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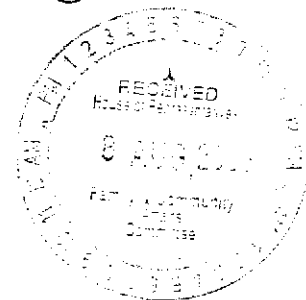
*Parental Alienation Syndrome
and the Family Court
in relation to Joint Parenting.*

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Parental Alienation Syndrome

Parental Alienation Syndrome (PAS) is abuse of a child, usually by a custodial parent, by use of a number of psychological mechanisms designed to estrange the child from the target parent.

This Parental Alienation becomes PAS when the child becomes so affected as to seek not to have contact with the target parent and expresses fear of or hatred for the target parent. This behaviour in the child is a self-preservation mechanism required to protect the child from the custodial parent.

When a child becomes aligned with one parent as the result of unjustified or exaggerated denigration the relationship the child has with the target parent can be impaired. The child will also likely experience an absolute loss of parenting as a result of the hostility of the parent producing the alienation (Stephens).

Bone and Walsh (1999) have said, 'Any attempt at alienating the children from the other parent should be seen as a direct and wilful violation of one of the prime duties of parenthood.' That PAS exists as a phenomenon in our society is without question.

In a 12 year study of 700 "high conflict" divorce cases Clawar and Rivlin (1991) concluded that elements of PAS are present in the vast majority of samples. Not all mental health professionals are aware of PAS. Further according to Bone and Walsh (1999) and Kopetski (1998b) if the investigating psychologist fails to make an effort to study the pre-separation relationship he may mistakenly attribute the current acrimony in it to be a representative characteristic of the relationship. Such a professional may unwittingly recommend a reduction in contact between the children and the alienated parent.

Thereby promoting the undiagnosed PAS and doing considerable psychological damage to all participants. When misdiagnosis occurs the mental health professional has become part of the PAS process. Turkat (1993) maintains that it is essential that the examiner observe the children in the presence of both parents separately if PAS is to be ruled out.

The Symptoms of PAS Bone and Walsh (1999) have described four criteria for identifying PAS:

Criteria I: Access and Contact Blocking

The alienating parent seeks to deny all contact or, at least, significantly reduce contact between the children and the alienated parent. In extreme cases child sex abuse may be alleged as a rationale to justify contact blocking. Repeated efforts to control and reduce contact with the target parent through legal channels is clearly an indicator of this criterion. (Lowenstein, 1999). Kopetski (1998a) observes that the child's need for a relationship with two parents is not recognized and that the only solution considered by the alienating parent is complete removal of the alienated parent.

Criteria II: Unfounded Abuse Allegations

Unfounded abuse allegations represent a key tool in the destruction of the relationship between the children and the alienated parent, as sought by the alienator. Such allegations have the dual bonus of a reduction of the role of the alienated parent to a defendant in the court proceedings and of unsettling the relationship being attacked. Bone and Walsh advise that in the event that any such report is shown to be unfounded, the investigator should look for expressions of other false allegations.

The more common allegation of emotional abuse is often found to be a case of differing parental style that is being framed as 'abusive.' When trivial activities are constantly referred to in this way the effect on the child is one of diminished respect for the alienated parent.

According to Bone and Walsh, '... the responsible parent will give the other parent the benefit of the doubt when such allegations arise. He or she will, if anything, err on the side of denial, whereas the alienating parent will not miss an opportunity to accuse the other parent.' Kopetski (1998a) also identifies this dynamic. It is revealed in the in the reaction of the alienating parent to news that no abuse has taken place. In such circumstances the alienating parents reaction is one of anger and disappointment. A normal parent is usually relieved to find that their child has not been harmed.

Criteria III: Deterioration of Relationship Since Separation

This criteria has to do with the substantial reduction in the quality of the relationship between the children and the alienated parent since separation. "Such a recognized decline does not occur on its own." This criteria is the full measure of success of the alienation process. Further, 'Children do not naturally lose interest in and become distant from their non-residential parent simply by virtue of the absence of that parent.

Also, healthy and established parental relationships do not erode naturally of their own accord. They must be attacked.' Bone and Walsh recommend that a close examination of the relationship before and after separation be undertaken to ensure no ambiguity in the interpretation of the family dynamics as containing the PAS process.

One must wonder what would bring an unalienated parent to the courtroom to fight for a relationship that had not previously existed.

Criteria IV: Intense Fear Reaction by Children

This refers to an obvious fear reaction on the part of the children of displeasing the alienating parent in regard to the target parent. If the children show any variation from prime directives of the alienator, especially in expressing positive attributes towards the target parent, the

consequences can be severe. The child is continuously exposed to various loyalty tests. The important issue, according to Bone and Walsh, is that the child is forced to choose between parents which is in direct opposition to the child's emotional well being.

