

**THE DEVELOPMENT OF A PARENTAL ALIENATION SYNDROME
INTERVIEW PROTOCOL**

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ABSTRACT

Parental Alienation Syndrome (PAS) is a childhood disorder that arises almost exclusively in child custody disputes. Its primary manifestation is the unjustified rejection of a once-loved parent by a child due to a combination of the 'programming' parent's alienating techniques and the child's own contributions to the vilification of the targeted parent. Parental Alienation (PA) is differentiated from PAS as in the case of the former the child's rejection is justified and may be explained either by normal developmental behaviours or by child abuse that involves no form of programming. The purpose of this study is to develop a preliminary interview protocol to aid in the detection of PAS, with a special emphasis on differentiating false allegations of abuse, which usually accompany severe PAS, from true abuse. The aim of the study is to develop a protocol to enhance diagnostic clarity and facilitate appropriate custody-related recommendations. The interview protocol is based on an extensive thematic literature analysis in conjunction with existing guidelines for conducting a child custody and visitation interview. The interview protocol comprises a child and parent section, which both have their own reference tables with supporting corresponding information. The protocol's administration instructions are outlined in a covering information page. Rigour was added to the protocol by having it assessed for clarity and accessibility by four medico-legal professionals with custody-related experience, and their opinions regarding the protocol's structure, sections, questions and reference tables were taken into consideration in the revision of the protocol.

Dedicated to

Veronica Maude Wheeler de Jager

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CHAPTER 1: INTRODUCTION

This chapter describes the context of the research project and defines its focus. It offers a rationale for the research undertaken, and concludes with an outline of the structural layout of the thesis.

1.1 Research Context

The phrase Parental Alienation Syndrome (PAS) was coined by an American child and forensic psychiatrist, Richard Gardner, in 1985 (Rand, 1997a). Gardner knew from his experience of working with children and families during the 1970s that it was natural for the children of divorced parents to continue to long for and love both parents. With this as a point of reference, Gardner found it alarming to witness an increasing trend in the early 1980s for the children of divorce, especially those caught in the process of custody proceedings, to display intensely negative emotions toward a once-loved parent, to the point of rejecting that parent (Rand, 1997a).

The trend may be partially explained by a shift in the legal approach to custody placements in the mid-1970s. This shift resulted from the tender-years-presumption, which gave preference of sole custody to mothers, being replaced by the best-interests-of-the-child-presumption. The latter allowed fathers more legal freedom in parenting their children by making provision for a joint custody alternative (Rand, 1997a). The shift in custody placement brought with it an increase in custody litigation, as each parent fought for a larger share of time with their children (Gardner, 1991). Gardner recognized the development of a syndrome almost exclusive to children who were entangled in custody disputes. During acrimonious custody disputes the child would not only be programmed by one of the parents (known as the alienating or indoctrinating parent) against the other parent (known as the alienated or targeted parent), but would also add their own contribution to the alienating parent's campaign of denigration against the alienated parent (Gardner, 2003a).

1.2 Definition of Parental Alienation Syndrome

Although the pathological relationship between a child and the alienating parent in the rejection of the alienated parent had already been observed by others, it was Gardner who formulated a detailed description of the syndrome (Stokkers & Kormos, 2005). He defined the Parental Alienation Syndrome as follows:

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 loving parent, a campaign that has no justification. It results from a combination of a programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the targeted parent. When true parental abuse and/or neglect are present, the child's animosity may be justified and so the Parental Alienation Syndrome explanation for the child's hostility is not applicable. (Gardner, 2003a, p. 2)

Based on this definition Gardner distinguished three types of PAS, namely mild, moderate and severe, with severe PAS having a negative influence on the child's psychological development (Stokkers & Kormos, 2005). Each of these types of PAS is distinguished by eight major signs identified by Gardner (Gardner, 1999a; Rand, 1997a; Stokkers & Kormos, 2005), and these will be discussed in the literature analysis chapter of this study.

1.3 Rationale for Conducting the Research

Acrimonious custody limitative cases are fraught with accusations and counter-accusations that oblige the court to sift seemingly endlessly through the evidence in search of meaningful details that could aid them in making a custody decision that is in the best interest of the child (Bone & Walsh, 1999). According to Despert (1962), in such situations the laws and courts, which have such power over the future direction of children's lives cannot in fact be counted upon to act in the best interests of the child. It is therefore at an advanced stage in the legal proceedings that mental health professionals are requested by the court in their capacity as expert witnesses to make a diagnostic recommendation that could aid the court's decision in custody placements (Turkat, 2002). Although PAS has become a familiar term and a phenomenon recognized by mental health professionals, family law attorneys and judges, it unfortunately received

inadequate attention in psychological literature for many years, and confusion still remains regarding its detection (Gardner, 2003a; Turkat, 2002; Bone & Walsh, 1999).

However, with over two decades of research into the phenomenon since Gardner's (1985) article which introduced PAS, a wealth of psychological literature and research has become available. The aim of this project is to draw on the existing psychological literature on PAS so as to develop an interview protocol to aid mental health professionals in their capacity as expert witnesses. This interview protocol will help mental health professionals to recommend appropriate best-interest-of-the-child custody placements to the court. The development of an interview protocol is discussed in the methodology chapter of this study, and the protocol is presented in chapter 4.

Such an interview protocol might also be used by mental health professionals in their private capacity in their work with children of divorce, who according to Gardner (1976) make up one of the larger groups of patients that a therapist is likely to see. Although divorce does not equate to pathology it certainly increases the likelihood of a child developing pathology (Gardner, 1976). This is especially true of PAS which is an emotional form of abuse, sometimes exacerbated by false allegations of sexual abuse in an attempt to vilify the alienated parent. Such an interview protocol is essential in the detection of PAS so as to rule out unfabricated abuse, aid in the taking of appropriate therapeutic steps, and prevent the mental health professional from unknowingly perpetuating the PAS process or other forms of abuse.

1.4 Structure of the Thesis

Chapter 2 presents and discusses the research methodology. The research design of this project dictates that this chapter appear before the literature analysis, because the literature analysis forms part of the data collection and analysis section of the project. Chapter 2 explains how the research was initiated and how the data was collected and analysed. Procedures that enhanced the research goal are noted and followed by an assessment of ethical and costing factors and the project's credibility.

Chapter 3 attempts to analyse key features of the research literature on PAS currently available. An extensive literature analysis is undertaken to enhance the initial understanding of PAS by investigating its relationship to a broader category of parental alienation and describing its parameters, identification, and subtypes. Other syndromes that resemble PAS further complement this understanding by helping to delineate what PAS is and what it is not. Furthermore, the characteristics of the principle actors in the PAS drama are explored in depth.

First, the alienating parent is analysed with reference to the research literature, and the personality characteristics of, and tactics used by, the alienating parent to perpetuate the alienation process is outlined. This is followed by an in-depth analysis of the hallmark of severe PAS, which sees the alienating parent using false allegations of sexual abuse as their ultimate weapon in the campaign of denigration against the targeted parent. The false allegations of sexual abuse employed by the alienating parent are then analysed against the backdrop of true abuse in an attempt to clarify detection of the distinction between the two.

Secondly, the child in PAS is analysed from the information provided by relevant research literature. The manner in which the child is empowered in its attempt to alienate the targeted parent is outlined, and the relational alignment such children form with the alienating parent is described. Alternative reasons as to why these alignments may have been formed are explored so as further to enable the accurate detection of PAS dynamics. The child's alignment with the alienating parent is contrasted with its rejection of the alienated parent and its refusal to have any contact with them. These aspects are analysed in relation to relevant research literature that also highlights the developmental and psychological characteristics of the child in PAS, along with the long-term psychological effects that the child comes to suffer as an adult as a result of the PAS process.

In an attempt better to understand how these characteristics of the child could influence a custody-related decision, various aspects regarding which parent is considered better equipped to manage the child alone after a divorce are addressed. The aim is the creation of a holistic approach to the detection and subsequent custody placement of PAS children.

Thirdly, the alienated parent is discussed in terms of relevant themes pertaining to PAS as disclosed from the alienated parent's perspective, and as identified in the literature.

The literature analysis concludes with an account of the various sources of controversy surrounding PAS. These are discussed in a manner that highlights the importance of the concept and the value of its diagnosis.

Chapter 4 draws together well-established themes extracted from the relevant research in the field of PAS. These were coordinated into an interview protocol with reference to various guidelines for structuring a child custody and visitation interview. This interview protocol was then given to an attorney, a clinical and counselling psychologist, and a social worker who occupied a senior position at the Family and Marital Society of South Africa (FAMSA), all of whom had extensive experience with custody cases. Each consultant was asked to participate in an initial evaluation of the interview protocol so as to assess whether or not it was clear and accessible, given that its reliability and validity could not be ascertained at this preliminary stage of its development.

Finally, Chapter 5 offers a synoptic discussion of the research report which includes an acknowledgement of its strengths and weaknesses and suggestions for further research.

CHAPTER 2: METHODOLOGY

This chapter breaks with convention by appearing before the literature analysis. The reason for this departure from the norm is substantiated by the research design, in terms of which the extensive literature analysis becomes the sample on which the data analysis was based. The chapter starts by describing the goals of the research, including its ambition to be actively useful. Thereafter, an outline of the research design is followed by a description of the qualitative approach adopted toward data selection, collection and analysis. Additional procedures that add support to the research goals are discussed, and the ethical considerations and costing of the research are reviewed. The chapter concludes by considering the credibility of the project.

2.1 Research Goals

This research is a preliminary, explorative investigation into a relatively unknown area known as Parental Alienation Syndrome. The research conducted is inductive in nature as it aims to develop an interview protocol based on various research studies to help in the detection of Parental Alienation Syndrome. It is hoped that the uncovering and analysing of important themes in the data collected will assist legal and mental health professionals in making appropriate custody recommendations. This chapter describes how the research was designed in order to achieve this research goal.

2.2 Research Aims

In addition to the aforementioned research goal, the research aims to become a form of action, by producing an interview protocol that will have an impact on knowledge in the domain of social practice (Terre Blanch, Durrheim & Painter, 2006). Thus this study should be regarded as applied research in that it aims to be more than purely academic and seeks a practical “performativity” in the decision-making process leading to appropriate custody recommendations.

2.3 Research Design

2.3.1 Research Orientation

A paradigm, according to Patton (1990, p. 479) is a “world view, a general perspective, and a way of breaking down the complexity of the real world”. This research is broadly located within the interpretive paradigm, as it is interested in exploring and understanding the available data on Parental Alienation Syndrome. Furthermore, the data extracted from the literature analysis was themed according to the researcher’s own world view. This necessarily allows the possibility that the data collected may have been analysed and themed differently by another researcher.

2.3.2 Qualitative Method

An extensive literature analysis was employed as a qualitative method for this research. Qualitative research requires methods that analyse intensely and investigate scrupulously (Cohen & Manion, 1994). An extensive literature analysis was chosen because it allowed for an exploratory approach in the identification of themes relevant to the development of a refined procedure to aid in the detection of the phenomena being investigated.

2.3.3 Sampling

2.3.3.1 Unit of Analysis

According to Terre Blanche et al. (2006, p. 49), “who or what will be sampled is influenced by the unit of analysis”. In the case of this research the focus of investigation was on social artefacts in the form of documentary sources. These documentary sources include journal articles, books and other material pertaining to Parental Alienation Syndrome, and are all considered products of human action (Terre Blanche et al., 2006).

2.3.3.2 Sample Selection

The main concern in sampling is to select a sample that is representative of the population, which in this case is research documents from which conclusions will be drawn, and this in turn relates to the sample size being chosen (Terre Blanche et al., 2006). However, given the qualitative nature of this research, it is the transferability of findings – to assist understanding in other contexts or groups similar to those being studied – that needs to be ensured, rather than the

representativeness of the project's findings. Thus in this study the final product of the research, namely the interview protocol, is intended to aid in the understanding and detection of Parental Alienation Syndrome that in other contexts and among other groups similar to that being studied (Terre Blanche et al., 2006).

The sample size was not defined in advance, but rather the documented sources were sampled to redundancy (Terre Blanch et al., 2006; Patton, 1990). This was achieved by conducting an extensive thematic analysis of all available literature on Parental Alienation Syndrome until the same themes came up over and over again. The sample achieved its redundancy level when no new themes could be discovered by increasing the sample size (Terre Blanche et al., 2006).

2.4 Data Collection

Explorative, inductive research requires a detailed plan of how information is to be collected and where this information will be found (Terre Blanche et al., 2006). As mentioned above, the data was collected by executing an intensive literature analysis on all available documentary sources pertaining to Parental Alienation Syndrome. Documentary sources were obtained via the Rhodes library online catalogue, known as OPAC; in addition, an on-line literature search of available psychological abstracts was conducted by using the Rhodes library PsycLIT link purchased by the library from the American Psychological Association (APA). Internet searches pertaining to the topic being investigated were also undertaken.

Each of the above avenues led to numerous articles relating to Parental Alienation Syndrome. The documentary data was accessed by the using certain key words and phrases, such as 'Parental Alienation Syndrome', 'parental alienation', 'child custody disputes', 'child abuse' and 'divorce'.

The articles and books that the searches turned up contained references to other, earlier works or studies. Using these reference lists a genealogical search was conducted, whereby original data was collected by looking up the studies from which the current work had originated. This approach allowed for the first-hand collection of data from articles or books (Rosnow & Rosenthal, 1996).

Finally, “a criterion of a good research design is attained by ensuring that the research purpose and techniques are arranged logically so as to ‘fit’ within the research framework provided by a particular paradigm”; this is known as design coherence (Terre Blanche et al., 2006, p. 557). It was achieved by matching the sample (documentary sources) and the data collection strategy (extensive thematic analysis) to the unit of analysis (social artifacts) in an attempt to develop an interview protocol by uncovering patterns in the literature (interpretive), that would aid in the detection of Parental Alienation Syndrome (Terre Blanch et al., 2006).

2.5 Data Analysis

Data analysis, as described by Seliger and Shohamy (1989, p. 201), is the “sifting, organizing, summarizing and synthesizing of data to arrive at the results and conclusions of the research”. More germane to the research being conducted is Bogdan and Biklen’s (1982, p. 154) definition which indicates that “data analysis involves working with data, organizing it, breaking it down, synthesizing it, searching for patterns, discovering what is important and what is to be learned, and deciding what you will tell others”.

The data collected was in the form of an extensive, thorough and critical analysis of available Parental Alienation Syndrome data. The data was analysed according to a pattern coding method (Miles & Huberman, 1994). Here the collated literature was summarised and then grouped according to a number of themes. This allowed for large amounts of data to be reduced into a smaller number of analytic components. In this way the data analysis was operational during the data collection stage of the research, which then allowed for a more focused construction of the data into an interview protocol later on in the study. This method of analysis helped create a cognitive map and an evolving, integrated schema for understanding the process and structure of Parental Alienation Syndrome in order to aid in its detection (Miles & Huberman, 1994).

This method of data analysis allowed for themes deemed important in the detection of Parental Alienation Syndrome to be used in the construction of the interview protocol. These themes were organised according to existing guidelines for conducting child custody and visitation interviews (Bourg et al., 1999). Guidelines for how the alienating parent, the alienated parent and the child could possibly be interviewed, especially in cases involving allegations of abuse, were

incorporated into the development of the interview protocol and helped endow it with a more robust and substantial structure. These are outlined in chapter 4.

Furthermore, the research design eliminated any ecological fallacy, which is “a logical error in reasoning that occurs when the units of analysis do not correspond to the objects about which conclusions are being drawn” (Terre Blanche, Durrheim & Painter, 2006, p.558). Correlating the aim of the investigation, namely the facilitation of the accurate detection of Parental Alienation Syndrome, with the concluding themes of the research, enabled a certain ecological coherence to be achieved (Terre Blanche et al., 2006).

2.6 Adding Strength to the Interview Protocol

Once the interview protocol was constructed it was distributed via email to four consulting professionals, each of whom had had at least five years working experience with custody-related matters. Each was identified from my own five-year working experience in acrimonious custody litigated cases as a child access supervisor for the High Court of Durban. The professionals were versed in custody-related issues from a different vantage point, and included a family attorney, a medico-legal and counselling psychologist, as well as the head social worker for the Family and Marriage Society of South Africa (FAMSA). All consulting professionals were residents of the Kwa-Zulu Natal province; all were over 40 years of age, and comprised two females and two males so as to mitigate gender bias. Their professional opinion was sought in order to ascertain whether the interview protocol was clear and accessible, given that it would be premature to reach any firm conclusions concerning the protocol’s validity and reliability. A response form was given to each professional, with questions relating to the interview protocol’s clarity and accessibility in four domains; namely, the overall *structure* of the interview protocol, the *sections* that the interview protocol was divided up into, the *questions* making up each section of the interview protocol, and the *reference* tables which the interview protocol referred to for supporting information. In chapter 4 the feedback from the response forms is evaluated qualitatively and suggestions for amendments from the professionals are considered.

2.7 Research Ethics

The research sample was derived from documentary sources that were all readily available in the public domain and as such were exempted from human participant ethical review. However, research ethics does not only focus on the welfare of research participants, but on areas such as scientific misconduct and plagiarism (Terre Blanche et al., 2006). Therefore, although the sample did not involve human participants, the vast amount of literature being analysed did require an organised working bibliography to ensure a proper use of referencing that would avoid the possibility of plagiarism.

Furthermore, although the four professionals consulted were not considered participants in the study but rather professionals consulted for their opinion, this did not of course exclude them from being ethically treated and protected. For that reason an informed voluntary consent form that outlined the rationale and aim of the study, along with an assurance of confidentiality, was given to each consulting professional to sign (see appendix 1). This form provided proof that each consultant voluntarily gave their professional opinion on the accessibility and clarity of the interview protocol.

2.8 Costing

The consultants were not remunerated, so as to obtain unbiased and objective expert opinion.

2.9 Comprehensiveness and Credibility

Comprehensiveness was sought by analysing a large number of references to the point of redundancy and thus increase the credibility of the concluding results. Given the preliminary stage of construction of this interview protocol, its reliability and validity still needs to be assessed in a follow-up study. This, along with the limitations of the study, will be discussed in the concluding chapter of this study.

CHAPTER 3: THEMATIC ANALYSIS OF CONCEPTUAL AND EMPIRICAL STUDIES ON PARENTAL ALIENATION SYNDROME

As stated in chapter 2, the overall purpose of this research is to develop an interview protocol to aid in the detection of PAS, so that appropriate custody recommendations can be made. This chapter deals with the collection of themes derived from an analysis of the available literature on PAS, yielding an overall understanding of PAS along with a specific focus on the three main actors in the PAS drama, namely the alienator, the child and the alienated parent. The chapter concludes by reviewing certain controversial issues concerning PAS.

3.1 Parental Alienation and Parental Alienation Syndrome

Parental Alienation (PA) and Parental Alienation Syndrome (PAS) allegations have become a legal strategy in divorce litigation which arises when the child refuses to have contact with a particular parent (Johnston, 2003). The strategy unfolds as charges of abuse by the plaintiff parent and counter-charges of Parental Alienation by the defendant parent emerge. These charges need to be evaluated carefully in order for the court to make appropriate custody recommendations (Lund, 1995).

Gardner (2002a) stresses the importance of differentiating PAS from PA, for therapeutic and legal reasons. A PAS diagnosis identifies a very specific subtype of PA which arises almost solely in child custody disputes. The disorder emerges when one parent “programs” the child against the other parent in a way that results in the destruction of the psychological bond between the child and the targeted parent (Brandes, 2000). The term “programming” invokes the idiom of computer input which, according to Gardner (2002a, p. 94) aptly describes “the implantation of information that may be directly at variance with what the child has previously believed about and experienced with the alienated parent”.

The alienating parent’s programming is accompanied by the child’s own depreciation of the targeted parent (Brandes, 2000). Here, the child exaggerates minor weakness and shortcomings on the part of the other parent as a means of justifying their rejection. This behaviour on the part

of the child is considered the hallmark of PAS. The indoctrinating parent's conscious and unconscious programming and the child's own unjustified contribution to the rejection of the targeted parent, which the child knows is desired by the indoctrinating parent (Brandes, 2000), combine to establish the syndrome (Gardner, 1985, 1999a). This emphasis on the child's own contribution is important to both a proper diagnosis and treatment of this disorder (Gardner, 2002a).

PA is an umbrella term that includes all the reasons why a child rejects a parent. These reasons may include physical abuse, with or without sexual abuse, emotional abuse such as verbal abuse (explicit) and neglect (implicit), or normal developmental crises. Violent, narcissist, alcoholic and antisocial parents may also cause children to reject them (Gardner, 2002a).

One of the causes of parent rejection which falls under the umbrella of PA is the subtype PAS, which is indeed a form of emotional abuse (Gardner, 1999a). The programming in PAS not only dissolves the emotional bond between the child and the alienated parent, through fear and resistance, but also causes the child to develop life-long psychological disturbances as a result (Gardner, 1999a, 2002a, 2004). Brandes (2000) views PAS as a form of child abuse and advocates that the inducer should be punished under the Family Court Act. However, from a "Family Systems" perspective both parents are viewed as contributing actors in this drama (Lund, 1995), which makes PAS a delicate problem to address.

The main difference between PAS and other forms of PA consists in the dual notions of *programming* and the *unjustified* rejection of the targeted parent (Gardner, 1999a). These are fundamental aspects of PAS not found in other forms of PA. In the case of the latter, the child's loathing and rejection may be justified, especially when due to bona fide abuse, which involves menacing, threatening, hovering and other intimidating or neglectful behaviours (Brandes, 2000; Gardner, 1999a, 2002a).

