Parental alienation syndrome or alienating parental relational behaviour disorder: a critical overview

Sindrome da alienazione parentale o disturbo del comportamento relazionale genitoriale di tipo alienante: un'overview critica

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Summary

Objective
Parental alienation is very common in conflictual separations and is a serious problem in most parts of the world. In 50% of separations and in one-third of divorces a child under 18 is involved. One of the major problems in these cases is when children reject a parent after divorce. In conflictual separations a real psychopathology, defined as parental alienation syndrome (PAS) in 1985, can develop. In recent years, a growing interest in this syndrome has been seen in the international scientific community: several studies have been carried out and the necessity for a more accurate definition of PAS has been considered beneficial because courts, scientific and clinical practice are interested in this syndrome. In order to understand parental alienation better, our investigation aims to identify which findings in published studies may be useful to clinical practice involving both parents and children.

Methods
Our study systematically reviewed all publications in the MEDLINE/PubMed database searching for the terms "parental alienation", "parental alienation syndrome", or "parental alienation disease" as keywords. We included studies and books that were published online between 1985 and 2015, included original data or reviews and involved assessment and/or diagnosis and/or treatment of PAS. This assessment will reveal strengths and weaknesses in the current PAS literature; moreover, we present suggestions for improving the refinement of the literature.

Results
A total of 28 articles and books were appropriate for this review. The studies included raised many fundamental questions such as the scientific validity of PAS, the proposal of specific diagnostic criteria and the importance of an accurate diagnosis. Findings from studies that met inclusion criteria in our review are presented, suggesting new clinical perspectives and raising new questions concerning assessment and treatment.

Conclusion
The theme of parental alienation is currently the subject of important research and debate. Based on the research carried out, we could state that parent alienation does not correspond to a "syndrome" or a specific individual psychic "disorder". It can better defined as a dysfunctional family relation model determined by the excluding or "alienating" parent, the excluded or "alienated" parent and the child, each member of this triad with his/her own responsibilities and contribution. The explanation of this disorder has its own validity, but thorough research to clarify its features, (e.g. duration and intensity of symptoms) should be conducted, otherwise it could be instrumentally used in litigations. Further systematic and large-scale studies of parental alienation are needed that take into account the issues discussed and proper objective diagnostic criteria should be defined for scrupulous diagnosis and valid treatment.

Key words
Alienation • parental alienation • denigration • parent-child relational problems

Introduction

Parental Alienation is very common in conflictual separations and is a serious problem in most parts of the world. Nearly half (48.7%) of separations and one-third (33.1%) of divorces concern marriages with at least one child under 18. The number of minor children who were placed in foster care in 2012 amounted to 65,064 in separations and 22,653 in divorces. In separations, 54.5% of children in foster care were under 11 years of age; 20% of cases were court divorces, and the legal dispute usually involved child custody [1]. One of the major problems in these cases is when children reject a parent after divorce [2]. In conflictual separations, a real psychopathology, defined as parental alienation syndrome (PAS) in 1985, can develop [3]. In recent years, a growing interest in this subject has been seen in the international scientific community: several studies have been carried out and the necessity for a more accurate definition of PAS has been considered because

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courts, scientific and clinical practice are interested in this syndrome. PAS is the subject of a heated debate in both the scientific and legal fields. In particular, while attention is paid to the reliability and scientific validity of the syndrome, there is also the risk of the disorder being exploited in legal disputes or in the media.
In order to understand parental alienation better, our investigation aims to identify which findings in published studies may be useful to clinical practice with both parents and children.

