world’s leading experts in child psychiatry. Most authors are flattered to be invited to contribute only one chapter.

Gardner wrote the first self-help book for children of divorce. It was lauded by *Time* magazine, excerpted in the *Sunday New York Times Magazine*, and is currently in its 28th printing. He devised a therapeutic technique, mutual storytelling, that is included in child psychiatry curriculums and listed as one of 35 significant events in the history of play therapy, along with contributions from luminaries such as Sigmund Freud, Anna Freud, Melanie Klein, and Jean Piaget. In addition, he originated an entire therapeutic modality with his introduction of the first therapeutic board game for use in psychotherapy with children. The use of such games has since become standard in child psychotherapy with many games following Gardner’s lead. One noted expert in psychotherapy called Gardner’s creation “one of the most popular therapeutic games available” and a Website for therapeutic resources claimed that, “Most child therapists consider it an indispensable part of their playroom.
equipment.” Gardner’s books and therapeutic games have been translated into nine languages. The American Psychological Association, in addition to citing three of Gardner’s books in a highly selective list of references pertinent to child custody evaluations, honored him by selecting him as one among only a few professionals included in a series of training videotapes by “distinguished psychotherapists.”

For most of his professional career, Dr. Gardner enjoyed the reputation and stature appropriate to a man of his achievements and innovations. Then he wrote about Parental Alienation Syndrome and about sex abuse allegations. He was one of the first to say publicly that sometimes children do lie and that we should not automatically accept all allegations of abuse as true. As a result of this work, Dr. Gardner was attacked, smeared, and vilified. In their attempt to alienate audiences from Dr. Gardner’s work, his critics used the same tactics as do parents who demonize a parent or grandparent in an effort to poison children’s affection and respect.

None of this stopped Dr. Gardner. He set an inspiring example of a talented and courageous man willing to walk new and difficult paths and defend unpopular stands with conviction, strength, and integrity. I am reminded of the words of Theodore Roosevelt:

> It is not the critic who counts, not the man who points out how the strong man stumbled, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena; . . . who strives valiantly, who errs and comes short again and again; who knows the great enthusiasms, the great devotions, and spends himself in a worthy cause; who, at the best, knows in the end the triumph of high achievement; and who, at the worst, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who know neither victory nor defeat.

No one ever accused Richard Gardner of being timid. He was in the arena his entire professional life, to the very end passionately, eagerly, and tirelessly sharing his knowledge and insights. I spoke to him two nights before his death. His terrible pain did not keep him from expressing great enthusiasm and excitement about his latest project. For those of us who remain in the arena, Dr. Gardner’s legacy will be an inspiration for years to come.

For all these reasons, we dedicate this volume to Dr. Gardner’s memory in recognition of his unparalleled contributions to the welfare of children throughout the world.

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Richard A. Gardner, M.D. (1931–2003) coined the term and developed the theory, practice, the diagnosis and treatment for the parental alienation syndrome. He was Clinical Professor of Child Psychiatry at Columbia University. Recognized for his innovative contributions to child psychiatry, he wrote more than 40 books and 250 articles.

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Randy Rand, Ed.D., is the clinical director for The Rachel Foundation, providing reintegration services for parent abducted and severely alienated children and their families. He is also the developer of Behavioral Personnel Assessment Devices (B-PAD), which is used by police and public safety departments throughout the United States and Canada.

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FOREWORD

This is an important book and I am honored to write its Foreword. Richard A. Gardner, M.D. first described parental alienation syndrome (PAS) in his text, The Parental Alienation Syndrome and the Differentiation Between Fabricated and Genuine Child Sex Abuse, in 1987. Previously, he had used the terminology “the brainwashed child” as the “active program of vociferous condemnation” in his book, Family Evaluation in Child Custody Litigation (1982). He made reference to J.W. Duncan’s discussion of the “brainwashing parent” in 1978. Dr. Gardner was the founder and tireless articulator and advocate of the concept as well as of its diagnosis and treatment. I say “was” because of Dr. Gardner’s untimely death in May of 2003. Although most psychological concepts evoke little response, PAS has struck a cord in the professional and lay community, with most holding rather strong opinions about it.