Gardner (1999a, p.98) highlights eight primary manifestations of PAS that are exhibited by the child and which will be explored in depth in the identification of PAS section. These primary manifestations are not usually present if a child has genuinely been abused/neglected (PA):

- Campaign of denigration
- Weak, frivolous, or absurd rationalisation for the deprecation of the targeted parent
- Lack of ambivalence
- The “independent thinker” phenomena
- Reflexive support of the alienating parent by the child in parental conflict
- Absence of guilt over cruelty to and/or exploitation of the alienated parent
- Presence of borrowed scenarios
- Spread of the animosity to the friends and/or extended family of the alienated parent

When a child has been abused, especially if the abuse has been chronic, he or she is more likely to exhibit the symptoms of Post Traumatic Stress Disorder (PTSD) than any of the primary manifestations of PAS (Gardner, 1999a). Gardner (1999a, p.99) highlights the following abuse related symptoms which could aid in differentiating between bona fide abuse (PA) and false allegations of child abuse (PAS):

- Preoccupation with the trauma
- Episodic reliving and flashbacks
- Dissociation – “the replacement of unpleasant affects with pleasurable ones” (Kaplan & Sadock, 1991, p. 526).
- Depersonalisation – “a subjective sense of being unreal or unfamiliar to oneself” (Kaplan & Sadock, 1991, p.221).
- Derealisation – “a subjective sense that the environment is strange or unreal” (Kaplan & Sadock, 1991, p. 221).
- Fantasy play (acting out abuse in play therapy)
- Traumatic-specific dreams
- Fear of people who resemble the alleged abuser
- Hypervigilance and/or frequent startle reactions
- Running away from home or the site of the abuse
- Pessimism about the future

Another factor which may contribute to parental rejection during a divorce is separation anxiety, which is considered developmentally normal for pre-school aged children when they leave their custodial parent's home to visit with the non-custodial parent (Lund, 1995). Both the child's temperament and the parents' reaction to the child's anxiety determine how difficult visitation access may become. Usually after a divorce one of the parents, most often the father, has to take care of the children on their own for the first time. His (or her) lack of parenting skills often results in the children wanting to remain in the company of the other parent. It is normal for children to reject one or both parents at some stage of their adolescence; however, in divorced families this rejection may be more threatening to the parent-child relationship (Lund, 1995). All these factors are grist to the mill in divorce cases involving PA, unless programming is involved that leads to unjustified rejection. In such cases PAS needs to be investigated.

PA is the principal complaint in current child custody disputes (Niggemyer, 1998), involving a child who has been justifiably or unjustifiably alienated from a parent (Turkat, 2002). Parental abandonment, physical abuse, sexual abuse, emotional abuse, unfavourable interpersonal qualities of a parent (e.g. drug addiction) and PAS are all examples of sources of parental alienation. Given the range of possibilities that PA covers, the term is not particularly informative. However, PAS is distinguishable from PA by the criteria identified by Gardner (1999a) and set out above. The two terms need to be clearly differentiated in the interests of diagnosis and taxonomy.

3.2 The Parameters of PAS

The parameters of PAS have expanded in recent years due to the wealth of new information that has become available. One such contribution is the Dunne and Hedrick (1994) study that analysed sixteen selected post-divorce cases. Gardner's PAS criteria were used to determine which cases, covering a wide range of post-divorce difficulties, would be chosen for the study. The results of the study revealed that the length of the relationship had no direct influence on PAS, as PAS may occur before separation, immediately after or many years after the divorce. PAS was observed to be indiscriminate in terms of age as it occurred in both young children and teenagers; it also took hold of all or only one of the children in the family. Furthermore, children were observed to be at risk to PAS even if they had enjoyed a long, healthy post-divorce

relationship with the alienated parent. Finally, the study revealed that the alienating parent was not always limited to the custodial mother as non-custodial mothers and fathers were also observed to be alienators.

Vassiliou and Cartwright (2001) expanded the parameters of PAS by conducting a study that elicited the alienated parent's perspective on PAS. The study examined five alienated fathers and one alienated mother. Shared characteristics and common themes were obtained via semi-structured and opened-ended interview questions. It was concluded that the number of marriages, the number of children and the intensity of marital conflicts were poor predictors in the development of PAS. Additionally, the alienated parents were in consensus about the children acting as secondary alienators actively abetting the primary alienators, adult members of their family in law.

Cartwright (1993) expanded the etiology of PAS by concluding that it could be precipitated by parental disagreements on matters which accompany the dissolution of a marriage other than custody, such as finances, property distribution and child maintenance. Lowenstein (1999) concurred with Cartwright's opinion that the assessment of PAS should include parameters that exceed divorce litigation and custody disputes, as PAS may also be operational in intact families. Both argue that the causes of PAS are more numerous than is provided for in the initial assumption that PAS arises solely or mainly out of child custody disputes.

3.3 The Identification of PAS

Over the course of the past four decades, Gardner's work with children of divorce, especially those caught in the process of acrimonious custody proceedings, led him to identify a cluster of eight symptoms presented by a child in PAS cases (Rand, 1997a; Weigel & Donovan, 2006). These eight primary symptoms, which appear most frequently in the context of child-custody litigation but are by no means limited to this population (Cartwright, 1993; Lowenstein, 1999; Rand, 1997a), are elaborated below (Gardner, 1985).

3.3.1 Campaign of Denigration

In PAS, the child's campaign of denigration is toward the alienated parent. This campaign of denigration covers a vast range of humiliation that the child has allegedly been subjected to by the alienated parent. The campaign is fuelled initially by the programming parent, who then perpetuates the child's obsessive denigration of the targeted parent (Gardner, 2004). The campaign manifests itself in the child's vented anger and hatred towards the targeted parent, and/or their refusal to have any of their belongings from their targeted parent's home be brought to their custodial home (Cartwright, 1993).

3.3.2 Weak, Frivolous, or Absurd Rationalization for the Depreciation of the Targeted Parent

The PAS child provides poor, broadly-based justifications for his/her depreciation of the targeted parent, as (s)he has insufficient reason to behave thus. It is these truly absurd rationalisations that perpetuate the animosity they feel toward the target parent (Gardner, 2004). Goldwater (1991) noticed that an alienating parent relies heavily on the child's unreasonable pretexts for refusing to see the targeted parent, for example, "He won't buy me a cell phone", "and He always wants to reminisce about me as a baby". These weak reasons are produced as evidence of the targeted parent's limitations. The child may display catastrophic thinking as a means of rationalising why (s)he cannot visit the targeted parent: "if I have to stay the night with her I will surely die". Contradictory statements and historical facts may emanate from the child as it is hard to remain consistent when dealing with a fabricated reality (Waldron & Joanis, 1996).

3.3.3 Lack of Ambivalence

PAS children mostly think dichotomously, objectifying the alienating parent as all good and the alienated parent as all bad. This lack of ambivalence is a hallmark of the programming processes as it dispels all the loving and good memories that the child now claims not to have had with the targeted parent (Cartwright, 1993, Gardner, 2004). Waldron and Joanis (1996) agree, describing the lack of ambivalence shown by the child as "splitting". They add that the child's use of the "blended" pronouns "we or us" highlights his or her alignment with the alienating parent. The child's use of irrelevant or reprehensible information to vilify the character of the targeted parent, such as "my father was disappointed when he found out my mother gave birth to a girl", is a strong indicator of PAS, especially when the child finds it difficult to validate such claims.

3.3.4 The “Independent Thinker” Phenomenon

Many PAS children claim that the decision to alienate the targeted parent is all their own. In this way they save the indoctrinating parent from guilt, criticism and embarrassment (Gardner, 2004). PAS children claim to own their own thinking whereas their words and phrases mimic that of the alienating parent, whose very behaviour suggests that it is not the child alone who reasons to reject the targeted parent (Cartwright, 1993). This parrot-like echolalia highlights the enmeshed relationship between the child and the alienating parent, which robs the child of a healthy identity (Waldron & Joanis, 1996).

3.3.5 Reflexive Support of the Alienating Parent in the Parental Conflict

PAS children always view the alienating parent’s position as valid compared to that of the targeted parent, regardless of evidence to the contrary (Gardner, 2004). This belief is born from the child’s perspective that the indoctrinating parent is either perfect or weaker than the targeted parent and as such needs their support (Cartwright, 1993).

3.3.6 Absence of Guilt over Cruelty to and/or Exploitation of the Alienated Parent

PAS children display no remorse for their disgruntled behaviour towards the targeted parent and feel no shame at exploiting the goodness these parents bestow upon them, for example, birthday gifts and child support (Gardner, 2004). This absence of guilt is not attributable to cognitive immaturity but is rather evidence of the cruel effects of programming on vulnerable children (Gardner, 1992).

3.3.7 Presence of Borrowed Scenarios

PAS children often use terminology which is obviously not their own but belongs to the programming parent, for example, “Daddy is a homosexual”. When asked to clarify a phrase the child may look to the alienating parent for assistance (Gardner, 2004).

3.3.8 Spread of the Animosity to the Friends and/or Extended Family of the Alienated Parent

A PAS child’s animosity may extend to the targeted parent’s entire family and network of friends. The child will treat the targeted parent’s relationships with others with the same disdain

(s)he affords the targeted parent (Gardner, 2004). This animosity results in the child preventing itself from loving or being loved by anyone not affiliated to the alienating parent (Waldron & Joanis, 1996).

At the time that Gardner was developing his eight criteria of PAS, the Family and Children's Evaluation Team in Colorado were developing their own criteria without any awareness of Gardner's efforts (Kopetski, 1998a). The team evaluated 413 families in custody disputes and concluded that the following parent-child interactions were evident during the process of alienation:

1. The child identifies with the alienating parent by sharing their distorted and negative appraisal of the alienated parent. These distorted perceptions are eventually seen by the child as their own, independent of the alienating parent's influence.
2. Visitation with the alienated parent is often disrupted either by a younger child's distress or anger, or by an older child's refusal.
3. The child's contact with the alienated parent is blocked by physical proximity, indefinite supervision or court orders which are instigated by the alienating parent. The alienating parent uses fear for the child's safety as a rationale for their behaviour, which is more often anger masquerading as fear. These sentiments are usually echoed by older children when clinically interviewed, whereas younger children – although they may express them in other settings – do not readily display them in clinical interviews.
4. The alienating parent believes that the alienation process is justified. (S)he argues that the lack of contact the alienated parent has with the child protects the child from his or her inappropriate conduct.
5. The alienating parent also argues that the desired outcome, which at best involves the child remaining solely in his or her custody, or at least spending minimal time with the alienated parent, will be a form of "justice", given the alienated parent's perceived inappropriate conduct.
6. The alienating parent does not recognise the need for the child to establish a relationship with both parents.

All these dynamics were found in 20 percent of the cases, which led to conclusions independent of and yet very similar to Gardner's conclusions regarding the characteristics of PAS (Kopetski, 1998a).

Siegel and Langford (1998) conducted a study to further aid in the identification of the PAS process. They examined the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) validity scale of 34 mothers who engaged in PAS behaviour, and compared the results with mothers that did not engage in such behaviour. Male subjects were excluded from the study due to limited availability. It was concluded that alienating mothers had significantly elevated K scale scores, i.e. they presented themselves in a manner that reflected a reluctant attitude to disclose personal information (Beutler & Berren, 1995); and significantly lower F scale scores, i.e. they presented in a manner that was not suggestive of confusion, disorganisation, or faking a mental illness (Beutler & Berren, 1995). When they were compared with the non-alienating mothers, however, there was no significant difference between the two groups in the L scores which assessed test-taking attitude (Beutler & Berren, 1995; Siegel & Langford, 1998). The results indicate that alienating mothers produce extremely defensive MMPI-2 profiles, through the use of splitting, projection or denial so as to appear perfect and free of any emotional difficulties. Such a profile is suggestive of psychological immaturity; furthermore, subjects are more likely not to take responsibility and would tend to feel like a victim in the context of divorce. The patterns of highly defensive behaviour highlighted in this study are typically used by people with externalising personality disorders (borderline narcissistic, histrionic and paranoid). This is consistent with Gardner's (1992) recognition that an alienating parent in severe PAS could make false allegations of sexual abuse to support their endeavour to alienate the targeted parent from the child (Siegel & Langford, 1998).

3.4 Types of Parental Alienation Syndrome

Gardner (1998) proposes that PAS can be divided into three subtypes, i.e. mild, moderate and severe forms of the syndrome. The varying severities of Gardner's eight symptoms of PAS are presented in Table 1.

Table 1

Types of Parental Alienation Syndrome

Primary symptomatic manifestation	Mild	Moderate	Severe
The campaign of denigration	Minimal	Moderate	Formidable
Weak, frivolous, or absurd rationalizations for depreciation	Minimal	Moderate	Multiple absurd rationalizations
Lack of ambivalence	Normal ambivalence	No ambivalence	No ambivalence
The independent thinker phenomenon	Usually present	Present	Present
Reflexive support of the alienating parent in the parental conflict	Minimal	Present	Present
Absence of guilt	Normal guilt	Minimal to no guilt	No guilt
Borrowed scenarios	Minimal	Present	Present
Spread of the animosity to the extended family of the alienated parent	Minimal	Present	Formidable, often fanatical
Transitional; difficulties at the time of visitation	Usually absent	Moderate	Formidable or visit not possible
Behaviour during visitation	Good	Intermittently antagonistic and provocative	No visits, or destructive and continually provocative behaviour throughout visit
Bonding with the alienator	Strong, healthy	Strong, mildly to moderately pathological	Severely pathological, often paranoid bonding
Bonding with the alienated parent	Strong, healthy, or minimally pathological	Strong, healthy, or minimally pathological	Strong, healthy, or minimally pathological

Note: "Recommendations for Dealing with Parents Who Induce Parental Alienation Syndrome in Their Children," by R.A. Gardner, 1998, *Journal of Divorce & Remarriage*, 28(3/4), pp. 5-6.

The three different subtypes allow PAS to be viewed on a continuum, which in turn enables a greater depth of understanding of each subtype's behavioural presentation. Furthermore, the different subtypes offer some guidance as to what management recommendations might be appropriate (a question to be addressed in the next section). A weakness of this grouping process, however, is that it lends itself to professional disagreement as there is no clear specification of how many and which of the eight PAS symptoms are needed to decide on what PAS type diagnosis should be made (Turkat, 2002).

Nevertheless, the parameters of PAS have since been expanded upon (Cartwright, 1993). Cartwright (1993) suggests that parental disagreement on matters other than custody may conduce to PAS, that allegations of sexual abuse may be hinted at in an attempt to defame the targeted parent, that the time spent alienating a child is directly proportionate to the degree of alienation in the child, and that the passage of time hinders rather than heals the suffering in the alienation process. Furthermore, forceful judgment is required by the court to eliminate alienation (Cartwright, 1993). The expansion of the PAS parameters has allowed for a richer qualitative description of the various subtypes of PAS, which will doubtlessly help with recommendations regarding custody placements.

3.4.1 Mild Type of PAS

Mild alienation is relatively benign: the alienating parent may be mostly supportive of the child's interaction with the targeted parent (Stahl, 1999), even though the children are taught to act disrespectfully and aggressively during their visits with the targeted parent (Gardner, 2002a, 2004). The alienating parent consciously or unconsciously tries to get the child to adopt their view of the targeted parent. This is done in a subtle manner and they may not realize the effect it is having on the child. Children of mild PAS hold on to their own view of the targeted parent yet are prone to be more loyal to the alienating parent in parental conflicts (Stahl, 1999).

Children seldom display many of the eight primary symptoms of PAS and their visitations with the targeted parent usually go smoothly despite subtle encouragement to the contrary from the alienating parent. These children usually manage the transition easily from one household to the next, and their only motive for continuing their campaign of denigration in the targeted parent's

home is to ensure that they maintain the stronger psychological bond with the alienating parent (Gardner, 1998).

Clear court orders which ensure visitation with the targeted parent and retained custody for the primary parent is all that is needed for this type of PAS to be alleviated. This intervention reassures both the targeted parent and the child of an ongoing bond and helps alleviate any guilt the child may have about choosing a “loved” parent. This intervention also restores confidence in the primary parent so that they do not feel under threat to protect their position as custodian (Lund, 1995; Rand, 1997a). Mild cases of PAS do not necessarily need psychotherapeutic intervention as the aforementioned court orders should be sufficient. However, therapy may be needed for any other problems that may arise due to the divorce (Gardner, 1998).

3.4.2 Moderate Type of PAS

Gardner (1998) considers moderate cases as the most common type of PAS. Alienating parents feel betrayed and vindictive, usually because of a divorce, and may interfere with the child’s visitation and relationship with the targeted parent. This is achieved by consciously or unconsciously promoting the children’s campaign of denigration against the targeted parent in a more pronounced manner than in the case of mild alienation, as seen in a child’s lack of respect towards the targeted parent (Gardner, 2004; Stahl, 1999). Despite the shared stance on denigrating the targeted parent, the bond between the alienating parent and the child is still healthy (Rand, 1997a).

The alienating parent at this stage will still to a degree support a continuous relationship between the child and the targeted parent (Gardner, 2004). The child still enjoys their time with the targeted parent because, although a lack of ambivalence can be noted, in terms of which the targeted parent is seen as all bad and the alienating parent is seen as all good, the child at this stage is still able to integrate alternative perceptions of each parent (Gardner, 2004; Lund 1995; Stahl, 1999). Although the child finally enjoys the time (s)he spends with the targeted parent, (s)he does, however, make a fuss when being transferred from one home to the next.

All eight primary symptoms of PAS are usually operative, more advanced than those observed in mild cases but less persistent than those observed in severe cases of PAS (Gardner, 1998). Simple visitation orders from the court are not enough at this stage of PAS, as the alienating parent employs many tactics to inhibit visitation. As a result the court orders a therapist experienced in PAS to help monitor visitations by using his or her office as a transitional site and to report any visitation violations to the court (Gardner, 1998; Rand, 1997a).

3.4.3 Severe Type of PAS

Severe alienation is considered rare (Lund, 1995); however, when it does occur most of the eight primary symptoms are present to a significant degree (Gardner, 1998). It is recognised by a clear and consistent campaign of denigration against the targeted parent, beginning with the alienating parent's programming and hostility, which is later taken on by the child (Stahl, 1999). The interpersonal attacks on the targeted parent by both the alienating parent and the child are supported by weak rationalisations for wanting to reject the targeted parent that are lacking in real justification (Nader & Koch, 2006).

The alienation at this stage has reached such a peak that visiting the alienated parent is virtually impossible, and the child may threaten to run away or do harm to themselves or the alienated parent (Rand, 1997a). The visitation refusal is fuelled by the child's fear and rage at the prospect of having to be in the proximity of the targeted parent. Unlike in the case of mild and moderate PAS, the child in severe PAS does not settle down once in the care of the targeted parent (Gardner, 1998). The children hate the targeted parent with such fervour that they may even exhibit delusions of persecution during visits (Gardner, 2004). This position may worsen the longer the child continues to align with the alienating parent, with whom (s)he shares this delusion about the targeted parent (Rand, 1997a).

The animosity felt towards the targeted parent has led to an absence of ambivalent feelings on the part of the child toward the targeted parent; the animosity may also be directed at anyone associated with the targeted parent (Nader & Koch, 2006). Furthermore, the alienating parent cannot imagine or admit that his or her child may have had a positive relationship with the targeted parent (Stahl, 1999), a perspective which the child adopts. Yet although the child adopts

the alienating parent's thoughts about the targeted parent they still declare that their thinking on the matter is all their own and independent of the alienating parent's influence. They also demonstrate no guilt regarding their denigrating behaviour toward the targeted parent (Nader & Koch, (2006).

This stage of PAS may be accompanied by allegations of sexual abuse against the targeted parent, which makes the stage difficult to evaluate, if one is not adequately acquainted with the nature of PAS (Stahl, 1999). Alienators in severe PAS may take on a narcissistic quality as they are deceitful, manipulative and communicate in mixed messages. They are their illusions, as without them they are nothing. It is for this reason that the alienator in severe PAS resembles a narcissistic abuser who is governed by pathological self-love and arrogance (Summers & Summers, 2006).

Custody of the child is usually awarded to the parent with whom the child has the strongest psychological bond, which in mild to moderate types of PAS is usually the alienating parent. It is only in severe PAS types that custody is awarded to the alienated parent, who is seen as being psychologically healthier (Gardner, 1998, 2002a; Rand, 1997a). Such recommendations that involve custodial change or a reduction of the alienating parent's access to the child were found by Gardner (2001a) to be associated with a reduction in PAS symptomology. Gardner's (2001a) conclusions were drawn from a study he conducted in which he followed up 99 cases in which he had recommended a change in custodianship. The twenty-two cases in which the court followed Gardner's recommendations to change custodianship were compared with the remaining 77 cases in which the court did not order a change in custodianship. The results of the follow-up study revealed that all 22 cases in which the court had ordered a transfer in custodianship showed a complete recovery from PAS symptomology, whereas it was found that 70 out of the 77 cases in which no custody transfer was ordered showed an increase of PAS symptomology. The remaining 7 cases spontaneously improved (Gardner, 2001a).

3.5 Differential Syndromes

There are some syndromes that are closely related to PAS. It is therefore important for psychologists appointed by the court to be aware of these syndromes, so as to enhance their understanding of what PAS is not and facilitate appropriate custody recommendations.

3.5.1 False Memory Syndrome (FMS)

The primary manifestation of this syndrome is “the persistent belief that one has been sexually abused in childhood, a belief that has no basis in objective reality” (Gardner, 2004, p.83). Gardner (2004) lists the following primary symptoms of FMS. The symptoms appear in clusters, and the greater the number of symptoms the greater the likelihood of an FMS diagnosis:

- Persistent belief that one has been sexually abused in childhood
- Preposterous and/or impossible elements
- Belief that the alleged perpetrator was a close family member
- Belief that one or more family members facilitated the sexual abuse
- Recall in the context of therapy
- Commitment to questionable therapeutic techniques alleged to facilitate recall of repressed sexual memories
- Idealisation of the therapist
- Commitment to the sexual abuse memory
- Enlistment of rally of supporters
- Belief that the childhood sexual abuse was the cause of most of the patient’s problems in life
- Belief that recollections of a happy childhood must be false memories
- The absence of guilt over suing or behaving cruelly toward the targeted parent
- Pathologising the normal, e.g. happy memories of targeted parent are viewed as distortions
- Hysteria, e.g. driven to defame the targeted parent’s social standing and character
- Paranoia, e.g. believes benign signs to be being validation of sexual abuse
- Residual in adult sexual life e.g. fear of being sexually abused in adult life
- Presence of multiple personality disorder/identity dissociative disorder

- Presence of post-traumatic stress disorder

FMS is primarily a young adult disorder and particularly involves women, whereas PAS is primarily a childhood disorder. There are similarities and differences between the disorders, and careful comparison can aid in the correct diagnosis and treatment of each (Gardner, 2004).

In FMS the young adult's campaign of denigration is against a parent, close relative or friend. The campaign of denigration focuses primarily on childhood sexual abuse. The obsession of the young adult is fuelled mainly by an over-enthusiastic therapist. In PAS the denigration covers a vast range of humiliation that the child had allegedly been subjected to by the alienating parent. Both PAS and FMS require constant programming in order for their delusions to be maintained as they have no roots in reality. However, the difference is that the child of PAS is programmed by the alienating parent whereas the young adult in FMS is programmed by the therapist (Gardner, 2004).

The young adult of FMS rationalises her deprecation for the targeted parent on the basis of childhood sexual abuse allegations. Her reasoning emanates from a distant thought or feeling that some sexual act may have transpired which is then converted into fact. On the other hand, the child in PAS provides broad-based and often poor or absurd rationalisations to justify their rejection of the targeted parent (Gardner, 2004).

