Basic Facts About The Parental Alienation Syndrome

DEFINITION OF THE PARENTAL ALIENATION SYNDROME

In association with this burgeoning of child-custody litigation, we have witnessed a dramatic increase in the frequency of a disorder rarely seen previously, a disorder that I refer to as the *parental alienation syndrome* (PAS). In this disorder we see not only programming ("brainwashing") 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 *brainwashing, programming,* or other equivalent words to be sufficient. Furthermore, I observed a cluster of symptoms that typically appear together, a cluster that warranted the designation *syndrome*. Accordingly, I introduced the term *parental alienation syndrome* to encompass the *combination* of these two contributing factors that contributed to the development of the syndrome (Gardner, 1985). In accordance with this use of the term I suggest this definition of the parental alienation syndrome:

> *The parental alienation syndrome (PAS) is a childhood disorder that arises almost exclusively in the context of child-custody disputes. Its primary manifestation is the child's campaign of denigration against a parent, a campaign that has no justification. 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.*

In the PAS, the alienating parent programs into the child's brain circuitry ideas and attitudes that are directly at variance with the child's previous experiences. In addition, PAS children frequently add their own scenarios to the campaign of denigration, from the recognition that their complementary contributions are desired by the programmer. The child's contributions are welcomed and reinforced by the programmer, resulting in even further contributions by the child. The result is an upwardly spiraling campaign of denigration. In mild cases the child is taught to disrespect, disagree with, and even act out antagonistically against the targeted parent. As the disorder progresses from mild to moderate to severe, this antagonism becomes converted and expanded into a campaign of denigration. The PAS diagnosis is based on the symptoms of the child, but the problem is clearly a family problem in that in each case there is one parent who is a programmer, another parent who is the alienated parent, and one or more children who exhibit the symptomatology. PAS children respond to the programming in

such a way that it appears that they have become completely amnesic for any and all positive and loving experiences they may have had previously with the targeted parent.

The term *PAS* is applicable *only* when the target parent has *not* exhibited anything close to the degree of alienating behavior that might warrant the campaign of vilification exhibited by the children. Rather, in typical cases the victimized parent would be considered by most examiners to have provided normal, loving parenting or, at worst, exhibited minimal impairments in parental capacity. It is the *exaggeration* of minor weaknesses and deficiencies that is the hallmark of the PAS. When bona fide abuse does exist, then the child's responding alienation is warranted and the PAS diagnosis is *not* applicable. The term *parental alienation* would be applicable in such cases and justifiably so. However, without specifying the particular cause of the alienation the term is not particularly informative.

PARENTAL ALIENATION

Parental Alienation (PA) refers to the wide variety of symptoms that may result from or be associated with a child's alienation from a parent. Children may become alienated from a parent because of physical abuse, with or without sexual abuse. Children's alienation may be the result of parental emotional abuse, which may be overt in the form of verbal abuse or more covert in the form of neglect. (As will be described below PAS, as a form of emotional abuse, is also a type of parental alienation.) Children may become alienated as the result of parental abandonment. Ongoing parental acrimony, especially when associated with physical violence, may cause children to become alienated. Children may become alienated because of behavior exhibited by a parent that would be alienating to most people, e.g., narcissism, alcoholism, and antisocial behavior. Impaired parenting can also bring about children's alienation. A child may be angry at the parent who initiated the divorce, believing that that parent is solely to blame for the separation. These and many other parental behaviors can produce children's alienation, but none of them can justifiably be considered PAS.

IS PAS A TRUE SYNDROME ?

Some who prefer to use the term *parental alienation* (PA) claim that the PAS is not really a syndrome. This position is especially seen in courts of law in the context of child-custody disputes. A syndrome, by medical definition, is a cluster of symptoms, occurring together, that characterize a specific disease. The symptoms, although seemingly disparate, warrant being grouped together because of a common etiology or basic underlying cause. Furthermore, there is a consistency with regard to such a cluster in that most (if not all) of the symptoms appear together. The term *syndrome* is more specific than the related term *disease*. A disease is usually a more general term because there can be many causes of a particular disease. For example, pneumonia is a disease, but there are many types of pneumonia—e.g., pneumococcal pneumonia and bronchopneumonia—each of which has more

specific symptoms, and each of which could reasonably be considered a syndrome (although common usage may not utilize the term).

