

Articles in Peer-Review Journals on the Parental Alienation Syndrome (PAS)

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Introductory Comments on the PAS:

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DEFINITION OF THE PARENTAL ALIENATION SYNDROME

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, namely, 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 rearing. 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 the 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 came into vogue, 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 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 applicable. Accordingly, in 1985, I introduced the term parental alienation syndrome to cover the combination of these two contributing factors. 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. 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.

THE PARENTAL ALIENATION SYNDROME IS NOT THE SAME AS PROGRAMMING OR 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 conscious or disavowed contribution to the vilification of the alienated parent. If only 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 abuse and/or neglect that have justified the children's animosity. There are some genuinely mourning and/or sympathetic parents who will indeed deny their abuse 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 such severe deprivation that 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 psychopathological problems. 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 the fact. Mental health professionals involved in such disputes may 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, this 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 his (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.

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 the fact. Mental health professionals involved in such disputes may 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, this 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 his (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 diagnosed 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 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.

"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 palm of the hand. 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.

"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, have 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 strongest, 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 anonymous 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.

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 any cause in association with it, lest they be somehow libeled. 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 following articles of mine on the PAS have been published (or have been accepted for publication) in peer-review journals. (13 items)

- Gardner, R. A. (1985), Recent trends in divorce and custody litigation. *The Academy Forum*, 29(2)3-7. New York: The American Academy of Psychoanalysis.
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- Gardner, R. A. (1999), Differentiating between the parental alienation syndrome and bona fide abuse/neglect. *American Journal of Family Therapy*, 27(2):97-107.
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- Gardner, R.A.(2001), The Empowerment of Children and the Parental Alienation Syndrome. *American Journal of Forensic Psychology*. (submitted for publication).
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In addition, the following articles are devoted completely to the PAS. I am not referring here to occasional reference, or even emphasis, but rather such focus that the term is utilized in the title. (46 items)

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- Cartwright, G.F. (1993). Expanding the Parameters of Parental Alienation Syndrome. *The American Journal of Family Therapy*, 21(3):205-215.
- Dunne, J. and Hedrick, (1994), The Parental Alienation Syndrome: An Analysis of Sixteen Selected Cases. *Journal of Divorce and Remarriage*, 21(3/4):21-38.
- Price, J. and Pioske, K, (1994), Parental Alienation Syndrome: A Developmental Analysis of a Vulnerable Population. *Journal of Psychosocial Nursing*, 32(11):9-12.
- Lund, M. (1995), A Therapist's View of Parental Alienation Syndrome. *Family and Conciliation Courts Review*, 33(3):308-316.
- Cooke, L. (1995) Parental Alienation Syndrome: A "Hidden" Facet of Custody Disputes, First Place: Canadian Bar Association 1995 Lieff Award.
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 - Kodjoe, U. & Koepfel, P. (1998). Früherkennung von PAS - Möglichkeiten psychologischer und rechtlicher interventionen, *KindPrax.*, Heft 5/98, pages 138-144.
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 - Lowenstein, L. F. (1998), Parent Alienation Syndrome: a two-step approach toward a solution. *Contemporary Family Therapy*, 20(4): 505-520.
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In addition, reviews of my books on the parental alienation syndrome have appeared in the following peer-reviewed journals: (7 items)

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- Levy, D. (1992), The Parental Alienation Syndrome: A Guide for Mental Health and Legal Professionals. Book Review. *The American Journal of Family Therapy*, 20(3):276-277.
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- Underwager, R. (1998), The Parental Alienation Syndrome: Second Edition.. Book Review. *Issues in Child Abuse Accusations*, 10:178.
- Reischer, H. (1999), The Parental Alienation Syndrome: A Guide for Mental Health and Legal Professionals. *Journal of the American Academy of Psychiatry and the Law*, 27(3): 504-506.
- Utesch, W. (1999), The Parental Alienation Syndrome, Second Edition. Book Review. *The American Journal of Family Therapy*. (in press).

The American Psychological Association has published guidelines* for child-custody evaluations in divorce proceedings. These are the guidelines The American Psychological Association proposes examiners use when conducting such examinations. The guidelines refer to three books of mine, one completely devoted to the PAS and two that make significant reference to the disorder. (3 items)

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The Family Law Section of the American Bar Association invited Cleaver and Rivlin to write *Children Held Hostage: Dealing with Programmed and Brainwashed Children*.** The following book of mine is referenced: (1 item)

- Gardner, R.A. (1987), *The Parental Alienation Syndrome and the Differentiation Between Fabricated and Genuine Child Sex Abuse* Cresskill, NJ: Creative Therapeutics, Inc.

**Clawar, E. and Rivlin, B.V. (1988). Children Held Hostage: Dealing with Programmed and Brainwashed Children. Chicago, IL: Division of Family Law, American Bar Association.

The State Bar of Texas, Family Law Section, published in 1999 its *Expert Witness Manual*. The section: *Psychological Syndromes* includes a chapter entitled *Psychological Syndromes: Parental Alienation Syndrome (Chapter 3-32)*. Accordingly, the Texas Bar recognizes PAS as a syndrome. The purpose of this chapter is to provide guidelines for mental health and legal professionals who work in courts of law.

- Warshak, R.A. (1999), *Psychological Syndromes: Parental Alienation Syndrome*. *Expert Witness Manual*, Chapter 3-32. Dallas, TX: State Bar of Texas, Family Law Section.

The European Court of Human Rights has jurisdiction over the courts of all member nations and its decisions are binding. The court is analogous in this regard to the International Court of Justice in The Hague and the US Supreme Court. On July 13, 2000, in the case of *Elsholz v. Germany*, the court ruled that the German lower courts, (both trial and appellate) had erred in not recognizing the PAS, thereby depriving the plaintiff father of the right to see his children. The court stated:

35. The results of American research concerning the PAS had been available since 1984 and 1992. They very soon led to a large number of specialised publications and were taken into account by American and Canadian courts in their case-law. If Germany had been prepared to adopt the results of the research carried out in the United States, where far larger research budgets were available, and to act upon them, the court could, at the time, have reached a different decision, because the judge who questioned the child could have interpreted differently the child's remarks rejecting his father. At the very least, however, the court should have appointed a competent expert familiar with the specific psycho-dynamics of family relations.

- CASE OF ELSHOLZ v. GERMANY European Court of Human Rights, July 13, 2000