In FMS the lack of ambivalence is mostly limited to the young adult's memories. (S)he believes that any happy memories (s)he might have about his or her childhood are merely delusions to detract from the despairing past, and this is termed "retrospective reinterpretation" (Gardner, 2004, p. 86). In PAS the child's lack of ambivalence is in the present, and manifests as a view of the alienating parent as all good and the alienated parent as all bad (Gardner, 2004).

In both FMS and PAS the young adult and the child insist that their thoughts are purely their own. In FMS the young adult claims that his or her memories of abuse emerged without the programming of the therapist and had already existed in his or her mind. Similarly the child in PAS maintains that the decision to alienate the targeted parent was all his or her own (Gardner,

2004). Furthermore, the young adult in FMS will dismiss any denunciations of her therapist's qualifications in a manner similar to the reflexive support shown to the alienating parent by the child in PAS.

Young adult victims of FMS often borrow scenarios from their therapists, self-help books and the like, whereas the child in PAS echoes the sentiments of the alienating parent (Gardner, 2004). FMS victims feel no guilt in suing the targeted parent for everything they are worth in a bid to cleanse them from their lives; similarly, the child of PAS displays no remorse for his or her cruel behaviour toward the alienated parent. Finally, both the young adult in FMS and the child in PAS both vehemently reject anyone who dares to side with the targeted parent. The primary difference between the two syndromes is that the victim's distorted perceptions of reality are due to the therapist in FSM and the alienating parent in PAS, and although there may be allegations of sexual abuse in PAS, the denigration of the targeted parent is not limited solely to this factor.

3.5.2 Threatened Mother Syndrome (TMS)

When child custody disputes are evaluated, it is important for the evaluator to be aware of the Threatened Mother Syndrome (TMS), as incorrect evaluations of the mother may result in custody recommendations that are not in the best interests of the child (Klass & Klass, 2005).

TMS is an extreme response from a mother when her bond with her child is perceived to be threatened. The mother may evince "rage, screaming, manipulateness, intolerance, subterfuge, irritability, and even aggressiveness" (Klass & Klass, 2005, p. 189). These reactions from the mother during a divorce case may fuel suspicions of PAS or unfit parenting, which will be viewed in a dim light by evaluators. It is for this reason that they need to distinguish between TMS and PAS. The main distinguishing feature of TMS is that the mother reacts in an attempt to protect her bond with her child and not as a result of wanting to alienate the father from the child. If the mother behaves out of character only to revert to her former self once the threat of losing her child has passed, then a diagnosis of TMS is probably more accurate than one of PAS. Klass and Klass (2005) have provided general guidelines for differentiating between TMS and PAS, as shown in Table 2. These guidelines are meant to reduce the risk of potential bias in custody evaluations so as to protect the best interests of the child.

Table 2

Differentiating Between TMS and PAS

	TMS	PAS
Duration	Subsides after threat has gone	Alienation efforts persist
Pattern	Episodic	Continuous
Manner	Impulsive and reactive	Calculating, designed behaviour
Purpose	Protect mother/child bond	Alienate father
Consistency	Uncharacteristic reaction	Characteristic personality
Involvement	Mother alone, more often	Solicits and manipulates others
Relationship	Maintains same relationship with child	Solicits child as accomplice
Father	Accepting of mother's prior mothering	Resentment about her attitude of being primary parent
Anger	More uncontrolled quality	More focused on father

Note: From "Threatened Mother Syndrome (TMS): A Divergent Concept of Parental Alienation Syndrome (PAS)," by J. L. Klass and J. V. Klass, 2005, *American Journal of Family Law*, 18(4), p. 190.

3.5.3 Divorce-Related Malicious Mother/Parent Syndrome

The term "divorce-related malicious mother syndrome" was coined by Turkat (1995). This syndrome involves malicious attacks by the mother on the divorcing/divorced father which are more *global* than merely manipulating the child, as in PAS. These mothers behave in such a manner as to try to alienate their child from the father, although they do not succeed in their endeavours. These acts of attempted alienation resemble those of severe PAS, although the vicious attacks in this syndrome may even lead to violence. Therefore, although this syndrome may resemble PAS, it does not meet the criteria for the diagnosis.

Four major criteria for divorced-related malicious mother syndrome were identified by Turkat (1995), on the evidence of clinical and legal cases. Although there is a lack of scientific information about the syndrome it is nonetheless worth considering, given the severe problems it presents clinically and legally, so as to facilitate clinical and legal evaluations and analysis.

The taxonomic label and criteria of divorce-related malicious mother syndrome were changed to “divorce-related parent syndrome” in 1999, which served to capture the gender-neutral nature of this abnormality (Turkat, 1999). The four major criteria of the original syndrome (Turkat, 1994, 1995, 1999) are highlighted below with the appropriate subsequent modifications appearing in italics:

1. A mother (*parent*) who unjustifiably punishes her divorcing or divorced husband (*spouse*) by:
 1. Attempting to alienate their mutual child(ren) from the father
 2. Involving others in malicious actions against the father (*other parent*)
 3. Engaging in excessive litigation
2. The mother (*parent*) specifically attempts to deny her (*the*) child(ren):
 1. Regular uninterrupted visitation with the father (*other parent*)
 2. Uninhibited telephone access to father (*other parent*)
 3. Parental participation in the child(ren)’s school life and extra-curricular activities
3. The pattern is pervasive and includes malicious acts towards the husband (*other parent*) including:
 1. Lying to the children
 2. Lying to others
 3. Violations of law
4. The disorder is not specifically due to another mental disorder, although a separate mental disorder may co-exist.

3.6 The Alienating Parent

3.6.1 Personality Characteristics and Interference Techniques of the Alienating Parent

In 75% of cases the mother is the PAS inducer. But whether it is the mother or father, the inducer will use any means available to him or her to smear the targeted parent in an attempt to eradicate him/her from their children’s lives (Lowenstein, 1999). The indoctrinating parent is seen to be exposing their child to emotional abuse, which according to Brandes (2000) should be liable to punishment under the Family Court Act. Typically, accusations that the father is a liar, a

criminal, mentally unstable, an alcoholic/drug abuser, a paedophile or sexual pervert are assembled by the mother and used as her arsenal in programming the child against its father (Lowenstein, 1999). In the course of programming the child the mother may claim to have nothing to do with the child's decision to alienate his or her father. They may even seem to be encouraging the child to perceive the targeted parent in a healthier light, while at the same time continuing to support the child's rejection of the targeted parent by affording the child rights and responsibilities above their age group, such as allowing them to decide whether or not they will visit with the targeted parent on a court-appointed date (Cuenca, 2005). Moreover, parents who seek to program their children usually have a history of being subjected to such behaviour in their own pasts, from which they acquire the most effective techniques for their campaign (Lowenstein, 1999).

Blush and Ross (1986), who act as child advocates, conducted a study in which they compared clinical notes and information on cases that were assigned to their family-service, court-related clinic. The clinic functions primarily as a diagnostic agency within the court system. Here child custody-related matters are investigated and put before the court with recommendations regarding appropriate visitation and custody arrangements. Blush and Ross (1986) compiled a profile of the personality characteristics of an accusing parent from emerging patterns observed in their work as child advocates. It was concluded that the alienating parent, when a female, presented with a profile that demonstrated poor reasoning and problem solving and harboured a hysterical quality. This hysterical personality quality could manifest itself either in a passive, fearful, apprehensive individual, or in a "justified vindicator" who is hostile, dominant and insistent that legal action be taken against the targeted parent before proof has been demonstrated. A final but rare form of hysterical expression was observed in alienating women who were found to be psychotic-like, incapable of reality testing, which led to their allegations being discredited.

Male accusers were observed to be hypercritical of the mother's parenting and decision-making skills; they also saw themselves as always correct, which demonstrated an intellectual rigidity. Furthermore, they blamed the mother's passivity or silence for allowing their child to be allegedly abused by another male in her life. In support of these findings, Warshak (2000)

highlighted that the remarriage of an ex-spouse can act as a trigger for PAS due to underlying jealousy and narcissistic injury.

In an attempt to better understand the characteristics of the alienating parent the Child's Evaluation Team of Colorado evaluated both the parents and their children in over 600 child custody cases from 1975 to 1995 (Kopetski, 1998b). Internal pain such as anger, jealousy and low self-esteem, which are usually experienced during a divorce, were observed to be managed by the alienating parent by being turned into interpersonal conflicts. The study by Kopetski revealed that alienating parents have the following characteristics:

1. Alienating parents display a narcissistic or paranoid orientation toward their relationships with others; they tend to feel neglected, betrayed and vengeful when they disagree with others, which is often the result of a personality disorder (Kopetski, 1998b).
2. The alienating parent relies on "splitting," which is a defence mechanism that is used to guard against psychological pain and ambivalence. The defence mechanism allows alienating parents to view people or situations in mutually exclusive categories, such as good-bad or right-wrong. This defensive behaviour, along with projection, phobias and obsessions with the inadequacy of others, results in interpersonal conflicts (Kopetski, 1998b).
3. The divorce generates an abnormal grieving process for the alienating parent. The loss of the marital relationship spawns feelings of such intense anger that there is no room for sadness. The alienating parent is as a result stuck in the angry stage of loss/grief (Kopetski, 1998b).
4. Alienating parents are usually over-indulged as children. Their upbringing is fraught with a lack of normal ambivalence and enmeshment that has impacted negatively on their childhood development (Rybicki, 2001). Furthermore, the uses of defence mechanisms such as "splitting" are also prevalent in their childhood. There is often a

traumatic loss or lack of empathy in the alienating parent's family that has usually resulted in unresolved grief (Kopetski, 1998b).

Although PAS is part of a family dynamic, it is the alienating parent who is in charge of the process of programming the child, which according to Waldron and Joanis (1996) follows the following stages. Firstly, there is the *content theme* of the alienation, which may include themes such as abandonment and fear of kidnapping by the targeted parent. The less time the targeted parent spends with the children the more the alienating parent suggests their abandonment by him or her, whilst fear of kidnapping may be suggested should the targeted parent wish to take the children on holiday. The belief in such themes becomes delusional in PAS and is extremely unrealistic, not allowing a stable bond to develop between the child and the targeted parent (Waldron & Joanis, 1996).

Secondly, the process of *mood induction* takes place until the alienating parent gains the child's compliance. Once this has happened, the child carries the effects of this process without any interference from the alienating parent. It is at this stage that it becomes difficult to recognise a parent as an alienator if one has not been trained in identifying PAS. The alienator is free at this stage to promote the child's visitations as it is the child itself (with no further interference from the alienating parent) who wishes not to see the alienated parent. Such mood induction techniques employed by the alienating parent include "guilt, intimidation, fears, playing the victim, sympathy seeking, and telling the 'truth' about past events and threats" (Waldron & Joanis, 1996, p.129). The mood induction that promotes the content theme of a particular family is tested by the alienating parent. The more the child negatively reports on the targeted parent the more (s)he is then rewarded; however, if (s)he shows any positive support for the targeted parent s(he) is subtly punished, either by having his or her comments ignored or responded to in a guilt-inducing manner. This process of programming leads to the child's loss of ambivalence toward the targeted parent. The generalisation of the process takes hold of the child, who comes to view the targeted parent as all bad and, as a devastating result, opts to reject them totally (Waldron & Joanis, 1996).

3.6.2 Alienating Techniques

In an effort to better understand the techniques employed by the alienating parent in programming the child, Baker (2005a) conducted a qualitative study examining the experiences of 40 adult children who had been involved in the PAS process. Fifteen of the adults were male and the remaining 25 were female, aged between 19 and 67 years of age. Thirty of the participants' parents divorced when the participants were children and in 34 cases the alienating parent was the mother. The results of the study revealed that the alienating parent had many characteristics similar to that of a cult leader.

The alienating parent was described as narcissistic and in need of excessive loyalty. The participants reported feeling pressured into showing their devotion toward the alienating parent which often took the form of joining the alienating parent in the disparagement of the target parent. Furthermore, the participants reported acting as spies for the alienating parent as well as colluding with them in keeping secrets from the targeted parent. This expression of commitment and loyalty was a symbolic gesture of allegiance to the alienating parent at the expense of the targeted parent. The alienating parent gained control over the children by emotionally manipulating them and as a result the participants experienced themselves as extensions of the alienating parent. The participants' major concern was to make sure that the alienating parent was assured of their loyalty and devotion, as they lived to please them. This was borne out by the friends, careers and partners they eventually chose (Baker, 2005a).

Baker's (2005a) study revealed five persuasive techniques that were employed by the alienating parent in a manner similar to that of a cult leader, in an attempt to procure the child's loyalty and affection. The following persuasive techniques included:

1. Persistent *badmouthing* of the targeted parent's character and behaviour so as to reduce their standing in the eyes of the child.
2. Canvassing a *dangerous* impression of the targeted parent so as to create fear in the child that would ultimately cultivate a rejection response.
3. Misleading the child about the targeted parent's true feelings. This *deception* causes the child emotionally to reject the targeted parent as (s)he feels angry and

hurt.

4. *Love withdrawal* in response to any positive feelings or attitudes the child may have toward the targeted parent.
5. *Erasing* the targeted parent out of the child's life by minimising any actual or symbolic contact that the child may have had with the targeted parent.

Baker and Darnall (2006) complemented the Baker's (2005a) study by conducting a survey on PAS from the targeted parent's perspective. Ninety-seven adults completed written surveys about the strategies their ex-partners had employed in keeping their children from them. In general the study revealed that the gender of the targeted parent and the gender of the child had no bearing on the number and type of strategies mentioned in the survey. However, the targeted parents were of the opinion that girls and older children were more likely to exhibit symptoms of severe PAS.

Baker and Darnell's (2006) study highlighted the following alienating strategies employed by the alienating parent as described by the targeted parents:

3.6.2.1 Badmouthing

The alienating parent would frequently tell the children that the targeted parent was a bad person and created the impression that they were dangerous or ill, e.g., "Your father is a psychopath". The alienating parent would also badmouth the targeted parent by engaging the child in adult matters, such as discussing child support or court cases issues, e.g., "We can't go on holiday as your father does not want to increase your child support". The targeted parent's values, hobbies and extended family would also be badmouthed by the alienating parent. Furthermore, the most cruel alienation strategy was when the child was told that the targeted parent no longer loved him or her (Baker & Darnell, 2006).

3.6.2.2 Interfering with Targeted Parent's Visitation Time

The alienating parent would arrange that the child be dropped off late and collected early from the targeted parent's home so as to limit the time they spent together. Visitation was also interrupted by the alienating parent who would select to engage in fun activities on the day of the

child's visit with the targeted parent. The child would then be asked to decide whether or not they wanted to visit the targeted parent or stay with the 'fun' alienating parent (Baker & Darnell, 2006). On a more aggressive note, the alienating parent might resort to relocation in an attempt to interfere with the targeted parent and child's physical contact and relationship (Turkat, 1996).

3.6.2.3 Interference with Indirect Contact

The alienating parent would intercept, block or stop any mail, email or phone calls made to the child by the targeted parent (Baker & Darnell, 2006).

3.6.2.4 Interference with Symbolic Contact

The alienating parent would not allow the child to bring home gifts from the targeted parent's home, e.g., "He is only trying to buy your love". Gifts would often not be given to the child and the alienating parent would try to minimise the targeted parent's role in the child's life, e.g., making them call a new partner "father", or telling the child, "Your first word was mommy". Finally, photographs of the targeted parent would be removed from the child's view and any mention of the targeted parent would be responded to by either ignoring or rejecting the child in an attempt to limit their discussion of the targeted parent (Baker & Darnell, 2006).

3.6.2.5 Interference with Information

The alienating parent would instruct the child's school not to inform the targeted parent of the child's school performance (Baker & Darnell, 2006). Information about the child such as medical and school records would be withheld from the targeted parent and they would also be arrested if they attended any school functions. The child usually ended up acting as a messenger between the parents as the alienating parent often refused to communicate with the targeted parent directly (Baker & Darnell, 2006).

3.6.2.6 Emotional Manipulation as an Interference Technique

The alienating parent would force the child to reject the targeted parent and then reward him or her for doing this. Moreover, the child was made to feel guilty for having a fun time with the targeted parent, e.g., "I was so lonely when you were not here with me". Alienating parents would show their displeasure at the child's fun time with the targeted parent by either

withdrawing their love or becoming angry at the child for choosing the targeted parent over themselves. After visitation, the child would often be interrogated by the alienating parent about their stay with the targeted parent. Additionally, the targeted parent would be threatened with not seeing their child again if they did not meet the alienating parent's requirements, e.g., "If my son gets sick whilst with you, then that will be the last time you ever see him" (Baker & Darnell, 2006; Darnell, 1999).

3.6.2.7 Unhealthy Relationship between the Alienated Parent and the Child

Finally, the child was described by the targeted parent as acting as a spy for the alienating parent, monitoring his or her behaviour and reporting back on it to the alienating parent. Secretive behaviour between the alienating parent and the child was also noted by the targeted parents. The alienating parent would have the child call them on a phone given to them by the alienating parent so as to assure them of their safety (Baker & Darnell, 2006; Darnell, 1999).

The Baker and Darnell (2006) study revealed that all the strategies mentioned by the adult children in Baker's (2005a) study were also mentioned by the targeted parents in their study; however, the targeted parents described four extra strategies which the adult children in Baker's (2005a) study were not aware of. These additional four strategies included "accusing the child of being too close to the targeted parent; telling siblings they have to stick together, meaning that if one child didn't want to visit, none could; threatening to take the child away from the targeted parent, and not letting the child spend time alone with the targeted parent" (Baker & Darnell, 2006, p.111).

3.6.3 False Allegations of Sexual Abuse - A Ruthless Alienating Technique

When PAS techniques have failed, false allegations of sexual abuse may be made in a desperate attempt to defame the targeted parent further (Gardner, 2000c). In such cases the false sexual abuse allegations may be seen as a by-product of PAS rather than the syndrome itself (Gardner, 2002a).

Wakefield and Underwager (1990) conducted a study in which they compared the personalities of 72 falsely accusing parents with the personality characteristics of 103 falsely accused parents,

drawing on contested divorce and custody files that covered allegations of sexual abuse. These two groups of parents were then compared to a control group of 67 parents who were involved in custody disputes but without any allegations of sexual abuse.

The Wakefield and Underwager (1990) study revealed that there appeared to be four categories of parents who resorted to false allegations of sexual abuse in the context of litigation. The first category includes those parents who are considered to have a personality disorder, such as histrionic, passive-aggressive, or paranoid. These parents are viewed as unstable, labile, impulsive and overactive. Such individuals often have a history of relationship difficulties and past psychiatric problems. Stress from a divorce and custody case may cause these personality-disordered parents to overreact and prematurely or mistakenly conclude that their child has been sexually abused.

Parental Alienation Syndrome is found in the second category. In this category the alienating parent, who may or may not have a personality disorder, is so obsessed with disparaging the targeted parent that their child's welfare comes second to their campaign of denigration against the former spouse. The third category belongs to the hypervigilant parent who has either been abused or raped him/herself, or who has become sensitive to relevant media exposure. These parents usually question the child after each visit with the non-custodial parent and may even go so far as to inspect their child's genitals. Finally, the fourth category involves the accusing parent becoming a victim along with the accused parent and the child. In this category no abuse has ever taken place, although a professional may have prematurely concluded that it has. Once time has gone by it becomes very difficult to sort out fact from fiction and, as a result, all the members of the family suffer accordingly.

As a complement to the second category identified by Wakefield and Underwager (1990), above, Rand (1989) proposes a richer understanding of why the alienating parent may be so obsessed with defaming the targeted parent with allegations of sexual abuse. Rand (1989) reports a divergent form of Munchausen Syndrome by Proxy (MSP) as a possible characteristic of the alienating parent. In its classical form MSP is active when a mental or physical disorder in a child is either induced or fabricated by a parent. In its divergent form known as Contemporary-

type MSP, which together with the classical variant is considered a form of child abuse, it occurs when a parent fabricates a story and programs the child to believe that they have been abused, usually by the targeted parent. As a result the accusing parent gains attention from others and awards him-or herself the role of the child's protector. Additionally, the accuser's objective may also be to gain custody rights to the child during divorcing litigation (Rand, 1989).

Rand (1990) provides a list of Contemporary-type MSP warning signs which are useful to consider when dealing with severe PAS, as an alienating parent who resorts to false allegations of sexual abuse may well be suffering from Contemporary-type MSP in the context of divorce litigation. The warning signs include the following: (1) The accusing parent appearing to know more about the abuse than the child. (2) The facts of the abuse are distorted, omitted or fictitious. (3) In addition, the child reports the abuse in a manner that is reminiscent of a story being told which had subsequently been "remembered." (4) Furthermore, the accuser is more interested in building a case against the targeted parent than helping the child. This is observed in the accuser's dissatisfaction with evaluations that do not substantiate his or her claim. (5) Moreover, (s)he is all too willing to have the child exposed to sexual abuse medical investigations and interrogations. (6) An inappropriate enmeshment between the accuser and the child results in the accuser wanting to be by the side of the child during psychological evaluations, as the child needs the accuser to help report the abuse. (7) Many contradictions surface, especially concerning the medical findings and circumstances surrounding the abuse. (8) What is more, the accuser reports a history of being sexual abused as a child which is not supported by collateral information.

It is very important to note that when bona fide abuse or neglect is present then a PAS diagnosis is not valid. Therefore, it is necessary to differentiate PAS from other forms of abuse, so that courts can deal effectively with children exposed to two very different situations (Gardner, 1999a). Responding to this need, Gardner (1999a) has identified common behavioural patterns found in PAS-inducing parents that differentiate them from abusing parents.

3.6.4 Differentiation between PAS-Inducing and Abusive-Neglectful Parents

3.6.4.1 Co-operation during Investigations

The PAS inducer and the abuser-neglector are both less likely to co-operate with the examiner than the victim parent in both cases. This differentiating criterion works best when one compares a single couple, namely the accuser with the accused, as the perpetrators of PAS induction and abuse-neglect are similar in that they are both cantankerous (Gardner, 1999a).

3.6.4.2 Trustworthiness

PAS-induced indoctrinations may develop into delusions, making the PAS-inducing parent less reliable than the targeted parent (Gardner, 1999a). The same can be said for the abuser-neglector in that they rely heavily on deceitful behaviour and denial. Thus, deceitfulness is present with both kinds of perpetrators, which makes this a weak differentiating category unless one is applying it directly to a single parental couple and comparing the accuser with the accused (Gardner, 1999a).