The syndrome has a purity because most (if not all) of the symptoms in the cluster predictably manifest themselves together as a group. Often, the symptoms appear to be unrelated, but they actually are because they usually have a common etiology. An example would be Down's Syndrome, which includes a host of seemingly disparate symptoms that do not appear to have a common link. These include mental retardation, mongoloid facies, drooping lips, slanting eyes, short fifth finger, and atypical creases in the palms of the hands. Down's Syndrome patients often look very much alike and most typically exhibit all these symptoms. The common etiology of these disparate symptoms relates to a specific chromosomal abnormality. It is this genetic factor that is responsible for linking together these seemingly disparate symptoms. There is then a primary, basic cause of Down's Syndrome: a genetic abnormality.

Similarly, the PAS is characterized by a cluster of symptoms that usually appear together in the child, especially in the moderate and severe types. These include:

1. A campaign of denigration

2. Weak, absurd, or frivolous rationalizations for the deprecation

3. Lack of ambivalence

4. The "independent-thinker" phenomenon

5. Reflexive support of the alienating parent in the parental conflict

6. Absence of guilt over cruelty to and/or exploitation of the alienated parent

7. The presence of borrowed scenarios

8. Spread of the animosity to the friends and/or extended family of the alienated parent

Typically, children who suffer with PAS will exhibit most (if not all) of these symptoms. However, in the mild cases one might not see all eight symptoms. When mild cases progress to moderate or severe, it is highly likely that most (if not all) of the symptoms will be present. This consistency results in PAS children resembling one another. It is because of these considerations that the PAS is a relatively "pure" diagnosis that can easily be made. Because of this purity, the PAS lends itself well to research studies because the population to be studied can usually be easily identified. Furthermore, I am confident that this purity will be verified by future interrater reliability studies. In contrast, children subsumed under the rubric PA are not likely to lend

themselves well to research studies because of the wide variety of disorders to which it can refer, e.g., physical abuse, sexual abuse, neglect, and defective parenting. As is true of other syndromes, there is in the PAS a specific underlying cause: programming by an alienating parent in conjunction with additional contributions by the programmed child. It is for these reasons that PAS is indeed a syndrome, and it is a syndrome by the best medical definition of the term.

In contrast, PA is not a syndrome, has no specific underlying cause, and the proponents of the term do not claim it is. Actually, PA can be viewed as a group of syndromes, which share in common the phenomenon of the child's alienation from a parent. To refer to PA as a group of syndromes would, by necessity, lead to the conclusion that the PAS is one of the syndromes subsumed under the PA rubric and would thereby weaken the argument of those who claim that PAS is not a syndrome.

THE PARENTAL ALIENATION SYNDROME AND "PARENTAL ALIENATION"

There are some who use the term *parental alienation* instead of *parental alienation syndrome*. Generally, these are individuals who know of the existence of the parental alienation syndrome but want to avoid using it because it may be considered in some circles to be "politically incorrect." But they are basically describing the same clinical entity. There are others who will use the term *parental alienation syndrome* but strictly avoid mentioning my name in association with it, lest they be somehow tainted. Unfortunately, the substitution of the term *parental alienation* for *parental alienation syndrome* can only result in confusion. *Parental alienation* is a more general term, whereas the *parental alienation syndrome* is a very specific subtype of parental alienation. Parental alienation has many causes, e.g., parental neglect, abuse (physical, emotional, and sexual), abandonment, and other alienating parental behaviors. All of these behaviors on the part of a parent can produce alienation in the children. The parental alienation syndrome is a specific subcategory of parental alienation that results from a combination of parental programming and the child's own contributions, and it is almost exclusively seen in the context of child-custody disputes. It is this particular combination that warrants the designation *parental alienation syndrome*. Changing the name of an entity because of political and other unreasonable considerations generally does more harm than good.

THE PARENTAL ALIENATION SYNDROME IS *NOT* THE SAME AS PROGRAMMING BRAINWASHING

It has come as a surprise to me from reports in both the legal and mental health literature that the definition of the PAS is often misinterpreted. Specifically, there are many who use the term as synonymous with parental brainwashing or programming. No reference is made to the child's own contributions to the victimization of the targeted parent. Those who do this have missed an extremely important point regarding the etiology,

manifestations, and even the treatment of the PAS. The term *PAS* refers *only* to the situation in which the parental programming is *combined with* the child's own scenarios of disparagement of the vilified parent. Were we to be dealing here simply with parental indoctrination, I would have simply retained and utilized the terms *brainwashing* and/or *programming*. Because the campaign of denigration involves the aforementioned *combination,* I decided a new term was warranted, a term that would encompass *both* contributory factors. Furthermore, it was the child's contribution that led me to my concept of the etiology and pathogenesis of this disorder. The understanding of the child's contribution is of importance in implementing the therapeutic guidelines described in this book.