Method

This article provides an up-to-date critical review of scientific articles on parental alienation. We will begin by reviewing the criteria for its definition, postulated pathogenesis and subtypes in order to lay the foundation for understanding PAS; next, we will delineate how PAS is placed in the psychiatric classification, including its relationship with official diagnostic categories of psychopathology.
Our study systematically reviewed all publications in the MEDLINE/PubMed database searching for the terms "parental alienation", "parental alienation syndrome", or "parental alienation disease" as keywords. We included studies and books that: (i) were published online between 1985 and 2015, (ii) included original data or reviews and (iii) were concerned with assessment and/or diagnosis and/or treatment of PAS. Consequently, we excluded publications that concerned child maltreatment or abuse not acknowledged as PAS. In the end, we selected relevant studies according to the inclusion criteria specified above. A total of 28 articles and books were appropriate for this review. This assessment will reveal strengths and weaknesses in the current PAS literature; moreover, we present suggestions for improving the refinement of the literature.

PAS: definition

PAS was defined for the first time in 1985 by Richard Gardner as a disorder that primarily arises in the context of court divorces that involve a dispute over the custody of the children. Its primary manifestation is the unjustified campaign of denigration by the child of one parent. In the words of the author, PAS can be described as "a childhood disorder, which arises almost exclusively in the context of child custody disputes. Its primary manifestation is the child's campaign of denigration against a parent that results from the combination of a parent's programming (brain washing) indoctrinations and the child's own contributions to the vilification of the target parent" [3 4].
More recently Bernet defined PAS as PAD, i.e. parental alienation disorder. "The essential feature of parental alienation is that the child – usually over a very contentious divorce – stipulates an alliance with one of the parents (the preferred parent) and rejects the relationship with the other parent (the rejected parent) without legitimate justification" (Fig. 1) [5 6].
This definition was later clarified by Cavedon and Magro in 2010, who defined the following criteria:

1. the child is allied with one of the parents and rejects the relationship with the other parent without any legitimate justification, usually in the context of a conflictual separation that can involve a child custody dispute;
2. the child shows the following behaviour: a) constant rejection of a parent that can become a real campaign of denigration; b) use of futile, weak or absurd rationalisations, in order to criticise the rejected parent persistently;
3. the child shows at least two of the following behaviours and attitudes: a) lack of ambivalence; b) phenomenon of the independent thinker; c) automatic support of the alienating parent; d) no guilty feelings for not respecting and not accepting the feelings of the alienated parent; e) presence of borrowed scenarios; f) spread of animosity towards the alienated parent's extended family [7].

PAS: Features

Gardner described PAS as a preoccupation by the child with criticism and deprecation of a parent, and stated that PAS occurs when, in the context of child custody disputes, one parent deliberately or unconsciously attempts to alienate a child from the other parent [4 8 9].
The author described eight symptoms:
Campaign of denigration: It involves the active participation of the child to the disparaging campaign against the target spouse, without scolding or punishment by the alienated parent.
Weak, frivolous, and absurd rationalisations for the child's criticism of the targeted parent: When they are asked to report specific incidences or explicit examples which support their accusations, they are unable to document credible, significant, or factual examples.
Lack of ambivalence: very likely, PAS children will report a long list of deficits about their targeted parent while minimising or refuting any positive attribute or redeeming quality of that parent.
The independent thinker phenomena: the child claims to be independent in making decisions and judgments about the alienated parent, rejecting accusations of being a weak and passive person.
Reflexive support of the alienating parent: the phenomenon of the ''identification with the aggressor" can be connected to this. The child being weak supports the alienating parent because of his/her power.

