

PARENTAL ALIENATION SYNDROME

30 Years On and Still Junk Science

By Rebecca M. Thomas and James T. Richardson

Editor’s Note: A version of this article that includes endnotes is available from the authors, who can be reached at rebeccat@unr.edu and jtr@unr.edu.

Despite having been introduced 30 years ago, there remains no credible scientific evidence supporting parental alienation syndrome (PAS, also called parental alienation (PA) and parental alienation disorder (PAD)). The concept has not gained general acceptance in the scientific field, and there remains no test, no data, or any experiment to support claims made concerning PAS. Because of this lack of scientific credibility, many organizations—scientific, medical, and legal—continue to reject its use and acceptance.

The Presidential Task Force of the American Psychological Association on Violence in the Family has stated that

“there are no data to support the phenomenon called parental alienation syndrome, in which mothers are blamed for interfering with their children’s attachment to their fathers. . . .” The National Council of Juvenile and Family Court Judges (NCJFCJ) likewise finds PAS lacking in scientific merit, advising judges that based on evidentiary standards, “the court should not accept testimony regarding parental alienation syndrome, or ‘PAS.’ The theory positing the existence of PAS had been discredited by the scientific community”; and “the discredited ‘diagnosis’ of ‘PAS’ (or allegation of ‘parental alienation’), quite apart from its scientific invalidity, inappropriately asks the court to assume that the children’s behaviors and attitudes toward the parent who claims to be ‘alienated’ have no grounding in reality.” The American Prosecutors’ Research Institute and the National District Attorney’s Association, legal organizations concerned with the prosecution of child abuse and domestic violence, have also dismissed PAS.

Attempts have been made to legitimize PAS by having it included in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*, used by mental health professionals to substantiate diagnoses. In rejecting PAS for inclusion in the most recent edition, Dr. Darrel Regier, vice chair of the task force drafting the manual, stated, “It’s a relationship problem—parent-child or parent-parent. Relationship problems per se are not mental disorders.” The Board of Trustees would not even consider putting it in section 3, disorders needing further research. The American Professional Society on the Abuse of Children (APSAC) objected to its inclusion because “the empirical data supporting a disorder are quite weak” and the proposed diagnostic criteria “assume[] omniscience of the

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professional and rel[y] on the professional's subjective interpretation of the child's behaviors and statements. Moreover, the terms used to describe the child's behaviors are not defined. . . . It is surprising that in the intervening 20 years [since diagnostic criteria were first suggested] no better definitions and no research have attempted to measure these characteristics in any systematic way." Finally, and most interestingly, a foremost PAS proponent and

drafter of the proposed diagnostic criteria, Dr. William Bernet, stated in an interview after PAS was rejected, "We need to have consistent definitions of PA, which have proven validity and reliability, in order for research personnel to study the causes, manifestations, and treatment for PA."

Despite this broad range of experts finding the concept untenable, with even proponents admitting there is no agreed-upon definition with which to begin research, a minority, mostly made up of mental health professionals and expert witnesses who earn a living in the divorce field, continue to insist on claiming that there is enough science to support the use of PAS in the legal arena. Most of the "evidence" offered to establish PAS as a credible "diagnosis" is based on clinical observation. Clinical observation has some uses: it can allow for description of a phenomenon. What it cannot do, however, is provide evidence of the cause of the observed phenomenon. It does not provide an opportunity for replication, one of the tenets of the scientific method. Observation is best used to set forth the variables to be tested during experimental research. So while researchers have published articles describing PAS, none have produced experimental evidence that can be replicated to establish PAS exists as either a discreet phenomenon or a causal effect.

Even when clinical observers claim to be able to distinguish an alienated child from an otherwise disturbed child, there is no objective way to verify their conclusion. In addition, no studies identify a supposedly alienated child absent the accusation by a parent. Most information a therapist uses to make a "diagnosis" typically comes from the accusing parent. Empirical research shows that when children reject a parent, there are multiple reasons, including possible negative behaviors by the rejected parent, child abuse or neglect, or the child's developmental difficulties or personality.

Some mental health practitioners, despite the tenuous scientific status of many mental health theories and practices, have asked the courts to accept them as expert witnesses able to present scientific evidence

supporting PAS. Such claims mean that courts should hold them to the same standards as other professionals. The Supreme Court has ruled that all proffered scientific evidence—even that based in the clinical "soft sciences"—must meet the standard set in *Daubert*. *Daubert* established criteria for admissibility of scientific evidence, including peer review, publication, testability, error rate, and general acceptance within the scientific community. PAS does not meet these standards. Any expert testimony regarding PAS could not be allowed under current established criteria.

Plainly, any mental health diagnosis requiring family court involvement as both a feature of the "illness" and the "cure" is dubious at best. The "cure" suggested is removal of the child from the custody of the "offending" parent and, in some cases, a cut-off of all contact between that parent and child. In addition, the "cure" for the child is "deprogramming" the "brainwashing." Given that family courts are intended to be therapeutic, it is difficult to understand a court participating in psychological "diagnosis" that requires trauma to the family as the "cure." If we are to accept PAS as a real problem, the solution currently in use is completely antithetical to the mission of family courts. When accusations of PAS arise, other, multiple reasons for a child's behavior are likely to exist. Ethical practice requires these other possible reasons be considered, not ignored.

Given the lack of empirical evidence and the *general nonacceptance* by scientific, medical, and legal authoritative bodies, we are left to scratch our heads and wonder why articles such as this one are needed. Perhaps family courts need to look inward and ask what it is about the evidentiary standards and processes of family courts that keep this discredited syndrome alive. While the mission of family courts is to address legal issues in a therapeutic manner, they are nonetheless courts and charged to enforce law and establish justice. Evidentiary admissibility may have a lesser standard in civil court, but not so loose that it allows for the admission of wishful thinking dressed in scientific clothing. ■

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