3.6.4.3 Programming

The indoctrinating parent may actively or passively program the child against the targeted parent. The child is encouraged to criticise the targeted parent and is validated for even their most ridiculous claims against them. These need continuous reinforcement in order to be remembered. When PAS siblings are together they are usually seen glancing at each other, especially the younger at the older sibling (who may act as an accomplice programmer), or at the indoctrinating parent, in order to make sure that they are getting their story 'right'. "Borrowed scenarios" on the part of the child, such as phrases or examples commonly used by the alienating parent, are the main threads indicative of the programming process (Gardner, 1999a, p.101). Children of bona fide abuse-neglect need no constant reminders or coaching in order to get their story right. They are able to recall the abuse-neglect with relative ease and accuracy with minimal input from others (Gardner, 1999a).

3.6.4.4 Overprotectiveness and Exclusionary Exercises

PAS mothers are often very protective and start keeping the child away from the targeted parent at a very young age (Gardner, 1999a). In contrast, the spouse of an abuser is rightfully protective

of the child, but does not exclude the abuser altogether: (s)he may for instance encourage the child to have a relationship with their abusing parent in safe situations. This is a possibility not countenanced by PAS indoctrinators (Gardner, 1999a).

3.6.4.5 Appreciation of the Role of the Accused Parent

In severe PAS cases the alienating parent advocates the complete annulment of the target parent's influence over the children. Driven by his or her lies and fabrications, (s)he believes that the children will suffer psychologically if not protected from the targeted parent (Gardner, 1999a). Accusing parents in bona fide abuse-neglect cases try their utmost to salvage an appropriate relationship between the abuser-neglector and their children. Unlike the PAS indoctrinator they recognise the importance of maintaining the psychological bond between the parent and the child (Gardner, 1999a).

Gardner (1999a) also identified some important common behavioural patterns characteristic of abusing-neglectful parents which may be useful in discriminating those parents from PAS-inducing and PAS-alienated parents.

3.6.4.6 Psychopathic Behaviours

Parents who are abusive and neglectful are often psychopathic and have a history of this type of behaviour in other areas of their lives. They show no guilt for their actions and give little consideration to the consequences of their actions (Gardner, 1999a). In severe PAS cases, the indoctrinating parent may be considered psychopathic with regard to their deceitful and relentless programming of the child against the targeted parent. But such psychopathic behaviour is limited to this area of behaviour only, unlike the psychopathy of the abuser/neglector, which affects various facets of their lives (Gardner, 1999a).

3.6.4.7 Victims of Abuse

A parent who abuses his or her children has in most cases abused his/her partner as well. Usually there is good medical documentation to validate the victim's claims of abuse. The PAS-indoctrinating parent focuses mainly on the child's alleged list of complaints against the targeted parent in the hope of gaining the upper hand in the child-custody dispute (Gardner, 1999a).

3.6.4.8 Time of Onset

In bona fide abuse cases the abuse is reported to have started years before the sanctioned separation. Usually the reason for such a separation is that the family can no longer endure the abuse. On the other hand, the PAS indoctrinator's programming, in conjunction with the child's own contribution to the target parent's denouncement, begins after the parents' separation and in the context of the pending child-custody dispute (Gardner, 1999a).

3.6.4.9 Family History

In a family in which bona fide abuse has occurred one can usually track a line of abuse in the family's history. This is not true of the targeted parent of PAS (Gardner, 1999a).

3.6.4.10 Physical and Financial Welfare of the Family

Abusive or neglectful parents are typically described as self-indulgent. They will use their earnings on things that do not benefit their families. By contrast, alienated parents, appear to be keenly committed to and concerned with the welfare of their children (Gardner, 1999a).

3.6.4.11 Impulsivity, Hostility and Paranoia

Bona fide abusive parents are typically impulsive and angry and have a long-standing history of such qualities. These parents are unstable as their anger often fuels their paranoia. But the alienated parents in PAS are self-restrained individuals who do not have a history of aggression. Unlike the abusive-neglectors, their non-impulsive ways enable them to hold down jobs. They only start to show their anger after allegations have been laid against them by the alienating parent. Paranoia is the greatest differentiating feature between abusive and alienated parents, as abusive parents are generally more paranoid than the alienated parent in PAS (Gardner, 1999a).

3.7 The Child

3.7.1 Empowerment of the Child in PAS

PAS arises in children in the context of child custody disputes: it is a combination of the alienating parent's programming and the child's own contributions to a campaign of denigration against the alienated parent (Gardner, 2002b). The critical factor which fuels the child's

contributions is its sense of empowerment over the alienated parent. This sense of empowerment is derived mainly from the eight primary symptoms of PAS, as the child acquires a sense of authority through alignment with the alienating parent in rejecting the alienated parent. Each of the eight symptoms of PAS will be explored in terms of the empowering influence they have on the child:

3.7.1.1 Both the Campaign of Denigration and the Weak, Frivolous, and Absurd Rationalizations for Depreciation of the Targeted Parent will be discussed together under this point

The child is empowered through echoing the alienating parent's sentiments about the targeted parent. No matter how absurd the reason for disrespecting the targeted parent, the child is not made to face the implications or consequences of its views, and receives no corrective feedback from the alienating parent (Gardner, 2002b).

3.7.1.2 Lack of Ambivalence

The alienating parent maintains that the alienated parent is all bad. (S)he justifies and supports negative comments from the child about the targeted parent that lack any qualification or ambivalence (Gardner, 2002b).

3.7.1.3 The "Independent-Thinker" Phenomenon

Children in PAS are aware of their alienating parent's desire and yet profess that their rejection of the targeted parent is all their own. The child claims independence of thought so as not to lose the alienating parent's affection, and in this way strengthens their alliance (Gardner, 2002b).

3.7.1.4 Reflexive Support of the Alienator

The child gains strength by supporting the stronger parent, which in this case is the alienating parent. In this way the child avoids becoming victimised like the targeted parent, which adds to its sense of empowerment (Gardner, 2002b).

3.7.1.5 Absence of Guilt

PAS children are taught to show no empathy for the targeted parent. Their lack of guilt helps perpetuate their campaign of denigration and their accompanying sense of empowerment (Gardner, 2002b).

3.7.1.6 Borrowed Scenarios

Borrowed scenarios which include terminology not typically used by a child are part of what drives the campaign of denigration. If a child were to announce that “my father *had intercourse* with me”, (s)he would certainly attract attention. These borrowed phrases typically come from the alienating parent, and help nurture a sense of power in the child over the alienated parent (Gardner, 2002b).

3.7.1.7 The Campaign Spreads to the Targeted Parent’s Friends and Extended Family

The alienating parent either rewards or supports the child’s derogation of other significant adults. When a child’s bad behaviour invites no sanction or consequence, (s)he is further empowered to disrespect influential adults (Gardner, 2002b).

The empowerment of the child is not limited to the influence of the alienating parent (Gardner, 2002b). Passivity on the part of a small percentage of alienated parents unfortunately helps contribute to the child’s sense of empowerment in PAS. These parents fear that should they act more forcefully in correcting their child’s behaviour, they will be reprimanded by the court for violating the court order prohibiting the disparagement of the other parent to the child. Furthermore, they dread corrective confrontation with the child for fear of intensifying the campaign of denigration against themselves (Gardner, 2002b).

3.7.2 Child Alignment and Rejection in PAS

In approximately one third of cases, divorcing families do not develop effective co-parenting relationships and are thus vulnerable to the development of PAS (Campbell, 2005). Many children after a divorce develop an alignment with a parent, especially if the divorce involves an acrimonious custody dispute (Lampel, 1996). This alignment with one parent can be viewed in

terms of a continuum, at the extreme end of which the child may completely reject the other parent.

Lampel (1996) conducted two studies that investigated children's alignment with parents in highly conflicted custody cases. The first study involved 24 children, 10 boys and 14 girls, ranging in age from 7 years 4 months to 14 years 0 months. Each child's family was referred for custody evaluation by the California superior court. The study concluded through the use of the Family Relations Test (FRT) and the revised Slosson Intelligence Test (SIT), that 10 (41.7%) of the 24 latency-aged children were aligned with one parent, namely the mother in a divorce. Eleven of the 24 latency-age children were not aligned with either parent whereas the remaining 3 latency-aged children were aligned with family members other than their parents.

In a separate sample, 20 families in custody litigation were examined (Lampel, 1996). From each family only the oldest child was incorporated into the study. The children's ages ranged from 7 years 2 months to 14 years 3 months. Using the same tests (FRT and SIT), it was ascertained that 10 of the 20 children (6 boys and 4 girls) were aligned with one parent in the divorce. The Roberts Apperception Test for Children (RATC) was also administered. The results from the comparison between aligned and non-aligned children indicated that aligned children were poorly adjusted, angry and less able to conceptualise multifaceted situations (Lampel, 1996). However, the aligned children appeared to have greater self-confidence (Lampel, 1996), which could be the result of their opting for an either / or solution involving alignment and rejection. Such a decision would remove the child from the stressful position of being in the middle of parental conflicts (Rand, 1997b).

Johnston (2003) further complemented Lampel's (1996) study by conducting an empirical study on a sample of 215 children to examine parent-child alignments and rejection. This study incorporated longitudinal analysis, as the children were examined two to three years after parental separation. The results indicated that children reject a father who has not been able to adjust and respond appropriately to their new circumstances after a divorce. As a result the divorced fathers' parenting skills suffer, and this in turn makes them less attractive to their children. The mother in contrast is seen as more competent, which along with her emotional

reliance on her children can fuel a campaign of denigration against the father. Older children of either gender were observed to be more vulnerable to this form of alignment with the mother and rejection of the father (Johnston, 2003). In contrast, when children reject their mother and align themselves with their father it was found that the father's parenting skills had no impact on the child's negative appraisal of the mother. Furthermore, the child's rejection of the mother was not related to attempts made by either parent to destroy the relationship the child had with the other parent. It was found that boys, who experience more emotional and behavioural problems, were more likely to reject their mothers, whereas girls, who demonstrate more social competence and/or separation anxiety when separated from their fathers, were more likely to reject their mothers (Johnston, 2003). This study concluded that relatively few children would be extremely aligned or rejecting in a general divorce context. While it remains true that in PAS, a subtype of PA divorce cases, the alienating parent is the principal parent with whom the child will align, this study suggests that both parents can play a role in the child's alienation behaviour, through programming from the alienating parent and passivity on the part of the alienated parent (quite apart from vulnerabilities found within the child) (Johnston, 2003).

Elaborating on the above studies, Baker (2006a) uncovered patterns of alienation in PAS that contribute to the child's alignment with the alienator and consequent rejection of the alienated parent. From his qualitative retrospective study on 40 adults who had experienced PAS as a child, three types of alienation patterns were identified. Firstly, the pattern described in 14 of the cases was that the *alienating mother in a divorced family was narcissistic*. The adult children of this pattern describe their mothers as self-centred and unable to respect them as separate individuals. The maternal narcissism in these cases aided in the alienation of the targeted parent through the creation of a loyalty conflict, which forced the child to choose between his or her parents. The children's decision to side with the mother and reject the father was generated through a cultivated sense of obligation and guilt, as they feared crossing their mother and suffering a fate similar to that of their father. Furthermore, they believed their mothers needed their support and in some way felt they owed it to their mother to reject their father, because this would help to heal her and reduce any further suffering (Baker, 2006a).

The second pattern, a variation of the first, was described in eight cases (Baker, 2006a). In this pattern the *narcissistic mother remained married to the father for the entire childhood* of all eight participants. The alienating parent solidified an emotional alliance with the child at the expense of the targeted parent by confiding in the child about the targeted parent's failings and shortcomings, despite the fact that the targeted parent was still dwelling in the same household (Baker, 2006a). In both patterns, the child chose the mother over the father in order to preserve a perceived closeness to the mother.

Finally, a third pattern of alienation was reported in 16 cases (3 in intact families and 13 in divorced families). The alienating parent in this pattern did not win over the child by charm but rather through fear, obliging the child to identify with them as the aggressor. The child felt safer by aligning with the powerful alienator than with the rejected parent. The alignment with the alienator from the child's perspective was born out of a desire to avoid pain and powerlessness, rather than to achieve emotional closeness, as was observed in the preceding two patterns.

These findings suggest that clinical and legal investigations and interventions need to be tailored to match a more acute understanding of the kind of PAS experienced (Baker, 2006a). To assume that the alienating behaviour of the child is based on a desire on their part to pursue a relationship with the alienator could lead to a misinterpretation of the relational dynamics being displayed. This interpretation is further complicated when PAS takes place in intact families, as that which is being expressed by the child is covertly incongruent with what is actually happening within the family. Lastly, the review of these cases substantiates the above claim, as the campaign of denigration against the targeted parent was not always completely internalised in all three types of PAS. The participants reported secretly maintaining positive emotions toward the targeted parent which were at variance with their display of unambivalent hatred toward them (Baker, 2006).

3.7.3 Alternative Reasons for Child Alignments

It is important for a PAS evaluator to be cognisant of other reasons why a child might side with one parent (Stahl, 1999). Many children align with one parent simply because of shared interests or personality compatibility. These children, unlike the alienated children, wish to spend time

with the other parent but on a more limited basis. When they are probed it is clear that their limited interaction is not based on fabricated or absurd problems in the relationship with the targeted parent. Another reason a child may align with one parent is to avoid being caught in the middle of a parental conflict. When questioned, these children report no history of problems with either of the parents. For many of these children it does not matter which parent they align or live with, as long as they are removed from the parental conflict (Stahl, 1999).

3.7.4 Child Rejection in PAS

Complementary to the child's alignment with the alienating parent in PAS is the child's rejection of the alienated parent, which deprives the child of its emotional right to both parents and contributes to a lack of contact between the child and the alienated parent after a divorce (Stokkers & Kormos, 2005). Dunne and Hedrick (1994) conducted an analysis of 16 post-divorce cases, in each of which there was at least one child who had rejected a parent on the basis of weak and absurd accusations that met Gardner's criteria for PAS. The study revealed that the child's rejection of the alienated parent in PAS was not automatically a function of pathology in either the alienated parent or his/her relationship with the child. Rather, the child's rejection of the alienated parent appears to be a function of the alienating parent's pathology and his or her pathological relationship with the child (Dunne & Hedrick, 1994). These findings hold great implications for child assessments, as a child who rejects a parent could be doing so as a result of the aligned parent's pathology and not due to the parent who is being rejected (Dunne & Hedrick, 1994).

3.7.5 Child Rejection-Visitation Refusal

3.7.5.1 Developmental Factors

Many children who refuse to visit the non-custodial parent exhibit specific developmental issues for each age group (Rand, 1997b). This data identified by Johnston (as cited in Rand, 1997b) and based on an analysis of 70 high-conflict divorce cases concludes that the reasons for children's refusal of visitation are multifaceted, and may include interconnected psychological, developmental and family relational problems.

3.7.5.1.1 2-3 years old.

Johnston (as cited in Rand, 1997b) found that 2-3 year-old children refuse visitation owing to developmentally appropriate separation anxiety. The most common symptoms in young children which arise during transition from one parental household to the next are sleep disturbances, enuresis, encopresis and poor impulse control (Kopetski, 1998b).

3.7.5.1.2 3-6 years old.

In high conflict divorce, children aged between 3 and 6 tend to transfer their loyalty to the parent whom they are with (Rand, 1997b). These children have a strong fantasy to side with the opposite sex parent and to compete with or reject the same sex parent. Resistance to visitation is derived from the guilt experienced by the child from their normal developmental fantasy, which they fear could come true in the context of PAS should they visit the same sex parent (Rand, 1997b).

3.7.5.1.3 6-7 years old.

Children in this age range have developed the capacity for cognitive dissonance, which enables them to appreciate both sides of their parents' conflicting views (Rand, 1997b). As a result they suffer internal conflict that originates from rejecting a once-loved parent in complete support of the other indoctrinating parent, whilst silently retaining their own view.

3.7.5.1.4 9-12 years old.

This age group is most at risk to forming PAS-type alignments in an attempt to reduce the guilt arising from parental loyalty conflicts (Rand, 1997b). This vulnerable age range is estimated by Waldron and Joanis (1996) to include 8-16 year olds, whereas according to Bone and Walsh (1999) younger children are more vulnerable to PAS than older children. Nevertheless, Johnston's study revealed that 28 to 43 percent of children in the 9-12 year age group would consistently reject and denigrate the parent with whom they were not aligned (Rand, 1997b), which was true of the other two age ranges as well. Children in this 9-12 year age group are often moody, defiant, socially withdrawn and have lower school grades (Kopetski, 1998b). Furthermore, children from age 6-12 (latency age) tend to express anxiety, tension, depression and psychosomatic illness in reaction to parental conflict (Cartwright, 1993).

3.7.5.1.5 Teenagers.

Teenagers are often defiant and engage in truancy as a result of emancipating prematurely from adult control (Kopetski, 1998b).

The amount of programming in all age groups is considered to be in direct relation to the child's degree of rejection and refusal to visit with the targeted parent in PAS (Byrne, 1989; Cartwright, 1999).

3.7.6 Psychological Characteristics of the Child in PAS

Based on his experience and involvement with PAS, Lowenstein (2002) has proposed a series of symptoms. Although some of these are common to all children under stress, they can act as red flags drawing attention to the possibility that a child may also be suffering from the effects of PAS (see Table 3).

The symptoms may be short or long term, and not all the symptoms are experienced by all children, with differences between children seemingly related to the extent and kind of their exposure to the alienating parent (Lowenstein, 2002). However, they offer a good conceptual understanding of the psychological effects children suffer as a result of PAS, which could aid mental health professionals in treating such children.

3.7.7 Long Term Psychological Characteristic's of the Adult Child in PAS

PAS does not only function in the formative years of a child's life, but also fosters feelings of guilt in the child's adult life (Cartwright, 1993). As the child becomes older (s)he is able to appreciate the wrongfulness of having rejected the targeted parent through having reflexively believed what the alienated parent wanted them to believe. The child may even start to reject the alienating parent as a result of the guilt they feel from willingly contributing to the campaign of vilification against the targeted parent (Cartwright, 1993).

The following long-term (adult life) effects on children of PAS were derived from a qualitative retrospective study of 38 participants who had experienced PAS as children (Baker, 2005b). The study revealed the following long-term effects of PAS:

3.7.7.1 Low Self-Esteem

The alienating parent's rejection of the targeted parent was experienced by the child as a rejection of that part of themselves which was the alienated parent (Baker, 2005b). This became

Table 3

Psychological characteristics of the child in PAS

Anger	Toward targeted parent so as to accommodate the alienating parent.
Lack of impulse control	PAS children often turn to delinquent behaviours.
Lack of self esteem/confidence	Especially for children who cannot identify with the same sexed alienated parent.
Clinging behaviour	Toward alienating parent, especially by younger children due to being programmed to believe that the targeted parent is dangerous.
Fear and phobias	School phobia and/or hypochondrias result out of fear of losing the alienating parent.
Depression and suicidal ideations	Parental conflict causes much distress and unhappiness for the child.
Sleep disorders	Worries about participating in PAS process and fear of targeted parent.
Eating disorders	Anorexia nervosa, obesity and bulimia.
Educational problems	Aggression and disruptive behaviours result in school dysfunction.
Enuresis and encopresis	The loss of one parent and the conflict between parents results in very young children wetting and soiling their beds.
Substance abuse	Escapism from feelings emanating from the PAS process.
Obsessive compulsive behaviour	The child seeks reassurance in their environment through the use of obsessive compulsive behaviours.
Anxiety and panic attacks	Anxiety reactions to PAS may be manifested in nightmares.
Sexual identity problem	Failure to identify with a parent from an originally secure relationship.
Peer relationship problems	Withdrawn or aggressive behaviour by the child of PAS leads to poor peer relationships.
Guilt	Older children typically experience guilt as a result of their wrongful behaviour toward the targeted parent.

Note: adapted from "Problems Suffered by Children due to the Effects of Parental Alienation Syndrome," by L. F. Lowenstein, 2002, *Justice of the Peace*, 166(24), 464-466.



even more apparent when the child of the same sex as the alienated parent started looking like that parent later in life (Baker, 2005b; Lowenstein, 2002). This sense of low self-worth also stemmed from the child being told by the alienating parent that their alienated parent no longer loved them. Internalised hatred for the targeted parent in response to their 'love withdrawal' formed the basis of their low self-esteem (Baker, 2005b). Later in life the child's guilt and shame about how they treated their alienated parent contributed to their low self-esteem and negative self-image.

3.7.7.2 Depression

Seventy percent of the children suffered depression in later (adult) life, which they attributed to the belief that the alienated parent had felt no love for them, as well as to the extended time they had spent apart from the alienated parent. The children of PAS were not allowed to mourn the loss of the alienated parent, which as a result led to the development of relational problems and depression (Baker, 2005b). This unhappiness led some to suicidal ideation and, in extreme cases, suicide attempts (Lowenstein, 2002).

3.7.7.3 Drug/Alcohol Abuse

One third of the subjects reported drug and/or alcohol problems at some stage in their lives. Substance abuse was recognized as a means of escape from the loss and pain they had felt as young children (Baker, 2005b). In its extreme form substance abuse led to suicide attempts as a means of escape (Lowenstein, 2002).

3.7.7.4 Lack of Trust

Sixteen of the subjects reported difficulty in trusting themselves and others. They tended to repeat the primal rejection of the alienated parent in all their romantic relationships; furthermore, two-thirds of the participants had divorced once, whilst a quarter had been divorced more than once. In this manner they were able to recreate the past by confirming to themselves that what was is what should have been (Baker, 2005b). In addition, they developed a lack of trust in their own abilities to make constructive decisions. This was because of the alienating parent repeatedly telling them to believe what was in fact discrepant with their own perceptions (Baker, 2005b).

3.7.7.5 Alienation from Own Children

Exactly half of the 28 participants who had children reported being alienated from them. They described feelings of loss and rejection that they had formerly felt as children, accompanied by the sense of being unloved now not only by a parent but by their own children as well (Baker, 2005b).

The above results reinforced those of Baker's (2005a) qualitative study involving 40 adults who were alienated from a parent as a child, as discussed in the previous section on the Alienating Parent. In this study the adult children of PAS reported low self-esteem, guilt, depression and lack of self-trust, similar to the negative outcomes experienced by former cult members. These long-term effects of PAS provide a useful conceptual framework for mental health professionals in understanding and treating adult children of PAS. Furthermore, it is clear that the child once grown up typically remains a victim of the PAS process, which often perpetuates itself into the next generation. As the PAS victim may choose a spouse who has the potential characteristics of an alienator, s(he) would therefore have suffered not only alienation from a parent in childhood but also the alienation of their own children in adulthood (Lowenstein, 2005).

3.7.8 Child Custody Placements

Finally, the characteristics of the child are complemented by 20 criteria, which Gardner (1999b) considers important when making custody-related decisions. Each criterion focuses on which parent will be better equipped to manage the child alone after the divorce is finalised, in an effort to create a well-considered and sound custody recommendation.