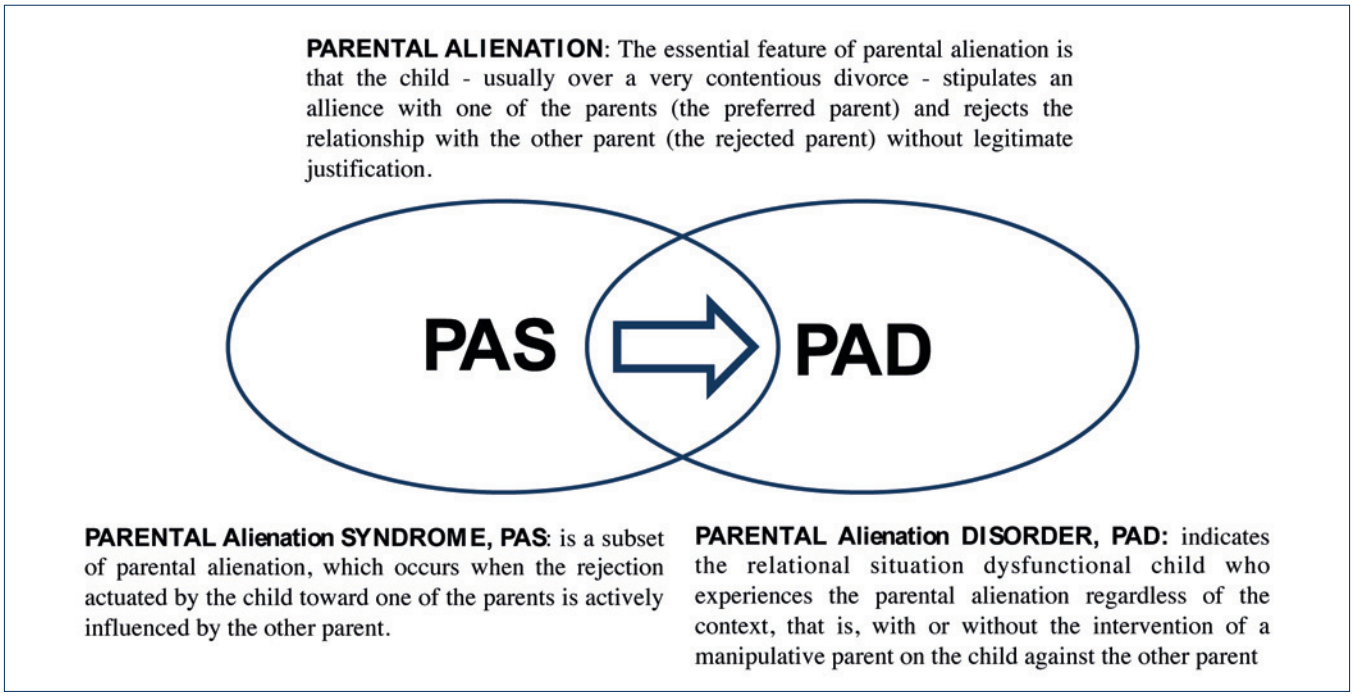

FIGURE 1.
Definitions according to Bernet, 2008 [6]. *Definizioni secondo Bernet, 2008* [6].

Absence of guilt over cruelty to or exploitation of the alienated parent: Child victims of the alienating parent's campaign of denigration do not feel guilt or empathy towards the victim parent and do not feel a decrease in their self-esteem, which is part of the guilt.
Presence of borrowed scenarios: Children use phrases and expressions learned from the adults' vocabulary and relate events they have never lived or cannot know about, but that are part of the smear campaign.
Spread of the child's animosity to the extended family of the alienated parent: PAS children also inexplicably reject those relatives they had previously had a loving relationship with and turn hostile to them.
Later, Gardner [4] added four more diagnostic criteria:

- difficulties of transition when visiting the non-custodial parent;
- behaviour of the child during visits or periods of stay at the alienated parent's;
- bond with the alienating parent;
- bond with the alienated parent (before the start of the process of alienation).