Regardless of one’s position on PAS, it is hard to deny the far-reaching implications it has had in the five basic human service delivery systems (Cf. Sauber, 1983). Most notable and obvious has been its impact on family law and in family mental health. Besides these, PAS has had considerable impact on the criminal justice system in terms of petitions for domestic violence, restraining orders, false police reports filed, etc. Its impact on the social welfare system is commonly exemplified in state agencies or departments of child and family services which are called upon to differentiate child abuse and neglect from fabricated complaints, as well as to file reports to the civil court. It should be noted that such state agencies typically have their own mental health evaluators and anger managers who are called upon to fulfill these agencies’ legal mandate of “impartiality” and “protection.” Furthermore, the mental health system is directly involved in the evaluation and treatment aspects before, during, or after the discovery and identification of the PAS phenomenon. Other human service delivery systems described by the contributors to this book include health care and education. It should not be surprising that symptoms related to PAS are reported by health care providers such as pediatricians, gynecologists, internists and family practitioners. In addition, children’s and adolescent’s grades decline as family conflicts intensify and the minors internalize and act out their parents’ own power struggles. The point is that the impact and implications of PAS are immense.
Because of its far-reaching effects, it has now become incumbent on the mental health community to learn about PAS and how to diagnose and treat it. Despite its widespread harm to children and family members, confusion about PAS remains. For example, the terms “parental alienation” and “parental alienation syndrome” are mistakenly used synonymously. Similarly, controversy remains about PAS as mental health experts and family law attorneys debate its existence and the harmful effects that alienation has on the entire family. Accordingly, Dr. Gardner endeavored to further clarify and operationalize the terminology both in a seminal publication in the *American Journal of Family Therapy* (2002) as well as in this book. Without a doubt, this book represents the definitive statement of PAS to date and should be of estimable value to the professional reader, particularly those in the mental health field.

It should be noted that the contributors to this remarkable handbook are distinguished leaders in this cutting edge, interdisciplinary field. Many of them have offered expert testimony in court. Many have lectured to the professional community at association meetings and conventions. All of these distinguished contributors have collaborated in producing this definitive text. This group of international experts has worked to provide important perspectives on several different clinical and forensic challenges regarding PAS. Needless to say, these challenges are inevitable in legal family systems because of the inherent adversarial and conflictual nature—regardless of one’s entry point or one’s view. No other single source that provides the depth and breadth of coverage of the topic than the clinically and forensically valuable chapters in this book.

Although Dr. Gardner’s name is typically associated with, and has even become synonymous with PAS, it is important to note that his life’s work and commitment were much broader. Indeed, Dr. Gardner’s primary passion was, above all else, to the health and well-being of all children. He was a giant among his peers in advocating for the humane care, treatment, and basic rights of children. With the great loss and unexpected passing of Dr. Gardner, the torch is now passed to others to continue to write, research, teach, testify and advocate for children in complex divorce situations. Although this book was not initially intended to be Dr. Gardner’s final contribution to the professional community, it serves as a fitting tribute and memorial to a courageous pioneer. It also serves to acknowledge the contributions of some of the many colleagues whom he mentored and collaborated with over the years.

Len Sperry, M.D., Ph.D.
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THE INTERNATIONAL HANDBOOK
OF PARENTAL ALIENATION
SYNDROME
Section I

CONCEPTS
Since the 1970s, we have witnessed a burgeoning of child-custody disputes unparalleled in history. This increase has primarily been the result of two recent developments in the realm of child-custody litigation: the replacement of the tender-years presumption with the best-interests-of-the-child presumption and the increasing popularity of the joint-custodial concept. The assumption was made that mothers, by virtue of the fact that they are female, are intrinsically superior to men as child-rearers. Accordingly, the father had to provide to the court compelling evidence of serious maternal deficiencies before the court would even consider assigning primary custodial status to the father. Under its replacement, the best-interests-of-the-child presumption, the courts were instructed to ignore gender in custodial considerations and evaluate only parenting capacity, especially factors that related to the best interests of the child. This change resulted in a burgeoning of custody litigation as fathers now found themselves with a greater opportunity to gain primary custodial status. Soon thereafter the joint-custodial concept became popular, eroding even further the time that custodial mothers were given with their children. Again, this change also brought about an increase and intensification of child-custody litigation.

In this disorder we see not only programming ("brain-washing") of the child by one parent to denigrate the other parent, but self-created contributions by the child in support of the alienating parent's campaign of denigration against the alienated parent. Because of the child's contribution I did not consider the terms brain-washing, programming, or other equivalent words to be applicable. Accordingly, in 1985, I introduced the term parental alienation syndrome to cover the combination of these two contributing factors (Gardner, 1985, 1986, 1987). In accordance with this use of the term I suggest this definition of the parental alienation syndrome:

The parental alienation syndrome (PAS) is a disorder that arises primarily in the context of child-custody disputes. Although the dispute is most often between the parents, it can arise in other types of conflicts over child custody, e.g., parent vs. stepparent, parent vs. grandparent, parent vs. relative, etc. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification against a good, loving parent. It results from the combination of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the target parent. When true parental abuse and/or neglect is present, the child’s animosity may be justified, and so the parental alienation syndrome explanation for the child’s hostility is not applicable. Inducing a parental alienation syndrome into a child is a form of emotional abuse because it can result in the attenuation and even destruction of the child’s bond with a good, loving parent. (Gardner, 1998)

Although PAS certainly existed prior to the 1980s, it was relatively uncommon, especially because, as mentioned, its ubiquity is primarily the result of the aforementioned recent developments regarding how the courts determine primary custodial parental status.

Chapter 1
INTRODUCTION

RICHARD A. GARDNER
May, 2003