3.7.8.1 The Stronger, Healthier Psychological Bond

This is the most important criterion for assessing the best interests of the child (Gardner, 1999b). The criterion stipulates that the parent who has the stronger, healthier psychological bond with the child should be given preference in a custody dispute. The parent who was the primary care-giver in the child's earliest years usually occupies this position, regardless of gender. It is important to note that the status of the preferred primary parent can change; the chances of this increase the longer the parent has not been the primary care-giver (Gardner, 1999b).

3.7.8.2 Parenting Capacity

This criterion focuses on each parent's ability to effectively rear, discipline, guide and care for the child (Gardner, 1999b).

3.7.8.3 Values and Morality

This criterion assesses each parent's values and morals, which a child will invariably model and identify with. Honesty, empathy and social commitment are among the important elements in this criterion (Gardner, 1999b).

3.7.8.4 Availability

This criterion assesses each parent's ability to be available to the child. This includes being able to drop off and collect the child from school, help with homework and address emergency situations and illness (Gardner, 1999b).

3.7.8.5 Educational Commitments

Parental involvement in the child's school activities is evaluated under this criterion, including the level of pride and enjoyment each parent experiences when observing their child's involvement in extramural activities (Gardner, 1999b).

3.7.8.6 Health Care

The child's physical and mental health care is evaluated against the availability and commitment of each parent in this criterion, which includes home care should the child become physically ill (Gardner, 1999b).

3.7.8.7 Appreciation of the Role of the Other Parent in the Child's Life

This criterion assesses each parent's potential for, or existing parental impairment with regard to, alienating the child from the other parent (Gardner, 1999b).

3.7.8.8 Cooperation

Each parent's willingness to cooperate with the other regarding the child's welfare is assessed under this criterion. Parents who need to be served a court order to ensure their cooperation

display impairment in parenting, which is likely to hinder the healthy growth and development of the child (Gardner, 1999b).

3.7.8.9 Communication

The willingness of each parent to communicate openly and freely with the other regarding the child's health and development without the use of court orders is assessed under this criterion (Gardner, 1999b).

3.7.8.10 Commitment to Providing the Child with Basic Needs

The parents are assessed and compared with regard to their commitment rather than their financial capacity to care for the child's food, clothing and shelter needs (Gardner, 1999b).

3.7.8.11 Physical Health of Each Parent

In order to take appropriate care of a child, the parent's physical health needs to be taken into consideration (Gardner, 1999b).

3.7.8.12 Psychological Health of Each Parent

A personal history from each parent along with the parent's account of the other parent is taken into consideration by the evaluator. It is important that only severe psychopathology be taken into account – such as psychosis, severe personality disorders, substance abuse, abuse of family members (whether emotional, physical or sexual), psychopathy or difficulties with the law – as mild forms of psychopathology are likely to be present in both parents in such a context (Gardner, 1999b).

3.7.8.13 Presence of Parental Substitutes in Each Parent's Home

The evaluator assesses the availability of parental substitutes in each parent's home, such as step-parents or grandparents who could be reasonably available and continuously involved in the care of the child (Gardner, 1999b).

3.7.8.14 Appreciation of the Danger of Exposing and Involving the Child in Parental Conflicts

Each parent is assessed to ascertain the degree to which they may be involving their child as either a spy or a weapon in their parental disputes (Gardner, 1999b).

3.7.8.15 Commitment to Child's Enrichment

Each parent's commitment to the child's intellectual and emotional stimulation other than that covered by their school and extramural activities is assessed, such as trips to science fairs or museums, ballet or modelling classes (Gardner, 1999b).

3.7.8.16 Extended Family Involvement

Each parent's appreciation for extended family members from each side of the family remaining involved in the child's life is assessed (Gardner, 1999b).

3.7.8.17 Involvement with the Child's Friends

Each parent's interest in developing the child's relational involvement with peers is assessed (Gardner, 1999b).

3.7.8.18 Pride in the Child

Each parent is assessed with regard to the pride they feel for their child, which is a manifestation of their love for the child. This criterion is not fulfilled if the pride is excessive and serves to deny such obvious weaknesses as the child might have (Gardner, 1999b).

3.7.8.19 The Child's Own Stated Interests

Caution with regard to this criterion needs to be exercised, as a child's immaturity or programmed disposition to alienate the targeted parent may render the child's own stated interests not in his or her best interests (Gardner, 1999b).

3.7.8.20 Commitment to the Care of the Handicapped Child

A special evaluation of each parent's commitment to raise a handicapped child alone, with all their special requirements and associated burdens, needs to be done carefully (Gardner, 1999b).

The above considerations require detailed attention and investigation. Generally speaking, the more criteria in which a particular parent is superior, the greater the justification for awarding that parent primary custody of the child (Gardner, 1999b).

3.8 The Alienated Parent

The alienated parent is the third actor in the PAS drama; although not much literature is available on this parent per se, the following section canvasses available studies for appropriate information.

Vassiliou and Cartwright (2001) conducted a study that examined five alienated fathers' and one alienated mother's perception of PAS to determine if there were shared characteristics among alienated families and the alienation process. The study's results appeared to support Dunne and Hendrick's (1994) study – as discussed in section 3.7.1 – in that family characteristics such as the number of children, marriages and relocations were considered weak indicators in the occurrence of PAS (Vassiliou & Cartwright, 2001). The alienated parents reported feeling powerless as a result of the alienation process; they felt that their behaviour was being controlled by their children, as the children would determine when they would visit and what they would do when they did visit. Moreover, the alienated parents were reluctant to risk angering the children for fear of them refusing to visit. This lack of parental power manifested in the deterioration of their parenting skills, regardless of whether the alienated parent had visitation with their children or not (Vassiliou, 1998; Vassiliou & Cartwright, 2001). Furthermore, this was also found to be the case in Lund's (1995) and Gardner's (2002db) studies (as discussed under points 3.1 and 3.7.1 respectively). Finally, the alienated parents attributed the cause of the alienation to the alienating parent's feelings of hate, anger and revenge (Vassiliou & Cartwright, 2001; these findings were also highlighted in Kopetski's [1998b] study, as discussed under point 3.6.1). Thus the alienating parent turns his/her psychological pain into interpersonal conflict. In addition, the alienating parent's alienation strategies, especially the disruption of visitation frequency, was described by the alienated parents as having a most profoundly negative effect on their relationship with their children (Vassiliou & Cartwright, 2001).

The above findings were enhanced by Baker's (2006b) study that reviewed, in depth, four true stories of PAS from the alienated parent's perspective, and as a result identified several crosscutting themes. First, the study revealed that the alienated parents were not familiar with the concept of PAS, believing that if they were loving and good parents their children would know them for who they were and not for what the alienated parent would have them believe. It seems that the alienated parents had been swept up in a whirlwind courtship that had a fairy tale beginning, often initiated by the alienating parent. The relationships soon led to marriage and children, which did not give the couple a chance to get to know each other. This perhaps naïve behaviour highlighted a lack of maturity that could be associated with subsequent behaviours such as an inability to share, lack of impulse control and the inability to see positive and negative aspects in the same person (Baker, 2006b). It may therefore be inferred that the alienated parent's naivety and the immaturity displayed in the couple's relationship might be a factor in the subsequent development of PAS (Baker, 2006b).

Moreover, the study revealed that Gardner's eight components of PAS manifested quite consistently across the stories (Baker, 2006b). The victimisation of the alienated parents was exacerbated by the ongoing controversial debate among professionals as to whether or not PAS exists, which served to deprive the alienated parents of the legal and mental health support they so desperately needed (Baker, 2006b). Consideration of this controversy and debate concludes this chapter.

3.9 Sources of Controversy Concerning PAS

PAS is the source of much controversy given its important implications in legal recommendations within an adversarial system. Therefore PAS is either advocated or discredited depending on the legal position being defended. If PAS is to be denounced, an advocate would reason that "if there is no such thing as PAS, then there is no programmer, and therefore *their* client cannot be accused of brainwashing the children" (Gardner, 2003a, p. 7). This legal tactic is considered the central component in the controversy over PAS. Many such controversial issues are explored in this section, but it is important to remember that the fact that something is controversial does not make it invalid (Gardner, 2003a).

3.9.1 PAS as a Syndrome

Much debate centres on the contention that PAS is not a syndrome, as the term syndrome would serve to enhance confidence in the scientific basis and, by implication, the reliability of an expert witness's testimony involving PAS (Warshak, 2001). This is why many attorneys advocate PA in an attempt to vindicate their alienating clients. PA has no alienator and the cause of alienation under this diagnosis may be shifted to or shared with the non-alienating parent (Gardner 2003b). However, Gardner (2002c) believes PAS to be a syndrome as it is characterised by a cluster of eight symptoms that usually appear together in the child (Bone, 2003; Cartwright, 1993; Gardner, 2002d, 2003a). According to Gardner (2002c), children of PAS typically display most of these symptoms and the consistency with which these appear results in PAS children resembling each other. The "purity" of its identification (Gardner, 2003a) makes PAS a relatively easy diagnosis to research. The number and intensity of the symptoms are considered to determine whether the disorder is mild, moderate or severe (Bone, 2003), although it is not clear how many and which of the eight PAS symptoms are needed to decide which PAS type diagnosis should be made (Turkat, 2002). Furthermore, PAS also has a specific underlying cause which is the programming (brainwashing) of the child by the indoctrinating parent, and consequently the child's own contributions to the disparagement of the alienated parent, neither of which is evident in PA (Gardner, 2002c). A syndrome is by definition "a grouping of signs and symptoms based on their frequent co-occurrence that may suggest a common underlying pathogenesis, course, familial pattern, or treatment selection" (Warshak, 2001 p. 37). In view of the frequent co-occurrence of the symptoms and underlying cause mentioned above, it may safely be concluded that PAS truly is a syndrome.

What is more, the allegation that PAS is not a syndrome as it lacks empirical support (Baker & Darnell, 2006) has no foundation because the existence of PAS is supported by over 135 articles that include peer-reviewed and empirical studies published in professional journals. They not only accept PAS as a syndrome, but have moved on in the direction of exploring the syndrome more intensely (Bone, 2003). In a Florida court hearing of *Kilgore v. Boyd* in 2001 the issue was raised as to whether or not PAS satisfied the Frye Test criteria for admissibility into a court of law. It was ruled that PAS had gained enough acceptance in the scientific community to be admissible in court. Peer-reviewed articles by over 150 authors other than Gardner and court

rulings wherein PAS was recognised helped the judge to reach a decision that was later affirmed by the district court of appeals (Gardner, 2002c). PAS is not only accepted in the United States of America but in other countries such as Germany, Great Britain, Canada and Israel, amongst others. The allegation that PAS is not a true syndrome becomes rather hollow in the light of its scientific and professional credibility (Bone, 2003).

3.9.2 PAS and the Diagnostic Statistical Manual of Mental Disorders (DSM)

Although mental health professionals, family law attorneys and judges are in agreement that a syndrome exists in terms of which one parent alienates the child from the other parent, there is still controversy regarding the term PAS to describe this phenomenon (Gardner, 2002c). This is especially true in acrimonious custody disputes, where PAS may come under close scrutiny from the legal and psychological team of the alleged programmer, and where it may be stated that PAS is not a scientifically legitimate syndrome as it does not appear in the *Diagnostic Statistical Manual of Mental Disorders*, fourth edition (DSM-IV). This position holds for now since when the DSM-IV was published in 1994 there was not enough literature available on PAS for it to be considered. The first publication on PAS only appeared in 1987. However, as indicated, there are now more than 135 articles on PAS in peer-reviewed journals with over 150 authors, dealing with, among other things, the parameters of PAS, arguments for and against PAS, case studies, and the long-term effects of PAS. These are likely to change PAS's status when the committee for the DSM meets for its next edition (DSM-V) in 2010 (Bone, 2003 & Gardner, 2002c, 2002d). To argue that PAS is invalid because it is not in the DSM-IV is misguided, as PAS is no longer in its infancy and has acquired the requisite status through stringent research to be considered for the next DSM publication (Bone, 2003). Furthermore, PAS has been recognised by over 38 courts of law, despite the reluctance of many to use the term. This is a clear sign of PAS's existence, even though its entry into the DSM has not yet been made (Gardner, 2001b).

3.9.3 PAS Protects Genuinely Abusive Parents

Based on Gardner's definition of PAS it is important to highlight the difference between PAS and PA (Gardner, 2002c). There are many reasons why a child may push away a parent, such as parental neglect and phases of parent-child tension during adolescence. Moreover sexual, physical and emotional abuse may cause a child to reject a parent. Such reasons have no bearing

on the notion of “programming” which is a fundamental aspect of PAS. PAS needs to be distinguished from PA in order for a correct diagnosis and treatment plan to be followed (Gardner, 2002c & Wood, 1994). Much of the literature on PAS – for example Gardner (1999a, 2002c) and Bone (2003) – deals exclusively with identifying those parents who are truly abusive from those parents who are not, which calls into question the criticism that PAS is used as a means to protect abusive parents (Bone, 2003).

3.9.4 PAS is the Only Source of Alienation in Children

Children may become alienated from a parent for a number of reasons, the main reason being abuse-neglect (Bone, 2003; Bruch, 2002; Hirsch, 2002). It is the knowledge gained from truly abused children with regard to how much abuse they will endure, and their relationship with the abusive parent that are used as a gauge to determine whether or not true abuse is in fact taking place. True abuse results in consistent vivid recall that contrasts with alleged abuse in PAS, when the child’s memories are inconsistent and need constant refreshing by the indoctrinating parent (Bone, 2003).

3.9.5 PAS and Sexism

Many examiners use PA rather than PAS as they fear the criticism of being labelled sexist in their diagnosis (Gardner, 2002c). The primary determinants for becoming a PAS indoctrinator include “access to children, relentlessness in the programming process and financial superiority” (Gardner, 2002c, p.105). PAS indoctrinators were primarily women. However, since the mid-1990s there has been a gender shift so that the ratio of male to female potential PAS indoctrinators is almost the same. This gender shift is due to the “tender years’ doctrine” being replaced by the “best interest of the child presumption” (Baker & Darnell, 2006; Bone, 2003; Gardner, 2003b). In the late 1980s mothers were the more likely alienating parents as they would retain custody of their child under the “tender year doctrine”; but because of the replacement of this doctrine by the “best interests of the child presumption”, more fathers are awarded custody nowadays and will sometimes use indoctrinating strategies to bolster their custody case. PAS is considered gender biased by many critics who fail to comprehend the gender shift in PAS; one reason for this presumption could be that 75% of the primary indoctrinators in PAS are still

women (Lowenstein, 1999). Mothers are still viewed as the centre of the family, despite the higher incidence of male caretakers consequent on changes in social and cultural norms.

3.9.6 PAS verses PA

Guardians' ad Litem who are appointed by the court may find that the child is so vindictive toward the targeted parent that they feel they cannot represent such a person (Gardner, 2002c). In such situations they may look to explaining the situation as PA rather than PAS, as this allows their conscience to be appeased by the possibility of other causes for the child's behaviour, such as bona fide abuse-neglect by the targeted parent. This same scenario may play out with the indoctrinating parent's family attorney, who seeks the "sanity" of an appeal to PA as opposed to PAS (Gardner, 2002c).

3.9.7 PAS and Money

Many attorneys use PA rather than PAS as it is a broader term which results in lengthier court proceedings (Gardner, 2002c). A longer trial equates to more money, and it is this factor that drives some attorneys to deny the existence of PAS (Gardner, 2002c).

3.9.8 PAS and Gardner

Gardner (2002c) has long been critical of the legal profession, voicing the opinion that adversarial proceedings are the worst way to resolve a custody dispute susceptible of resolution through mediation. Due to his outspoken opinion, the term PAS has become associated with criticism which is in actual fact misplaced anger aimed at Gardner himself (Warshak, 2001). Gardner's peer-reviewed work on PAS has also been criticised due to the fact that many of his works are self-published (Niggemyer, 1998; Warshak, 2001). Yet this criticism falls flat when it is considered that 70 of the 135 published articles on PAS are by authors other than Gardner, and were not published by Gardner's company.

The implication of Gardner's detractors is that the work published by his own company is somehow invalid. This criticism is cast aside when one considers the references for the American Psychological Association's (APA) official guidelines for custody evaluations; from over thirty references which accompany these guidelines, Gardner is the only author to appear three times.

This highlights the acceptance of Gardner's work and surely dispels the allegations of fraudulent behaviour laid against the Gardner-PAS identification (Bone, 2003). Furthermore, Gardner was invited by a board of editors which included some of the world's principal experts in child psychiatry, to include a chapter of his book in an influential psychiatric reference volume (Warshak, 2001).

There is tremendous misinformation about PAS and its critics seem driven to maintain these inaccuracies in spite of overwhelming evidence to the contrary...as for Richard Gardner, it has occurred to me that he may well be the ultimate targeted parent, falsely vilified in the courts and accused of being a danger to those children whom his work has protected. (Bone, 2003, p. 27)

CHAPTER 4: COMPILING THE INTERVIEW PROTOCOL

The following chapter provides a description of how the interview protocol was constructed, drawing on both Bourg et al.'s (1999) guidelines on how to conduct child custody and visitation interviews, and on the information derived from the literature analysis in the previous chapter. Then a description of how the interview protocol is to be administered is provided. The chapter concludes with a preliminary evaluation of the interview protocol, which considers feedback from a response form given to four professionals acquainted with child custody disputes.

4.1 The Interview Protocol's development

4.1.1 Guidelines for Conducting Child Custody and Visitation Interviews

The following guidelines provide useful information on how the alienating parent, the alienated parent and the child could possibly be interviewed, especially in cases involving allegations of abuse. These guidelines were incorporated, along with the themes from the literature analysis, into the development of the interview protocol, and this helped to give the protocol a more robust and responsive structure. Furthermore, the guidelines aim to aid in differentiating true abuse from false allegations of abuse so as to facilitate the detection of PAS.

4.1.1.1 The "Non-Offending"/Alienating Parent

This parent is asked the following questions in order to decide whether his or her focus is on helping the child or vilifying the targeted parent (Bourg et al., 1999). The answers to the following questions are used to determine whether their conclusions are logical or better understood by alternative explanations:

How did you determine that the child had been victimised?

How did you relate the conversation with the child about the abuse?

How did you respond to the allegations?

4.1.1.2 The "Offending"/Alienated parent

Due to potential bias in parental disputes the offending parent is asked his/her perspective on the family's history and on the current allegations of abuse (Bourg et al., 1999). Interviewing the

offending parent may provide an alternative explanation to the presenting allegations. Moreover, this approach protects the interviewer against absorbing the biases of the accusing parent.

4.1.1.3 The Child

The interview should be constructed using simple language and short sentences (Bourg et al., 1999). The interviewer needs to define the child's role – which involves informing him or her about telling the truth – and to build rapport, telling the child what to expect and thereby giving him or her some control. Informed consent for observation and/or taping must be obtained. The interviewer should then record responses verbatim, including a description of the child's nonverbal behaviour and affect (Bourg et al., 1999). This may be achieved by video-recording, audio-taping or note taking. Each of these tools needs to be introduced to the child and if they appear to be interfering with the child's disclosure of events should be sensitively re-accommodated. Such reporting tools increase the credibility of the concluding report and reduce the likelihood of the child's having to appear in court or undergo repeated interviews. In the event of court proceedings a child protection order should be sought to protect the interview records from becoming subject to public access.

It is usually recommended that the child be brought to an interview by a neutral party (Bourg et al., 1999). However, it is not always possible to determine who is neutral as divorces sometimes polarise entire families and professional communities. Therefore, it is acceptable that the child be brought by the non-offending parent until such time as coaching on that part of that parent has been established.

Usually the interview takes more than one session, and if that is the case it is recommended that the first session deal with questions relating to all the households the child regularly visits, such as the following:

- Activities and routines
- Perceptions of caregivers
- Relationships with both parents before and after abuse allegations

The second session deals with the following:

- Focusing on the child's previous disclosures and circumstances that elicited the disclosures.
- Ascertaining whether the child's language when describing abuse is consistent with their displayed language skills during the previous part of the interview.
- Directly exploring coaching, pressuring and bias on the part of each care taker. This is done by questioning the child regarding their perceptions of the situation. For example (Bourg et al., 1999, p. 180):
"How do you feel about (alleged perpetrator)?"
"How did you feel about (alleged perpetrator) when you first met him? What changed your mind about him?"
- When contradictory findings emerge, the child should be confronted, but as a last resort and in a sensitive and supportive manner, such as: "I'm confused. First you told me ____, and then you told me ____. Can you help me understand what really happened?" or "Can you tell me again so those two things make sense to me?"(Bourg et al., 1999, p.181).
- If a child recants an allegation of abuse it is important to determine if the report was true or false and to follow up the motivation for such a recant.

Furthermore, the interviewer should conclude by asking the child if they have any questions, and the interview should end on a positive note (Bourg et al., 1999).

Finally, in addition to the normal history-gathering process, all other reports from law enforcement and non-offending parents need to be reviewed including information regarding any prior evaluation of abuse (Bourg et al., 1999).

4.1.2 Use of Literature Analysis in the Protocol

In conjunction with the guidelines from Bourg et al. (1999), central use was made in the development of the interview protocol of information derived from the extensive thematic analysis on the available literature relating to PAS in chapter 3. First, all the themes were broken down into point form. These points were then rearranged into homogenous clusters and placed

under appropriate headings. The resulting headings were then reorganised into appropriate thematic categories on which the interview structure was then based. The thematic analysis in chapter 3 was in a sense reorganised and structurally re-themed in order to become pragmatically useful in the design of an interview protocol. The following examples illustrate the aforementioned process:

First, the following are examples of points extracted from the themes in chapter 3:

Example 1:

- PAS occurs in either young children or teenagers (Dunne & Hedrick, 1994)
- Children, especially the oldest child, may act as a secondary programmer (Vassiliou & Cartwright, 1994)
- Boys who have more emotional and behavioural problems are more likely to reject their mother in PAS (Johnston, 2003)
- Girls who demonstrate more social competence and separation anxiety when separated from their fathers are more likely to reject their mothers in PAS (Johnston, 2003)
- PAS may take hold of all or only one child (Dunne & Hedrick, 1994)
- The number of children is a poor predictor of PAS (Vassiliou & Cartwright, 1994)
- The custodian of the child is more likely the threatened parent (Klass & Klass, 2005)

Secondly, these thematic points were then rearranged into clusters and placed under appropriate headings:

Example 2:

Age

- PAS occurs in either young children or teenagers (Dunne & Hedrick, 1994)
- Children, especially the oldest child, may act as a secondary programmer (Vassiliou & Cartwright, 1994).

