A Rose by any Other Name is Still a Rose

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I am gratified that those who are using this website do so primarily for the purposes of making and effective case for overcoming the alienation that they are experiencing from their children. I want to convey, however, the latest information about the PAS and the DSM 5 as there have been some references in the group as to whether the particular family dynamic that is characteristic of parental alienation rises to the level of a syndrome. My hope is, nevertheless, that the website’s emphasis on support will continue to be the primary focus because the more time and energy we exert in a debate about a label, the less time and energy we have for prevention and remedy.

I will briefly summarize how I approach the debate. I follow the philosophy, “When in Rome” in order to be the most effective in helping the targeted/alienated parent in both the therapeutic and legal settings. In my training as a family therapist, we are taught to be chameleons. That is, we must develop the skills to intervene differently in each idiosyncratic family that presents for treatment. I am a chameleon, as well, when I need to document the family dynamic in a particular case I am testifying on before the court. When the attorney for the alienated parent informs me that experience with the judge indicates that the judge finds the label of “PAS” or even parental alienation an anathema, then I refrain from using that terminology. I will use the commonly accepted terminology of parental interference with the relationship between the other parent and the child. This is on the books in most states. Once I express it this way, I will further describe this family dynamic as “hostile and crappy parenting.” This terminology is difficult to dispute, especially when I provide case examples of the behaviors exhibited by both the alienating parent and the children.

As pointed out in a comment by Paul Alex, Sr., Donna Connolly’s, brother, he experienced this dynamic even during his marriage. Yes, absolutely, the family dynamic of the PAS has its origin in the nascent behaviors of the family’s interactions when the parents are still together. Let me explain. When intact families present for therapy in the office of the family therapist, the most typical family dynamic of these troubled families is the disengagement between the couple and an enmeshment between one parent and the children. The parent who is outside of the coalition between her/his partner and the children is disengaged from the children as well as from the partner. Family therapists----as far back as the 1950s----observed and labeled this dynamic as “the pathological triangle,” which was named by child psychiatrist, Murray Bowen. An example of this family dynamic is the keeping of secrets between the enmeshed parent and children from the disengaged parent. In the family dynamic of triangulation, the therapist will observe the children aligning with their enmeshed parent when a parental conflict erupts. How typical of the PAS! Of course, the coalition in families presenting for treatment and remedy is of much less severity than is the triangulation occurring in PAS families. PAS is a progressive syndrome, and the alienation rapidly intensifies when the couple separates.

Anyone who lives with a child and a partner recognizes how frequently triangulation quite innocently occurs in ordinary family life, such as when one parent turns to the child during a dispute with the other parent and asks the child, "Isn't what I'm saying true?" I am reminded of such nonchalant behaviors as reflected in the two, all too humorous but all too real-life TV commercials, which play-off of triangulation. In the first, a teenage girl, standing with her father in the kitchen, comments to him about how old and disgusting their refrigerator is. The father looks at his ingratiating daughter with admiring eyes and responds, "You think?" The girl, leaving the kitchen and passing her mother on the living room sofa, collects a $20 bill from her as a reward for her lobbying efforts with her father.

In the second commercial, a dejected-looking mother is standing with her latency age son in the living room, and the boy asks her, "What's wrong, mom?" The mother responds, "I want new floors but your father won't let me get them." The boy runs to the staircase and yells up, "Hey dad, mom wants new floors!" In the next scene, the mother is standing alone in her living room gazing down and smiling at her new floors. Unexpectedly she hears a voice yell from upstairs, "Hey mom, dad wants a new motorcycle." The mother looks up, her affect indicating her thoughts: "What have I wrought?"

Despite the prevalence of the triangulation dynamic, even in intact families, the naysayers have been creating needless controversy for self-serving purposes.

This extremely small segment of the mental health and matrimonial communities disputes the existence of the Parental Alienation Syndrome----first labeled in 1985 by child psychiatrist Richard Gardner. In contradiction to the naysayers, a credible percentage of mental health practitioners and matrimonial attorneys world-wide assert that the PAS is verifiable through the observation of the family members when in interaction with each other----just as did Murray Bowen’s fellow psychiatrists, Nathan Ackerman; Don Jackson; my mentor, Salvador Minuchin, et al. These psychiatrists documented the characteristic family interactional pattern of the PAS upon observing their child-patient on the hospital ward during visits with their parents. Yes, the evidence is incontrovertible: in its severe stage, the PAS frequently causes such severe disturbances in children that can reach the degree of psychosis. As a result of the copious documentation by first and second generational family therapists, we now have more than 60 years of scientific evidence in support of the PAS.

Nevertheless, due to the financial, political, and cultural self-interests, the DSM 5 task force has succumbed to the pressures to exclude the PAS as a diagnosis in this edition. However, there is hope for a more significant inclusion in the DSM 5. Dr. William Bernet, who heads the PAS working group of approximately 200 professionals world wide----a group of which I am a member----notified the members that the following language is strongly being considered for inclusion in the DSM 5 as follows “it is a form of psychological abuse to purposely indoctrinate a child to consider a parent evil, dangerous, or not worthy of affection.” This language may be even more significant than a diagnosis because of the ramifications for criminal charges and a protective removal. So we will see what happens.

In the meantime, I believe we are sprinting into a brick wall if we continue to employ the word “syndrome.” The label controversy has been settled by the DSM 5 task force, as far as I am concerned,

What is not controversial is the fact that alienating behaviors are observable, have extremely detrimental effects on children, and will hopefully be considered a form of child abuse that can be criminalized.

It is time to move forward: instead of getting hung up on labels, which distract from addressing the pain and abuse that results from the severing of a relationship between a child and parent, let us focus instead on identifying those situations when alienation is occurring so that we can marshal our energies for prevention, early diagnosis, and treatment.