The PAS process is fuelled on fear, usually the fear of abandonment by the present parent. This is compounded by the attitude of the alienator that the target parent has already abandoned the family. Children in this situation live in constant fear of reprisal. When the child does defy the alienating parent they rapidly find there is a price to pay. Consequently, the children develop a keen sense of vigilance over displeasing the alienating parent. This is often exhibited by the child refusing contact with the alienated parent. This while the alienating parent purports to support the contact.

This scenario is very common in PAS families because it exposes the fear based core of the PAS process; it is reported by numerous workers (for example, Bone and Walsh, Maidment 1998, Kopetski 1998). According to Willbourne and Cull (1997) the alienator may, through body language, subtle remarks and tone of voice, transmit anxiety to the child so that contact will fail and the relationship eventually wither. This insidious form of hostility comprising a key of PAS is well recognized by psychologists in America and the UK.

Other Symptoms

Other parent child interactions include a distorted view of the target parent shared by the alienator and the child. "The child begins by being confused, but progresses towards identification with the alienating parent, finally reflecting the distorted perception as his or her own version of "the truth." (Kopetski, 1998a).

The alienating dynamic causes the alienator to reject anyone who perceives things in a way that the alienating parent does not like, and an unhealthy sense of entitlement to rage leads to social alienation in general. Instances of the alienator hiding the child from the target parent and monitoring of telephone contact between the child and

the target parent are regularly seen in PAS (Willbourne and Cull, 1997).

"The child asserts that the decision to reject the target parent is his or her own" (Lodge, 1998). The introduction of extended family, primarily grandparents in encouraging a negative view of the alienated parent is also commonly reported by many workers.

It is commonly indicated that the child will indicate distress or anger at transitions in contact. Whenever the children are given choice in the visitation they must choose for the alienator out of fear. The child, according to the alienating parent, does not possess any personal property and is forbidden to take any objects to the contact with the alienated parent.

Behaviours may include (Stephens): "terrorizing factors by which the child may be bullied and verbally assaulted into being fearful of the target parent to the point where the child fears contact with that parent; relating factors where the alienating parent keeps the child from normal opportunities for parenting with the target parent, their relatives, friends and extended family; and corrupting influences where the child is mis-socialized and misinformed by the alienating parent about the real intentions of the target parent." In addition chronicity in PAS is thought to be connected to the personality profile of the alienating parent.

The Effect of PAS on Alienated Children

"The damage done to the child of a mother [an alienator] adopting a strategy of alienation is both insidious and long term" (Willbourne and Cull, 1997). Bone and Walsh indicate that the children learn to manipulate to survive. They develop a capability to measure the emotional environment. They become expert at telling lies. These are survival skills that the child must learn in order to avoid emotional attacks from the alienating parent.

Lodge (1998) reports several investigations which indicate that children of PAS are aggressive, less well adjusted, prone to chronic anxiety and disguised sadness, and that the children were universally miserable except for those that had become detached enough to dismiss the missing parent. Kopetski (1998b): The relationship between child and alienator is disturbed.

Many alienated children develop symptoms of anxious attachment or separation anxiety long past the age where such anxiety is normal. The distress is the result of a malignant emotional environment. The most common symptoms in small children are distress during contact transition, sleep disturbances, regressions in achievement of bodily functions. In older children lower grades, social isolation and moodiness are among the symptoms.

As children grow older more signs of psychological damage appear. Kopetski (1998b): Certain psychological symptoms are valued and encouraged by the alienating parent while others more useful for societal integration are ignored or actively discouraged. The emotions of the child are of prime importance and alienating attitudes are nurtured under the guise of empathy.

Another area of development affected is reality testing. The strong alignment of the child with the distorted perceptions of the alienator do not allow the child to develop the ability to analyze and accept new information which may make them uncomfortable or may be in conflict with previously accepted data. Alienated children can become fixed and rigid in their ideas. They reject ideas which don't conform and the ideas they do accept are based on their emotional response. They often have difficulty separating fact from emotion.

Finally, and most obviously, the child faces the loss of a parent. If the alienating parent persists in their activities the child will lose one parent or the other. The child is then vulnerable to the unmitigated pathology of the parent they remain with. Most experts agree that a child left alone in the care of an extreme alienator is more likely to develop a

disturbed personality itself. (Willbourne and Cull, 1997). Often, according to Lowenstein (1999), later in life the child may become aware of the wrong which has been committed on them, the way they have been programmed against all the opposing reality.

The antagonism of the maturing adult then turns against the alienating parent as they grow and become aware that the alienated parent has suffered a great injustice at the hands of the alienator and themselves. 'As a consequence they feel a sense of desperate guilt, which can become a helpless kind of regret', which has no way of being assuaged if the parent has died or has vanished.

It is clear that the threat associated with successful alienation, in particular on the child's psychological development, far outweighs any short term distress posed by a court system actively working to prevent and minimize the negative effects of the PAS process. The answer to what is in the best interests of the children is surely not to demonstrate that Parental Alienation is a viable life model to aspire too.