THE RELATIONSHIP BETWEEN THE PARENTAL ALIENATION SYNDROME AND BONA FIDE ABUSE AND/OR NEGLECT

Unfortunately, the term *parental alienation syndrome* is often used to refer to the animosity that a child may harbor against a parent who has *actually* abused the child, especially over an extended period. The term has been used to apply to the major categories of parental abuse: physical, sexual, and emotional. Such application indicates a misunderstanding of the PAS. The term *PAS* is applicable *only* when the target parent has *not* exhibited anything close to the degree of alienating behavior that might warrant the campaign of vilification exhibited by the child. Rather, in typical cases the victimized parent would be considered by most examiners to have provided normal, loving parenting or, at worst, exhibited minimal impairments in parental capacity. It is the *exaggeration* of minor weaknesses and deficiencies that is the hallmark of the PAS. When bona fide abuse does exist, then the child's responding alienation is warranted and the PAS diagnosis is *not* applicable.

Programming parents who are accused of inducing a PAS in their children will sometimes claim that the children's campaign of denigration is warranted because of bona fide abuse and/or neglect perpetrated by the denigrated parent. Such indoctrinating parents may claim that the counteraccusation by the target parent of PAS induction by the programming parent is merely a "cover-up," a diversionary maneuver, and indicates attempts by the vilified parent to throw a smoke screen over the abuses and/or neglect that have justified the children's acrimony. There are some genuinely abusing and/or neglectful parents who will indeed deny their abuses and rationalize the children's animosity as simply programming by the other parent. This does not preclude the existence of truly innocent parents who are indeed being victimized by an unjustifiable PAS campaign of denigration. When such cross-accusations occur—namely, bona fide abuse and/or neglect versus a true PAS—it behooves the examiner to conduct a detailed inquiry in order to ascertain the category in which the children's accusations lie, i.e., true PAS or true abuse and/or neglect. In some situations, this differentiation may not be easy, especially when there has been some abuse and/or neglect and the PAS has been superimposed upon it, resulting thereby in much more deprecation than would be justified in this situation. It is for this reason that

detailed inquiry is often crucial if one is to make a proper diagnosis. Joint interviews, with all parties in all possible combinations, will generally help uncover "The Truth" in such situations.

THE PARENTAL ALIENATION SYNDROME AS A FORM OF CHILD ABUSE

It is important for examiners to appreciate that a parent who inculcates a PAS in a child is indeed perpetrating a form of *emotional abuse* in that such programming may not only produce lifelong alienation from a loving parent, but lifelong psychiatric disturbance in the child. A parent who systematically programs a child into a state of ongoing denigration and rejection of a loving and devoted parent is exhibiting complete disregard of the alienated parent's role in the child's upbringing. Such an alienating parent is bringing about a disruption of a psychological bond that could, in the vast majority of cases, prove of great value to the child—the separated and divorced status of the parents notwithstanding. Such alienating parents exhibit a serious parenting deficit, a deficit that should be given serious consideration by courts when deciding primary custodial status. Physical and/or sexual abuse of a child would quickly be viewed by the court as a reason for assigning primary custody to the nonabusing parent. Emotional abuse is much more difficult to assess objectively, especially because many forms of emotional abuse are subtle and difficult to verify in a court of law. The PAS, however, is most often readily identified, and courts would do well to consider its presence a manifestation of emotional abuse by the programming parent.

Accordingly, courts do well to consider the PAS programming parent to be exhibiting a serious parental deficit when weighing the pros and cons of custodial transfer. I am not suggesting that a PAS-inducing parent should automatically be deprived of primary custody, only that such induction should be considered a serious deficit in parenting capacity—a form of emotional abuse—and that it be given serious consideration when weighing the custody decision. In this book, I provide specific guidelines regarding the situations when such transfer is not only desirable, but even crucial, if the children are to be protected from lifelong alienation from the targeted parent.

