

Exploring the lived experiences of psychologists working with Parental Alienation Syndrome

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WORKING WITH PARENTAL ALIENATION SYNDROME

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Preface

- This mini dissertation is in article format as described in rules A5.4.2.7 as prescribed by the North-West University.
- The article will be submitted for possible publication in the International Journal of Divorce and Remarriage.
- The referencing and editorial style of this dissertation are in keeping with the guidelines as set out in the Publication Manual (6th edition) of the American Psychological Association (APA). The article will be compiled according to the guidelines of the journal to which the article will be submitted.
- In order to present the mini dissertation as a unit, the page numbering is consecutive, starting from the introduction and proceedings to the references.
- Prof. Esmé van Rensburg, supervisor of the article comprising this dissertation, has provided consent for the submission of this article for examination purposes for an MA Clinical Psychology degree.
- The mini-dissertation was send to Turn-it-in and the report was within the norms of acceptability.

Letter of consent

Permission is hereby granted for the submission by the first author, M. Viljoen, of the following article for examination purposes, towards the attainment of an MA degree in Clinical Psychology:

The lived experiences of psychologists working with Parental Alienation Syndrome

The role of the co-author was as follow: Prof E. van Rensburg acted as supervisor. Prof E. van Rensburg assisted in the peer review, and analysis and interpretation of the data, whereas Ms A. Bonthuys assisted in the peer review.

Prof E. van Rensburg

Supervisor and co-author

Summary

Divorce has become an accepted occurrence in modern society. The nature, duration and level of parental conflict during the divorce can have a lasting impact on all family members. Parental Alienation Syndrome is a controversial phenomenon associated with high conflict divorce cases and has received much attention in legal and psychological discussion circles for the past 20 years.

Although considerable controversy exists surrounding the empirical value of the construct Parental Alienation Syndrome (PAS) proposed by Gardner in 1985, few researchers, academics and psychologists contest its existence in some form when considering high conflict divorce cases. PAS is defined by Gardner as a disorder of the child, which appears primarily in the context of child custody disputes and high conflict divorces. The principle manifestation of PAS is that the child develops a campaign of unfair criticism against one of their parents (alienated parent). The campaign has no justification or validation and is the result of a combination of programming (brainwashing) and indoctrination instigated by the other parent (alienating parent). PAS is distinguished from parental alienation by the child's own contribution and active participation in the unfair criticism towards the alienated parent. When other factors like abuse or neglect, parenting style or divorce related contextual factors are present a diagnosis of PAS should be carefully re-considered or ruled out.

Evaluating custodial placement or intervention in cases where PAS is present is more complex due to the child's own participation in the alienating process. Psychologists appointed by the courts to mediate, intervene and evaluate in PAS cases have to have experience with and knowledge about the dynamics of PAS. The effect

of PAS should be considered when making any recommendations concerning custodial placement or other arrangements enforced by the courts in divorce cases where PAS is present.

The aim of the study was thus to explore the subjective experiences of psychologists working with Parental Alienation Syndrome. A qualitative research design was used with a phenomenological approach. Eight psychologists in private practice voluntarily participated in the study and were recruited by snowball sampling. Data were collected through in-depth interviews that were audio taped and transcribed verbatim. Transcribed data were analysed by means of thematic analysis from which themes and sub-themes were derived.

Two main categories with themes and sub-themes were identified. It was found that psychologists' experiences concerned the etiology of PAS and the operational implications when working with PAS cases. In terms of etiology, it was found that the psychologists perceive that the changes made to the new Children's Act 38 of 2005 and the involvement of legal professionals and high conflict divorces escalate the prevalence of PAS and make intervention difficult. In terms of operational implications it was found that psychologists experience PAS as difficult to prove due to the lack of empirical consensus over the criteria for PAS. Therapeutic intervention is greatly impacted by PAS as the child participates in the alienating process him/herself, and when therapeutic intervention aims address PAS symptoms in the child, the intervention is usually met with strong resistance from the child and the alienating parent. It was also found that working with PAS has a strong emotional effect on the psychologist tasked with intervening or evaluating cases involving PAS.

All of the mentioned dynamics cause considerable frustration and stress on the part of the psychologist, not only due to the effect of PAS on the child but also due to the involvement of other professions such as lawyers and highly conflicted parents. A major source of anxiety experienced by the psychologists was the risk of being reported to the Health Professions Council of South Africa, usually by angry parents. Due to the low success rate, complex dynamics, and high stress levels associated with this type of forensic work, some of the psychologists involved in the study claim that they have seriously considered terminating their work with PAS cases.

Exploring the lived experiences of psychologists working with Parental Alienation Syndrome

SECTION 1: INTRODUCTION AND RATIONALE

1.1 Introduction

This study focuses on the lived experiences of psychologists working with Parental Alienation Syndrome in high conflict divorce cases and how these experiences have affected them as individuals on an operational, professional and personal level.

The first section provides a general introduction to the current study. A rationale for the enquiry into the lived experiences of psychologists working with Parental Alienation Syndrome is given. The literature review provided, deals with current literature on the topic of Parental Alienation and Parental Alienation Syndrome. The research paradigm that informed this study's methodology is then identified and detailed. Lastly the aims and objectives of this study are outlined.

1.2 Problem statement

Divorce has become an accepted phenomenon in modern society. The level of modernisation of a country is positively correlated with a higher probability of divorce incidence (Cohen & Finzi-Dottan, 2013). This trend can be attributed to women being less economically dependent and more educated in general. Modern societies also have more liberal norms and a higher societal tolerance of divorce (Bodenmann, Charvoz, Bradnury, Bertoni, Iafrate, Giuliani, Banse & Behling, 2007).

In 2011 in South Africa there were 28 947 children (younger than 18 years old) involved in divorce, 56, 6 per cent of the 28 924 divorces had children younger than 18 years indicating that, on the average between one to two children were involved. Only 35 per cent of children in South Africa grow up living with both their biological parents (Statistics South Africa, 2011). This is consistent with recent US statistics of 35 per cent of US children currently residing with divorced or separated parents (Schramm & McCaulley, 2012).

In South Africa the Children's Act No. 38 of 2005 stipulates that the best-interest-of-the-child principle should be applied in custody¹ disputes. Under this principle, the courts evaluate for custodial placement based parenting capacity, parent-child relationship and other factors pertaining to the best interest of the children involved (Gardner, 1985, 1998; Hetherington, Stanley-Hagan & Anderson, 1989; Pieterse, 2002; Schramm & McCaulley, 2012; Thompson, 2012).

It is argued that this change in legislation resulted in an escalation of custody litigation in divorce cases, as fathers now found themselves with a greater likelihood of gaining primary custody (Gardner, 1985, 1998, 2001; Pieterse, 2002; Thompson, 2012). Research suggest that the combination of the best-interest-of-the-child principle and the joint-custodial concept has led to an increase and intensification of high conflict divorce related disputes regarding custody, because parents now had to share decision making and responsibility (Schramm & McCaulley, 2012; Vassiliou & Cartwright, 2001). Hostile custody cases can be dragged out with continuous accusations and counter-accusations between parents. This can force the court to

As indicated by the APA (2010), despite changes to terminology in the common law concepts of custody and access to
1 "residency", in this paper the term "custody" is retained with regard to past research and interventional literature.

revise evidence in an attempt to make custody decisions that would be considered to be in the best interest of the child (De Jager, 2008; Vassiliou & Cartwright, 200; Walsh & Bone, 1999)

In hostile divorce cases where professional intervention is needed, psychologists are tasked with evaluating placement, mediating and visitation issues between parents and assessing parent-child conflict areas, propose remediation plans, supervise visitation when a parent has an emotional or substance abuse problem, providing court ordered psychotherapy and counselling, parent-child family counselling, parenting skills training, therapeutic supervised visitation, anger management, divorce adjustment counselling for children and/or adults, and parental communication skills training to family members (Pieterse, 2002; Thompson, 2012; Vassiliou & Cartwright, 2001; Zimmermann, Hess, McGarrah, Benjamin, Andrew, Ally, Gollan & Kaser-Boyd, 2009). These interventions have to occur within the hostile environment created by the continual disagreements between parents and possible extended family (Kelly & Johnston, 2001). When parental conflict is high during custody disputes, some parents may unconsciously or consciously start to alienate the child or children from the rival parent as conceptualised in the term Parental Alienation (Baker, Burkhard & Albertson-Kelly, 2012; Gardner, 1998, 2001; Wakeford, 2001; Zimmermann et al., 2009).

Parental Alienation (PA) and Parental Alienation Syndrome (PAS) are fiercely contested concepts in divorce/separation related custody disputes (Baker et al., 2012; Bruch, 2001; Johnston & Roseby, 1997; Spruijt, Eikeleboom & Harmeling, 2005). During the past two decades more research has been done attempting to conceptualise

and clarify the concepts of PA and PAS (De Jager, 2008; Spruijt et al., 2005; Vassiliou & Cartwright, 2001; Walsh & Bone, 1999). Although much controversy exists in the academic community concerning the empirical criteria for PAS, there is no doubt that PA and PAS are psychological, systemic phenomena more often associated with high conflict divorce cases (Amato, 2001; Baker et al., 2012; Gardner, 1985, 1998; Kelly & Johnston, 2001; Spruijt et al., 2005; Zimmerman et al., 2009).

Being an expert witness in a divorce case pertaining to custody disputes can be anxiety provoking and frustrating for any psychologist (Scherrer, Louw & Esterhuyse, 2004). Psychologists who perform child custody evaluations, divorce-related therapeutic interventions and mediation in parenting plans are at substantial risk of incurring an ethics-based or regulatory/board complaint or malpractice action within the area of child custody work (Zimmerman et al., 2009). This emphasises the importance of risk-management strategies that may not only reduce the likelihood of provoking such a complaint or lawsuit, but also increase the likelihood that such a complaint or lawsuit will eventually be dismissed (Zimmerman et al., 2009).

Very limited research exists about how psychologists working in this field experience their work and the possible impact on them personally and professionally. Some researchers have proposed guidelines for psychologists working with Parental Alienation and Parental Alienation Syndrome (Thomson, 2012; Zimmerman et al., 2009) however, limited research is available exploring the practical experiences of psychologists working in this field. The aim of this study is to explore the lived experiences of a group of South African psychologists working with Parental Alienation Syndrome within custody disputes.

1.3 Literature Review

1.3.1 The dynamics and consequences of divorce/partner separation

The stress of separation/divorce places both men and women at risk for psychological and physical health problems (Bodemann et al., 2007; Burke, McIntosh & Gridley, 2009; Symoens, Bastaits, Mortelmans & Bracke, 2013). Alcoholism, drug abuse, depression, psychosomatic problems, and accidents are more common among divorced than among non-divorced adults (Bodemann et al., 2007; Hetherington et al., 1989). Research suggests that marital disruption and the associated distress also depress the immune system, making divorced persons more vulnerable to disease, infection, chronic and acute medical problems, and even premature death (Burke et al., 2009).

Parents undergoing divorce often exhibit marked emotional lability characterised by euphoria and optimism alternating with anger, irritability, anxiety, loneliness, sadness, depression and associated changes in self-concept and self-esteem (Tennant, 2002). Research findings show that residential parents tend to be overworked, overwrought and overwhelmed by their own needs and those of their children, whilst non-residential parents typically feel rejected, unimportant and under-appreciated (Kelly & Emery, 2004).

Although it might be anticipated that one of the positive outcomes of separation is the reduction of marital conflict, inter-parental conflict is prevalent following separation and divorce (Johnston, 1993; Kelly & Emery, 2004; Maccoby & Mnookin, 1992). Divorce can potentially be a destructive stressor, but when

considerable conflict exists between partners, the normal symptoms described above can be amplified to a pathological level (Johnston, 1993; Maccoby & Mnookin, 1992). In a study by Maccoby and Mnookin (1992), 34 per cent of co-parenting relationships were characterised as distressed by continuous conflict 18 months after separation, and 26 per cent of co-parenting relationships were still experiencing conflict three and a half years after separation. It is estimated that between 20–25 per cent of children experience extreme conflict following their parents' divorce (Amato, 1998, 2001; Hetherington, 1999).

The process of dissolution/de-coupling has been shown to be an important cause of stress during a divorce and influences the level of conflict experienced during divorce (Symoens et al., 2013). According to Bickerdike and Littlefield (2000), the individual requesting a divorce can be further along in the de-coupling process and could have resolved more of their emotional and psychological concerns over the marriage coming to an end, than the individual receiving the request for divorce. This potential blindsiding could trigger high conflict or revengeful behaviour on behalf of the partner/spouse “left”. When perceptions of unfairness in treatment and division of goods are present, conflict can escalate (Symoens et al., 2013). Scenarios like infidelity can also trigger high conflict divorce scenarios (Bickerdike & Littlefield, 2000; Kelly & Johnston, 2001).

