

# A THERAPIST'S VIEW OF PARENTAL ALIENATION SYNDROME

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*Cases in which a child is resisting contact with a parent may or may not fit Gardner's theory of parental Alienation Syndrome, which emphasizes the psychopathology of the "alienating" parent. Explanations may also include the child's coping with intense conflict and the "rejected" parent's skill with the child. Whatever the cause, improvement usually involves legal and therapeutic intervention.*

Richard Gardner made a very important contribution to the field of family law with the theory of Parental Alienation Syndrome (PAS).<sup>1</sup> He alerted the legal system that children's statements about rejecting one parent may result from overt or covert manipulation by the other parent. He gave clear and specific recommendations about a combination of legal and therapeutic interventions, the most important of which was the need for a court order for continued contact between parent and child. The underlying message is that problems between parent and child should be addressed head on, not avoided by cutting off the relationship. Despite the important contribution of PAS, there are still questions about how much it applies in cases when a child rejects a parent and how to help these families who are difficult to treat in psychotherapy and repeatedly show up in the courts because of their relationship problems.

Perhaps one of the problems with the usefulness of PAS, as described by Gardner, is that few cases fit neatly into this syndrome. As it is described by Gardner, the "loved parent" is unable to tolerate separation from the child, programs the child, and uses the child to meet the loved parent's own emotional needs. The loved parent is looked at as emotionally disturbed and keeping the child from a relationship with a potentially healthier parent. This framework of looking for a disturbed versus healthier parent fits the win-lose situation of the court contest. Often there are charges of abuse by one side and countercharges of parental alienation by the other side, which then must be looked at in an evaluation. Parents who have suffered the terrible hurt of having a child grow distant from them seize upon the theory of PAS and feel vindicated if an evaluator can determine that the child has been alienated.

The PAS cases that end up in therapists' offices after a court hearing usually do not have one parent who is much more psychologically healthy than the other. Judge Kenneth Black, a former presiding judge in the Los Angeles Superior Court Family Law Department, has stated, "Mother Theresa does not marry Hitler." These are usually families that would have ended up in treatment because of children's disturbances, whether or not the parents were divorced. From a "Family Systems" perspective, the blame for PAS lies less with psychopathology of one parent than it does with the usually very high conflict between both parents and both parents' psychopathology. These are not easy families to help, and they very likely will end up back in court, with or Without therapeutic intervention.

It maybe helpful for judges, attorneys, and therapists to broaden the framework for understanding these families, to get away from a blame-based formulation, and to realize that the treatment requires commitment over time for results. The purpose of this article is to explore different reasons that a child might reject one parent in a divorced family and ways of helping those families. PAS, as described by Gardner, does fit many cases. The methods that he advocates, especially court orders for continued contact, are the cornerstone for treatment of these cases. However, there are also many cases in which there are other reasons for estrangement between parent and child that cannot strictly be called Parental Alienation Syndrome and need different interventions to help the family.

### **POSSIBLE REASONS FOR PARENT REJECTION**

One of the most frequent questions from judges to "experts" in custody matters is whether other problems can account for children's rejection of one parent. The answer is that, of course, many other problems contribute to estrangement between a parent and child. However, the solution will probably still be some kind of agreement or court order for continued contact between parent and child so the problem can be worked out, either through natural interaction or with the help of some therapy. If contact between a parent and child stops, all of the problems listed below can develop into an almost phobic reaction to having contact with the "hated parent."

1. *Developmentally normal separation problems.* Preschool children will usually go through some kind of separation anxiety when leaving their "primary parent." The extent of the separation problem is determined both by the temperament of the child and by how the parents respond to the problem. Visitation problems with preschool children are analogous to problems that children have when going to school for the first time and require similar techniques. They are to reassure the child and try to lower the child's anxiety, but also to make it clear that this transition will take place. Usually, court orders enforcing the visitation time and therapy aimed at reassuring the mother and calming her anxiety will solve these problems.