"THE PARENTAL ALIENATION SYNDROME DOES NOT EXIST BECAUSE IT IS NOT IN DSM-IV"

There are some, especially adversaries in child-custody disputes, who claim that there is no such entity as the PAS, that it is only a theory, or that it is "Gardner's theory." Some claim that I invented the PAS, with the implication that it is merely a figment of my imagination. The main argument given to justify this position is that it does not appear in DSM-IV. The DSM committees justifiably are quite conservative with regard to the inclusion of newly described clinical phenomena and require many years of research and publications before considering inclusion of a disorder, and this is as it should be. The PAS exists! Any lawyer involved in child-custody disputes will attest to that fact. Mental health and legal professionals involved in such disputes must

be observing it. They may not wish to recognize it. They may give it another name (like "parental alienation"). But that does not preclude its existence. A tree exists as a tree regardless of the reactions of those looking at it. A tree still exists even though some might give it another name. If a dictionary selectively decides to omit the word *tree* from its compilation of words, that does not mean that the tree does not exist. It only means that the people who wrote that book decided not to include that particular word. Similarly, for someone to look at a tree and say that the tree does not exist does not cause the tree to evaporate. It only indicates that the viewer, for whatever reason, does not wish to see what is right in front of him (her). To refer to the PAS as "a theory" or "Gardner's theory" implies the nonexistence of the disorder. It implies that it is a figment of my imagination and has no basis in reality. To say that PAS does not exist because it is not listed in DSM-IV is like saying in 1980 that AIDS does not exist because it is not listed in standard diagnostic medical textbooks. The PAS is not a theory, it is a fact. My ideas about its etiology and psychodynamics might very well be called theory. The crucial question then is whether my theory regarding the etiology and psychodynamics of the PAS is reasonable, and whether my ideas fit in with the facts. This is something for the readers of this book to decide.

But why this controversy in the first place? With regard to whether PAS exists, we generally do not see such controversy regarding most other clinical entities in psychiatry. Examiners may have different opinions regarding the etiology and treatment of a particular psychiatric disorder, but there is usually some consensus about its existence. And this should especially be the case for a relatively "pure" disorder such as the PAS, a disorder that is easily diagnosable because of the similarity of the children's symptoms when one compares one family with another. Over the years, I have received many letters from people who have essentially said: "Your PAS book is uncanny. You don't know me and yet I felt that I was reading my own family's biography. You wrote your book before all this trouble started in my family. It's almost like you predicted what would happen." Why, then, should there be such controversy over whether or not PAS exists?

One explanation lies in the situation in which the PAS emerges and in which the diagnosis is made: vicious child-custody litigation. Once an issue is brought before a court of law—in the context of adversarial proceedings—it behooves one side to take just the opposite position from the other, if one is to prevail in that forum. A parent accused of inducing a PAS in a child is likely to engage the services of a lawyer who may invoke the argument that there is no such thing as a PAS. And if this lawyer can demonstrate that the PAS is not listed in DSM-IV, then the position is considered "proven." The only thing this proves to me is that DSM-IV has not yet listed the PAS. It also proves the low levels to which members of the legal profession will stoop in order to zealously support their client's position, no matter how ludicrous their arguments and how destructive they are to the children.

An important factor operative in the PAS not being listed in DSM-IV relates to political issues. Things that are "hot" and "controversial" are not likely to get the consensus that more neutral issues enjoy. As I will elaborate upon below,

the PAS has been dragged into the political-sexual arena, and those who would support its inclusion in DSM-IV are likely to find themselves embroiled in vicious controversy and the object of scorn, rejection, and derision. The easier path, then, is to avoid involving oneself in such inflammatory conflicts, even if it means omitting from DSM one of the more common childhood disorders.

The PAS is a relatively discrete disorder and is more easily diagnosed than many of the other disorders in DSM-IV. At this point, articles are coming forth and it is being increasingly cited in court rulings. Articles about PAS in the scientific literature will be cited throughout the course of this book. Court rulings in which the PAS is cited are also appearing with increasing frequency. I continue to list these on my website as they appear (http://www.rgardner.com/refs). My hope is that by the time committees are formed for the preparation of DSM-V, the committee(s) evaluating for inclusion will see fit to include the PAS and have the courage to withstand those holdouts who, for whatever reason, need to deny the reality of the world. It may interest the reader to note that if PAS is ultimately included in the DSM, its name will be changed to include the term *disorder,* the current label utilized for psychiatric illnesses that warrant inclusion. It might very well have its name changed to *parental alienation disorder*.