Divorced parents have been found to encounter many difficulties in social and financial adjustments (Ladd & Zvonkovic, 1995; Symoens et al., 2013). Divorce can disrupt social networks, in the form of loss or change of friends, changes in contact with family, and socialising (Kelly & Johnston, 2001; Ladd & Zvonkovic, 1995). The

difficulties associated with re-establishing social relationships can cause single parents to place all their focus, emotional and psychological needs on their children (Gottman, 1993; Kelly & Johnston, 2001; Ladd & Zvonkovic, 1995).

1.3.2 Predictors of children's adjustment during/after a divorce

There are a several key risk factors that contribute to poorer adjustment for the children and adolescents of separated or divorced parents (Hetherington et al., 1989; Kelly & Emery, 2004). Key predictors of child post-divorce adjustment include: (i) quality of parenting; (ii) the nature and degree of parental conflict; (iii) parental adjustment to separation; (iv) the cumulative stress associated with multiple changes; (v) the fit of residential and contact arrangements to the child's evolving or changing needs; (vi) re-partnering; and (vii) the characteristics of the child, such as age, personality, prior vulnerabilities and temperament. Important individual differences in children's adjustment and wellbeing following divorce/partner separation are largely attributable to parent factors and family processes after divorce (Baker & Darnall, 2006; Hetherington, 1999; Kelly & Emery, 2004; Kelly & Johnston, 2001). Children who move from a conflict, or from abusive or neglecting family situations, to a more harmonious one show diminished problems following divorce (Hetherington et al., 1989; Kelly & Johnston, 2001)

Divorce or partner separation can be an extremely hostile and emotional experience for a family unit and the children of conflicted parents are regarded as being among those most in need of psychotherapeutic intervention (Gardner, 2001). Children's adjustment during and after divorce/partner separation appears to be strongly correlated to the divorcing parent's ability to maintain vital parenting

functions, and to limit children's exposure to detrimental parental conflict (Kelly & Emery, 2004). Children's exposure to parental/caregiver conflict has been identified as the best predictor of child wellbeing following a divorce or partner separation, especially the degree to which the children are drawn into the conflict between parents/caregivers (Baker & Ben-Ami, 2011; Baker & Darnall, 2006).

Children's alignments and alienations resulting from high conflict divorce/partner separation do affect their overall adjustment to parental divorce and research suggests that some children involved in divorce/partner separation will unjustifiably be estranged from one parent/care giver and aligned with the other parent/caregiver (Baker, 2006; Baker, Burkhard & Albertson-Kelly, 2012; Bing, Nelson & Wesolowski, 2009).

1.3.2 The concept of parental alienation (PA)

Several researchers have described children who were particularly vulnerable to being influenced by the anger of one parent for the other parent during divorce proceedings (De Jong & Davies, 2013; Wallerstein & Kelly, 1976). The children would frequently turn on a parent they had loved and respected before the separation/divorce (De Jong & Davies, 2013; Wallerstein & Kelly, 1976). Wallerstein and Kelly (1976) did not propose any formal definition for the observed phenomena, but today there is much controversy in legal and psychological circles concerning parental alienation (PA) and other related constructs (Bow, Gould & Flens, 2009). There is disagreement in research concerning the empirical terms applicable when talking about parental alienation in general or in divorce related cases (Kelly & Johnston, 2001; Bow et al., 2009). Gardner formulated the term Parental Alienation

Syndrome (Gardner, 1985, 1998) whilst other researchers proposed terms like “the alienated child” (Kelly & Johnston, 2001) and “post-separation parental rejection” (Clarkson & Clarkson, 2010). Gardner (1998, 2001) indicates that there are many varied causes for children becoming alienated from their parents, including abuse (physical, verbal, emotional, and sexual), neglect, parental abandonment, and adolescent rebellion (Garber, 2004; Gardner, 1998; Lund, 1995; Warshack, 2000). All these can be sources of PA (Gardner, 1998, 2001; Kelly & Johnston, 2001) even without a parental campaign to alienate.

Current research is not in agreement about a definition for PA or how the term PA is used (Bernet, Von Bosch-Galhau, Baker & Morrison, 2010). According to Rosen (2013) alienating behaviour is common in high conflict divorce cases, but not all alienating behaviours should be seen as PA. For the purposes of this research the following definition will be used when referring to PA (Bernet & Baker, 2013, p.99):

“PA is a mental condition in which a child, usually one whose parents are engaged in a high-conflict separation or divorce, allies himself strongly with one parent (the preferred parent) and rejects a relationship with the other parent (the alienated parent) without legitimate justification”.

PA, by means of a parental campaign against a targeted parent can only be considered if the following criteria are met: (i) compilation of behaviours that on behalf of one parent, consciously or unconsciously, can lead to a disruption in the relationship of the child and the parent who is the object of those behaviours; (ii) there is no evidence that the child participates in the alienating process by means of the

child's own scenarios of disparagement of the vilified parent; and (iii) no clear evidence exists of physical, emotional or sexual abuse even though it may be claimed (Brandes, 2000; Bernet et al., 2010; Wakeford, 2001).

In severe cases of parental alienation (PA) the children can become so indoctrinated that they partake in the alienating process, believing that the alienated parent is truly bad, giving rise to the proposed child syndrome, Parental Alienation Syndrome (PAS) (Gardner, 1998; Lund, 1995; Warshack, 2000). According to Bernet (et al., 2010) and Wakeford (2001), PA can be seen as a process of which Parental Alienation Syndrome (PAS) is the possible result and directly correlated to the intensity and duration of PA. Baker and Darnall (2006) claims that PAS focuses on the role of the child, while PA concentrates more on the behaviour of the parent and other contributing contextual factors.

1.3.3 The concept of parental alienation syndrome (PAS)

Defining PAS is a complex task since it is a phenomenon that involves both interpersonal and intrapersonal modalities of human functioning (Wakeford, 2001). PAS includes behavioural, cognitive and emotional aspects and experiences of multiple individuals as well as the dynamics of their relationships (Gardner, 2001). Furthermore, it is one of several phenomena involving alienation, estrangement, indoctrination, hostility and interrupted contact between parent and child within the context of divorce (De Jager, 2008)

There is some controversy surrounding the concept and Parental Alienation Syndrome. Gardner proposes that PAS is a subtype of PA and should be seen as a disorder from a medical model standpoint (Gardner, 2001). Others like Kelly and

Johnston (2001) propose that many background variables such as, sibling conflict, martial conflict and parental personality factors can also be regarded as “alienating processes”, and that these can have an effect on a child without there being any active alienation taking place from one parent in isolation (Bernet et al., 2010; Kelly & Johnston, 2001).

1.3.4 Parental alienation syndrome from the perspective of Gardner

In 1985 Gardner proposed a child custody litigation phenomenon called Parental Alienation Syndrome. Since that time, the PAS phenomenon has gained increased recognition and controversy in both mental health and legal fields (Baker, 2005; Meier, 2009; Spruijt et al., 2005; Wakeford, 2001).

PAS is a phenomenon related to psychological factors potentially affecting children faced with divorce and caregiver conflict. PAS can be defined as a profound preoccupation with criticism against a parent by a child (Gardner, 1985, 1998, 2002). This criticism is overstated and unfounded, and it can be caused by both the conscious and unconscious behaviour of the alienating parent which influences the child negatively against the alienated parent (Baker, 2005; Bernet et al., 2010; Spruijt et al., 2005; Wakeford, 2001).

According to Gardner (1998) PAS is a disorder of the child, which can arise in the context of divorce/partner separation where the parental alienation as a behaviour process is intense. Its primary manifestation is the child's own unjustified campaign of denigration against a parent (Gardner, 1985, 1998; Wakeford, 2001). It results from the blend of emotional and psychological programming on behalf of the alienating

parent towards the alienated parent to the extent that such indoctrinations becomes the child's reality and he/she believes completely that the alienated parent is harmful (Meier, 2009; Moné & Biringen, 2006). Once this belief has been established with the child, the child starts to contribute to the alienation process him/herself (Brandes, 2000; Gardner, 1985, 1998, 2001; Spruijt et al., 2005; Wakeford, 2001).

Gardner (1985, 1998, 2001) suggested that PAS is only applicable to a situation in which the parental programming is *combined* with the child's own contributions to the denigration of the vilified parent. Gardner (1985, 1998, 2001) emphasises that if the simple parental indoctrination was at play then the terms indoctrination and/or programming would be more appropriate and the term PAS is not applicable.

Unfortunately, the term PAS is often used to refer to the animosity that a child may harbour towards a parent who has actually abused the child, especially over an extended period (Gardner, 1985, 1998). The term has been used to apply to the major categories of parental abuse: physical, sexual, and emotional. Such application indicates a misunderstanding of PAS (Baker, 2005; Gardner, 1985, 1998, 2001). The term PAS is applicable only when the target parent has **not** exhibited anything close to the degree of alienating behaviour that may warrant the campaign of vilification exhibited by the child (Baker, 2005; Gardner, 1985, 1998; Hirsch, 2002). The victimized parent would be considered to have provided normal, loving parenting or, at worst, exhibited minimal impairments in parental capacity. It is the exaggeration of minor weaknesses and deficiencies that is the hallmark of PAS. When bona fide abuse

does exist, then the child's responding alienation is warranted and the PAS diagnosis is not applicable (Gardner, 1998, 2001)

1.3.4.1 The criteria for and symptoms of PAS

Gardner (1998) outlined four general aspects of PAS like, brainwashing, subtle programming, factors arising within the child, and situational factors. Only the first two aspects are attributable to the behaviours and actions of the alienating parent (Baker & Darnall, 2006). Gardner later identified more specific symptoms and these are mentioned below (Gardner, 1998, p.2): Symptom 1: 'a campaign of denigration of the non-resident parent', for example: the resident parent claims the child refuses to have contact with the non-resident parent. Symptom 2: "absurd reasons for the behaviour", for example: the resident parent claims that the child does not want to meet the non-resident parent because he/she talks about his hobbies all the time. Symptom 3: "lack of ambivalence", for example: the resident parent alleges that the child only says bad things about the non-resident parent. Symptom 4: "independent opinion of the child", for example: the resident parent says she lets the child decide when he/she wishes to see the other parent. Symptom 5: "reflexive support of the resident parent", for example: a child chooses the side of the resident parent automatically. Symptom 6: "a lack of sense of guilt", for example: the child has no respect for the non-resident parent. Symptom 7: "the presence of borrowed scenarios", for example: a child of four years old or younger uses age inappropriate language to describe scenarios. Symptom 8: "extension of the hostility to the family of the non-resident parent", for example: the child wants nothing more to do with the family of the non-resident parent.

Children who suffer from PAS will exhibit most (if not all) of these symptoms (Gardner, 1985, 1998; Hirsch, 2002). Therefore PAS can only be considered or diagnosed if the following criteria are met (Brandes 2000; Baker, 2005; Baker & Darnall, 2006; Gardner, 1985, 1998; Hirsch, 2002; Wakeford, 2001): (i) there is no evidence or form of physical, emotional or sexual abuse which would merit the child's unwillingness or refusal to visit the alienated parent; (ii) the target parent has not exhibited anything close to the degree of alienating behaviour that might warrant the campaign of vilification exhibited by the children; (iii) the child participates in his/her own scenarios of disparagement of the vilified parent; (iv) the exaggeration of minor parental weaknesses and deficiencies is clearly evident.