2. *Deficits in the noncustodial parent's skills.* Quite often the father who is beginning to take care of children on his own for the first time does not have the understanding of their needs or the experience in how to parent directly. Advice by the mother on how to deal with the children is usually not received well after divorce. Generally, parent training alone will solve these problems. Sometimes, it is important to have the father and children in therapy to help the father understand the children's feelings and needs. One judge reported that a visitation problem in his court was resolved when he ordered the father to buy a computer and a piano so that the child had something to do when visiting him.

3. *Oppositional behavior.* Particularly in preadolescence and adolescence, it is common for children to go through a stage of rejecting one or both parents. This rejection is not threatening in an intact family. Although such behavior is developmentally normal, in a divorced family it will usually require some form of brief therapy to help find appropriate limit setting and negotiate the child's increased independence without cutting off the relationship.

4. *High-conflict divorced families.* As discussed in later sections, it is an unfortunate but normal adjustment by children in high-conflict divorces to escape the conflict by allying with one parent. Legal and therapeutic intervention should be aimed at keeping some kind of contact going so that the child can mature enough to stand outside of the conflict and form relationships with both parents.

5. *Serious problems, not necessarily abuse.* There are situations in which there are serious problems in the noncustodial parent's relationship with the children, which are abusive, although not always constituting technically reportable abuse. For example, an alcoholic parent, an extremely rigid and controlling parent, or a parent with other severe psychiatric disturbance may be rejected by a child. In these cases, it may be that the only way the child can tolerate seeing the parent is in psychotherapy with a therapist who can buffer the impact of the parent's emotional problems on the child. However, it is still thought to be important that the child have some contact with the parent in order to form a realistic understanding of the parent.

6. *Child abuse.* As in intact families, both physical and sexual child abuse occurs in divorced families. The steps in therapy for families in which abuse has occurred usually involve protecting the child from the parent until the parent takes some responsibility and has demonstrated change through a therapy program. These cases usually involve very difficult questions about when to begin monitored visits and the length of monitoring. However, some form of contact between parent and child is still usually thought to benefit the child after the parent shows readiness for appropriate interaction with the child.

### VARIATIONS OF PARENTAL ALIENATION SYNDROME

The presence of PAS is determined mainly by the extent to which a child is consciously or unconsciously being programmed by the loved parent to reject the hated parent. Richard Gardner suggests that there may be other reasons, such as those listed above, which also affect the child's feelings about the hated parent, but the extent of the child's reaction is out of keeping with the problems present in that relationship.

Gardner recommends legal and therapeutic interventions based on whether the case is assessed to be mild, moderate, or extreme parental alienation. The categorization depends mainly on the evaluation of psychopathology of the loved parent.

For *mild parental alienation cases*, he suggests that court orders for visitation are the only intervention necessary. These orders are assumed to reassure the primary caretaker and the child that their bond will not be threatened, that the order for visitation will alleviate the child's guilt, and that clear court orders will lower the conflict between the parents. The loved parent is not assumed to have any severe emotional problems.

The vast majority of cases fall in the *moderate parental alienation* category. In these cases, it is assumed that the loved parent gives verbal and nonverbal cues to the child that encourage the child to act out angrily against the hated parent or to be afraid of that parent. In these cases, Gardner recommends a combination of orders for visitation plus therapy. Therapy is not

designed to increase parents' insight, but rather to structure the visitation. Therapy aims at helping the noncustodial parent become tough-skinned about the child's rejection, deprogramming the child, and confronting the alienation tactics of the primary caregiver.

In cases of *severe parental alienation*, which are very rare, Gardner recommends a change in custody. Although this appears to be a drastic recommendation given the child's professed attachment to the loved parent and fear of the hated parent, there are probably other reasons to warrant a change in custody besides PAS. Typically, in these cases the primary caretaker has severe psychopathology, which also affects other aspects of parenting. For example, the loved parent may be chronically suicidal such that the child is skipping school to stay home to be with that parent, or has rigid, paranoid thinking that severely limits the child's ability to differentiate and mature in other aspects of life. The change in custody recommendation also assumes that the other parent is more emotionally healthy.