"PEOPLE WHO DIAGNOSE PARENTAL ALIENATION SYNDROME ARE SEXIST"

Another reason for the controversy regarding the existence of the PAS relates to the fact that in the vast majority of families it is the mother who is likely to be the primary programmer and the father the victim of the children's campaign of denigration. My own observations since the early 1980s, when I first began to see this disorder, has been that in 85–90 percent of all the cases in which I have been involved, the mother has been the alienating parent and the father has been the alienated parent. For simplicity of presentation, then, I have often used the term *mother* to refer to the alienator, and the term *father* to refer to the alienated parent. I recently conducted an informal survey among approximately 50 mental health and legal professionals whom I knew were aware of the PAS and deal with such families in the course of their work. I asked one simple question: What is the ratio of mothers to fathers who are successful programmers of a PAS? The responses ranged from mothers being the primary alienators in 60 percent of the cases to mothers as primary alienators in 90 percent of the cases. Only one person claimed it was 50/50, and no one claimed it was 100 percent mothers. In the 1998 edition of my book *The Parental Alienation Syndrome* (especially Chapter Five) I discuss this gender difference in greater detail and provide references in the scientific literature confirming the preponderance of mothers over fathers in inducing successfully a PAS in their children.

In recent years it has become "politically risky" and even "politically incorrect" to describe gender differences. Such differentiations are acceptable for such disorders as breast cancer and diseases of the uterus and ovaries. But once

one moves into the realm of personality patterns and psychiatric disturbances, one is likely to be quickly branded a "sexist" (regardless of one's sex). And this is especially the case if it is a man who is claiming that a specific psychiatric disorder is more likely to be prevalent in women. My observations that PAS inducers are much more likely to be women than men has subjected me to this criticism. The fact that most other professionals involved in child-custody disputes have had the same observation still does not protect me from the criticism that this is a sexist observation. The fact that I recommend that most mothers who are inducing a PAS should still be designated the primary custodial parent does not seem to protect me from this criticism.

My basic position regarding custodial preference has always been that the primary consideration in making a custodial recommendation is that the children should be preferentially assigned to that parent with whom they have the stronger, healthier psychological bond. Because the mother has most often been the primary caretaker, and because the mother is more often available to the children than the father (I am making no comments as to whether this is good or bad, only that this is what *is*), she is most often designated the preferable primary custodial parent by courts of law. Somehow this position has been converted by some critics into sexism *against* women.

THE PARENTAL ALIENATION SYNDROME AND SEX-ABUSE ACCUSATIONS

A false sex-abuse accusation is sometimes seen as a derivative or spin-off of the PAS. Such an accusation may serve as an extremely effective weapon in a child-custody dispute. Obviously, the presence of such false accusations does not preclude the existence of bona fide sex abuse, even in the context of a PAS.

In recent years, some examiners have been using the term PAS to refer to a false sex-abuse accusation in the context of a child-custody dispute. In some cases the terms are used synonymously. This is a significant misperception of the PAS. In the majority of cases in which a PAS is present, the sex-abuse accusation is not promulgated. In some cases, however, especially after other exclusionary maneuvers have failed, the sex-abuse accusation will emerge. The sex-abuse accusation, then, is often a spin-off, or derivative, of the PAS but is certainly not synonymous with it. Furthermore, there are divorce situations in which the sex-abuse accusation may arise without a preexisting PAS. Under such circumstances, of course, one must give serious consideration to the possibility that true sex abuse has occurred, especially if the accusation antedated the marital separation.