1.3.4.2 The three degrees of Parental Alienation Syndrome

In support of his *Clinical Manifestations* of PAS in the child, Gardner (1985, 1998) described three types (degrees) of PAS. Gardner believed that it is very important to distinguish between the three degrees of PAS as this will determine the intervention needed to treat the condition. The three types are mild, moderate and severe. The following table indicates the differential diagnosis of the three types of PAS (Hirsch, 2002, p. 4):

Symptom of PAS	Mild	Moderate	Severe
The Campaign of denigration	Minimal	Moderate	Formidable
Weak, frivolous, or absurd rationalisations for the Deprecation	Minimal	Moderate	Multiple absurd rationalisations
Lack of ambivalence	Normal ambivalence	No ambivalence	No ambivalence
The independent thinker phenomenon	Usually absent	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 and friends of the alienated parent	Minimal	Present	Formidable, or visitation not possible
Transitional difficulties at the time of visitation	Usually absent	Moderate	Formidable, or visitation not possible
Behaviour during visitation	Usually good	Intermittently Antagonistic and Provocative	No visit, or destructive and continually provocative behaviour throughout visit
Bonding with the alienating parent	Strong, healthy	Strong, mildly to moderately pathological	Severely pathological, often paranoid bonding
Bonding with the alienated parent prior to the alienation	Strong, healthy, or minimally pathological	Strong, healthy, or minimally pathological	Strong, healthy, or minimally pathological

Diagnostic criteria for degrees of PAS (Hirsch, 2002, p.4)

Gardner proposed that all 12 of these conditions need to be assessed thoroughly for the purpose of making a mild, moderate or severe differential diagnosis of PAS (Gardner, 1998, 2001, 2002; Hirsch, 2002). In general, it is the intensity of the reported alienation and the quality of the relationships between the child and each parent that differentiates between mild, moderate and severe PAS (Baker, 2005; Baker & Darnall, 2006; Hirsch, 2002; Stahl, 1999; Wakeford, 2001). Gardner (1998) proposes that each case be thoroughly examined on its own merits to plan the right combination of mediation, therapeutic intervention and arbitration needed (Gardner, 1998, 2001; Rand, 1997).

Although Gardner is considered to be the pioneer in the conceptualisation of PAS, some researchers have argued that PA and PAS can also be viewed from a systemic perspective (Kelly & Johnston, 2001).

1.3.5 Parental Alienation Syndrome from a systemic perspective.

Kelly and Johnston (2001) defined an “alienated child” as a child who expresses liberally and continually, unreasonable negative feelings and beliefs that include anger, hatred, rejection and fear towards a parent feelings which are disproportionate to the child’s experience with that parent.

The work of Kelly and Johnston (2001) is referred to as the “reformulation” of PAS, which meant that the focus of the assessment should entirely be on the child, not partly on the parent as suggested in the concept of PAS (Bernet et al., 2010). Kelly and Johnston (2001) believed that PA is not necessarily caused primarily by an alienating parent. Rather, they described parental alienation as being a result of interrelated systemic processes with contributing factors within the environment, each parent, and in the child to “create and/or consolidate alienation” of a child from a once-loved parent (Kelly & Johnston, 2001).

1.3.5.1 Background and context factors that affect the alienating processes according to the systems perspective

The systemic perspective argues that there are many contextual factors that need to be considered when conceptualising a case of suspected PA and/or PAS (Kelly & Johnston, 2001; Ziropiannis, 2001). These contextual factors can affect the child directly or indirectly (Kelly & Johnston, 2001).

In order to diagnose accurately, intervene effectively and distinguish whether a child is alienated from a parent, a systems framework that assesses the multiple and interrelated factors influencing the child's response during and after divorce is essential (Kelly & Johnston, 2001; Ziropiannis, 2001). Kelly and Johnston (2001) argued that PA and PAS are misused and inappropriately applied to divorce cases and that children who refuse visitation are labelled alienated, while parents who question the value of visitation are labelled alienating parents.

Kelly and Johnston (2001) placed alienation on a continuum where the most destructive form of alienation results in, "the alienated child". The concept of the alienated child is Kelly and Johnston's (2001) equivalent of Gardner's severe PAS. Towards the negative end of the continuum, some parents use their children in the expression of the marital conflict prior to separation. Typically, school-age children are invited to take sides in parental conflicts, be a messenger of the conflict, rescue a parent, and to exclude or be punitive toward a parent (Kelly & Johnston 2001; Ziropiannis, 2001). This can place great psychological strain on children trying to navigate their parents' conflict. In some cases the children are treated as psychological and emotional substitutes for a divorced spouse, having to provide for the psychological and emotional needs of a needy primary dependent parent. This can negatively impact the child's psychological separation and individuation processes (Baker, 2005; Carey, 2003; Summers & Summers, 2006). In prolonged adversarial divorce proceedings, these hostile dynamics involving the child may continue into the divorce processes, placing the child at greater risk for becoming alienated (Kelly & Johnston, 2001; Ziropiannis, 2001).

The following variables are proposed as environmental and context variables that could also be regarded as risk factors that potentiate alienation.

- *When the separation experience is humiliating for one parent*

Kelly and Johnston (2001) propose that in some divorce cases the separation is humiliating for one of the spouses, either due to de-coupling at different stages of the marriage, infidelity or no perceived emotional preparation regarding the divorce. This can cause anger and humiliation on the part of the spouse being “left behind” and may encourage vengeful behaviours, vindictiveness and unclear boundaries between parent and child. The humiliated parent may verbalise his/her hurt towards the child by claiming that “*he does not love us, otherwise he would not have left us*” (Kelly & Johnston, 2001, p.256).

- *High conflict divorce cases.*

According to Johnston and Roseby (1997) high conflict divorces are identifiable by: (i) the high degrees of mistrust; (ii) incidents of verbal abuse; (iii) intermittent physical aggression; (iv) and ongoing difficulty in communicating about and cooperating with the care of their children two to three years following a separation.

The intensity of parental conflict, its continued presence for one or more years, the division of extended family and social structures, and the failure of parents to address their children’s needs all combine to create anguish, stress, and anger for children (Kelly & Johnston, 2001; Lund, 1995; Tennant, 2002). One psychological resolve for the child is to reduce the feeling of being torn apart by rejecting the “bad

parent” and terminate all contact to establish peace between parents (Kelly & Johnston, 2001; Zirogiannis, 2001).

- *Effects of remarriage and the involvement of legal professionals.*

A new partner can be perceived as the cause of the marriage breakup, and becomes a target of anger and abandonment rage. Children in these families find themselves in hopeless loyalty predicaments. If a parent subscribes to strong religious beliefs about remarriage, this can also play a role as a motivation why the child starts to refuse visiting “daddy/mommy and his/her new wife/husband” (Johnston & Roseby, 1997; Kelly & Johnston, 2001; Zirogiannis, 2001).

During a divorce or partner separation it is likely that other professionals like family lawyers, custody evaluators, social workers and individual therapists will also be involved (Lund, 1995). The “win/lose” structure of the law system lends itself to one parent “winning” custody and the other “loses” custody. This can escalate existing conflict between parents. Kelly and Johnston (2001) argue that lawyers and other professionals involved in divorce cases where there are allegations of abuse often frame arguments in provocative language eliciting emotional reactions and convictions. Professionals also run the risk of becoming biased in their viewpoints when supporting their clients (Thompson, 2012). Once allegations of abuse are recorded in declarations and court papers, the allegations are treated as objective facts and this can be very damaging to the outcome of the cases and the individuals involved (Kelly & Johnston, 2001; Lund, 1995).

- *The organising beliefs of the “aligned” parent.*

Kelly and Johnston (2001) proposed that aligned parents show behaviours that suggest the presence of organising beliefs towards the other parent that can be damaging to the child’s relationship with that parent. These organising beliefs can be conscious or unconscious such as deeply routed distrust or fear. The alienating parent may entirely believe that the child will be harmed if he/she continues to have a relationship with the other parent. Another organising belief that can lead to subtle negative communications is the belief that the child will not benefit from having a relationship with the other parents. Information about school, medical, athletic, or special events is not provided to the alienated parent, in effect completely shutting that parent out of the child’s life. In extreme cases, all references to the alienated parent may be removed from the residence, including pictures. In such situations, most children quickly learn not to speak of the rejected parent to preserve a peaceful relationship with the alienating parent (Lund, 1995; Wallerstein & Kelly, 1976).

Both empirical research and clinical observation indicate that there is often significant pathology and anger in the alienating parent, including problems with boundaries and differentiation from the child, severe separation anxieties, impaired reality testing, and projective identifications with the child (Johnston, 1993; Johnston & Roseby, 1997; Lund, 1995; Wallerstein & Kelly, 1976).

- *The behaviour of the “rejected” parent.*

Although the alienating parent contributes greatly to the alienating processes, some researchers believe that the alienated parent contribute to the alienating

processes. Some alienated parents will be inclined to avoid interpersonal conflict with their ex-spouse, and withdraw from the “battle” during/after divorce proceedings. These parents would rather stop/limit all forms of communication with the child than fight the aligned parent (Kelly & Johnston, 2001; Lund, 1995).

When a targeted parent realises that the child does not want to spend time with him/her, he/she may feel rejected and hurt. In response the alienated parent may counter-reject the child based on his/her own hurt, frustration and/or lack of patience with the situation (Kelly & Johnston, 2001). Some alienated parents may have a rigid and insensitive parenting style and the child’s refusal or reluctance to visit them is the result. However, if this is the case the child’s rejection and refusal to visit is never final. There would also be evidence of the effect of such parenting style having existed before the divorce (Kelly & Johnston, 2001).

Kelly and Johnston (2001) believe that all these factors need to be taken into account when conceptualising a divorce-related case where PA and/or PAS is claimed to be present. It is hypothesised that the intensity and the duration of these alienating processes, when pooled with other important parent and child variables, may create agonising pressures on the child, resulting in alienation from a parent (Kelly & Johnston, 2001; Ziropiannis, 2001). Thus, PA and PAS may take different forms and the presentation will depend on the different underlying motivations and various strategies which the alienating parent uses, as well as the different motivations of the child for siding with the alienating parent (Baker & Darnall, 2006). A mutually reinforcing feedback loop develops during PA and PAS regardless of the relative contributions to the alienation made by the alienating parent or the aligned child. This

results in a self generating "brainwashing "process which is resistant to outside influence and to reality testing (Baker, 2005, 2006; Gardner, 1998, 2001; Rand, 1997). In other words the child's subjective experience is contaminated. This creates for a phenomenon extremely difficult to identify and diagnose.

The research available on PA and PAS does make mention of the parental pathology that can be involved in PA and PAS. Researchers have identified certain psychological disorders and personality characteristics that should be mentioned, and these are discussed below.

1.3.6 Possible parental pathology involved in PA and PAS

In terms of PA and PAS Lund (1995, p. 308) argues that parental pathology is likely to be present in both parents when alienating is taking place because "*mother Theresa does not marry Hitler*".

In an attempt to better understand the perspective of the alienating parent, Kopetski (1998) examined data obtained from 600 parents who were evaluated during custody disputes throughout a 20-year period. As a result of this analysis, Kopetski (1998) identified the following four unique characteristics commonly demonstrated by alienating parents: (i) an orientation of paranoia and narcissism with regard to relationships with others, often as the result of an underlying personality disorder; (ii) an overreliance on psychological defences as a coping mechanism for one's intrapersonal pain, often resulting in the externalisation of ideas, attitudes, feelings, and responsibility for one's misfortune as a form of unhealthy self-preservation; (iii) engagement in an unhealthy grieving process regarding one's divorce, often leading to

a preponderance of anger and rage as a substitute for repressed feelings of sadness and rejection; and (iv) a family history centred on an absence of awareness concerning normal ambivalence toward, and conflicts with, one's parents. Enmeshment with one's family of origin is also a common characteristic found among alienating parents (Baker & Ben-Ami, 2011).

Gardner (1998) discussed the personality characteristics of alienating parents and distinguished three categories; hysteria, paranoid and psychopathy. For alienating parents in the hysteria category, behaviours such as emotional dramatic outbursts are evident and these parents tend to overreact. This type of alienating parent is overly dramatic about minor events and has a tendency to draw others around him/her into a closed system of sympathy and support. The exaggerated responses of such parents are usually caused by poor insight and impaired judgement. The hysterical alienating parent will use the target parent as a scapegoat for his/her anger. This hysteria is likely to spread to those who support the alienating parent.

The second type of alienating parent described by Gardner (1998) displays paranoid behaviour characteristics. This paranoia is a form of delusion or a false idea that has no basis in reality. The paranoid alienating parent is likely to project his/her thoughts and feelings onto those around him/her and that when confronted with reality the/she are likely to employ immature defence mechanisms like denial or avoidance. Regardless of compelling evidence to the contrary, the paranoid alienating parent will not relinquish his/her delusions and tend to feel intense insecurity and low self esteem. Similar to the hysterical alienation parent, the paranoid alienating parent is

also likely to drum up support for their cause and spread their paranoia to those around them.

The third and most dysfunctional category proposed by Gardner (1998) is the alienating parent displaying psychopathic behaviour characteristics. According to Gardner (1998), the psychopathic alienating parent has difficulties complying with social standards and shows a general disrespect for authority. They also tend to be very impulsive and show little understanding and concern for future consequences. These parents are in essence manipulative and usually work well together with attorneys to persuade a judge or jury for their cause. Their lack of empathy and absence of guilt allows for the relentless release of anger towards the alienated parent in a custody dispute and even after the divorce is concluded.