Gender

- Boys who have more emotional and behavioural problems are more likely to reject their mother in PAS (Johnston, 2003)
- Girls who demonstrate more social competence and separation anxiety when separated from their fathers are more likely to reject their mothers in PAS (Johnston, 2003)

Number of siblings

- PAS may take hold of all or only one child (Dunne & Hedrick, 1994)
- The number of children is a poor predictor of PAS (Vassiliou & Cartwright, 1994)

Custodian

- The custodian of the child is more likely the threatened parent (Klass & Klass, 2005)

Thirdly, these headings were then placed under an appropriate category, for example, **demographics**.

This process constituted the first stage in the interview protocols development. The second stage involved taking the information from stage one and tabulating it into a reference table to which the interviewer could refer. The interview protocol itself only contained the category and point headings, which made the reference tables a valuable document, as it could be referred to separately, which in turn lowered any potential for bias. The following examples serve to illustrate the second stage of the interview protocol's construction.

Following on from the examples above, the thematic category in the actual interview protocol would look as follows:

Example 3:

Point 2

DEMOGRAPHIC INFORMATION (Table 2)	
▪	Age
▪	Gender
▪	Number of siblings
▪	Place of residence

The corresponding reference table would be tabulated as follows in a separate document:

Example 4:

Table 2 DEMOGRAPHIC FACTORS

Age	<ul style="list-style-type: none"> ▪ PAS occurs in either young children or teenagers (Dunne & Hedrick, 1994) ▪ Children, especially the oldest child may act as a secondary programmer (Vassiliou & Cartwright, 1994).
Gender	<ul style="list-style-type: none"> ▪ Boys who have more emotional and behavioural problems are more likely to reject their mother in PAS (Johnston, 2003). ▪ Girls who demonstrate more social competence and separation anxiety when separated from their fathers are more likely to reject their mothers in PAS (Johnston, 2003).
Number of siblings	<ul style="list-style-type: none"> ▪ PAS may take hold of all or only one child (Dunne & Hedrick, 1994) ▪ The number of children is a poor predictor of PAS (Vassiliou & Cartwright, 1994)
Place of residence	<ul style="list-style-type: none"> ▪ The custodian of the child is more likely the threatened parent (Klass & Klass, 2005).

The final stage of the interview protocols development involved splitting the protocol into two parts, one to be used when interviewing the child (see appendix 3) and the other when interviewing the parents (see appendix 5).

The questions/guiding-points under each category on the interview protocol are either open-ended, as in example 3 above, or presented in a tabulated format that allows for only closed-ended answers. Only those questions that are dichotomous in nature are structured in a closed-ended manner; nevertheless, a supporting comment box is provided for any addition relevant information, as illustrated below:

Example 5:

6. PAS SYMPTOMS AND TYPE (Table 6)

Check mark (×) the following symptoms of PAS relative to its type that have either been observed or reported and provide supporting information in the comment box.

Primary symptomatic manifestation	Mild	(×)	Moderate	(×)	Severe	(×)
The campaign of denigration	Minimal		Moderate		Formidable	
Comments						

4.2 The Interview Protocol’s Administration

For ease of administration, the interview protocol is intended for use with its corresponding reference tables (see appendixes 4 & 6). The reference tables provide supporting information relevant to PAS and use the mnemonics AP in reference to Alienating Parent and TP in reference to Target Parent.

The interview protocol comprises two sections, one which is used when interviewing the child and the other when interviewing the parents. As already mentioned, both tabulated closed-ended and open-ended questions are used. In the case of closed-ended questions a comment box is provided, whereas open-ended questions need to be reported separately.

4.2.1 The Child Section of the Interview Protocol

The child section comprises of eleven thematic categories relating to PAS:

1. Preface information

2. Demographic information
3. Relational information
4. Personal information
5. Reasons for rejecting a parent
6. PAS symptoms and types
7. Additional factors relating to PAS type
8. Contradictory findings
9. Exploring coaching, pressuring and bias
10. Differential syndromes
11. Custody recommendations

Each category is allocated a point number on the interview protocol (see example 3 above), and each point number has a corresponding table number that provides reference to supporting information set out in a separate referral document (see example 4 above).

In the event of there being more than one child, each child is then interviewed using an exact duplicate of the child section of the interview protocol. It is therefore crucial that the correct child's name appears on each of these identical documents.

4.2.2 The Parent Section of the Interview Protocol

The parental section is comprised of ten themes relating to PAS which are administered in the same vane as the child section:

1. Demographic information
2. Reason for referral
3. Personal history
4. Family history
5. Cognitions
6. Personality
7. Alienation techniques
8. Alienation technique – false allegations of abuse
9. Differential syndromes

10. Custody recommendation considerations

Similarly, each theme is allocated a point number on the interview protocol, and each point number has a corresponding table number referring to supporting information tabulated in a separate reference document.

The interview protocol is structured in such a way that both parents are afforded the same interview without preconception as to which of the parents is the alienating or targeted parent. In the event of abuse allegations which often arise during severe PAS, each parent's view of the alleged abuse is taken into account. If the parent being interviewed is accusing the other parent then they are interviewed using a set of open and closed questions, which can either be filled in on the interview protocol or separately. The questions are designed to determine if the accusing parent's focus is on the child's safety or on vilifying the targeted parent. In the case of the accused parent the interview protocol is structured in such a way as to help distinguish whether the accused parent is an abuser or a false offender, based on open and closed questions. Given that each parent is interviewed using an exact duplicate of the parental section of the interview protocol it is important that the correct parent's name appears on each of these identical documents.

Differential syndromes are incorporated into both the child and parent section of the interview protocol's structure to allow for a thorough investigation into the detection of PAS. Furthermore, both sections conclude with custody recommendation considerations. However, these considerations need to be incorporated into the overall evaluation derived from the entire interview along with any additional supporting collateral information.

4.3 Instructions for Use

Each interviewer is supplied with a covering instruction page (see appendix 2) which outlines how the interview protocol is to be administered. The covering instruction page also explains that the interview protocol is intended to be used as a guide should the interviewer suspect the syndrome to be operative, or in cases where abuse is suspected, or when the interviewer is not familiar with PAS as it could aid in diagnostic clarity. The covering instruction page most importantly alerts the interviewer to the fact that the interview protocol is in itself *not a*

diagnostic tool but rather an element in a larger process of evaluation. Furthermore, the covering instruction page highlights the main objective of the interview protocol, which is to alert the interviewer to potential PAS themes that may aid in the overall recommendation in a particular case, especially if the case involves custody related recommendations.

4.4 The Response form

The interview protocol was preliminarily evaluated by four professionals via a response form (see appendix 7). The response form contained questions relating to the interview protocol's clarity and accessibility in four domains; namely, the overall *structure* of the interview protocol, the *sections* that the interview protocol was divided up into, the *questions* making up each section of the interview protocol and the *reference* tables which the interview protocol referred to for supporting information. Finally, the feedback from the response forms was evaluated qualitatively and the following suggestions from the professionals were considered.

There was general consensus among the professionals that the interview protocol's structure, sections and questions were understandable, clear and user-friendly, and there were no suggestions for specific revisions. Furthermore, the reference tables were considered clear and straight-forward, offering explanations of great assistance to any professional involvement in these types of custody cases. Furthermore, the interview protocol took approximately 30 minutes to review. However, it was noted that the protocol was somewhat bulky, although it was understood by the evaluators that repetitive aspects provided excellent cross-checks and that as with all new protocols, refinement, review and reworking would happen automatically as the protocol was applied in a practical context.

It was also acknowledged that the interview protocol provided thorough check-lists, which in turn allowed for a comprehensive approach to the phenomenon of PAS that is commonly either overlooked or over-used and manipulated. It was highlighted that the protocol would go a long way to alleviate these difficulties by alerting evaluators to their own oversights, biases, subjectivities or lack of information.

Finally, it was noted that PAS may be operative in intact families where there is conflict, dependency and alcoholism, etc. While this aspect was addressed in the project's thematic analysis, it has not been the focus of this thesis. Moreover, it was acknowledged that PAS has not been placed within a formal classification system as yet (i.e. DSM). However, the overall opinion was that this did not detract from the enormous relevance the protocol could have for increasing evaluators' understanding in adversarial custody cases.

CHAPTER 5: CONCLUSION

This chapter concludes the study with a synopsis of the main aims of the research project. This is followed by a brief discussion of the strengths and limitations of the study, and some suggestions for further research.

5.1 Synopsis

Parental Alienation Syndrome (PAS) is a theorised disorder first cited by Gardner in 1985 (Gardner, 2002c). Gardner believes PAS to be characterised by a cluster of eight symptoms that usually appear together in the child. According to Gardner (2002c), PAS children typically display most of the eight symptoms and the consistency with which these symptoms appear results in PAS children resembling each other. PAS also has a specific underlying cause, that is, the alienating parent's programming of the child to reject the alienated parent. Taking its cue from this, the child also contributes to the campaign of denigration against the alienated parent (Gardner, 2002c).

According to Gardner (2002c), PAS has taken hold mainly in acrimonious custody disputes. In South Africa, more than 30 percent of divorce cases involve the custodial parent's use of the child as a means to gain control over the non-custodial parent (Watts, 2005). Therefore this research seemed timely. Its aim was to develop an interview protocol that would aid professionals, especially psychologists, when they are called upon to give expert testimony in a court of law regarding appropriate custody recommendations in acrimonious custody disputes. The protocol was developed to detect PAS and to distinguish it from other different but similar syndromes or states of affairs. According to Gardner's (2003a) definition of PAS it is important that custody recommendations consider the difference between PAS and Parental Alienation (PA). This difference is essentially the notion of 'programming' on the part of the alienating parent and the 'unjustified rejection' of the alienated parent by the child. Both are fundamental aspects of PAS that are not found in other PA contributors, which included either true abuse or normal developmental rejection (Gardner, 2002c). The above differentiation is at the core of custody recommendations as the professional needs to be fully cognisant of it to give adequate consideration to the best interests of the child. Furthermore, recommendations should be based

on a thorough understanding that accusations of abuse could lead to custody being given to the non-abusing parent in true abuse cases, but in the case of PAS, awarding custody to the “non accused/alienating parent” would contribute to the perpetuation of the PAS process. This is especially true in severe PAS where accusations of abuse are used by the non accused/alienating parent as a severe alienation technique in order to get the child to reject the alienated parent. Therefore the interview protocol was developed to inform professionals not fully acquainted with PAS of possible differentials and distinctions, in an effort to afford them greater diagnostic clarity when making final custody recommendations.

The development of the interview protocol was based on an extensive thematic analysis of available empirical and conceptual research pertaining to PAS. The analysis uncovered numerous themes relating to PAS such as the identification of PAS, types of PAS and differential syndromes. Moreover, the thematic analysis was further themed according to the principle actors in the PAS drama, namely the alienating parent, the child and the alienated parent. The alienating parent was themed according to alienating techniques, false allegations of abuse and the distinction between PAS-inducing and abusive-neglectful parents. The child was themed according to their empowerment in the PAS process, and their choice of parental alignment or rejection as well as the psychological effects that PAS has on them as a child and as an adult survivor of PAS. The alienated parent was themed according to how their behaviour contributes to the PAS process along with their reactions to the PAS process, and how falsely accused alienated parents can be differentiated from bona fide abusers. Furthermore, the thematic analysis considered PAS-specific and general custody recommendations as well as taking into consideration the controversial debates over PAS.

Finally, it is incumbent upon the researcher to reiterate that the structural layout of the thesis creatively broke away from convention, placing the methodology chapter before the literature analysis. This decision was based on the research design, which considered the extensive literature search as the sample on which the data analysis was based. Furthermore, chapter 4 adds support to the project as it responds to four professional opinions regarding the clarity and accessibility of the preliminary interview protocol. The project in a sense called for an idiosyncratic approach because it is more than an academic pursuit, having sought to make a

practical contribution towards the decision-making process in appropriate custody recommendations.

5.2 Strengths of the Study

The two main criticisms made against PAS are that it is sexist, typifying women more than men as indoctrinators, and that it protects bona fide abusers (Baker & Darnell, 2006; Bone, 2003; Gardner, 2002a, 2002c, 2003b; Lowenstein, 1999). These two criticisms were considered when the structure of the interview protocol was being developed. In the first instance, each parent is interviewed using the same interview format without prejudice, should PAS be present, as to which of the two parents is either the alienating or alienated parent. And secondly, the interview protocol's structure makes careful provision for differentiating bona fide abuse from false allegations of abuse.

In addition, the preliminary interview protocol was assessed by four professionals to ascertain its clarity and accessibility, with a view to improving it and enhancing its utility. The professionals' opinions were considered and no changes regarding the interview protocol's structural design at this stage of its development was recommended. Moreover, the structure of the interview protocol incorporated guidelines for conducting child custody visitation interviews (Bourg et al., 1999) which gave the interview protocol a more rigorous and robust structure.

A further strength is that the interview protocol does not claim to be what it is not. It is clearly stated in the instruction page of the protocol that it is not a diagnostic tool but rather an element in a larger process of evaluation, and that custody recommendations should take into account collateral information and other supporting documentation. Moreover, it is stipulated that anyone other than a psychologist who uses the interview protocol should obtain psychological test information (e.g. MMPI-2 profile) from a registered psychologist.

5.3 Limitations of the Study

The interpretative nature of the research design could not exclude the researcher's own world view and experience in the thematic analysis of the relevant data on PAS. Given that this is a

limitation of all qualitative studies, the researcher sought to reduce this limitation by rigorously and exhaustively analysing and themes that emanated from the available literature on PAS.

Since PAS is considered a contentious and controversial topic the research deliberately highlighted and engaged with such controversy so as to make the project as transparent as possible. Moreover, the final structure of the interview protocol addressed alternative reasons as to why a child may reject a parent, which in turn dealt with the criticism that PAS could be explained by normal developmental behaviour (Bruch, 2002; Hirsch, 2002).

Only four professionals were consulted regarding their opinion on the clarity and accessibility of the interview protocol. However, given that this was only a preliminary evaluation sought to add strength to the overall project, it was considered that four professionals versed in custody-related matters all from different professional standpoints would be sufficient. The geographical location of all the professionals was the same, which could possibly be seen as a limitation. However, it should be noted that custody evaluations and recommendations are generally not conducted in a standardised manner across the country with, for example, many professionals still viewing the mother and child as one subsystem from which they draw their evaluations and recommendations, often after only limited interviewing that is devoid of multiple data gathering procedures and techniques.

Among the professionals consulted, educational psychologists and teachers were not included. This is considered a limitation in respect of the preliminary evaluation of the interview protocol because educational psychologists and teachers deal mainly with children and family relationship problems and therefore might have made a useful contribution to the structural development of the interview protocol.

5.4 Areas for Further Research

This research project is intended to serve as an initial step towards the researcher's doctoral study, in which the protocol's reliability and validity will be assessed, along with its relevance and the contribution it might make to appropriate custody recommendations.

The limitation acknowledged above concerning the lack of input from teachers and educational psychologist could well be remedied in a follow-up to this research project.

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INTRODUCTION TO CONSENT FORM

Dear Sir/Madam

My name is Melissa de Jager, I am an Intern Clinical Psychologist at Fort England Hospital who is currently doing her second year Masters in Clinical Psychology at Rhodes University. I am asking four professionals in the fields of psychology, law and social work based on their custody related experience to provide their opinion in order to aid my research for my Masters Thesis. My research centers around the preliminary development of a parental alienation syndrome interview protocol, which I hope will further benefit the professional community in the future.

I am interested in your opinion as to whether the interview protocol is *clear* and *accessible*. The purpose of this aspect of the research is to assess the protocol, which will later become the focus of future study, in an attempt to help professionals when making custody related recommendations, especially when cases involve accusations of abuse.

Please understand that your participation is voluntary. If you agree to participate, you may withdraw at any stage. Results of the study will be published, however, all individual information will remain confidential as I will not be recording your name anywhere in the research document, and no one will be able to link you to the answers you give.

The response form should take approximately 50 minutes to complete, which requires that you answer questions relating to the interview protocol. A copy of the final thesis will be e-mailed to each professional as feedback.

If you have any other questions about this study, then please feel free to contact me either by phone on 072 84 555 29 or by email dejagerpsych@gmail.com

CONSENT FORM

I (participant's name) _____ agree to participate in the research project of Melissa de Jager on the Development of a Parental Alienation Syndrome Interview Protocol.

I understand that:

1. The researcher is a student conducting research as part of the requirements for a Master's Clinical Psychology degree at Rhodes University, who is being supervised by Clifford van Ommen - Head of Research in the Psychology Department at Rhodes University.
2. The researcher is interested in developing a preliminary interview protocol on Parental Alienation Syndrome.
3. My participation will involve my completing a response form which will take about 50 minutes.
4. I will be asked my opinion on the clarity and accessibility of the interview protocol's structure.
5. I am invited to voice to the researcher any concerns I have about my participation in the study and to have these addressed to my satisfaction.
6. I am free to with draw from the study at any time – however I commit myself to full participation unless some unusual circumstances occur or I have concerns about participation which I did not originally anticipate.
7. The report may contain some of my opinions, but the report will be designed in such a way that it will not be possible to be identified by the general reader.

Signature

Date

PAS-INTERVIEW PROTOCOL INSTRUCTIONS

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 loving parent, a campaign that has no justification. It results from a combination of programming (brainwashing) parent's indoctrinations and the child's own contributions to the vilification of the targeted parent. When true parental abuse and/or neglect are present, the child's animosity may be justified and so the parental alienation syndrome explanation for the child's hostility is not applicable

This interview protocol is used to guide the interviewer by highlighting themes relating to Parental Alienation Syndrome (PAS) should the interviewer suspect the syndrome to be operative or in cases where abuse is suspected. This interview protocol is useful especially if the interviewer is not aware of the syndrome, and is valuable regarding diagnostic clarity. **It is important to note that this interview protocol is in itself not a diagnostic tool but rather a complement to a larger evaluation process.** The main objective of this protocol is to alert the interviewer to potential PAS themes that may aid in the overall recommendations in a particular case, especially if the case involves custody related recommendations.

For ease of administration, the protocol is intended for use with its corresponding reference tables (available under Appendix 4 and 6). The reference tables provide supporting information relevant to PAS and use the acronym AP in reference to Alienating Parent and TP in reference to Target Parent.

The interview protocol is comprised of two sections, one which is used when interviewing the child(ren) and the other when interviewing the parents. Both closed-ended and open-ended questions are used, however, in the case of closed-ended questions a comment box is provided, whereas open-ended questions need to be reported on a separate page.

The child section of the interview protocol (Appendix 3)

Each child is interviewed using an exact duplicate of the child section of the interview protocol. It is important that the correct child's name appears on each of these identical documents.

The child section is comprised of several themes relating to PAS. Each **theme** is allocated a **point number** on the interview protocol (Appendix 3); each point number has a **corresponding table number** that provides reference to supporting information (Appendix 4).

Appendix 2

Point	Theme	Appendix 4 Table no.	Comments
1	Preface information	1	Point 1 is made up of closed-ended questions that need to be addressed before the interview starts.
2	Demographic information	2	Point 2-4 are open-ended questions that need to be documented on a separate page.
3	Relational information	3	
4	Personal information	4	
5	Reasons given for rejecting a parent	5	Point 5-7 are made up of closed-ended questions, however, comment boxes are available to include any additional information deemed important.
6	PAS symptoms and type	6	
7	Additional factors relating to PAS type	7	
8	Contradictory findings	8	Point 8-9 are made up of open-ended questions that need to be documented on a separate page. Both points are important especially in cases with allegations of abuse.
9	Exploring coaching, pressuring and bias	9	
10	Differentials syndromes	10	Point 10 deals with two syndromes that are closely related to PAS. Questions under 10.1 consist of closed-ended questions and a final comment box for any additional supporting information relating to False Memory Syndrome. Questions under 10.2 follow a similar format devoted to the differential Post Traumatic Stress Disorder, which is important to consider when dealing with allegations of abuse.
11	Custody recommendations	11	Point 11 considers possible custody recommendations; however, these considerations need to be incorporated into the overall impression derived from the entire interview with the child and the child's parents along with any other supporting data.

Appendix 2

The parental section of the interview protocol (Appendix 5)

The interview protocol is structured in such a way that both parents are afforded the same interview layout without preconceiving that PAS is present. Therefore, each parent is interviewed using an exact duplicate of the parental section of the interview protocol. It is important that the correct parent's name appears on each of these identical documents.

The parental section comprises of several themes relating to PAS. Each **theme** is allocated a **point number** on the interview protocol (Appendix 5); each point number has a **corresponding table number** that provides reference to supporting information (Appendix 6).

Point	Theme	Appendix 6 Table no.	Comments
1	Demographic information	1	Point 1-6 are open-ended questions that need to be documented separately. Point 6 indicates the use of a psychological test highlighted by a * sign. This test may only be administered by a psychologist; therefore, any professional other than a psychologist would have to source out appropriate assistance.
2	Reason for referral	2	
3	Personal history	3	
4	Family history	4	
5	Cognitions	5	
6	Personality	6	
7	Alienation techniques	7	Point 7 may be documented on the interview protocol, whereas, point 8 is only used in the case of alleged abuse. The interview is structured to take into account each parent's view of the alleged abuse. If the parent being interviewed is accusing the other parent then they are interviewed using a set of open and closed questions (point 8.1.1 & 8.1.2), which can either be filled in on the interview protocol or separately, the questions are designed to determine if the accusing parent's focus is on the child's safety or on vilifying the targeted parent. In the case of the accused parent the interview protocol is structured in such a way to help distinguish whether the accused parent is an abuser or a false offender based on open and closed questions (point 8.2.1 & 8.2.1).
8	Alienation techniques-false allegations of abuse	8	

Appendix 2

Point	Theme	Appendix 6 Table no.	Comments... <i>continue</i>
9	Differential syndromes	9	Point 9.is based on open-ended questions that need to be documented separately, whereas, point 9.2 is based on closed-ended questions with a concluding comment box for any additional information. Point 9 helps differentiate PAS from other closely related syndromes.
10	Custody recommendation considerations	10	Point 10 is comprised of yes and no closed-ended questions, however, comment boxes are provided for any other relevant information. The questions end with a tally table which is used to guide custody recommendations as the parent who receives more yes answers is possibly better equipped to raise the child alone. This consideration needs to be incorporated into the overall impression derived from the entire interview with the parents and the child along with any other supporting data.