Depending on the intensity of the symptoms, Gardner established three levels of PAS severity: mild, moderate, and severe. In mild PAS, alienation is relatively superficial, and children mostly cooperate with visitation but are intermittently critical and disgruntled with the victimised parent; in moderate PAS, alienation is more intense, and children are more disruptive and disrespectful. There are transitional difficulties at the time of visitation; in severe PAS, all of the eight characteristic symptoms are present with severe intensity, and the children refuse to have contact with the alienated parents [8-10].
In clinical cases of mild PAS psychological intervention is not usually needed. However, it is important to raise awareness among relevant experts to avoid incorrect assessment and incorrect handling of situations, and it is essential to reassure the alienating parent about the possibility of keeping custody of child.
In cases of moderate PAS, which are the most common, the court should establish a system of effective sanctions to be inflicted on the alienating parent, if he/she tries to sabotage the therapeutic program agreed on with the psychotherapist.
In cases of severe PAS, it is necessary, according to Gardner, to enact stringent measures that provide for the transfer of primary custody to the alienated parent, and simultaneously placing the child's residence in his/her house. If this is the case, it is possible to gradually transfer the child to the alienated parent's house by arranging some "transitional accommodation" (e.g. the home of a friend, of a relative, community housing, or hospitalisation) [10 11].

DSM-5 and parental alienation

In the DSM-5 the expression "parental alienation" is not present, and the phenomenon is called differently. Paren-

tal alienation can, in fact, be framed within the category of Relational Problems. The DSM-5 defines Relational Problems as "persistent and dysfunctional patterns of feelings, behaviours, and perceptions involving two or more partners in an important personal relationship", laying stress on the individual in the relationship. In order to be diagnosed, the relational disorder requires a pathological interaction between the actors involved in the relationship. DSM-5 classifies the parent-child relational problems among Relational Disorders. This category should be used when the main object of clinical attention is the quality of the relationship existing between parent and child, or when the quality of the parent-child relationship dramatically influences the course, prognosis or treatment of a mental or a medical disorder. Parent-child relational problems are associated with impairment in social, behavioural, cognitive and emotional functioning.

Cognitive problems, in particular, may include "negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement". The word alienation appears instead of estrangement in the Italian translation of DSM-5. However, in English the two words are considered synonyms [13]. Bernet [5 6] was one of the leading promoters of the inclusion of parental disorder in the DSM-5. He argued 20 reasons for including it, stating that parental alienation is a valid concept, has been present in the literature for a long time, may be conceptualised as an attachment disorder and defined by dimensional characteristics in line with the entire structure of the new Diagnostic Manual for Mental Disorders. Despite controversies on the terminology and aetiology, the phenomenon is almost universally recognised by mental health professionals from different countries who assess and treat children involved in highly conflictual divorces. The diagnostic criteria proposed for PAS are reliable. Systematic research indicates that the diagnostic criteria can be considered reliable both on the basis of test-retest reliability and internal consistency and it is possible to estimate the spread of parental alienation. Systematic research indicates that in the United States 1% of children and adolescents suffer from parental alienation, which is a serious mental condition. Its course often continues in adulthood and can cause serious problems over time. Bernet also stressed the urgent need to establish adequate diagnostic criteria that can be helpful to clinicians working with divorced families and separated parents who are trying to do what is best for their children, in order to reduce the possibility for molesting parents and unethical lawyers to misuse the concept of parental alienation in disputes over children.

In his proposal to include PAD in DSM-5, Bernet (2008) purported the eight diagnostic symptoms already described by Gardner (1992), without the inclusion of the other four symptoms Gardner later proposed (1998):

A. The child – whose parents are usually involved in a highly contentious divorce – is strongly allied with one of the parents and persistently refuses the relationship with the other alienated parent without any reasonable justification. The child refuses to visit the alienated parent and his/her custodial relationship.
B. The child experiences the following behaviours:
   1. persistent rejection or denigration of a parent that reaches the level of a campaign of denigration;
   2. weak, superficial and absurd rationalisations for persistent criticism towards the rejected parent;
C. The child shows two of the six following attitudes and behaviours:
   1. lack of ambivalence;
   2. phenomenon of the independent thinker;
   3. automatic support of one parent against the other;
   4. absence of guilt towards the rejected parent;
   5. presence of borrowed scenarios;
   6. extension of hostility to the extended family of the rejected parent.
D. The duration of the disturbance is at least 2 months.
E. The disturbance causes clinically significant distress or impairment in social, academic, occupational, or other important areas.
F. The child refuses to visit the rejected parent without a reasonable justification. The parental alienation disorder is not diagnosed if the rejected parent abuses the child.