Some research suggests that alienating parents reward enmeshed and unclear boundaries between them and their children in order to facilitate an alienation campaign (Summers & Summers, 2006). Parents who reward enmeshed boundaries between them and their children, are very much like the alienating parent, as they have not developed a strong perception of a separate self (Summers & Summers, 2006). These individuals have grown up in families where enmeshed parent-child relationships were accepted and autonomy not encouraged. Nevertheless, alienating abusers are not likely to seek professional help, as they are shame-intolerant and lack the ability to recognize their own dysfunctional behaviour. Many therapists ignore or miss the possibility of diagnosing the alienating parent (Summers & Summers, 2006).

Tong (2002) cautions people who work with children in high conflict divorces and custody disputes to be initially sceptical of allegations arising out of divorce or custody disputes and suggests that psychologists should not automatically believe reports of abuse. The alienating parent may falsify and manipulate the facts as part of particular alienating tactics and submit false allegations intended to conceal his/her behaviour as well as exaggerate minor faults of an alienated parent. Far too few professionals realise that accusers may suffer from mental disorders themselves, which distort their views. Usually, but not always, the accuser either has something to hide or is otherwise unfit in some area to gain custody (Tong, 2002).

1.3.7 Alienating strategies used by parents who alienate their children from the other parent

Baker (2005) undertook an initial step in developing a list of PAS by interviewing adults who had experienced PAS as a child. From these interviews 32 strategies were identified, 12 of which were mentioned by at least 20 per cent of the sample:

- (i) General bad mouthing of the other parent;
- (ii) Limiting actual contact between the alienated parent and the child;
- (iii) Withdrawing love/getting angry if child when he/she shows positive regard for targeted parent;
- (iv) Bad mouthing the alienated parent by saying he/she does not love the child;
- (v) Forcing the child to choose between his/her parents;
- (vi) Confiding in the child about marital relationship;
- (vii) Limiting mention and photographs of the targeted parent;

- (viii) Forcing child to reject the targeted parent;
- (ix) Limiting contact with/ belittling extended family of targeted parent;
- (x) Belittling targeted parent in front of child;
- (xi) Inducing conflict between child and targeted parent.

These behaviours are likely to represent common alienating strategies (Baker, 2005; Baker & Ben-Ami, 2011; Baker & Darnall, 2006). What is concerning is that the behaviour displayed by children exposed to PA to such a degree that they develop PAS displays similar behavioural and later personality characteristics to those of the alienating parent (Baker & Ben-Ami, 2011).

In many cases the alienating parent has been able to create situations in which the alienated parent appears to do nothing right, aiming to portray the alienated parent in an unfavourable light. (Baker & Darnall, 2006). Alienated parents may be continually “set up” by the alienating parent to look bad in the eyes of their children (Baker & Darnall, 2006; Summers & Summers, 2006). In light of the complexity of the phenomenon, an important step for the health care professionals is to develop intervention programmes for families affected by parental alienation. These should entail therapeutic interventions for both parents as well as dyadic interventions for the child and targeted parent in order to assist in the reparations of that relationship (Baker & Darnall, 2006).

In divorce cases involving PA and PAS, false allegations of sexual abuse or abuse are often made by the alienating parent (Wakeford, 2001; Lowerstein, 2012). This is a very destructive and damaging strategy used by an alienating parent when

high conflict exists between divorcing or divorced parents (Lowenstein, 2012). According to the South African Children's Act No. 38 of 2005, any allegations of abuse or sexual abuse must be investigated by the social services system and for the entire period of the investigation, the child has very limited or no contact with the accused parent (Children's Act 2005). According to Lowenstein (2012) allegations of sexual abuse and abuse made in high conflict divorce context are usually false. However, this strategy can be described as a legal form of alienation and serves the purpose of the alienating parent by limiting or stopping contact between the child and the alienated parent (Lowenstein, 2012). It also puts the child through a serious ordeal in terms of questioning and assessments to determine the validity of the allegations. Lowenstein (2012) describes PA and PAS as being one of the worst forms of child abuse.

1.3.8 Other similar parental alienation related concepts

In further understanding the dynamics of PAS, it helps to become familiar with another closely related syndrome that has been presented in the recent literature. One such syndrome, referred to as divorce-related malicious parent syndrome (DRMPS), was proposed by Turkat (2000, 2002).

Turkat (2000, 2002) proposed similar PAS concepts as divorce-related malicious mother syndrome. This title was later changed to divorce-related malicious parent syndrome to better reveal the gender-neutral nature of the phenomenon. Turkat (2000, 2002) presented a series of diagnostic criteria for DRMPS. The first criterion concerns the parent who unjustifiably punishes his or her ex-spouse by: (i) intentionally alienating the child from the ex-spouse; (ii) involving other people in

malicious actions against the ex-spouse; and (iii) participating in excessive litigation with regard to the ex-spouse. The second criterion concerns the parent's attempts to: (i) interrupt child visitation with the ex-spouse; (ii) inhibit telephone contact with the ex-spouse; and (iii) interfere with the ex-spouse's participation in his or her child's school life and extracurricular activities. The third criterion concerns the alienating parent's behaviours that can involve destructive acts toward the ex-spouse, which can include lying to the children, lying to others, and violating the law.

In distinguishing DRMPS from PAS, Turkat (2000, 2002) proposed that DRMPS represents a more vicious form of parental attack than PA and PAS. With regard to DRMPS, Turkat submitted that the fight surrounding the child may even escalate to the form of violence or kidnapping. Although DRMPS include what appears to be a more specific set of symptoms from the alienating parent's perspective, it may actually represent Gardner's (1985, 1999) severe form of PAS.

1.3.9 Long-term effects of PA and PAS on children

For children, the process of experiencing their parents' separation, of learning to alternate between households, and of potentially changing schools or neighbourhoods can be very challenging (Amato, 2001; Baker 2005; Baker & Ben-Ami, 2011; Burk et al., 2009). Contact with the non-residential parent may be sporadic and may diminish over time. Given the stressors and difficulties related to the divorce transition, a large body of research has examined the relationship between divorce and child adjustment (Bing et al., 2009; Gatins, Kinlaw & Dunlap, 2013).

The two major predictors of children's adjustment consistently identified in the literature are the exposure to inter-parental conflict and the quality of the parent-child relationship (Bing et al., 2009). Research suggests that it is not the separation or divorce *per se* that is problematic, but the child's ongoing exposure to conflict and a difficult parent-child relationship, that both impacts negatively on the child's wellbeing (Burk et al., 2009).

The research indicates that the reactions of children and adolescents to their parents' divorce differ qualitatively with age (Chase-Landsdale, Cherlin & Kiernan, 1995). The limited cognitive capacity of young children means that they cannot grasp the concept of divorce, and can, therefore, be expected to be particularly unprepared for the changes caused by the separation (Kelly & Emery, 2004). In addition, it has been proposed that young children's limited ability to appraise the reasons for the divorce realistically makes them more likely to blame themselves and fear total abandonment (Hetherington, 1989; Kelly & Emery, 2004). Other studies have found that pre-separation stress and divorce, and the resulting family disruption, have a particularly harmful impact on adolescents, given the particular developmental challenges faced by this group (Adam & Chase-Landsdale, 2002; Gatins et al., 2013; Hetherington, 1989), such as the development of a sense of identity, independence and self sufficiency (Baker & Ben-Ami, 2011).

The long-term effects of PAS and other divorce-related syndromes on children could include distorted parental image and the distorted integration of parental roles which can lead to a negative impact on personality formation and functioning. Low self-esteem, self-hatred and feelings of betrayal arise in children as they develop a

lack of ambivalence towards both parents, one of whom is only “good” and the other only “bad”. According to Reay (2007) as many as 70% of children involved in caregiver conflict where PAS is involved are vulnerable to develop depression. Other possible long-term effects of PAS also include drugs and alcohol abuse, lack of trust in intimate relationships and a higher divorce rate later in life as adults (Carey, 2003). Therapeutic intervention is much needed with these families and the strength of the client-therapist relationship is even more important than under normal therapeutic conditions (Gardner, 1998, 2001).

1.3.10 The role of the psychologist in custody disputes involving PA and PAS

In divorce proceedings where children are involved, the custody of the children has to be decided by the court if the parents are unable to resolve custodial issues on their own (Bow et al., 2009; Bruch, 2001; Deters, 2004; Owen & Rhoades, 2012; Thompson, 2012). When parents fail to resolve their conflict the court may instruct health care professionals like psychologists to assist in determining which arrangement is in the best interest of the child (Deters, 2004; Owen & Rhoades, 2012; Thompson, 2012).

In many custody battles, psychologists are tasked with assessing and then recommending custodial placement (Bow et al., 2009; Owen & Rhoades, 2012; Pieterse, 2002; Thompson, 2012). As courts became more familiar with and accepting of psychologists as experts they also started to increase their use and expectations of these professionals within court proceedings as expert witnesses (Bow et al., 2009; Pieterse, 2002; Thompson, 2012). This led to the need for more specialised forensic

development of the field of psychology. Psychologists working in the field of forensic psychology should have knowledge of particular areas of law and the skills required to undertake legally defensible investigations, write reports, and testify in order to answer the questions posed by the courts of criminal and civil cases (Deters, 2004; Vestal, 1999). In order to make recommendations about custody, psychologists need to have forensic experience and knowledge about assessing for custodial placement (Forster, Strohmaier, Filone, Murphy, Galloway, & DeMatteo, 2013).

Psychological forensic consultations for family court are distinctive, because the psychologist is ethically required to represent the best interests of the children according to the Children's Act No. 38 of 2005. Whether asked to provide consultation and assessment services by either parent or by the court, most often, psychologists are asked to provide expert testimony on custody and/or visitation evaluations, to determine what custody arrangement is best for the children. This may also include an assessment of the risk factors relating to potential abuse.

The services provided by the psychologist in divorce/separation cases can be fundamental and pivotal to court decisions. The psycho-legal functions of psychologists, especially in regards to divorce and custodial disputes, can include assessment, mediation or therapeutic intervention (Ellis & Boyan, 2010; Levy, 2010). Working within the family law system psychologists will be constantly confronted with multiple ethical considerations and dilemmas. Regardless of who requested the assessment, mediation or intervention, psychologists are ethically required to make decisions and recommendation that are in the best interest of the child. In cases where

PA and PAS are involved the pressure felt by the psychologist to act in the best interest of the child can be a complex scenario to navigate.

According to the American Psychological Association (1995) the following criteria should be taken into account when assessing for custodial placement:

- (i) The love, affection and other emotional ties which exist between parent and child, and the parent's compatibility with the child;
- (ii) The capabilities, character and temperament of a parent, and the impact thereof on the child's needs and desires;
- (iii) The ability of the parent to communicate with the child and the parent's insight into, understanding of and sensitivity to the child's feelings;
- (iv) The capacity and disposition of the parent to give the child the guidance which he or she requires;
- (v) The ability of the parent to provide for the basic physical needs of the child, the so-called creature comforts, such as food, clothing, housing and the other material needs -generally speaking, the provision of economic security;
- (vi) The ability of the parent to provide for the educational well-being and security of the child, both religious and secular;
- (vii) The ability of the parent to provide for the child's emotional psychological, cultural and environmental development;
- (viii) The mental and physical health and moral fitness of the parent.
- (ix) The stability or otherwise of the child's existing environment, having regard to the desirability of maintaining the status quo;
- (x) The desirability or otherwise of keeping siblings together.

- (xi) The child's preference, if the court is satisfied that in the particular circumstances the child's preference should be taken into consideration;
- (xii) The desirability or otherwise of applying the doctrine of same sex matching; and
- (xiii) Any other factor which is relevant to the particular case before the court.

These guidelines strongly emphasise the parent-child relationship. In cases where PA and PAS is involved the alienated parent-child relationship is sabotaged by the alienating parent while the alienating parent-child relationship become over-involved (enmeshed) and un-ambivalent (Baker & Ben Ami, 2011). The impact that PA and PAS can have on the parent-child relationships calls for knowledge and understanding on the part of the psychologists tasked to evaluate custody (Gardner, 2001, 2002; Rosen, 2013).

1.3.11 The effect of working with PA and PAS, on the psychologist.

Although researchers such as Lund (1995) and Ellis and Boyan (2010) proposed a collaborative effort by psychologists and other professionals involved in divorce mediation and intervention, no research is available to shed light on the impact of working with PA and PAS on the psychologists involved. Jennings and Hays (2011) commented that being asked to provide expert testimony in any forensic case can be anxiety provoking and frustrating for a psychologist. One other article by Grøndahla, Stridbeckb and Grønnerødc (2013) found that psychiatrists requested to give expert testimony found the following three aspects most challenging and stressful; (i) being unable to defend their opinion during cross-examination; (ii) revelation of one's personal history; and (iii) working with short deadlines.