INTERVIEW PROTOCOL FOR PARENTAL ALIENATION SYNDROME

CHILD SECTION:

Date: _____ **Interviewer:** _____

Child's Name:		
First name	Middle name	Surname

1. PREFACE INFORMATION (Table 1)

Before starting the interview the following information needs to be addressed and check marked (x) appropriately:

Has informed consent been received?	Yes	(x)	No	(x)				
Mode of documentation?	Tape-recording	(x)	Audio-recording	(x)	Written notes	(x)	Observations	(x)
Child protection order?	Has been requested		(x)	Has not been requested		(x)		
Has the child's role been defined?	Yes	(x)	No	(x)				
Has the child been informed of what to expect from the interview?	Yes	(x)	No	(x)				
Has the interviewer's role been defined to the child?	Yes	(x)	No	(x)				
Who brought the child to the interview?	Mother	(x)	Father	(x)	Other	(x)		

Appendix 3

The following themes are guidelines for conducting a PAS interview:

2.

DEMOGRAPHIC INFORMATION (Table 2)	
▪	Age
▪	Gender
▪	Number of siblings
▪	Place of residence

3.

RELATIONAL INFORMATION (Table 3)	
▪	Perception of caregivers
▪	Relationship with both parents before and after divorce

4.

PERSONAL INFORMATION (Table 4)	
▪	Activities and routines (in each parent's home)
▪	Psychological characteristics
▪	Nonverbal behaviour and affect

5. REASON GIVEN FOR REJECTING A PARENT (Table 5)

Check mark (×) the following appropriate reasons for parental rejection that have been observed or reported and provide supporting information in the comment box.

Reasons for rejecting a parent	(×)
Physical abuse	
Specify	
Emotional abuse	
Specify	
Normal developmental crises	
Specify	
Interpersonal qualities of parent	
Specify	
Developmental factors	
Specify	
Physical abuse	
Specify	
Emotional abuse	
Specify	
Unjustified rejection and programming	
Specify	

6. PAS SYMPTOMS AND TYPE (Table 6)

Check mark (×) the following symptoms of PAS relative to its type that have either been observed or reported and provide supporting information in the comment box.

Primary symptomatic manifestation	Mild	(×)	Moderate	(×)	Severe	(×)
campaign of denigration	Minimal		Moderate		Formidable	
Comments						
Weak, frivolous, or absurd rationalizations for depreciation	Minimal		Moderate		Multiple absurd rationalizations	
Comments						
Lack of ambivalence	Normal ambivalence		No ambivalence		No ambivalence	
Comments						
Independent thinker phenomenon	Usually present		Present		Present	
Comments						
Reflexive support of the alienating parent in the parental conflict	Minimal		Present		Present	
Comments						
Absence of guilt	Normal guilt		Minimal to no guilt		No guilt	
Comments						
Borrowed scenarios	Minimal		Present		Present	
Comments						
Spread of the animosity to the extended family of the alienated parent	Minimal		Present		Formidable, often fantastical	
Comments						

7. ADDITIONAL FACTORS RELATED TO PAS TYPE (Table 7)

Check mark (x) the following additional factors of PAS relative to its type, which have been observed or reported and provide supporting information in the comment box.

Additional factors	Mild	(x)	Moderate	(x)	Severe	(x)
Transitional difficulties at the time of visitation	Usually present		Moderate		Formidable or visit not possible	
Comments						
Behaviour during visitation	Good		Intermittently antagonistic and provocative		No visits, or destructive and continually provocative behavior throughout visit	
Comments						
Bonding with the alienator	Strong, healthy		Strong, mildly to moderately pathological		Severely pathological, often paranoid bonding	
Comments						
Bonding with the alienated parent	Strong, healthy, or minimally pathological		Strong, healthy, or minimally pathological		Strong, healthy, or minimally pathological	
Comments						

8. CONTRADICTORY FINDINGS-especially in the case of abuse allegations (Table 8)

The following questions are guidelines which are used when contradicting findings emerge:

<p>“I’m confused. First you told me ____, and then you told me _____. Can you help me understand what really happened?” or “Can you tell me again so those two things make sense to me?”</p> <p>Has the child recanted any abuse allegations, if so what is the motivation for such a recant?</p>

9. EXPLORING COACHING, PRESSURING AND BIAS ON THE PART OF EACH PARENT-especially in the case of abuse allegations (Table 9)

The following questions are guidelines which are used when coaching is suspected:

<p>“How do you feel about (alleged perpetrator)?”</p> <p>“How did you feel about (alleged perpetrator) when you first met him? What changed your mind about him?”</p> <p>“Is there anything bad (or good) that might happen because you told?”</p> <p>“What are you going to do after we’re done talking?”</p> <p>“How does (biased person: Mom, therapist) feel about (alleged perpetrator)? How do you know that?”</p> <p>“Did anyone (or use name of the biased person) talk to you about coming here today? What did he/she say?”</p> <p>“Is there anything you’re supposed to tell me today? Who told you to tell me that?”</p> <p>Does the child’s language when describing abuse differ from that used in other parts of the interview?</p>
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10. DIFFERENTIAL SYNDROMES (Table 10)

10.1 False Memory Syndrome (FMS)

Give a check mark (x) for either TMS or PAS for each row.

	FMS	(x)	PAS	(x)
Campaign of denigration	Limited solely to childhood sexual abuse		Broad based	
Programmer	Over zealous therapist		Alienating parent	
Lack of ambivalence	Good memories about “abuser” are considered distortions		alienating parent-all good, and alienated parent- all bad	
Independent thinking	Sexual abuse memories are viewed as their own		Mimic the alienating parents sentiments	
Reflexively support	Therapist		Alienating parent	
Borrowed scenarios	Therapist and self help books		Alienated parent	
No guilt	Revenge is sought against the “abuser”		Treat alienated parent badly	
Spread of animosity	Reject those who side with the “abuser”		Friends and family of alienated parent	

Appendix 3

Provide any addition supporting information in the comment box below

Comments	FMS	PAS

10.2 Post traumatic Stress Disorder (PTSD)

Check mark (×) the following PTSD symptoms and provide supporting information in comment box.

PTSD symptoms	(×)
Preoccupation with the abuse	
Comments	
Reliving abuse in the form of flashbacks	
Comments	
Dissociation (the replacement of unpleasant affects with pleasurable ones)	
Comments	
Depersonalization (a subjective sense of being unreal or unfamiliar to oneself)	
Comments	
Derealization (a subjective sense that the environment is strange or unreal)	
Comments	
Play includes elements of the abuse	
Comments	
Fear of people who resemble the alleged abuser	
Comments	
Abuse related dreams	
Comments	
Hypervigilant	
Comments	
Running away from the site of abuse	
Comments	
Pessimism	
Comments	

11. CUSTODY RECOMMENDATIONS (Table 11)

Check mark (×) the appropriate custody recommendation consideration

Custody recommendation	(×)
Court order to ensure visitation with alienated parent and retained custody for the alienating parent.	
Appoint therapist to monitor and assist visitation with the alienated parent, and retained custody for the alienating parent.	
Children to be placed in the alienated parent's custody	

REFERENCE TABLES - CHILD SECTION**Table 1: PREFACE INFORMATION**

Consent	<ul style="list-style-type: none"> ▪ Informed consent needs to be obtained from the child's guardian before starting the interview (Bourg et al., 1999).
Mode of documentation	<ul style="list-style-type: none"> ▪ Documenting tools increase the credibility of the concluding report and reduce the child's potential of appearing in court or having to undergo repeated interviews (Bourg et al., 1999).
Child protection order	<ul style="list-style-type: none"> ▪ In the event of court proceedings a child protection order should be sought to protect the interview records from becoming subject to public access (Bourg et al., 1999).
Defining child's role	<ul style="list-style-type: none"> ▪ Defining the child's role, involves informing the child about telling the truth (Bourg et al., 1999).
Informing child on what to expect	<ul style="list-style-type: none"> ▪ Informing the child on what to expect from the interview gives the child a sense of control over the process (Bourg et al., 1999).
Defining the interviewer's role	<ul style="list-style-type: none"> ▪ Defining the interviewer's role builds rapport with child (Bourg et al., 1999).
Person bringing child to interview	<ul style="list-style-type: none"> ▪ Child should be brought by the non-offending parent (especially in cases involving allegations of abuse) until such time as coaching on the part of that parent has been established (Bourg et al., 1999).

Table 2 DEMOGRAPHIC FACTORS

Age	<ul style="list-style-type: none"> ▪ PAS occurs in either young children or teenagers (Dunne & Hedrick, 1994). ▪ When older children are interviewed they disclose that they fear for their safety when they are with the TP, whereas, younger children may express this sentiment in other settings but not during interviewing (Kopetski, 1998a). ▪ Older children of either gender are more vulnerable to aligning with the mother and rejecting the father if the father has not adjusted well after a divorce, which is demonstrated by the father's poor parenting skills, however, if the child aligns with the father, the father's parenting skills has no bearing on the negative appraisal of the mother (Johnston, 1993). ▪ Children, especially the oldest child may act as a secondary programmer (Vassiliou & Cartwright, 1994).
Gender	<ul style="list-style-type: none"> ▪ Boys who have more emotional and behavioral problems are more likely to reject their mother in PAS (Johnston, 2003). ▪ Girls who demonstrate more social competence and separation anxiety when separated from their fathers are more likely to reject their mothers in PAS (Johnston, 2003).
Number of siblings	<ul style="list-style-type: none"> ▪ PAS may take hold of all or only one child (Dunne & Hedrick, 1994). ▪ The number of children is a poor predictor of PAS (Vassiliou & Cartwright, 1994).
Place of residence	<ul style="list-style-type: none"> ▪ The custodian of the child is more likely the threatened parent (Klass & Klass, 2005).

Table 3 RELATIONAL FACTORS

Perception of care givers	<ul style="list-style-type: none"> ▪ Bourg et al. (1999) highlights this criterion as a guideline when conducting a child interview.
Relationship with both parents before and after divorce	<ul style="list-style-type: none"> ▪ Bourg et al. (1999) highlights this criterion as a guideline when conducting a child interview. ▪ Children are at risk of PAS even if they have experienced a long, healthy post-divorce relationship with the TP (Dunne & Hendrik, 1994).

Table 4 PERSONAL FACTORS

Activities and routines in each parent's home	<ul style="list-style-type: none"> ▪ Bourg et al. (1999) highlights this criterion as a guideline when conducting a child interview.
Psychological characteristics	<ul style="list-style-type: none"> ▪ Aligned children are more poorly adjusted, angry and less able to conceptualize multifaceted situation, however, they display greater self confidence (Lund, 1996). ▪ Sense of empowerment over the TP (Gardner, 2002d). ▪ Age 2-3 experience sleep disturbances, enuresis, encopresis and poor impulse control which is developmentally normal under healthy circumstances when a child visits the non custodial home can also be indicators of PAS in a PAS context (Kopetski, 1998b). ▪ Age 3-6 experience developmentally appropriate guilt which becomes complicated in a PAS context (Rand, 1997b). ▪ Age 6-7 experience internal conflict as they are able to generate alternative perceptions of each parent (Rand, 1997b). ▪ Age 9-12 are most at risk for developing PAS, they appear moody, deviant, socially withdrawn, have lower school grades, anxiety, tension, depression and psychosomatic illness (Cartwright, 1993; Kopetski, 1998b).
Non-verbal behaviour and affect	<ul style="list-style-type: none"> ▪ Guideline for conducting a child interview: The interviewer should provide a description of the child's nonverbal behaviour and affect (Bourg et al., 1999).

Table 5 REASONS GIVEN FOR REJECTING A PARENT

Reasons for rejecting a parent	<p>Parental alienation contributors</p> <ul style="list-style-type: none"> ▪ Physical abuse-with or without sexual abuse (Gardner, 2002c). ▪ Emotional abuse-verbal abuse and neglect (Gardner, 1999a, 2002c). ▪ Normal developmental crises-separation anxiety is developmentally normal for preschool aged children when leaving one home to reside in another; it is also considered normal for a child to reject one or both parents during their adolescence (Lund, 1995). ▪ Interpersonal qualities of parent- violent, narcissist, alcoholic, antisocial (Gardner, 2002c) and lack of parenting skills (Lund, 1995). ▪ Developmental stage of the child-age 2-3 experience developmentally appropriate separation anxiety, age 3-6 experience strong developmentally normal fantasies to align with the opposite sex parent and compete with or reject the same sex parent, age 6-7 form their own opinions as they are aware of conflicting views, age 9-12 are most at risk of forming PAS alignments with the AP and rejecting the TP, and teenager are normally difficult with or without PAS (Rand, 1997b). <p>PAS contributions</p> <ul style="list-style-type: none"> ▪ PAS is a subtype of PA and is considered a form of emotional abuse (Gardner, 1999a, 2002c). The dual notion of programming and the unjustified rejection of the targeted parent distinguish PAS from other PA contributors where the child's rejection is considered justified especially in bona fide abuse (Brandes, 2000; Gardner, 1999a, 2002a).
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Table 6 PAS SYMPTOMS AND TYPES

PAS symptoms	<p>The following eight symptoms of PAS are not present in bona fide abuse (Gardner, 1999a)</p> <ul style="list-style-type: none"> ▪ Campaign of denigration: Child vents anger and hatred toward the TP due to alleged humiliation the TP had subjected them to (Gardner, 2004). ▪ Weak rationalizations for the depreciation of the targeted parent: No valid reason for the depreciation of the TP (Gardner, 2004). The child's refusal to visit the TP is supported by catastrophic thinking, for example, the child believes they will die or come to harm in the company of the TP (Waldron & Joanis, 1996). ▪ Lack of ambivalence: The child relies on dichotomous thinking, for example, viewing the AP as all good and the TP as all bad, blended pronouns (e.g. we and us), which emphasizes the child's enmeshed bond with the AP and irrelevant and reprehensible information that the child finds hard to validate is used as a means to slate the TP character (Waldron & Joanis, 1996). ▪ "Independent thinker" phenomenon: The child identifies with the AP negative appraisals of the TP which they come to claim as their own although their words and phrases mimic that of the AP (Cartwright, 1993, Kopetski, 1998a). ▪ Reflexive support: The child will side with the AP during parental conflicts regardless of evidence to the contrary (Gardner, 2004). ▪ Absence of guilt: The child expresses no guilt or shame at exploiting the goodness of the TP; which is due to the influence of programming rather than cognitive immaturity (Gardner, 1992). ▪ Borrowed scenarios: The child uses terminology which is not frequently used by children and when asked to clarify a phrase they look to the AP or a secondary alienator for assistance (Gardner, 2004). ▪ Spread of animosity: The child treats the TP family and close friends with the same animosity they feel toward the TP (Waldron & Joanis, 1996).
PAS types	<p>Mild PAS Child:</p> <ul style="list-style-type: none"> ▪ Holds onto their own views regarding the TP (Stahl, 1999). ▪ More loyal to the AP in parental conflicts (Stahl, 1999). ▪ Visitation with TP goes smoothly (Stahl, 1999). ▪ Does not display many PAS symptoms (Stahl, 1999). ▪ Reason for continuing campaign of denigration in TP home is to insure a stronger psychological bond

Table 6 PAS SYMPTOMS AND TYPES

	<p>with AP (Stahl, 1999).</p> <p>AP:</p> <ul style="list-style-type: none"> ▪ Mostly supportive of the child interactions with TP (Stahl, 1999). ▪ Not aware of their alienation effects on the child (Stahl, 1999). <p>Moderate PAS</p> <p>Child:</p> <ul style="list-style-type: none"> ▪ All eight PAS symptoms are usually moderately operative (Gardner, 1998). ▪ Lack of respect for TP (Gardner, 2004; Stahl, 1999). ▪ Still able to generate alternative perceptions of parents (Gardner, 2004; Lund, 1995; Stahl, 1999). ▪ Creates a display before visiting the TP, although they finally enjoy their stay with the TP (Gardner, 2004; Lund, 1995; Stahl, 1999). ▪ Bond between child and AP is still considered healthy despite their shared denigration of the targeted parent (Rand, 1997a). <p>AP:</p> <ul style="list-style-type: none"> ▪ Continues to be supportive of the child’s relationship with the TP but to a lesser degree than in mild PAS (Gardner, 2004). <p>Severe PAS</p> <p>Child:</p> <ul style="list-style-type: none"> ▪ Eight symptoms of PAS are present to a significant degree (Gardner, 1998), usually with the presence of false allegations of abuse (Stahl, 1998). ▪ Visitation with TP becomes impossible as the child does not settle down during the visitation, they either threaten to run away or harm themselves (Gardner, 1998; Rand, 1997a). ▪ Fears the TP (Rand, 1997a). ▪ Delusions of persecution (Gardner, 2004). <p>AP:</p> <ul style="list-style-type: none"> ▪ Narcissistic, deceitful, manipulative and communicates in mixed messages (Summers & Summers, 2006) and cannot imagine that the child has had a positive relationship with the TP, which the child adopts (Stahl, 1999).
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Table 7 ADDITIONAL FACTORS RELATED TO PAS TYPE

<p>Additional factors related to PAS</p>	<ul style="list-style-type: none"> ▪ Transitional difficulties and behaviour during visitation becomes remarkably more difficulty the more severe PAS becomes (Gardner, 1999). <p>Reasons why a child may bond with the alienating parent</p> <ul style="list-style-type: none"> ▪ Fear of AP (Baker, 2006) ▪ Avoid pain from the AP (Baker, 2006) ▪ To gain emotional closeness with the AP (Baker, 2006) <p>Alternative reasons as to why a child may bond with a particular parent not related to PAS</p> <ul style="list-style-type: none"> ▪ Shared interests and personality compatibility increase the probability that a child would want to spend more time with a particular parent but on a limited basis (Stahl, 1999). ▪ To avoid being caught in the middle of parental conflicts a child may align with one parent, however, when probed they have no historical problem with the other parent (Stahl, 1999). <p>Bonding with the alienated parent</p> <ul style="list-style-type: none"> ▪ The child secretly maintains good emotions toward the TP which are at variance with their display of un-ambivalent hatred toward the TP (Baker, 2006).
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Table 8 CONTRADICTORY INFORMATION

<p>Questions relating to contradicting findings under point 8.</p>	<ul style="list-style-type: none"> ▪ Bourg et al. (1999) highlights this criterion as a guideline when conducting a child interview, especially in cases of abuse allegations (Bourg et al., 1999).
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Table 9 EXPLORING COACHING

Questions relating to coaching under point 9.	<ul style="list-style-type: none"> ▪ Guidelines for conducting a child interview, especially in the case of abuse allegations (Bourg et al., 1999). ▪ If the child's language skills differ from the rest of the interview when they are describing the abuse the interviewer should ascertain whether the words used by the child are all their own, or whether they are mimicking the AP (Bourg et al., 1999; Waldron & Joanis, 1996).
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Table 10 DIFFERENTIAL SYNDROMES

10.1 - False Memory Syndrome (FMS)	<p>FMS is the persistent belief that one, usually a young adult woman, has been sexually abused in childhood, a belief that has no basis in reality (Gardner, 2004).</p> <ul style="list-style-type: none"> ▪ the campaign of denigration is limited solely to childhood sexual abuse ▪ programmer is usually an over zealous therapist ▪ lack of ambivalence regarding the memories of the TP, any good memories are considered distortions ▪ independent thinking regarding the existence of sexual abuse memories ▪ reflexively support their therapist and dismiss any denunciations of the therapist's qualifications ▪ borrow scenarios either from the therapist or self help books ▪ no guilt is shown in their revenge attempts against the TP ▪ reject anyone who sides with the TP
10.2 - Post Traumatic Stress Disorder (PTSD)	<p>PTSD symptoms help distinguish true abuse from false allegations of abuse because when a child has been truly abused, especially if the abuse has been chronic in nature, the child is more likely to exhibit the symptoms of PTSD as opposed to that of severe PAS (Gardner, 1999a).</p>

Table 11 CUSTODY RECOMMENDATIONS

	<ul style="list-style-type: none"> ▪ Mild PAS: Clear court orders that ensure visitation with the TP and retained custody for the AP should alleviate PAS (Lund, 1995; Rand, 1997a). ▪ Moderate PAS: Simple visitation orders from the court are not enough as the AP at this stage of PAS employs many tactics that inhibit visitation, therefore, a therapist should be appointed by the court to help monitor and assist visitation with the TP whilst the child remains in the custody of the AP (Gardner, 1998, Rand, 1997a). ▪ Severe PAS: It is recommended that the TP, who is considered psychologically healthier than the AP, be awarded custody of the child in order to reduce PAS symptomology (Gardner, 1998, 2001a, 2002c; Rand, 1997a).
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INTERVIEW PROTOCOL FOR PARENTAL ALIENATION SYNDROME

PARENT SECTION:

Date: _____ **Interviewer:** _____

Parent's Name:		
First name	Middle name	Surname

The following themes are guidelines for conducting a PAS interview:

1.

DEMOGRAPHIC INFORMATION (Table 1)	
▪	Gender
▪	Marital status
▪	Custodianship
▪	Number of children
▪	Employment status
▪	Living arrangements

2.

REASON FOR REFFERAL (Table 2)	
▪	Parents perspective on family history

3.

PERSONAL HISTORY (Table 3)	
▪	Employment history
▪	Criminal history
▪	Substance use
▪	Medical history
▪	Psychiatric history
▪	Relationship history
	Interpersonal relationship
	Marital relationship
	Parent-child relationship

4.

FAMILY HISTORY (Table 4)	
<ul style="list-style-type: none"> ▪ History of family relational dynamics ▪ History of family programming 	

5.

COGNITIONS (Table 5)	
<ul style="list-style-type: none"> ▪ Social problem solving ▪ Thought content ▪ Thought form ▪ Dichotomous thinking 	

6.

PERSONALITY (Table 6)	
<ul style="list-style-type: none"> ▪ Personality characteristics ▪ Defensive behaviours ▪ MMPI-2 profile* 	

7. ALIENATION TECHNIQUES (Table 7)

Place a check mark (x) next to alienation techniques that have either been observed or reported.

Alienation techniques	(x)
Mood induction	
Badmouthing	
Deception	
Love withdrawal	
Interference with visitation times	
Interference with indirect contact	
Interference with symbolic contact	
Interference with information	

8. ALIENATION TECHNIQUE-FALSE ALLEGATIONS OF ABUSE (Table 8)

The following questions are guidelines for eliciting the accusing parent's account of the abuse.

8.1.1 Accusing parent's account of the abuse

<p>How did you determine that the child had been victimized? How did you relate the conversation with the child about the abuse? How did you respond to the allegations? When did the abuse start?</p>

8.1.2 Distinguishing bona fide abuse from false allegations of abuse

The following questions help in distinguishing bona fide abuse from false allegations of abuse, check mark (x) either yes or no and provide supporting information in the comment box.