PAS usually involves a hated father and a loved mother. In the classic scenario, a father has left a depressed, low functioning mother who overidentifies with the mother role. For the child to be susceptible to alienation, the child usually feels abandoned by the father, who may have departed precipitously, or is made to feel abandoned because of the mother's statements, such as "he left us." The child clings to the low functioning mother and may be caught in a "folly a deux" against the father as a way of bolstering her so she can continue to care for the child.

Rarely, the loved parent is the father and the hated one the mother. In this scenario, the child, usually a boy, identifies with the father who is contemptuous of the mother's weakness. The father is narcissistic, successful, and looks down on those not as successful or as righteous as he is. The mother has usually done something abandoning, subjecting the child to emotional stress by feeling overburdened in taking care of her, or has behaved in a way that the child labels as morally wrong (usually with help in labeling by the father).

### **A SYSTEMS VIEW OF PARENTAL ALIENATION SYNDROME**

The vast majority of cases that come to therapy because of PAS fall into the broad middle category, as defined by Gardner. One of the difficulties of therapy is that the hated parent usually contributes directly to the problems in the parent-child relationship and also to the ongoing conflict with the mother. Very often, the hated parent, usually the father, has a distant, rigid style, and is seen by the child as authoritarian. The style of the hated parent contrasts with the indulgent, clinging style of the loved parent with the child. This combination of parenting styles is often seen in intact families in clinics and hospitals when children have severe emotional problems. Family therapy with these cases in intact families is usually aimed at bringing the father into a closer relationship with the child and increasing their affection. It is also aimed at helping the mother find an identity outside of the parent role and helping her with her parenting. The same therapy techniques apply in PAS cases. Both parents usually need help with their parenting.

Conflict between the parents is probably the main contributor to moderate PAS. Johnson and Campbell in their book, *Impasses of Divorce*,<sup>2</sup> notes that children around the age of 9 usually

ally with one parent in high conflict cases. This is a common survival strategy in conflict because it takes great ego strength to remain neutral. Divorced couples usually force friends to choose, and even therapists find it difficult to maintain emotional ties to both divorced parents. In family therapy for PAS cases, the neutral family therapist assists the child in keeping contact with both sides. The therapist also does conjoint work with the parents in order to reduce situational conflict. Many times there is also financial conflict such that the father uses money as his power and the mother answers with her power over the children.

Conflict often escalates outside of the immediate family to include the system of attorneys and therapists. Johnson and Campbell write about this phenomenon also in *Impasses of Divorce*. Therapists, especially individual child therapists, can unwittingly become part of the system maintaining PAS because very few therapists know about it. Most therapists originally trained in individual models of psychotherapy in which understanding and venting feelings are the main therapeutic techniques. Often therapists only see the child with the loved parent and avoid contact with the other parent because of their own fear of conflict. These therapists take children's statements at face value and do not realize that the children of divorce will say different things depending upon which parent they are with. Even sophisticated therapists who know about PAS can be drawn into the warring systems. When an evaluator believes that a child is alienated and the child's therapist is unwilling to meet with the hated parent, and is unreceptive to feedback about alienation, it may be necessary to discontinue the child's therapy. However, changing the child's therapist should be done only as a last resort if the child is very attached to that therapist.

Because therapists can become part of the warring factions that contribute to PAS, it is important that there be communication and collaboration among therapists in the family. Often parents will try to block communication between therapists as part of the conflict. Court orders allowing communication will facilitate treatment.

### INNOVATIONS IN LEGAL AND THERAPEUTIC INTERVENTIONS

In a previous article, I explored the role of mediation in PAS.<sup>3</sup> The premise is that help for PAS almost always involves a combination of legal and therapeutic intervention, but the delays caused by the formal court proceedings may contribute to the problem. Early negotiation or mediation in these cases can be a powerful tool for attorneys in providing a rapid solution to child estrangement that can evolve into total rejection of one parent by a child. Time is of the essence in dealing with problems that may lead to PAS. If contact is stopped between a parent and a child, a pattern is likely to develop such that it will be difficult to mend the relationship. Even without the help of an "alienating parent," the child can develop phobic-type symptoms, showing anxiety about contact with a parent. Phobias are strengthened and maintained by avoidance. The solution to developing a phobia about riding a horse after a fall is to get back on the horse, and the same is true of experiencing trauma in relationships.