Maione and Bamond (2001) describe comments made by psychologists working with divorcing families either by assessing custody or intervening through court ordered therapy. Their research suggests that psychologists claim that the work is unsatisfactory due to limited financial rewards and frustrating due to other professions involved. Considering the dynamics of divorce, the involvement of children, the possible parental pathology involved, the involvement of the legal system and the lack of empirical criteria, working with PA and PAS can be a strenuous task for even an experienced psychologist.

Shedding light on the experiences of psychologists working with PA and PAS can afford valuable insight into the dynamics of PA and PAS. This can provide information and clarity towards constructing empirically accepted criteria or approaches to the conceptualisation of PA and PAS. The experience of the psychologist working with PA and PAS can also highlight the practical pitfalls in litigation and legislation, and contribute towards professionals working together to best serve the public in this regard. Bow et al. (2009) found that legal professionals and psychologists are very aware of the controversy surrounding PA and PAS. The most important contribution that can be made by researching the experience of psychologists working with PA and PAS can be to educate the public and other professions involved, about the dynamics of PA and PAS, thereby facilitating better case management and awareness.

1.4 Research paradigm

The researcher wanted to explore the lived experiences of psychologists working with Parental Alienation Syndrome, placing this study within the interpretive

phenomenological perspective. The goal of phenomenology is to explore and describe the ordinary conscious experiences of everyday life. These experiences include beliefs, decisions, evaluations, feelings, judgements, memories and perceptions (Creswell, 2007; Sarantakos, 2005). Phenomenology refers to the individual's personal construction of the meaning of a phenomenon (Mertens, 2009).

Phenomenology aims to identify the essence of human experiences about a phenomenon as described by the participant and focusing on the lived experience of the participant (Plug, Louw, Gouws & Meyer, 2009).

1.5 Research design

The research was descriptive and explorative in nature and therefore a qualitative research design was used to explore and describe the lived experiences of psychologists working with Parental Alienation Syndrome. Qualitative research examines the lived experiences in an effort to describe, explain, understand, and give meaning to peoples' experiences, behaviours, interactions and social contexts (Fossey, Harvey, McDaermott & Davidson, 2002; Strauss & Corbin, 1998). Qualitative researchers collect data in the form of written or spoken language and analyse the data by identifying and categorising themes (Fossey et al., 2002). Therefore personal interviews were used to obtain the data in this research.

1.6 Participants and research context

Participants were selected by a process of snowball or referral sampling (Babbie, 2007). Snowball sampling refers to a process whereby the researcher selects one participant out of the population group to interview. The participant then refers the researcher to another possible participant and this continues until all group

members have been included, or the sample is deemed to be large enough to offer diversity (Babbie, 2007). All the participants completed a biographical questionnaire indicating their registration category, years in practice and years working with PAS.

1.7 Data collection

Eight psychologists registered with the Health Professions Council of South Africa (HPCSA) were interviewed within a private setting. All participants gave informed consent to be part of this research study. Semi-structured interviews (Goodwin & Horowitz, 2002) were conducted. Interviews were not limited to a specific number of participants, but rather until data saturation had taken place in order to deepen, enrich and complete data categories and themes (Legard, Keegan, & Ward, 2003).

Several aspects were explored through in-depth phenomenological interviews, which allowed the researcher to investigate aspects presented by the participants and to gain as much understanding as possible into their lived experiences. The open-ended questions allowed for the exploration of relevant opinions, perceptions, feelings and comments pertaining to the participants' feelings (Nieuwenhuis, 2009). All the participants live in the greater Gauteng area.

1.8 Data analysis

The researcher transcribed the data verbatim from audio taped interviews into written form. Thematic content analysis was used to identify, analyse and report themes in the transcribed data (Braun & Clarke, 2006). Inductive analysis was used to code the data stipulating that the researcher did not attempt to fit it any pre-existing

coding frame or analytic preconceptions on to the data (Braun & Clarke, 2006). The steps followed to analyse the data included familiarisation with the data (which included reading and re-reading transcribed data while searching for patterns and meaning), generating of initial codes, sorting codes into themes, reviewing themes, grouping themes into categories and finally producing the reported data in table form (Braun & Clarke, 2006).

1.9 Research hypothesis and research question

The phenomenological nature of the study does not require the stating of a research hypothesis. This type of study does not aim to confirm or reject a proposed research hypothesis. The goal is to identify central themes from interview data which is expected to unfold freely leading to new insight into the experience of therapists working with Parental Alienation.

The following research question was asked to all the participants.

1. Tell me about your experiences working with Parental Alienation Syndrome.

1.10 Outline of the study

Section I provides the general introduction to Parental Alienation and Parental Alienation Syndrome and the problem statement as to the rationale for conducting the research. Section II provides the author guidelines for the International Journal for Divorce and Remarriage and the article is presented titled; *the lived experiences of psychologists working with Parental Alienation Syndrome*. Section III provides the critical reflection of the researcher on the completed research as well as a complete reference list.

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SECTION 2: ARTICLE: THE LIVED EXPERIENCES OF PSYCHOLOGISTS WORKING WITH PARENTAL ALIENATION SYNDROME

2.1 GUIDELINES FOR AUTHORS: International Journal of Divorce and Remarriage

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Exploring the lived experiences of psychologists working with Parental Alienation
Syndrome.

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2.2 MANUSCRIPT

Abstract

Divorce is a common phenomenon of modern society. Changes in child legislation to support the best-interest-of-the-child principle is argued to have escalated conflict between parents during custody disputes. Parental Alienation Syndrome is a controversial concept in high conflict divorces and has received both praise and criticism over the past two decades. This study explores the experiences of psychologists working with Parental Alienation Syndrome in private practice. A snowball sample (n=8) of psychologists willingly participated in the study. Data collection took place by means of in-depth interviews. Transcribed data were analysed by means of thematic analysis from which themes and sub-themes were derived. The two main categories that emerged was, the participants' general understanding of Parental Alienation Syndrome and the operational/practical experiences working with Parental Alienation Syndrome. The participants experienced working with Parental Alienation Syndrome as complex and destructive. The involvement of lawyers, parental pathology and legislation all contribute to the complex task of intervening in cases where Parental Alienation Syndrome is present. The impact of working with such a complex phenomenon has emotional effects like self-doubt, disappointment and anxiety. In some cases this resulted in an active decision on the part of the psychologist not to work with forensic cases any more.

Key words: Parental Alienation Syndrome, divorce, psychologist, subjective experience.

Exploring the lived experiences of psychologists working with Parental Alienation Syndrome.

According to the 2011 South African census, 28 947 children younger than 18 were involved in divorce proceedings in 2011. Only 35 per cent of children in South Africa grow up residing with both their biological parents (Statistics South Africa, 2011). In South Africa the Children's Act 38 of 2005 requires the best-interest-of-the-child standard to be applied in custody disputes (Pieterse, 2002; Robinson, 2003; Thompson, 2012).

It is argued that this change in legislation could have resulted in an escalation of custody litigation and conflict between parents, as fathers now found themselves in a better position to gain primary custodial status (Bickerdike & Littlefield, 2000; Deters, 2004; Gardner, 1985, 1998). Some research suggest that the combination of the best-interest-of-the-child principle and the joint-custody concept further increases and intensifies parental conflict in child-custody litigation (Gardner, 1985, 1998; Pieterse 2002). As parents fight for custody of their children, parents may in some cases unconsciously or consciously start to alienate the child or children from the rival parent (Bruch, 2001; De Jager, 2008; Gardner, 1985, 1998, 2002; Johnston & Roseby, 1997; Spruijt, Eikeleboom & Harmeling, 2005; Vassiliou & Cartwright, 2001; Wakeford, 2001; Wallerstein & Kelly, 1976; Walsh & Bone, 1999; Williams, 2001).

This alienation phenomenon was described as early as 1976 by Wallerstein and Kelly, suggesting that children can be important allies when parents are in conflict during a relationship or a divorce. They described children who express

unjustified disapproval and even hatred towards a parent they had loved and respected before the separation/divorce (Bruch, 2001; Wallerstein & Kelly, 1976). In some divorce cases the cause for alienation is one parent's intentional attempts to alienate a child from the other parent by means of negative indoctrination (Baker & Darnall, 2006; Brandes, 2005; De Jong & Davies, 2013; Godbout & Parent, 2012; Wakeford, 2001). In cases where the campaign to alienate a child is prolonged and intense, the child is indoctrinated by the alienating parent to view the rival parent as dangerous. Gardner (1985, 1998) defined the phenomenon in cases where the child themselves begin to actively participate in an alienation campaign as Parental Alienation Syndrome (PAS) (Bruch, 2001; De Jager, 2008; Spruijt et al., 2005; Vassiliou & Cartwright, 2001; Wakeford, 2001; Williams, 2001). Since then, the concept of PAS has gained increased recognition in both the mental health and legal fields and family courts have seen increasing litigation about allegations of PAS in high conflict divorce cases (Jaffe, Ashbourne & Mamo, 2010).

PAS is a phenomenon related to psychological factors potentially affecting children faced with divorce conflict (Baker & Ben-Ami, 2011; Gardner, 1985, 1998; Wakeford, 2001). According to Gardner (1985, 1998, 2001), PAS can be defined as a disorder that arises mostly in the context of child-custody disputes. Its primary manifestation is the child's unjustified campaign of denigration against one of his/her parents (alienated parent) (Godbout & Parent, 2012). It results from the alienating parent's indoctrinations that lead to the child forming their own contributions to the vilification of the alienated parent (Baker & Ben-Ami, 2011; Bruch, 2001; De Jager, 2008; Spruijt et al., 2005; Vassiliou & Cartwright, 2001; Wakeford, 2001; Williams, 2001).

The hostility expressed by the child towards an alienated parent is generally characterised without any outward expression of guilt, embarrassment, or ambivalence (Baker, 2005; Baker & Ben-Ami, 2011; Garber, 2004; Ludolph & Bow, 2011; Wakeford, 2001; Walsh & Bone, 1997, 1999). According to Gardner (1985, 1998) PAS as a syndrome have eight specific symptoms/criteria: (i) a campaign of denigration of the non-resident parent; (ii) absurd reasons for the behaviour; (iii) lack of ambivalence; (iv) independent opinion of the child; (v) reflexive support of the resident parent; (vi) a lack of sense of guilt; (vii) the presence of borrowed scenarios; (viii) extension of the hostility to the family of the non-resident parent (Gardner, 1985, 1998; Hirsch, 2002; Wakeford, 2001; Williams, 2001).

Typically, children who suffer from PAS will exhibit most (if not all) these symptoms (Gardner, 1985, 1998; Hirsch, 2002). According to Gardner (1985, 1998, 2001), PAS can only be considered or diagnosed if the following criteria are met: firstly, no form of physical, emotional or sexual abuse is present which would warrant the child's reluctance or refusal to visit the alienated parent, or the target parent has not exhibited anything close to the degree of alienating behaviour that might warrant the campaign of vilification exhibited by the child. Secondly, the child participates in his/her own scenarios of disparagement of the vilified parent and thirdly, the exaggeration of minor parental weaknesses and deficiencies is clearly evident (Baker, 2005; Brandes, 2000; De Jager, 2008; Gardner, 1998, 2001, 2002; Hirsch, 2002; Spruijt et al., 2005; Wakeford, 2001). Accordingly, this conduct may be especially confusing if there is no apparent factual basis to justify the level of animosity and resentment shown by the child for their once loved parent (Baker, 2005; Garber, 2004; Ludolph & Bow, 2011; Walsh & Bone, 1999).

Psychologists are regularly involved with custody evaluations and are tasked by the court to recommend custodial placement, to mediate between highly conflicted parents, provide court ordered therapy for children and parents, and to manage parenting plans (Deters, 2004; Ellis & Boyan 2010; Thompson, 2011). Parental Alienation Syndrome presents unique and complex dynamics for any professional psychologist to due to the child's own contribution to the alienating campaign (Garber, 2004; Ludolph & Bow, 2011). According to Garber (2004) a therapist should be very attentive to conflicting parents because without addressing the issue of conflicted co-parents the therapist may miss an opportunity to address the factors causing distress for the child. The destructive conflict between divorcing/separating parents can negatively impact therapeutic intervention in PAS cases. The greatest challenge for the a psychologist is that the child may try to maintain peace between his/her parents by openly resenting one parent, or truly believing that the alienated parent is dangerous and malevolent, therefore resisting therapeutic intervention aiming to resolve alienating behaviours (Garber, 2004; Ludolph & Bow, 2011).