Does the accusing parent know more about the abuse than the child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

comments

Are the facts of the abuse distorted, omitted or factitious?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

comments

Is the accuser more interested in building a case against the "offending" parent than helping the child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

comments

Is the accuser willing to have the child exposed to sexual abuse investigations and interrogations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
---	---------------------------------	--------------------------------

comments

Is there an inappropriate enmeshed relationship between the accuser and child?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

comments

Are there any medical contradictions or contradictions surrounding the circumstances of the abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
--	---------------------------------	--------------------------------

comments

Appendix 5

Had the accuser alluded to being sexually abused that is not substantiated by collateral information?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

Has the accuser ever been abused by the “offending” parent?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

Is the role of the offending parent appreciated?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

The following questions are guidelines for eliciting the accused parent’s account of the abuse.

8.2.1 Accused parent’s account of the abuse

Did you abuse the child? How did you become aware of the abuse allegations? How did you respond to the allegations? When did the allegations of abuse start? How is your relationship with the child? How is your relationship with the accusing parent?

8.2.2 Distinguishing bona fide abusers from false offenders

The following questions help distinguish between bona fide abusers and false offenders check mark (×) either yes or no and provide supporting information in the comment box.

Is the “offending” parent co-operative during the interview and other investigations?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

Appendix 5

Is the "offending" parent trustworthy?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

Does the "offending" parent display any psychotic behaviour?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

Has the "offending" parent ever abused their spouse?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

Is the role of the "offending" parent appreciated by the accusing parent?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>

comments

9. DIFFERENTIAL SYNDROMES

9.1 Divorce Related Malicious Parent Syndrome (DRMPS)

If the attempted alienation resembles PAS then the interviewer should consider the following:

Are the alienation attacks against the targeted parent malicious and global in nature (e.g., excessive litigation)?
Have any of the attacks resulted in violence?
Have the children been unsuccessfully alienated?

9.2 Threatened Mother Syndrome (TMS)

Give a check mark (×) for either TMS or PAS for each row.

	TMS	(×)	PAS	(×)
Purpose	Protect mother-child bond		Alienate father	
Consistency	Uncharacteristic reaction		Characteristic personality	
Involvement	Mother alone		Solicits and manipulates others	
Relationship	Maintain same relationship with child		Solicits child as accomplice	
Anger	More controlled quality		More focused on father	
Father	Accepting of mother's prior mothering		Resentment about mothers attitude about being primary parent	
Duration	Subsides after threat has gone		Alienation efforts persist	
Pattern	Episodic		Continuous	
Manner	Impulsive and reactive		Calculating, designed behaviour	

comments	TMS	PAS

10. CUSTODY RECOMMENDATION CONSIDERATIONS (Table 10)

The following criteria assesses the parent's ability to manage the child alone, check mark (x) either the yes or no box and provide supporting information in the specify box.

Is the parent the primary child minder? Specify how long this position has been held.	Y	N
Does the parent have a strong, healthy psychological bond with the child? Specify		
Does the parent effectively discipline, guide and care for the child?	Y	N
Specify		
Does the parent display honesty, empathy and social commitment?	Y	N
Specify		
Does the parent attend to the child's school commuting, homework and emergency situations?	Y	N
Specify		
Is the parent involved in the child's school activities?	Y	N
Specify		
Does the parent display a level of pride and enjoyment in observing the child in extramural activities? Specify	Y	N

Appendix 5

Is the parent available and committed to the physical and mental health of the child?	Y	N
Specify		
Does the parent appreciate the role of the other parent in the child's life?	Y	N
Specify		
Does the parent require a court order in order to co-operate with the other parent?	Y	N
Specify		
Can the parent communicate openly and freely with the other parent about the child's health and development?	Y	N
Specify		
Is the parent committed to providing the child with basic needs, this criteria reflects commitment not financial capacity?	Y	N
Specify		
Is the parent in good physical health?	Y	N
Specify		
Does the parent suffer from any severe psychopathology?	Y	N
Specify		

Appendix 5

Is there the presence of parental substitutes in the parent's home?	Y	N
Specify		
Does the parent appreciate the danger of exposing and involving the child in parental conflicts?	Y	N
Specify		
Is the parent committed to enriching their child's emotional and intellectual development?	Y	N
Specify		
Does the parent display involvement with the child's peers?	Y	N
Specify		
Is the parent appropriately proud of the child?	Y	N
Specify		
Is the parent committed to caring for the handicapped child?	Y	N
Specify		

Tally the total number of yes and no check marks and place them in the appropriate box below next to the parent's name for easy reference.

TOTAL	Yes	No
Parents name _____		

REFERENCE TABLES - PARENT SECTION**Table 1 DEMOGRAPHIC FACTORS**

Gender	<ul style="list-style-type: none"> ▪ In 75 % of PAS cases the mother is the indoctrinator (Lowenstein, 1999).
Marital status	<ul style="list-style-type: none"> ▪ PAS occurs almost exclusively during acrimonious custody disputes of divorcing parents; however, PAS may also be operational in intact families as well (Cartwright, 1993; Lowenstein, 1999). ▪ Remarriage is considered a trigger for PAS due to underlying jealousy and narcissist injury (Warshak, 2000).
Custodianship	<ul style="list-style-type: none"> ▪ PAS is not always limited to the custodial mother as non-custodial mothers and fathers may also be AP (Dunne & Hendrick, 1994).
Number of children	<ul style="list-style-type: none"> ▪ Number of children is a weak indicator of PAS (Vassiliou & Cartwright), however the older sibling may take on the role as a secondary programmer (Dunne & Hendrick, 1994). ▪ PAS may take place with one or all of the children (Dunne & Hendrick, 1994).
Employment status	<ul style="list-style-type: none"> ▪ TP earns a reliable salary to ensure the financial welfare of their children, whereas a bona fide abusive parent is considered self-indulgent and impulsive and unable to keep their employment (Gardner, 1999a).
Living arrangements	<ul style="list-style-type: none"> ▪ Children mostly reside with the alienating parent (Cartwright, 1993). ▪ Relocation is an alienation technique use to reduce the TP and child's physical contact and relationship (Turkat, 1996).

Table 2 REASON FOR REFERRAL

Parents perspective on family history	<ul style="list-style-type: none"> ▪ Due to potential bias in parental disputes both parents are asked their perspective on the family's history (Bourg et al., 1999).
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Table 3 PERSONAL FACTORS

Employment history	<ul style="list-style-type: none"> ▪ The TP unlike the abusive-neglector are able to keep their employment due to their non-impulsive ways (Gardner, 1999a).
Criminal history	<ul style="list-style-type: none"> ▪ The TP is distinguishable from the bona fide abuser as they are less impulsive, deceitful, and aggressive with a lesser chance of having a criminal history (Gardner, 1999b).
Substance abuse	<ul style="list-style-type: none"> ▪ Substance abuse is considered a comparative factor between the two parents regarding severe pathology (Gardner, 1999b).
Medical history	<ul style="list-style-type: none"> ▪ A bona fide abuser who has abused their child has in most cases abused their spouse, usually there is good medical documentation to validate such abuse; whereas, the AP has not been abused they focus mainly on the child's alleged list of complaints against the TP (Gardner, 1999a).
Psychiatric history	<ul style="list-style-type: none"> ▪ The AP may have had past psychiatric involvement for the treatment of personality disorder (Wakefield & Underwager, 1990).
Relationship history	<p>Interpersonal relationship:</p> <ul style="list-style-type: none"> ▪ The AP feels neglected, betrayed and vengeful when they disagree with others (Kopetski, 1998b). ▪ Interpersonal conflicts result from the AP defensive behaviours such as splitting (viewing people or situations in mutually exclusive categories), obsessions with the inadequacies of others, phobias and projections (Kopetski, 1998b). <p>Marital relationships:</p> <ul style="list-style-type: none"> ▪ A whirlwind courtship with a fairy tale beginning, which is often initiated by the AP, soon leads to marriage and children (Baker, 2006b). Naivety and immaturity along with the inability to share or see both positive and negative aspects in the same person characterize the relationship along with a lack of impulse control (Baker, 2006b). <p>Parent-child relationship:</p> <ul style="list-style-type: none"> ▪ The AP requires the child to act as a spy in the TP home, they are required to report the TP behaviour back to the AP and the child needs to constantly phone the AP to ensure them of their safety whilst with the TP (Baker and Darnell, 2006). ▪ AP accuses the child of being too close to the TP (Baker and Darnell, 2006). ▪ AP demands that the siblings stick together if one does not want to visit the TP then none are allowed to (Baker and Darnell, 2006). ▪ If the child had had a long healthy post-divorce relationship with the TP they may still be at risk to PAS (Dunne & Hendrick, 1994).

Table 3 PERSONAL FACTORS

	<ul style="list-style-type: none"> ▪ The TP is threatened that if they do not meet the demands of the AP they will not be able to visit with the child (Baker & Darnell, 2006). ▪ The TP feels powerless and controlled by their child's demands as to whether or not they will visit with them (Vassiliou & Cartwright, 2001). ▪ The TP lack of parental power results in the deterioration of existing parenting skills regardless of visitation frequency (Vassiliou, 1998; Vassiliou & Cartwright, 2001). ▪ Disruption in visitation frequency due to AP alienation strategies has the most profound negative effect on the TP relationship with their child (Vassiliou & Cartwright, 2001).
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Table 4 FAMILY FACTORS

History of Family relational dynamics	<ul style="list-style-type: none"> ▪ The AP is often overindulged as a child, the family of origin is often enmeshed, displaying a lack of ambivalence and a lack of empathy, there is often a history of a unresolved traumatic loss which is defended against via splitting (Kopetski, 1998b). ▪ There is no history of abuse in the TP family whereas there is a history of abuse found in families of bona fide abusing parents (Gardner, 1999a).
History of family programming	<ul style="list-style-type: none"> ▪ Parents who program their children have usually been subjected to such programming techniques in their own past (Lowenstein, 1999).

Table 5 COGNITIVE FACTORS

Social problem solving	<ul style="list-style-type: none"> ▪ If AP is female:- poor reasoning and problem solving (Blush & Ross, 1986). ▪ If the AP is male:- hypercritical of the mother's parenting and decision making skills, they are intellectually rigid (see themselves as correct) and they indirectly blame the mother's passivity or silence for allowing her current partner to abuse the child rather than blaming her directly (Blush & Ross, 1986).
Thought content (dysfunctional assumptions)	<ul style="list-style-type: none"> ▪ AP is preoccupied with thoughts of abandonment if the TP spends too little time with the children. Alternatively they are preoccupied with thoughts relating to the fear of kidnapping if the TP wants to spend more time with the children (Waldron & Joanis, 1996).
Thought form	<ul style="list-style-type: none"> ▪ A rare form of hysterical expression in female AP is a psychotic-like presentation with the absence of reality testing (Blush & Ross, 1986). ▪ PAS induced indoctrinations may develop into delusions making the AP less reliable than the TP (Gardner, 1999a).
Dichotomous thinking	<ul style="list-style-type: none"> ▪ AP is unable to see the positive and negative in the same person (Baker, 2006b; Kopetski, 1998b).

Table 6 PERSONALITY FACTORS

Personality characteristics, defensive behaviours and MMPI-2 profiles	<ul style="list-style-type: none"> ▪ If AP is female:- they present as either passive, fearful, apprehensive or as a “justified vindicator” who is hostile and domineering insisting on legal action against the TP without proof (Blush & Ross, 1986). ▪ A rare form of this hysterical expression is a psychotic-like presentation with the absence of reality testing (Blush & Ross, 1986). ▪ Alienating mothers have extremely defensive MMPI-2 profiles so as to appear free of emotional difficulties, with elevated K scores (reluctant to disclose personal information) and very low F scores (no suggestion of confusion, disorganization, or malingering). This profile suggests psychological immaturity, lack of responsibility and feeling like a victim in a divorce context. ▪ If the AP is male:- they are hypercritical of the mother’s parenting and decision making skills, they are intellectually rigid (see themselves as correct) and they indirectly blame the mothers passivity or silence for allowing her current partner to abuse the child rather than blaming her directly (Blush & Ross, 1986). ▪ The AP is considered narcissistic and requires excessive loyalty from the child (Baker, 2005a). ▪ Defensive behaviours such as splitting, projection or denial are typically used by people with externalizing personality disorders (borderline, narcissistic, histrionic and paranoid) which is consistent with the characteristics of an alienating parent in severe PAS that uses false allegations of sexual abuse as a alienation technique (Gardner, 1992; Siegel & Langford, 1998). ▪ The alienator of severe PAS may take on a narcissistic quality as they are deceitful, manipulative and communicate in mixed messages. They are their illusions as without them they are nothing. It is for this reason that the alienator in severe PAS resembles a narcissistic abuser who is governed by pathological self-love and arrogance (Summers & Summers, 2006). ▪ In severe PAS cases, the AP may be considered psychopathic with regards to their deceitful and relentless programming of the child against the targeted parent. This psychopathic behavior is limited to this area of behavior only (Gardner, 1999a). ▪ The TP in PAS are considered self-restrained individuals who do not have a history of aggression. They only started to show their anger after allegations were laid against them by the AP (Gardner, 1999a). ▪ The TP is less paranoid than a bone fide abuser which is considered the greatest differentiating feature between the two kinds of parents (Gardner, 1999a).
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Table 7 ALIENATION TECHNIQUES

Mood induction	<ul style="list-style-type: none"> ▪ The AP will play the victim, seek sympathy and tell the child the “truth” about past events. Furthermore, the AP induces guilt, intimidation and fear into the child under the guise of promoting visitation with the TP (Waldron & Joanis, 1996). ▪ The child is interrogated by the AP after their stay with the TP (Baker & Darnell, 2006). ▪ The AP awards the child for negatively reporting on the TP (Waldron & Joanis, 1996). ▪ The AP subtly punishes the child by ignoring the positive comments they make about the TP (Waldron & Joanis, 1996; Baker & Darnell, 2006).
Badmouthing	<ul style="list-style-type: none"> ▪ The AP will badmouth the TP’s character (Baker, 2005a). ▪ The AP will discuss adult matters with the child such as child support (Baker & Darnell, 2006). ▪ The TP extended family, hobbies and values are badmouthed (Baker & Darnell, 2006).
Deception	<ul style="list-style-type: none"> ▪ The AP deceives the child, by telling them that the TP no longer loves them (Baker & Darnell, 2006).
Love withdrawal	<ul style="list-style-type: none"> ▪ The AP withdraws their love when the child displays positive emotions for the TP (Baker & Darnell, 2006).
Interference with visitation times	<ul style="list-style-type: none"> ▪ The AP will collect the children early or drop them off late for their visitation with the TP; relocation is considered as a means to interfere with the TP physical contact and relationship with the child (Baker & Darnell, 2006).
Interference with indirect contact	<ul style="list-style-type: none"> ▪ The AP stops telephone calls, e-mails or post being exchanged between the child and the TP (Baker & Darnell, 2006).
Interference with symbolic contact	<ul style="list-style-type: none"> ▪ Photographs of the TP and toys from the TP are removed from the child by the AP (Baker & Darnell, 2006). ▪ The child is often encouraged by the AP to call their new partner mother/father in an attempt to minimize the TP in the child’s life (Baker & Darnell, 2006).
Interference with information	<ul style="list-style-type: none"> ▪ Medical and school records are withheld from the TP and school functions are made off bounds to them as well (Baker & Darnell, 2006).

Table 8 FALSE ALLEGATIONS OF ABUSE ASSOCIATED WITH SEVERE PAS

8.1.1 Accusing parents account of the abuse	<ul style="list-style-type: none"> ▪ Due to potential bias in parental disputes each parent is asked their perspective on current allegations of abuse (Bourg et al., 1999). ▪ The accusing parent is asked the questions under 8.1.1 in order to decide whether their focus is on helping the child or vilifying the targeted parent. Furthermore, the answers to the following questions are used to determine whether the parent's conclusions are logical or better understood by alternative explanations (Bourg et al., 1999). ▪ Bona fide abuse usually starts years before the sanctioned separation, whereas AP indoctrinating programming techniques start after the parent's separation and the pending child-custody dispute (Gardner, 1999a). ▪ An AP who resorts to false allegations of sexual abuse may be suffering from Contemporary-Type Munchausen Syndrome by Proxy (Contemporary-type MSP) - this syndrome occurs when a parent fabricates or programs the child to believe that they have been abused, usually by the TP, as a result the accusing parent gains attention from others and awards themselves the role of the child's protector (Rand, 1986).
8.1.2 Distinguishing false allegations of abuse from bona fide abuse	<p>The following question under 8.1.2 help in identifying the following Contemporary-type MSP warning signs (Rand, 1990).</p> <ul style="list-style-type: none"> ▪ The accusing parent knows more about the abuse than the child ▪ The facts of the abuse are distorted ▪ The accuser is more interested in building a case against the TP than helping the child ▪ Accuser is all too willing to have the child exposed to sexual abuse investigations and interrogations ▪ Inappropriate enmeshment between accuser and child ▪ Medical contradictions and contradictions surrounding the circumstances of the abuse ▪ Sexual abuse history of accuser- Accuser reports being sexually abused as a child, which is not supported by collateral information (Rand, 1990). ▪ Spousal abuse history- A spouse of a bona fide abuser usually has a medical history of being abused whereas a AP does not (Gardner, 1999a). <p>No appreciation for the offending parent's role- A spouse of a bona fide abuser will encourage a safe relationship between the abuser and the children whereas an AP will not (Gardner, 1999a).</p>

Table 8 FALSE ALLEGATIONS OF ABUSE ASSOCIATED WITH SEVERE PAS

8.2.1 Accused parents account of the abuse	<ul style="list-style-type: none"> ▪ Due to parental bias in parental disputes the TP is asked their perspective on the current allegations of abuse (Bourg et al., 1999). ▪ The following questions under 8.2.1 aid the interview with the accused parent and provide an opportunity for an alternative explanation to the presenting allegations. Moreover, this approach protects the interviewer against absorbing the biases of the accusing parent (Bourg et al., 1999).
8.2.2 Distinguishing between bona fide abusers and false offenders	<p>The following factors are used to aid in distinguishing bona fide abusers from false offenders</p> <ul style="list-style-type: none"> ▪ When bona fide abuse is present then a PAS diagnosis is not valid (Gardner, 1999a). ▪ Co-operation:- both AP and abusive parents are less like to co-operate with the examiner as opposed to the TP (Gardner, 1999a) ▪ Trustworthiness-both AP and abusive parents are deceitful making the TP more trustworthy (Gardner, 1999a). ▪ Psychopathic behaviour:- the AP deceitful and relentless programming behaviour is limited only to the context of PAS whereas a history of lacking guilt and consideration displayed by an abusive parent is displayed in all areas of their life (Gardner, 1999a). ▪ Victims of abuse-a bona fide abuser who has abused their child has in most cases abused their spouse, usually there is good medical documentation to validate such abuse, whereas the AP focuses mainly on the child's alleged list of complaints against the TP (Gardner, 1999a). ▪ Appreciation of the role of the accused parent-AP tries to destroy the relationship between the child and the TP whereas the accusing spouse of a bona fide abuser tries to salvage the psychological bond between the abusing parent and the child (Gardner, 1999a). ▪ AP parent is very protective and exclude the child from a young age, whereas the spouse of an abuser encourages the child to have a relationship with the abusing parent under safe circumstances (Gardner, 1999a).

Table 9 DIFFERENTIAL SYNDROMES

Divorce Related Malicious Parent Syndrome (DRMPS)	<ul style="list-style-type: none"> ▪ DRMPS involves malicious attacks by the mother/father on the divorcing/divorced father/mother, which is more <i>global</i> than merely manipulating the child as in PAS (Turket, 1995, 1999). ▪ These parents behave in such a manner so as to try and alienate their child from the other parent, although they do not succeed in their endeavors (Turket, 1995, 1999). ▪ These acts of attempted alienation resemble those of severe PAS, although the vicious attacks in this syndrome may even lead to violence. Therefore, although this syndrome may resemble PAS, it does not meet the criteria for the diagnosis (Turket, 1995, 1999).
Threatened Mother Syndrome (TMS)	<ul style="list-style-type: none"> ▪ TMS is a reaction from the mother when her bond with the child has been threatened (Klass & Klass, 2005) ▪ The main distinguishing factors in TMS is that the mother reacts in an attempt to protect her bond with her child and not as a result of wanting to alienate the father from the child as seen in PAS (Klass & Klass, 2005). ▪ If the mother behaves out of character only to resume to her former self once the threat of losing her child has passed then a diagnosis of TMS is probably more accurate than PAS (Klass & Klass, 2005). ▪ Klass and Klass (2005) have provided general guidelines for differentiating between TMS and PAS that are meant to reduce the risk of potential bias in custody evaluations so as to preserve the best-interests-of-the-child. The differential guidelines are used in helping the interviewer to assess whether the parent is displaying TMS or PAS characteristics.

Table 10 CUSTODY RECOMMENDATION CONSIDERATIONS

Questions relating to a parent's ability to manage a child alone	<ul style="list-style-type: none"> ▪ Each criterion question focuses on which parent will be better equipped to manage the child after the divorce is finalized (Gardner, 1999b). ▪ A positive answer to each criterion suggests that the parent is well equipped to manage the child alone after the divorce. Each parent is assessed to determine which one is better equipped supported by the number of positive answers they receive (Gardner, 1999b).
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RESPONSE FORM

The research involves the preliminary development of a Parental Alienation Syndrome (PAS) interview protocol, which will become the focus of a further study in the future. The study seeks to create an interview protocol that could aid professionals when making custody recommendations or when dealing with cases involving allegations of abuse.

Please fill in the following response form, which addresses four areas relating to the interview protocol, namely the overall *structure* of the interview protocol, the *sections* that the interview protocol is divided up into, the *questions* making up each section and the *reference* tables to which the interview protocol is refers to provide supporting information.

Your opinion regarding whether the protocol and all its parts are understandable and easy to use is requested in an attempt to assess the interview protocols clarity and accessibility.

The following response form will take approximately 50 minutes to complete. Please could you fill in the form and return it to the researcher at dejagerpsych@gmail.com .

Please insert lines where necessary to provide the space required for your answers.

General information

1. How many years experience have you had in custody related matters?

2. What is your position on PAS?

Questions relating to *accessibility* and *clarity*

1. Structure

- 1.1 Did you understand how the interview protocol was structured?

- 1.2 Did you understand how to use the interview protocol?

1.3 Was it clear how to use the corresponding reference tables?

1.4 How long did it take you to review the interview protocol?

1.5 Do you have any concerns?

2. Sections

2.1 Are the sections comprising the protocol clear and easy to use?

2.2 Which if any sections were unclear (indicate by section point number)?

2.3 Comment on what was problematic?

3. Questions

3.1 Are any of the questions unclear or confusing, if so which (indicate section point number and the particular unclear questions)?

3.2 Please comment on what was problematic with the particular questions?

4. Reference tables

4.1 Are any of the reference tables unclear or confusing, if so which?

4.2 Please comment on what was problematic with the particular reference tables?

Thank-you for lending your opinion and time to my research project, I greatly appreciate it.