Current debate on parental alienation and its diagnosis

Despite a growing literature, the term parental alienation syndrome (PAS) continues to raise controversy in child custody matters. Controversy exists, however, in conceptualising the problem of alienated children and in using the term PAS [14-17]. Those favouring the term believe it helps in understanding and treating a well-recognised phenomenon. Those opposing the term believe that it lacks an adequate scientific foundation to be considered a syndrome and that courts should not admit testimony on PAS. Critics argue that PAS is either an unnecessary or potentially damaging label for normal divorce-related behaviour, that it oversimplifies the aetiology of the symptoms it subsumes, and that it may result in custody decisions which fail to promote children's welfare.

Is there scientific evidence?

Many authors criticise the existence of PAS, claiming that clinical and empirical evidence is rather limited and therefore there is not adequate scientific evidence. Actually, careful research in the literature on the subject of parental alienation has shown that there are more than

500 studies on parental alienation [5], including several in Italy [18-22].

Is there gender imbalance?

Many PAS critics stressed that gender imbalance was present and that this was used by abusive fathers to discredit women who requested protection for traumatised children. Recent studies have shown that the alienating parents may be equally mothers or fathers. Initially, Gardner indicated the mother as the alienating parent in 75-95% of the cases; this statement has later been revised and researchers have recently confirmed the fact that there is no gender prevalence [16 17].

Baker and Darnall found that there were no differences between the gender of the targeted parent and gender of the child, meaning that both mothers and fathers were alienating parents and both sons and daughters were targets of alienation. However, the gender and the age of the targeted child were associated with the severity of alienation.

Is it possible to talk about syndrome?

The various criticisms addressed to the concept of PAS agree in considering scientifically unfounded the reference to a "syndrome" as a constellation of symptoms that characterise the discomfort of a contended child [23]. The problem whether or not there is a "syndrome" related to the alienation of a parental figure is posed in an inadequate way. PAS seems to be better defined as a "Disorder of Relational Behaviour", not as a syndrome. Phenomena such as bullying, stalking and cruelty exist and have legal significance regardless of recognition of disorders that can be identified as symptomatic. For example, sexual abuse exists even if there is not a "syndrome of the abused child" [22-24].

Is PAS a risk factor?

Another criticism towards the definition of PAS is that not only is there no mention of a possible suffering of the child, but also there is no specification of the psychic function that would be altered; the only aspect mentioned is this "campaign of denigration" (essentially the refusal expressed by the child of a relationship with one of the parents) that, again, does not account for subjective suffering of the minor. PAS is the first illness in the world for which a diagnosis is made without subjective suffering. PAS and conflictual separations represent for the child involved an evolutionary risk condition that, however, does not determine itself and especially not in the short term, a psychopathological condition. Data in literature and clinical practice highlight that parental alienation needs to be considered as psychological trauma and therefore an important risk factor for the onset of psychiatric disorders [22 25].

Clinical and epidemiological research has shown that a high incidence of traumatic experiences during infancy and childhood has an impact on the subsequent development of the person [26]. The psychopathological circuit generated by trauma begins when a highly stressful event interacts maladaptively with the individual's coping strategies: if these are inefficient, the traumatic event and its memory cannot be integrated and become dystonic. Among the factors that reduce coping ability there can be an excessive malleability of the subject, as happens in children: they are not resilient, but malleable. Risk factors concern all the existential conditions of the child and his/her environment that involve a higher risk of developing a psychopathology than what is observed in the general population; "minor" traumatic events or life stress events, and all their variables, interacting with each other, may they be biological, temperamental, family and/or social variables that can be reinforced through cumulative effects. They consequently determine a higher psychopathological risk if compared to what can be observed in the general population. Clearly, vulnerability to life events is extremely variable, so it is reasonable to assume that the different circumstances which affect individual lives can determine a mental disorder only if they act on a particular organisation of the person [27 28]. A multiplicity of clinical expressions connected to a history of childhood trauma have been described including major depressive disorder [29 34], dissociative disorders [30], or borderline personality disorder [31]. Given the same type of trauma at different ages, in childhood it causes alterations in different areas of the brain and different neuroendocrine systems [32 33]. Considering the short- and long-term negative effects of trauma on individuals, the identification of the risk factors such as parental alienation is important for both prevention and treatment of related disorders.