Except for articles by Garber (2004), limited research exists that discuss the experiences of psychologists working with PAS and the possible effects that working with PAS can have on the psychologist. The purpose of this research is to shed some light on the experiences of psychologists working with PAS and the possible psychological, emotional or professional impact this work may have on a psychologist.

Method

Research method

A qualitative research design was used because the research is descriptive and explorative in nature. A qualitative research design can examine lived experience in an effort to describe, explain, understand, and give meaning to peoples' experiences, behaviours, interactions and social contexts (Fossey, Harvey, McDermott & Davidson, 2002; Strauss & Corbin, 1998). Qualitative researchers collect data in the form of written or spoken language and analyze the data by identifying and categorizing themes (Durrheim, 2006).

Research design

The researchers wanted to explore the lived experiences of psychologists working with PAS, placing this study within the interpretive phenomenological perspective. Phenomenology refers to the individual's personal construction of the meaning and identifying of the quintessence of human experiences as described by the individual and focusing on the lived experience of the participant (Mertens, 2009; Plug, Louw, Gouws, & Meyer, 2009). The goal of phenomenology is to explore and describe ordinary conscious experiences of everyday life include beliefs, decisions, evaluations, feelings, judgements, memories and perceptions (Creswell, 2007; Sarantakos, 2005).

Participants and research context

Participants were selected by a process of snowball sampling (Babbie, 2007). Snowball sampling refers to a process whereby the researcher selects one participant out of the population group to interview. A participant then refers the researcher to

another possible participant and this continues until all group members have been included, or the sample is deemed to be large enough to offer diversity and data saturation takes place (Babbie, 2007).

Data collection

Eight psychologists registered with the Health Professions Council of South Africa (HPCSA) were interviewed within a private setting. All participants gave informed consent to be part of this research study. Semi-structured interviews (Gerson & Horowitz, 2001) were conducted. Interviews were not limited to a specific number of participants but rather continued until data saturation had taken place in order to deepen, enrich and complete data categories and themes (Legard, Keegan, & Ward, 2005).

Several aspects were explored through in-depth phenomenological interviews, which allowed the researcher to investigate certain aspects presented by the participants and to gain as much understanding as possible into their lived experiences. The semi-structured questions allowed for the exploration of relevant opinions, perceptions, feelings and comments pertaining to the participants' feelings (Nieuwenhuis, 2009). The interviews began with a broad request, "Please tell me about your experience working with Parental Alienation Syndrome".

Data analysis

The researchers transcribed the data verbatim from audio taped interviews into written data. Thematic analysis was used to identify, analyse and report themes in the transcribed data (Braun & Clarke, 2006). The steps followed to analyse the data

involved familiarisation with the data (which included reading and re-reading transcribed data while searching for patterns and meaning), generating of preliminary codes, sorting preliminary codes into themes, reviewing themes, grouping themes together into categories and finally producing the reported data in table form (Braun & Clarke, 2006).

Trustworthiness

Trustworthiness for this research was achieved by using the suggestions made by Krefting (1991). Krefting (1991) proposed that trustworthiness for qualitative research comprises of three aspects, credibility, transferability and dependability. Credibility was established through continuous engagement with the data, the researchers reflected on the data to ensure quality, and to highlight the complexity of participants' experiences. Transferability was ensured through a thorough description of the research context, the selection of sources and sampling, data saturation and a comprehensive description of the results (themes). Dependability was ensured through the stepwise replication of data collection and data analyses as well as coding and recoding of the data. A co-coder also assisted in the data analyses. Conformability was ensured through the researchers who are familiar with qualitative research that the data support the analyses and interpretation of the findings.

Ethical considerations

In accordance with the ethical rules of conduct for practitioners registered under the Health Professions Act No. 56, 1974, as stipulated in the HPCSA Ethical Code of Professional Conduct (2004), several measures were taken to ensure adherence to ethical provisions. Firstly, the research protocol was approved by the

Ethics Committee of the North-West University Potchefstroom Campus: NWU-00065-10-S1. Thereafter, prospective participants were informed of the background to the study and the voluntary nature of participation in the study. Interviews proceeded once participants had given written consent. The researcher was fully aware of the sensitive nature of exploratory inquiry, and the rights and needs of the individual were therefore considered at all times. Furthermore, the participants were assured of confidentiality.

Results

Thematic content analysis produced to the following themes relevant to the lived experiences of psychologists working with PAS. Once all the data had been analysed it was clear that the research question produced two main categories: (i) information concerning the participants' understanding of PAS, and (ii) the operational dynamics working with PAS.

[Insert Table 1 here]

The psychologists' understanding of PAS

The following sub-themes were found under the theme of the psychologists' understanding of PAS.

Increase in the prevalence of PAS. Participant 1 responded that PAS “*is found more and more*”. Although the participants mentioned different reasons for the increase, most of them pointed out that the incidence of Parental Alienation and Parental Alienation Syndrome in their own practises are increasing due to an

increased “*awareness of parental alienation in the “public domain”*” (Participant 2) and because “*high conflict divorces are more prevalent*” (Participant 3).

The general impact of the Children’s Act 38 of 2005 on PAS. Participant 1 claimed that the changes made to the New Children’s Act 38 of 2005 and the use of the “best interest” principle “*changed the whole face of divorce, where previously it was quite the norm that the children will go with the mother... I do find more parent alienation because there’s a shift in the rights of the parent and the children*”. This change in legislation has the potential to “*escalate the divorce conflict*” (Participant 3) because parents have equal opportunity to get custody, which could escalate the risk for PAS as conflict between the parents increase.

The specific impact of the “best interest of the child” concept on PAS. Under the best interest of the child principle, parents are much more likely to get shared custody and it is the “*shared responsibility and shared decision making. That changed the whole face of divorce*” (Participant 1). Due to the shared responsibility and decision making higher conflict is experienced by divorcing parents. “*So previously it was more the law and the mother would get the children. And so, therefore I think parent alienation, it was there, but less in the forefront because the rules were quite strict about ‘you will see your children every second weekend and half the holiday’, and those were the rules. Whereas now, anyone can get the children, anyone can have primary residence. So I think the manifestation [of parental alienation syndrome] is far more evident than previously thought.*” (Participant 1).

The social work-legal system can support and maintain the actions of the alienating parent. According to some of the participants, the “*South African prosecuting authority is ineffective*” when dealing with PAS (Participant 2) and allows “*parents who alienate their children from another parent continually get away with it*” (Participant 2). In cases “*where parental alienation is present, false allegations of abuse or sexual abuse against the alienated parent is not uncommon*” (Participant 1, 2 and 3). In these cases the alienating parent has achieved his/her goal to alienate the child legally. Alienating parents will go as far as using the legal system to “*have their estranged partner incarcerated to achieve their goal of alienation*” (Participant 7). The alienating parents can “*delay court proceedings through continuous litigation*” (Participant 7), or whilst litigation continues “*it takes a lengthy timeframe to get a solution and in that timeframe usually the relationships [between the child and the alienated parent] are deteriorating*” (Participant 1). During the divorce process psychologists are also “*bombarded with lawyers letters and court orders*” (Participant 5) which slows the divorce process and allows a timeframe needed by the alienating parent to systematically alienate the children. Forensic reports written by psychologists concerning custody cases where parental alienation is present “*are often scrutinised by other psychologists*” (Participant 3) hired by the alienating parent to delay the divorce proceedings.

The involvement of other professions such as lawyers and advocates can further strengthen the alienating process as they continue to “*litigate on behalf of the alienating parent and continually get away with it*” (Participant 7).

High conflict divorces as a context for PAS. According to some participants, the level of conflict between parents during and after a divorce process is considered to be a high risk factor when expecting PAS to develop as *“the higher the conflict, the worse the divorce for the children”* (Participant 1).

The reasons why parental alienation *“is more prevalent, is because high conflict divorces are more prevalent”* (Participant 3). When parents come to a psychologist for intervention or mediation, the amount of *“hostility and vindictiveness”* (Participant 7) between parents can be very clear, *“you can see during the intake interview the extremely high conflict and hostility between the two parents, then I know that I can expect problems with parental alienation”* (Participant 3).

High conflict caused by partners “decoupling” at different times from the relationship. Parental alienation as a process can be caused by various factors. In some cases *“two people are in different places in the divorce”* (Participant 1). The concept of de-coupling at different stages of the marriage is prevalent *‘So, with that detachment, the one person is ‘I’m now ready for a divorce’ and the other person is getting into the shock of me getting a divorce’* (Participant 1). This can cause *“high levels of vindictiveness”* (Participant 7) and resentment amongst parents, escalating the conflict levels during and after the divorce. As the conflict increases *“the higher the conflict, the worse the divorce is for the children”* (participant 3). The children may participate in the alienating process because they *“cannot handle the conflict between their parents anymore”* (Participant 3).

High conflict caused by parental pathology. Based on the data, it seems that parental insight and pathology are both significant when considering the

development PAS in children. *“Parents can be so ineffective in their handling of the broken relationship that their own pathology starts playing out in the divorce process”* (Participant 7). Behaviour on the part of parents is so *“dysfunctional”* (Participant 8) but *“also pathological”* (Participant 5) and this *“contaminates the relationship between parent and child to a pathological level”* (Participant 5). Some parents who actively alienate their children from another parent are *“motivated subconsciously”* (Participant 1) and *“in their reality, the other parent is truly harmful to the child”* (Participant 1).

Working with the parental pathology involved in PAS *“is very difficult to work with because to work with someone who is motivated by subconscious motivators, you don’t find logic, reasoning, or solutions, because they believe it... it’s just a belief”* (Participant 1). In such cases the alienating parent may not even be *“aware that he/she is alienating the child because he/she have lost perspective during the divorce process”* (Participant 7). This lack of perspective and insight on the part of the alienating parent or even both parents can be *“associated with personality disorder traits like antisocial behaviour”* (Participant 7). Some mention was also made for the *“possible presence of mood disorders”* (Participant 7). Dysfunctional parents with these kinds of personality traits or pathology makes *“parental alienation is extremely difficult to work with and results in low success rates”* (Participant 8). This is because it is particularly difficult for the psychologist to *“convince these parents that they are not acting in the best interests of their child and that they may be driving their own agenda”* (Participant 7). Therefore, the data suggests that parental pathology could be a strong driving force behind the development of PAS.

Parental gender and its impact on PAS. Only two of the participants indicated that parental gender is involved in PAS. Both participants claimed that they have experienced both fathers and mothers as the alienating parents *“because it’s not always moms that do the alienating, it’s sometimes dads, you know”* (Participant 2). However the alienation is mostly driven by the mother *“I find it with both mothers and fathers, but definitely much more on the mother’s side”* (Participant 3).

Parental alienation is a process with PAS as a consequence. Some of the participants commented on PAS beginning in *“quite a subtle manner”* (Participant 2). After the alienating process has started, *“it is like a snowball, and it gains its own momentum”* (Participant 2). The longer the divorce process takes and the more *“divorce related disputes escalates, the more parental alienation escalates from mild to moderate to severe”* (Participant 1). In such cases the alienation process has as a result the *“child’s own contaminated view of he/her relationship with the alienated parent”* (Participant 5) which constitutes PAS. The *“amount of active alienation and the duration of the alienating process are directly related to how difficult it would be to resolve and if it is even solvable”* (Participant 6).

The following themes presented below were found regarding the operational working experiences of psychologists working with PAS.

The operational experience of working with PAS

The second category revealed five themes: (i) the difficulty associated with proving the presence of PAS in divorce cases; (ii) false allegations of abuse in cases of PAS; (iii) involvement of other professions influencing the development of PAS;

(iv) the impact of PAS on therapy; (v) the emotional effects of working with PAS on the Psychologist; (vi) the professional impact of working with PAS.

PAS is difficult to prove. Although research is increasing, the term PAS is not empirically recognised with universally accepted criteria. In addition the proposition made by Gardner that PAS is a “syndrome of the child”, also implies that the child participates in the alienation process willingly. This adds a very tricky dimension to PAS when trying to prove its existence or its effects in custodial testimony and placement.

The lack of empirical and universally agreed upon definition and criteria for PAS. Some participants commented that until PAS is “*recognised as a syndrome*” (Participant 5), there will be no universally accepted diagnostic criteria and this makes proving its presence and impact in a divorce case very difficult. Additionally, this impacts the amount of knowledge that legal profession and other professions have about PAS and until the various “*professions involved are not educated about Parental Alienation Syndrome*” (Participant 6) the clinical community tasked to work with cases involving PAS will remain ineffective in the treatment and resolution thereof. This lack of empirical definition leaves a loophole for other professions to “*mislead the public*” (Participant 5).