Mediation and negotiation between attorneys can be used to keep some kind of contact going between parent and child, to help select a mutually acceptable therapist who may be able to solve the problems with early intervention, or to select quickly a neutral evaluator who is in the best

position to evaluate whether there are substantive reasons for the child's rejection of one parent or if the child is responding to the needs of the other parent to have an ally.

I have also written about a "case management" approach to PAS.<sup>4</sup> Case management follows after the court has made clear orders about custody and visitation based on a prior evaluation of the family. The case manager is in charge of overseeing and coordinating the therapy. Treatment may involve one or more of the following components:

1. *Parent-child sessions.* Sessions with the hated parent are designed to bring the parent and child together in a less emotionally intense and more pleasant way and to help the parent learn better parenting skills. Sessions with the loved parent are designed to ensure that there is at least overt verbal permission given for the child to have a relationship with the other parent.

2. *Individual therapy for parents.* Therapy for the parents is designed to help them recover from the divorce such that they can disengage from the conflict and find new roles for themselves. For the hated parent, it is important that that parent is aware of his or her contributions to the child's rejection. For the loved parent, it is important to reinforce the message from the court that it is important to allow and encourage a relationship with the other parent and the child and that sabotaging behavior will not be tolerated. It is also usually very important to help find ways of bolstering ego strength in a role outside of parenting in order that this parent may allow the child to separate more easily.

3. *Mediation between the parents.* Finding a way to lower the overt conflict in these cases and keeping the child from being "triangulated" into those conflicts is a crucial aspect of therapy. Parents in these cases are usually unable to respond flexibly to changes in schedule or the other inevitable crises that occur with children. In a sense, the mediator becomes the person triangulated instead of the child.

4. *Communication between therapists.* Communication between therapists helps them overcome their "advocacy" bias. It is especially important that the therapist for the child, if there is one, has some kind of communication with the father or the father's therapist so there is some reality testing about the child's complaints.

It is obviously costly if the case manager oversees and coordinates a multitherapist approach, because it involves the time of several mental-health professionals. In this regard, it would be a technique that might be reserved for highly conflicted cases that are likely to return repeatedly to court. The cost of the case management technique then must be weighed against the cost of repeated litigation both in financial costs and the emotional consequences to the child.

## OUTCOMES OF TREATMENT

There have been no research studies on the success of legal and therapeutic interventions for PAS. However, reports from therapists who are working in the field suggest that there are few quick and miraculous cures. Success in PAS cases should be defined as the maintenance of some contact between parent and child.

It is often frustrating for parents and therapists when the parents improve in their behavior and the child remains stuck in a rejecting attitude. The analogy would be when the leaders of two warring nations sign a peace treaty but the guerrilla soldiers keep fighting. Sometimes the children who have gone through the wars of divorce must reach a higher level of maturity before they are able to give up their rejecting attitude. The biggest tragedy is that sometimes the rejected parent loses patience and gives up before that change occurs.

On a positive note, in many cases speedy intervention by therapists, attorneys, and the courts, can keep smaller problems from escalating into a cutoff in the relationship between parents and child. The note that judges, attorneys, and therapists understand PAS, and how they may unwittingly contribute to it through the escalation of conflict, the more it can be prevented.

### NOTES

1. See Richard A. Gardner's, "The Parental Alienation Syndrome" and "Psychotherapeutic and Legal Approaches to Three Types of Parental Alienation Syndrome Families." in his *Family Evaluation in Child Custody Mediation, Arbitration, and Litigation*, chaps. 6, 9 (Cresskill, NJ: Creative Therapeutics, 1989).
2. Janet R. Johnston and Linda E. G. Campbell, *Impasses of Divorce: The Dynamics and Resolution of Family Conflict* (New York: Free Press, 1988).
3. Mary Lund, "Mediation and Parental Alienation Syndrome." *Family Law Newsletter* 15(1):17 (Spring, 1992).
4. Lionel Margolin and Mary Lund, "Post-Divorce Counseling Does Have A Place in Family Law." *Family Law Newsletter* 9(1):20-6 (Winter, 1993).

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