Bernet et al., 2015, retrospectively analysed the alienating behaviour present in an sample of Italian children and described the psychosocial symptoms associated with them. An anonymous and confidential survey about their childhood exposure to parental alienating behaviour and measures of current symptomatology was completed by s739 adults in Chieti, Italy. About 75% of the sample reported some exposure to parental alienating behaviour; 15% of the sample endorsed the item, "tried to turn me against the other parent." The results showed strong and statistically significant associations between reported exposure to parental alienating behaviour and reports of current symptomatology [34].

The alienating parental relational behaviour disorder (APRBD): our new concept

Based on the research carried out, we can state that parent alienation does not correspond to a "syndrome"

or a specific individual psychic "disorder". It can better be defined as a dysfunctional family relation model determined by the excluding or "alienating" parent, the excluded or "alienated" parent and the child, each member of this triad with his/her own responsibilities and contribution. It would, therefore, be more correct to define the old concepts of PAS and PAD as an "Alienating Parental Relational Behaviour Disorder" (APRBD). Different clinical features can then be defined, depending on the presence or absence of an effective alliance with the alienating parent (Alienating Relational Behaviour Disorder with parental alliance; Alienating Parental Behaviour Disorder without parental alliance) or the presence or absence of a motivation that underlies such dysfunctional behaviour (Alienating Parental Relational Behaviour Disorder with motivation; Alienating Parental Relational Behaviour without motivation) (Fig. 2).

The DSM-5 defines relational problems as "persistent and dysfunctional patterns of feelings, behaviour and perceptions involving two or more partners in an important personal relationship". To be diagnosed as such, a relational disorder requires the existence of a pathological interaction between the individuals involved in the relationship. It is not caused only by a pathological frame of one of the subjects. A more correct definition of this disorder would be as follows: unmotivated activation by one parent (alienating) of a campaign of denigration against the other parent (alienated) which results in the child tenacious and unmotivated refusal of the alienated parent, with or without alliance with the alienating parent, with or without a reasonable motivation to determine the campaign of denigration.

The psychopathological frame can be determined by various risk factors and various mediation factors:

- developmental phase;
- family variables (e.g. presence of brothers, extended family);
- intellectual level;
- style of attachment;
- coping strategies;
- resilience and malleability abilities.

A child that presents with these risk factors might then experience the separation of their parents as a psychological trauma (life stress event) that results in the onset of the "Alienating Relational Behaviour Disorder" (Fig. 3).