The active participation of the child in the alienation process. One of the most difficult aspects to prove/disprove in PAS cases is the abuse allegations made by the alienating parent, and according to Participant 1, “*some of these allegations become memory for the children and for them it becomes true, as if they*

have been abused". The child *"believes daddy or mommy is doing bad stuff to him"* (Participant 1).

If the alienation process has not reached a point where the children actively participates in the alienating themselves, they may be very *"aware of the growing hostility between their parents and they are scared of both their parents"* (Participant 2). A child would then simply say *"I would rather go to a hostel and stay there and live one weekend with my mom, one weekend with my dad so that they don't fight over me anymore"* (Participant 1). The child takes the position of *"that is expected of me, so the child does not have a choice in that regard. So it's very, very subconscious, so it's not always that clear"* (Participant 1).

False allegations of abuse in PAS cases. Many of the participants mentioned the difficulty working with PAS within the current South Africa legal system and within the stipulations of the Children's Act No. 38 of 2005. Participants often referred to the *"association between PAS and false accusations of sexual abuse made against the alienated parent by the alienating parent"* (Participant 1). *"False allegations of sexual abuse are almost considered a trademark of PAS"* (Participant 3) and the *"most difficult part is to get to an answer, if is it a valid claim of sexual abuse or not"* (Participant 1). It poses a complex scenario, as *"a psychologist is faced with an allegation of possible sexual abuse, or abuse of some sort – you can't ignore it. And then you investigate it and maybe you don't find evidence, but the allegation is still there"* (Participant 2). This can cause anxiety for the psychologist because *"you don't want to take the chance of maybe exposing a child to risk"* (Participant 2).

In addition, *“accusations made by the alienating parent are entirely focused on removing the targeted parent from the child’s life at any cost”* (Participant 4) and, when supported by legal professionals *“legal alienation”* (Participant 7) takes place when the child is removed from the targeted parent’s care due to false abuse allegations. In some cases children are placed *“in neutral custody due to the extreme hostility between parents and even that is a form of alienation by the socio-legal system”* (Participant 7).

Involvement of other professions can encourage the progression of PAS.

Some of the participants mentioned that the involvement of other professions can cause the development of PAS. Participant 7 explained that *“tactical moves in litigation by lawyers may frequently be the cause and escalator of PAS in a divorce case”*, providing a *“supporting platform for the alienating parent”* (Participant 7) to continue the alienation process. The psychologist can also experience these tactical litigation strategies in the form of *“being bombarded with lawyers’ letters and court orders”* (Participant 5), as the alienating parent brings continuous complaints against the alienated parent to court.

The impact of PAS on therapy. The basic dynamics of PAS will *“usually lead to one parent being positive about therapeutic intervention”* (Participant 4) having realised that the child is suffering, whilst the other parent would be set against therapeutic intervention in fear of exposure. Most of the participants mentioned that the presence of PAS *“makes therapy extremely difficult”* (Participant 8), and that it can *“affect therapy radically”* (Participant 6), for various reasons. According to Participant 3, the presence of PAS *“makes therapy very difficult because the child is*

very guarded and gives very little information because he/she is protecting the (alienating) parent. It is very difficult because the child feels that he/she has to protect both parents”.

In many cases the child is brought for therapy by the parents but, as soon as the alienating parent senses that the therapeutic intervention is undermining his/her alienating goals, *“they just stop therapy and never bring the child back”* (Participant 6) even when therapeutic intervention is ordered by the court.

If therapy is court ordered, the alienating parent is likely in to *“sabotage the psychologist’s relationship with the child”* (Participant 6) by applying the same strategies of alienations used against the alienated parent, but only towards the psychologist by *“making negative remarks towards the therapist or blaming the therapist”* (Participant 4). The possible consequences of this are that the child refuses to come for therapy as he/she has been successfully alienated from the therapist (therapist alienation) which some participants consider to be a *“natural by-product of working with cases involving PAS”* (Participant 6).

The success of therapy where PAS is involved *“usually depends on the parents and their ability to shift their empathy for the child. And often I find that there’s... especially if you have a narcissistic parent – very little empathy and usually they would stop therapy very soon* (Participant 1).

The emotional impact of working with PAS, on the psychologist. The participants mentioned several emotional experiences related to working with PAS. The dynamics involved were described as *“complex, difficult and destructive”*

(Participant 2) and this *“places an emotional burden of the therapist”* (Participant 4). In some cases the emotional effect experienced by the participants was a main consideration for a decision *“not to do forensic work any more”* (Participant 4) related to divorce cases involving PAS. Some participants described the effort needed to work with PAS as *“not worth the low success rate”* (Participant 1). Strong feelings of doubt also surfaced, as Participant 8 mentioned that working with PA and PAS *“is not pleasurable at all, and then there are days that I wonder why I am doing this kind of work”*.

Anger and frustration. Most of the participants mentioned that working with divorce cases involving PAS can cause a lot of anger and frustration for various reasons. It seems that much of the anger and *“frustration comes from witnessing relationships (between the alienated parent and the child) deteriorating”* (Participant 1), and the fact that parents are not willing to *“change the system”* they only want the psychologist *“to fix the child”* (Participant 1). Anger is experienced because *“you can see the child is hurting”* (Participant 5) and the only *“persons really suffering as a result of PAS are the children”* (Participant 4).

The challenge involved in working with other professions and the ineffective legal system creates frustration in that *“the success rate is very low”* (Participant 2) and it feels that *“you don’t get any further”* (Participant 8) with a case. The parental pathology involved also contributes greatly to the anger and frustration experienced because the parent actively alienating the child is *“so dysfunctional that you hardly ever have success with a case”* (Participant 8). The therapy itself is also a source of anger and frustration as it *“takes a long time to build trust between the therapist and*

the child” (Participant 6) and, when this trust is undermined by alienating strategies from a parent, the “*success rate is low*” (Participant 2).

Disappointment. Some of the participants also mentioned that they experience much disappointment and feelings of failure. The experience of being involved in a divorce case and working with the destructive nature of PAS puts the psychologist in a position to understand the dynamics involved and the possible long-term effects of the alienation, not necessarily considered by the parents. Working with PAS is “*hard work*” (Participant 4) and “*taxing*” (Participant 2) and often “*you are disappointed with the decisions of the court*” (Participant 1), because the psychologist can see how the alienating process is like “*a snowball and gains its own momentum, and then after a while the alienating parents does not have to do much at all, the damage is already done*” (Participant 2).

Therapeutic intervention is profoundly impacted by the presence of PAS. A great source of disappointment is that “*therapy does not continue for a long time*” (Participant 4) because, when the alienating parent becomes fearful of exposure, he/she terminates therapy (even in court ordered therapy). Therefore the psychologist knows that a child is being alienated but can do nothing about it and this is “*heartbreaking*” (Participant 1). In many cases the psychologist has to “*just accept that this is the way it is and there is not much you can do about it*” (Participant 7). In such cases the psychologist may feel that due to the amount of effort required and the dynamics involved, working with PAS “*is the most unrewarding type of work you can do*” (Participant 8).

Self-doubt. Self-doubt was mentioned by several participants in relation to the theme of tension and anxiety. Specific mention was made concerning the amount of self-doubt created by ethical dilemmas and the constant self questioning experienced concerning ethical dilemmas, *“Am I working ethically, is there anything else I should have done or should not have done, have I missed anything?”* (Participant 1). Psychologists are often cross-examined in court when giving testimony about custodial placing. Preparing for cross-examination can be a source of great doubt and self questioning, especially if *“other psychologists are tasked to scrutinise your recommendations”* (Participant 3). Some of the participants mentioned that the alienating process *“is quite subtle at first and you barely notice it”* (Participant 2). This makes it difficult to prove and this leads to self-doubt about *“have I missed something, am I not seeing something, am I wrong...is this alienation?”* (Participant 2).

High stress levels and tension. Some of the participants mentioned that working with divorce cases involving PAS produces high stress levels for the psychologist because *“it’s very difficult”* (Participant 2) and for a therapist *“it is very taxing”* (Participant 2). The emotional impact of this kind of work requires the psychologist to employ *“methods of handling your own stress”* (Participant 3) and to *“engage in completely different interests to manage your stress levels”* (Participant 2). The rationale behind *“other interests”* and *“different kinds of work”* is to not have *“your whole identity wrapped up purely in your work I think that’s quite dangerous, for me it would be very dangerous”* (Participant 2). Another participant mentioned possible methods of combating stress levels as being *“to have a peer review group*

and supervision where there is a team of psychologists where you can at least speak to someone about your cases and the frustrations you experience” (Participant 8).

One of the most significant causes of tension and anxiety is that alienating parents can resort to *“blaming or threatening the therapist”* (Participant 3) resulting in the psychologist getting *“caught in the crossfire between conflicted parents”* and ending as *“collateral damage”* (Participant 3).

The professional impact on the psychologist working with PAS. This theme revealed the following subthemes discussed below:

Financial implications. As mentioned before, psychologists working with PA and PAS find the work difficult and taxing. However, Participant 1 mentioned that *“balancing financial profit and delivering quality work is difficult if you are not mentally strong and healthy”*. In other words, if the stress levels experienced are too high, it is very difficult for any psychologist to provide quality service to a client.

The costs involved in practice insurance can have other financial implications on the private practice of a psychologist. According to Participant 5, it is paramount that the psychologist *“has insurance because these (alienating) parents report you to the HPCSA”*. Being reported to the HPCSA by a client can be a stressful ordeal for any psychologist because defending his/her reputation and consulting with legal representation will take time and money. If a psychologist works mainly with

forensic cases, custody disputes or court ordered therapy, he/she are at risk (more than other psychologists) to be reported to the HPCSA.

The impact of complaints laid against a psychologist at the HPCSA.

Participant 3 explained that as soon as she encounters a *“high conflict divorce case where parental alienation is present”*, she will start thinking about whom she could contact for legal and psychological assistance *“when I am reported in this specific case”* (Participant 3). This kind of vindictive acting out from alienating parents creates considerable anxiety for the psychologist as participant 6 explains *“I have laid awake at night, playing out different scenarios in my head”*. The participants did not feel that *“the HPCSA is adequately informed and knowledgeable”* (Participant 8) about PAS and *“the dysfunctional parental pathology involved in these cases”* (Participant 8). Even if the HPCSA were to be informed about the difficulties working with PAS, some of the participants felt that the HPCSA did not have any *“empathy for psychologists who work with these cases”* (Participant 8), so that, when a complaint is received the context of PA and PAS is taken into consideration by the HPCSA.

Compassion fatigue. Many of the participants mentioned the emotional effects they experience related to working with PAS. The collective effects of anxiety, frustration, stress and self-doubt can be *“compassion fatigue”* (Participant 3). Participant 8 described working with PAS as *“a constant process of managing processes [different parties involved] and this makes it cognitively and emotionally very intense”*. When the psychologist is stressed and stretched emotionally and cognitively the *“the angel jumps off your shoulder”* (Participant 8) and the psychologist can say or do the wrong thing out of frustration.

The difficulties associated with PAS seems to decrease the “*passion*” (Participant 3) psychologists have for their work and when compassion fatigue is present the psychologist “*can not be available*” (Participant 3) emotionally and cognitively when conceptualising cases. It is ironic that working with PA and PAS takes such a big toll on the passion and empathy of a psychologist, whilst Participant 1 explained that “*if you can not have empathy you should not do this [type] of work ... you should be able to feel how it could feel [for the child]. But you shouldn’t get entangled in it, it’s not your story*”.

Remaining objective. One of the greatest challenges for any health care professional is the necessity to remain as objective as possible and not to “*become sucked into*” (Participant 3) the cases they work with. When working with divorce-related cases, some psychologists may experience difficulty remaining objective for various reasons. According to Participant 1, “*sometimes you hear your own story. You have to be okay with it to deal with it. If you are not, you will get emotionally involved*” and then it is difficult for “*the work to stay the work, and me to stay me*” (Participant 1). Participant 3 explained that “*some cases really touch you*” and then the psychologist have to be vigilant to remain objective and not to get “*sucked into the case*” (Participant 3). Many of the participants mentioned ways that they employ to keep themselves as objective as possible, however, the main focus seems to be awareness and to “*take care of your own processes to be objective at all times, so you have to be very clear on who you are, and who you not, and your meanings (values) and why you do this*” (Participant 1).

Discussion

Only during the past two decades has the formal concept of PAS received growing attention from academic researchers as a phenomenon present in some high conflict divorce cases and even in conflicted marriages. Divorce or partner separation can be an extremely hostile and emotional experience for a family unit (Gottman, 1993; Johnston 1993, 2003). Children of highly conflicted caregivers are considered to be among those most in need of psychotherapeutic intervention (Garber, 2004; Gardner, 1998; 2001; Spruijt et al., 2005).