Another factor operative in the need to deny the existence of the PAS, and relegate it to the level of being only a "theory," is its relationship to sex-abuse accusations. I mention frequently throughout the course of this book that a sex-abuse accusation is a possible spin-off or derivative of the PAS. My experience has been that the sex-abuse accusation does not appear in the vast majority of PAS cases. There are some, however, who equate the PAS

with a sex-abuse accusation, or a false sex-abuse accusation. My experience has been that when a sex-abuse accusation emerges in the context of a PAS—especially after the failure of a series of exclusionary maneuvers—the accusation is far more likely to be false than true. Claiming that a sex-abuse accusation may be false also has potentially been politically risky in recent years and not "politically correct." Those of us who have stood up and made such claims, both within and outside of the realm of the PAS, have subjected ourselves to enormous criticism—often impassioned and irrational. My experience has been that sex-abuse accusations that arise within the context of PAS situations are more likely to be directed toward men than women. Accordingly, in sex-abuse cases *in the context of custody disputes* I am more likely to testify in support of the man. This somehow proves me "sexist." The fact that I have most often testified in support of women to be designated the primary custodial parent—even when there has been a sex-abuse accusation—does not seem to dispel this myth.

RECOGNITION OF PAS IN COURTS OF LAW

Some who hesitate to use the term PAS claim that it has not been accepted in courts of law. This is not so. Although there are certainly judges who have not recognized the PAS, there is no question that courts of law with increasing rapidity are recognizing the disorder. My website (www.rgardner.com/refs) currently cites 51 cases in which the PAS has been recognized. By the time this article is published, the number of citations will certainly be greater. Furthermore, I am certain that there are other citations that have not been brought to my attention.

It is important to note that on January 30, 2001, after a two-day hearing devoted to whether the PAS satisfied Frye Test criteria for admissibility in a court of law, a Tampa, Florida court ruled that the PAS had gained enough acceptance in the scientific community to be admissible in a court of law (Kilgore v. Boyd, 2001). This ruling was subsequently affirmed by the District Court of Appeals (February 6, 2001). In the course of those two days of testimony, I brought to the court’s attention the more than 100 peer-reviewed articles (there are 106 at the time of this writing) by approximately 100 other authors and over 40 court rulings (there are 50 at the time of this writing) in which the PAS had been recognized (www.rgardner.com/refs). I am certain that these publications played an important role in the judge’s decision. This case will clearly serve as a precedent and facilitate the admission of the PAS in other cases—not only in Florida, but elsewhere.

Whereas there are some courts of law that have not recognized PAS, there are far fewer courts that have not recognized PA. This is one of the important arguments given by those who prefer the term PA. They do not risk an opposing attorney claiming that PA does not exist or that courts of law have not recognized it. There are some evaluators who recognize that children are indeed suffering with a PAS, but studiously avoid using the term in their reports and courtroom, because they fear that their testimony will not be

admissible. Accordingly, they use PA, which is much safer, because they are protected from the criticisms so commonly directed at those who use PAS. Later in this article I will detail the reasons why I consider this position injudicious.

Many of those who espouse PA claim not to be concerned with the fact that their more general construct will be less useful in courts of law. Their primary interest, they profess, is the expansion of knowledge about children's alienation from parents. Considering the fact that the PAS is primarily (if not exclusively) a product of the adversary system, and considering the fact that PAS symptoms are directly proportionate to the intensity of the parental litigation, and considering the fact that it is the court that has more power than the therapist to alleviate and even cure the disorder, PA proponents who claim unconcern for the long-term legal implications of their position is injudicious and, I suspect, specious.

WHICH TERM TO USE IN THE COURTROOM: PA OR PAS?

Many examiners, then, even those who recognize the existence of the PAS, may consciously and deliberately choose to use the term parental alienation in the courtroom. Their argument may go along these lines: "I fully recognize that there is such a disease as the PAS. I have seen many such cases and it is a widespread phenomenon. However, if I mention PAS in my report, I expose myself to criticism in the courtroom such as, 'It doesn't exist,' 'It's not in DSM-IV' etc. Therefore, I just use PA, and no one denies that." I can recognize the attractiveness of this argument, but I have serious reservations about this way of dealing with the controversy-especially in a court of law.

As mentioned earlier, there are many causes of parental alienation, e.g., physical abuse, emotional abuse, sexual abuse, neglect, and a wide variety of other parental behaviors that will justifiably alienate children. But there is another reason why children can become alienated from a parent, namely, being programmed into a campaign of denigration by an alienating parent. The disorder so produced, parental alienation syndrome, is also a form of parental alienation. In short, the PAS is one subtype of parental alienation. To call PAS PA cannot but produce confusion because it equates a pure clinical entity (PAS) with a generic term (PA) under which is subsumed a wide variety of clinical entities. One reason why medicine has progressed is that we have become ever more discriminating regarding the various subtypes that exist for any particular disease. One of the reasons why Hippocrates is known as "The Father of Medicine" is that he was one of the first to make such differentiations. Prior to his time people suffered with "fits." It was he who recognized that there were different kinds of fits, each requiring a different form of treatment. One form of fits he referred to as epilepsy. Another he referred to as hysteria. His group was astute enough to recognize the differences between these different kinds of fits and provided different kinds of treatment. Three hundred years ago people suffered with "heart disease." Now, we know that there are many different kinds of heart disease, each