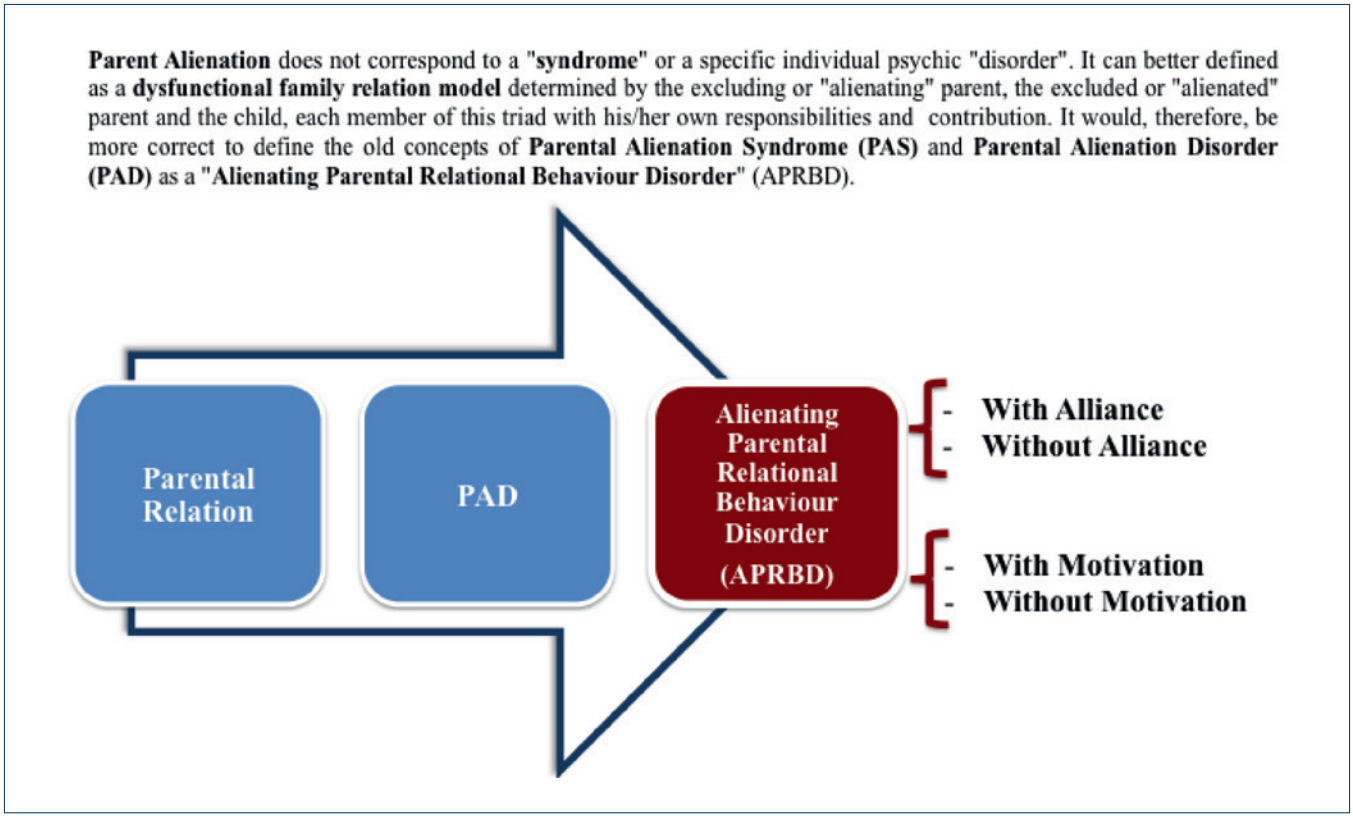

FIGURE 2.
PAS/PAD: an Alienating Parental Relational Behaviour Disorder? *PAS/PAD: un disturbo del comportamento relazionale genitoriale di tipo alienante?*

