

## “THE PARENTAL ALIENATION SYNDROME IS NOT A SYNDROME”

There are some who claim that the PAS is not really a syndrome. This criticism, like many, is especially seen in courts of law in the context of child-custody disputes. It is an argument sometimes promulgated by those who claim that PAS does not even exist. The PAS is a very specific disorder. 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 this cluster in that most (if not all) of the symptoms appear together. Accordingly, there is a kind of purity that a syndrome has that may not be seen in other diseases. For example, a person suffering with pneumococcal pneumonia may have chest pain, cough, purulent sputum, and fever. However, the individual may still have the disease without all these symptoms manifesting themselves. The syndrome is more often “pure” because most (if not all) of the symptoms in the cluster predictably manifest themselves. 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-type facial expression, drooping lips, slanting eyes, short fifth finger, and characteristic creases in the palms of the hands. There is a consistency here in that the people who suffer with Down’s Syndrome often look very much alike and most typically will 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. This is almost uniformly the case for the moderate and severe types. 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 by those who are not somehow blocked from seeing what is right in front of them. As is true of other syndromes, there is an 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.