requiring its own form of treatment. One would not want to go to a doctor today who makes the diagnosis of fits and heart disease and does not go any further. We want specifics. Similarly, saying that a child has "parental alienation" gives very little information. Anyone can observe that-the clients, the mother, the father, both lawyers, the guardian ad litem, and the judge. We want to define specifically the type of the alienation, and PAS is just one possible type. We are then in a far better position to provide specific treatment. Those who eschew the term PAS, for whatever reason, but embrace the term PA, are equivalent to those who would diagnose fits and heart disease without identifying the specific subtype with which the patient is suffering. Accordingly, using PA does not represent progression, it represents regression.

Using the term PAS identifies a specific programmer. In contrast, using PA clearly indicates that the children are alienated and that either parent could have exhibited behavior that could have resulted in the alienation. The term, then, removes the court's focus away from the alienator and redirects attention to what might be only minor parental deficiencies exhibited by the alienated parent. Substituting PA for PAS is, therefore, a disservice to the targeted parent. If the examiner is a mental health professional (most often the case), then the utilization of PA under these circumstances is an abrogation of one's professional responsibilities to do what is best for the patient or client. Using PA is basically a terrible disservice to the PAS family because the cause of the children's alienation is not properly identified. It is also a compromise in one's obligation to the court, which is to provide accurate and useful information so that the court will be in the best position to make a proper ruling. Using PA is an abrogation of this responsibility; using PAS is in the service of fulfilling this obligation.

Furthermore, evaluators who use PA instead of PAS are losing sight of the fact that they are impeding the general acceptance of the term in the courtroom. This is a disservice to the legal system, because it deprives the legal network of the more specific PAS diagnosis that could be more helpful to courts for dealing with such families. Moreover, using the PA term is shortsighted because it lessens the likelihood that some future edition of DSM will recognize the subtype of PA that we call PAS. This not only has diagnostic implications, but even more importantly, therapeutic implications. The diagnoses included in the DSM serve as a foundation for treatment. The symptoms listed therein serve as guidelines for therapeutic interventions and goals. Insurance companies (who are always quick to look for reasons to deny coverage) strictly refrain from providing coverage for any disorder not listed in the DSM. Accordingly, PAS families cannot expect to be covered for treatment. Elsewhere (Gardner, 1998) I describe additional diagnoses that are applicable to the PAS, diagnoses that justify requests for insurance coverage. Examiners in both the mental health and legal professions who genuinely recognize the PAS, but who refrain from using the term until it appears in DSM, are lessening the likelihood that it will ultimately be included because widespread utilization is one of the criteria that DSM committees consider. Such restraint, therefore, is an abrogation of their responsibility to contribute to the enhancement of knowledge in their professions. The PAS manifests the

kind of specificity that is one of the hallmarks of the expansion of knowledge and progression. PA clouds specificity, which is one of the hallmarks of intellectual stagnation and even regression.

There is, however, a compromise. I use PAS in all those reports in which I consider the diagnosis justified. I also use the PAS term throughout my testimony. However, I sometimes make comments along these lines, both in my reports and in my testimony:

"Although I have used the term PAS, the important questions for the court are: Are these children alienated? What is the cause of the alienation? and What can we then do about it? So if one wants to just use the term PA, one has learned something. But we haven't really learned very much, because everyone involved in this case knows well that the children have been alienated. The question is what is the cause of the children's alienation? In this case the alienation is caused by the mother's (father's) programming and something must be done about protecting the children from the programming. That is the central issue for this court in this case, and it is more important than whether one is going to call the disorder PA or PAS, even though I strongly prefer the PAS term for the reasons already given."

I wish to emphasize that I do not routinely include this compromise, because whenever I do so I recognize that I am providing support for those who are injudiciously eschewing the term and compromising thereby their professional obligations to their clients and the court.

Richard A. Gardner, M.D.
May 31, 2001