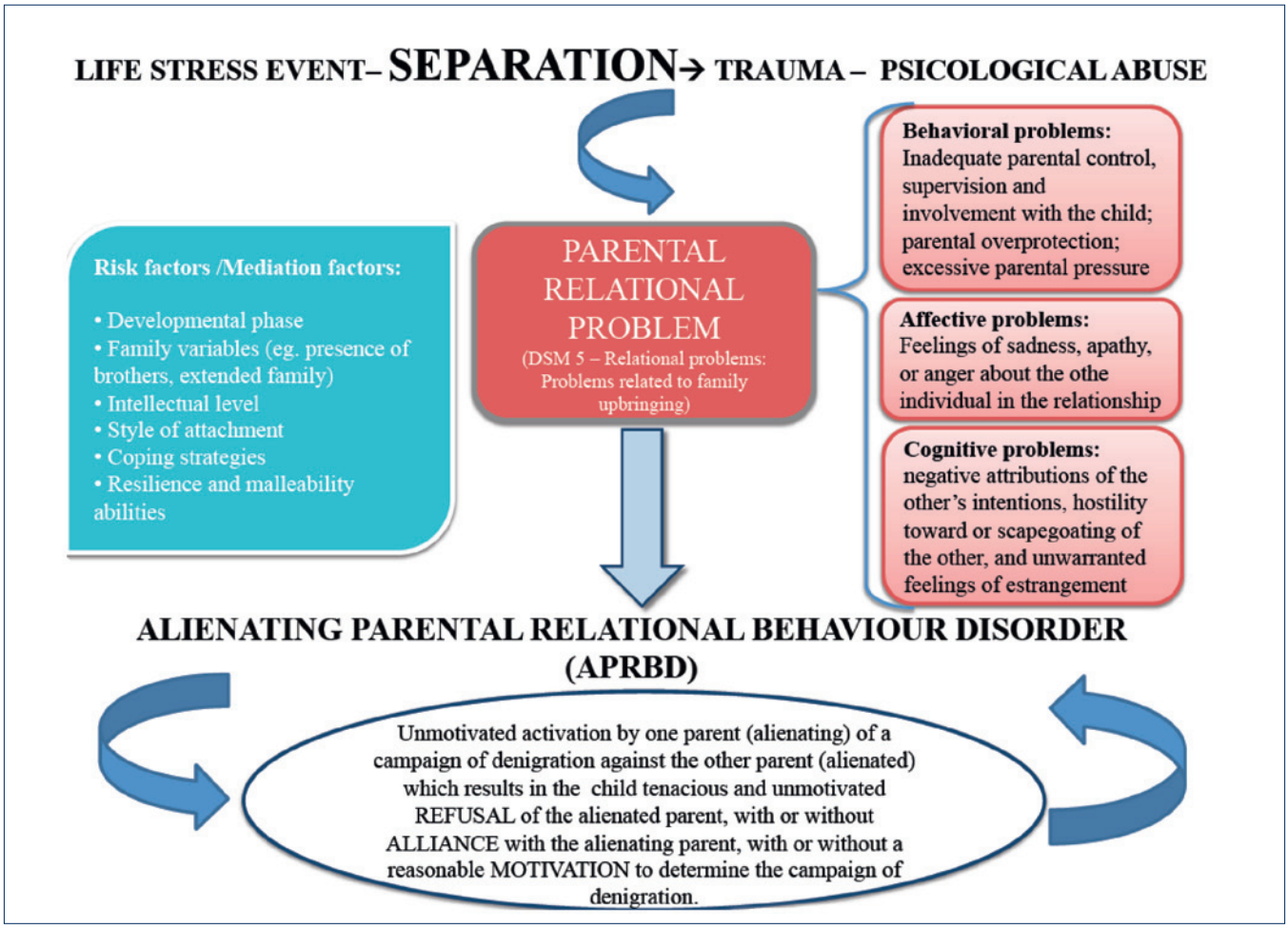

FIGURE 3.
Alienating Parental Relational Behaviour Disorder (APRBD). *Disturbo del comportamento relazionale genitoriale di tipo alienante.*

In adulthood, the same child might develop narcissistic personality disorders, manipulative and egocentric behaviour, sexual dysfunctions, or eating disorders.

Conclusions and future perspectives

The explanation of this disorder has its own validity, but thorough research to clarify its features (e.g. duration and intensity of symptoms) needs to be carried out, otherwise it could be instrumentally used in litigations. Further systematic and large-scale studies of parental alienation are needed that take into account the issues discussed, and proper objective diagnostic criteria should be defined for scrupulous diagnosis and valid treatment.
With adequate scientific evidence about diagnosis, therapy and prognosis, and the possibility of using appropriate assessment tools, the alienating parents and unethical lawyers would have fewer possibilities to misuse the concept of parental alienation in disputes over children. A nationwide systematic research is necessary to avoid the misuse of this term and to consent to proper use of the concept in clinical and forensic areas.

Conflict of interests
None.

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