Options for Dealing with PAS

Because of the extremely serious consequences of unchecked parental alienation the remedy must include a family law component to repair the relationship of the alienated parent and the child, and to discourage future disparagement by the alienating parent.' Niggemyer (1998).

Lowenstein has it that it is vital that a professional such as a clinical psychologist or psychiatrist becomes involved as soon as possible to deal with PAS. The professional must be aware of PAS and its origin. This might incorporate the appointment of an appropriately skilled parenting coordinator along with individual strategies for therapy of the family. The coordinators role would be the creation of a visitation schedule, ensuring adherence, and mediating between parties. Therapy for the children provides them with a

neutral caring supporter. (Niggemyer, 1998).

Where PAS continues Lowenstein indicates that legal sanctions need to be found. The alienating parent must be given psychological treatment and forced to discontinue this behaviour. If this fails the child must be removed from the alienating parent and placed in suitable care that allows full contact with the alienated parent. The alienating parent may be fined or even imprisoned.

The courts ultimate sanction for dealing with PAS is change of residence. This solution is beginning to be adopted in both the USA and the UK (Maidment, 1998). Clearly this is a step that many family court practitioners are reluctant to accept. The court may find it more palatable if there is considerable evidence of obsessive alienation, however, by then the damage may be done. It is a shame that the courts are so reluctant to transfer residence in such situations as it is likely that the real threat of losing residential contact may potentially have a positive effect on the attitude of the alienator.

Some psychiatrists strongly advocate the immediate removal of the child from the alienating parent. It has been recommended that, in cases of extreme alienation, that the child should have no contact with alienating parent for as long as it takes to re-establish the relationship between the alienated parent and the child (Willbourne and Cull, 1997). According to Stephens, removal of the child from the alienating parent may be mandatory. This separation can be achieved by placing the child in foster care, the care of other relatives or to a hospital setting which has specially trained staff to deal with deprogramming and re-establishment of both child/parent relationships.

It is commonly thought that if the child stays with the alienator that alienation will persist especially after professional intervention has ceased (Willbourne and Cull, 1997). It is entirely conceivable that the best option for the child is a change of residence to free the child from the insidious influence of the alienating parent. The alienated parent would almost certainly require assistance to overcome the effects on the child of PAS.

It is also potentially workable that the alienator receive therapy to counter the effects of parental alienation and allow contact with the target parent (Maidment, 1998). Treatment of the alienator requires an extended period of treatment and upon the alienating parent acknowledging the problem and following the therapy program.

The goal of any treatment should be the restoration of relationships with both parents. The hope is to produce life-long benefit to the child and enable the child to have a normal psychological development. (Stephens, Lodge 1998)

Conclusions

When all four of the criteria of Bone and Walsh are present then PAS is operating. The best predictor of the level of success of the alienator is the extent to which that parent has been able to keep the children from the target parent. The most important predictor of success is the commitment of the target parent to the welfare of the children. Maidment: '... it is almost always in the best interests of the child ... that he or she have contact with the parent with whom the child is not living' and that a parent who cannot recognize that view is failing in their parental responsibility to the children.

"Children and parents, already bombarded with trauma, can be further damaged by family attorneys and judges who fail to accurately recognize and halt the highly destructive process of parental alienation." Niggemyer (1998).

The court has a moral duty to the child that it must not ignore. Parental Alienation represents a serious threat to the psychological welfare of children. It needs more than a Band-Aid solution. Correcting the problem and protecting the children must necessarily require significant intervention from the court. The difficulty facing the court must not deter it from taking every step to stop the alienation, remedy the injury and repair the damage.

References

Bone JM and Walsh MR, PAS: How to detect it and what to do about it, The Florida Bar Journal 73 3 (1999) p 44

Clawar SS and Rivlin BV, Children Held Hostage: Dealing with Programmed and Brainwashed Children, A.B.A. (1991)

Willbourne C and Cull L, The Emerging Problem of Parental Alienation, Family Law (UK) Dec (1997) p 807

Kopetski L, Identifying Cases of Parent Alienation Syndrome - Part 1, The Colorado Lawyer 27 2 (1998a) p 65

Kopetski L, Identifying Cases of Parent Alienation Syndrome - Part II, The Colorado Lawyer 27 3 (1998b) p 63

Lodge P, Alienation Revisited, Third National Family Court Conference, Oct (1998)

Lowenstein MA, Parental Alienation Syndrome, Justice of the Peace 163 3 (1999) p 47

Maidment S, Parental Alienation Syndrome - A Judicial Response, Family Law, May (1998) pp 264

Niggemyer K, Parental Alienation is Open Heart Surgery: It Needs More Than A Band-Aid To Fix I, California Western Law Review, 34 (1998) p567.

Stephens EM, Rye Hospital Program For Treating Children Affected by Parental Alienation Syndrome, Public Notice.

Turkat ID, Questioning the Mental Health Expert's Custody Report, American
Journal of Family Law, 7 (1993) p175