In this study, psychologists working with divorce-related cases PAS is present described this type of work as complex, difficult and destructive and they are at risk for ethic-based regulatory board complaints or malpractice action. The prevalence of PAS seems to increase as the as the level of conflict in a divorce increases (Burke, McIntosh, & Grindley, 2009; Deters, 2004; Johnston & Roseby, 1997; Spruijt et al., 2005). The participants commented that the change in child-related legislation had lead to an increase in PAS, supporting the research done by Gardner (1998, 2001).

The findings of this study suggests that the legal system in itself also promote alienating behaviour and that lawyers can litigate endlessly thus providing the alienating parent with time to indoctrinate children against a target parent (Lund, 1995; Kelly & Johnston, 2001; Moné & Biringen, 2006). The findings show that the involvement of lawyers aiming to win cases (adversarial system), does not act in the best interests of the child and this makes the work to be done by the psychologist extremely difficult and tedious (Lowerstein, 2012).

Due to the controversy surrounding empirical evidence for and definition of PAS, psychologists experience great frustration as their findings are disputed not only by lawyers but also by other psychologists leaving the child suffering the most. Psychologists experience PAS as difficult to prove because so much controversy exists surrounding the work of Gardner (Bruch, 2001; Kelly & Johnston, 2001) and because of the lack of empirical evidence and criteria. According to Bernet and Baker (2013), PAS will not be included in the DSM V. According to the participants, the lack of empirically accepted criteria for PAS makes it very difficult to prove in a court of law because other professionals can easily dispute findings based on the lack of empirically accepted criteria. The dynamics of PAS itself also make it difficult for psychologists to prove as the child actively participates in the alienation process if PA is severe (Spruijt et al., 2005; Wakeford, 2001). The findings suggest that the legal profession is not adequately educated about the dynamics of PAS (Lund 1995) and that accusations of PAS are used recklessly in court to without consideration for the consequences.

Amongst the alienating behaviour supported by continuous litigation are the false accusations of abuse laid against the alienated parent in cases of PA and PAS. Many of the participants experienced this as the worst form of legal alienation as it removes the child from the care of the alienated parent immediately pending an investigation (Wakeford, 2001).

The findings shed some light on the destructive nature of parental pathology involved in PA and PAS (Johnston 1993, 1997; Kopetski, 1998; Rand, 1997) and how extremely difficult it is for psychologists to work with parents who have little insight

into their behaviour and the damage they are doing to their children (Tong, 2002; Summers & Summers, 2006). The frustration that comes from working with this kind of pathology have caused some psychologists to question the risk and rewards associated with working with PA and PAS as the success rate (according to their experience) is very low.

The findings of the study suggest that the emotional burden placed on the psychologist working with PAS can lead to compassion fatigue and burnout due to high stress levels and the low success rate (Garber, 2004). Similar to the false allegations of abuse made against the alienated parent, psychologists are at risk of being reported to the HPCSA in cases involving PAS due to the vindictiveness and hostility of the alienating parent. Being reported to the HPCSA is a stressful ordeal experienced by some of the participants and has led to some psychologists refusing to work with high conflict divorce cases.

The involvement of PAS makes therapeutic intervention very difficult. The alienating strategies used by the alienating parents such as boycotting therapy or alienating the child from the therapist pose great challenges for the psychologist to undo the effects of PAS on children (Baker, 2005; Baker & Darnall, 2006). In many cases the alienating parent will simply terminate therapy once they realise that his/her alienating campaign is being countered by the intervention. Parents need adequate divorce education programs informing them of the risks of these strategies and make them aware of the need to keep perspective in light of the effect their divorce can have on their children (Baker & Ben Ami, 2011).

One of the most formidable challenges for the psychologist working with PAS is to remain objective during custody cases in terms of evaluation or during therapeutic intervention. The participants experienced difficulty remaining objective due to the high levels of hostility and manipulation on behalf of parents and lawyers involved in PA and PAS cases.

Conclusion

In 2004 Garber claimed that the children of highly conflicted caregivers are among those most in need of psychotherapeutic support and those most difficult to assist in the psychotherapeutic process. This study reiterates this statement and shows that the dynamics of PAS pose complex and possibly destructive consequences not only for the children caught in the crossfire between parents but also for a psychologist attempting to intervene. It is concerning that the experiences of psychologists working with PAS are strongly negative and tainted with frustration and stress. From a personal and professional standpoint the risks involved when working with PA and PAS may cause psychologists who truly want to serve the public to the best of their ability, to abandon their work with PA and PAS.

Limitations and recommendations

Due to the limited demographic variation of the qualitative research study, the research findings cannot be generalised throughout the population of psychologists working with Parental Alienation Syndrome. The ethnicities of participants were not representative of the South African population and could lack in the viewpoint of practising psychologists of other races could be absent. Finally, because the collected

data were drawn from the experiences and memories of the respondents, it can be limited to the point of view of a single practitioner within a specific context.

The research question asked specifically about the lived experiences of working with PAS, however most of the participants responded using both the terms Parental Alienation and Parental Alienation Syndrome. This could be a reflection of the disagreement in the current literature about clear empirical criteria for PA and PAS. This makes distinguishing between the two terms difficult and confusing. This highlights the difficulty associated with unclear definitions and conceptualisations surrounding PA and PAS in literature.

It is recommended that more research be done examining the experiences of practising psychologists tasked with working with PAS to gain insight into the practical implications of PAS. The research should be shared with legal professionals and regulatory institutions such as the HPCSA to further develop the understanding and conceptualisation of PAS amongst other professions.

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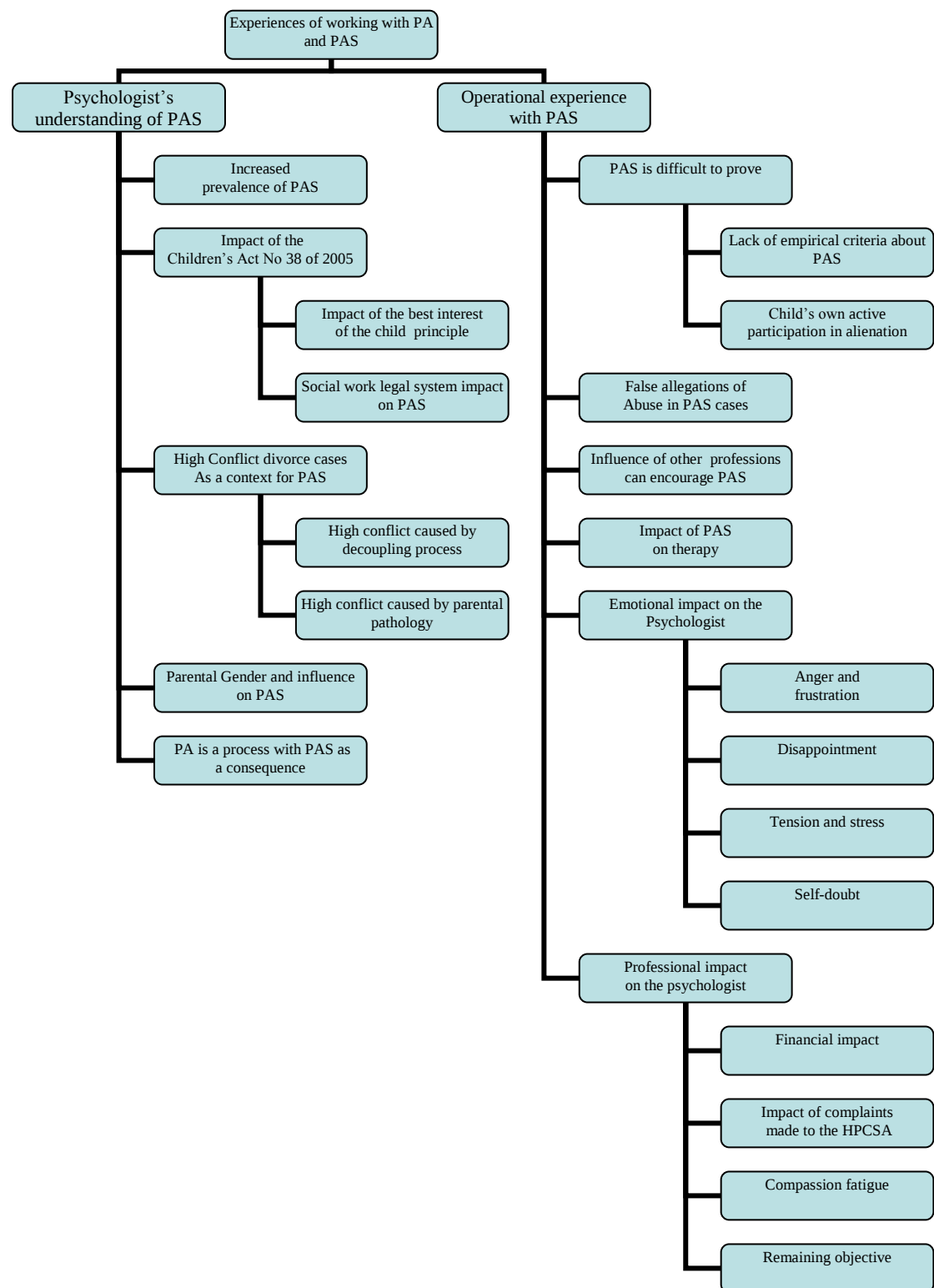
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Table 1: Categories and themes found in research



SECTION 3: CRITICAL REFLECTION

Divorce or partner separation can be an extremely emotional experience for a family (Gottman, 1993; Johnston 1993, 2003). Only during the past two decades has the formal concept of PA and PAS received growing attention from academic researchers as a phenomenon present in high conflict divorce cases and even in conflicted marriages. The research of Maione and Bamond's (2001) suggests that psychologists experience court ordered work with divorcing families to be unsatisfactory due to limited financial rewards, frustrating due to other professions involved and difficult because the parents boycott interventions and mediation.

Psychologists are becoming more and more involved in custody evaluations, mediation, and intervention in high conflict divorce cases (Thompson, 2012), yet very little research is available about the experiences of psychologists working with PA and PAS on a daily basis. Some researchers such as Thompson (2012), Pieterse, (2001) and Jaffe, Ashbourne, and Mamo (2010) have made suggestions about ethical practises and guidelines for custody evaluations in high conflict divorces, however, no research focusing on the practical experiences of psychologists working with PA and PAS are available. Therefore the question was asked: What are the lived experiences of Psychologists working with Parental Alienation Syndrome?

In this study, psychologists working with divorce-related cases where PA and PAS is present have described this type of work as complex, difficult and destructive and they are at risk for ethic based regulatory board complaints or malpractice action. The prevalence of PA and PAS seems to increase as the as the level of conflict in a divorce increases (Burke, et al 2009; Deters, 2004; Johnston et al., 1997; Spruijt et al.,

2005). The participants commented that the change in child-related legislation had lead to an increase in PAS supporting the research done by Gardner (1998, 2004).

The findings of this study suggest that the legal system in itself also promote alienating behaviour and that lawyers can litigate endlessly providing the alienating parent with time to indoctrinate children against a target parent (Kelly & Johnston, 2001; Lund, 1995; Moné & Biringen, 2006). The findings show that the involvement of lawyers aiming to win cases, does not always act in the best interests of the child and this makes the work done by the psychologist extremely difficult and tedious as the divorce proceedings can be extended out over a long period of time (Zimmerman et al., 2009).

Due to the controversy surrounding empirical evidence and definition of PAS, psychologists experience great frustration as their findings are disputed not only by lawyers but also by other psychologists, leaving the child suffering the most. Psychologist experience PAS as difficult to prove because so much controversy exists surrounding the work of Gardner (Kelly & Johnston, 2001; Ziropiannis, 2001) and a lack of empirical evidence and criteria.

The dynamics of PAS itself also make it difficult for psychologists to prove as the child actively participates in the alienation process if PA is severe (Spruijt, 2005; Wakeford, 2001). The findings suggest that the legal profession is not adequately educated about the dynamics of PA and PAS (Lund 1995), and that accusations of PA and PAS are used recklessly in court to without consideration for the consequences (Bruch, 2002).

Amongst the alienating behaviour supported by continuous litigation are the false accusations of abuse laid against the alienated parent in cases of PA and PAS. Many of the participants experienced this as the worst form of legal alienation as such accusations cause the child to be removed from the care of the alienated parent immediately pending an investigation (Wakeford, 2001).

The findings shed some light on the destructive nature of parental pathology involved in PA and PAS (Johnston 1993, 1997; Kopetski, 1998; Rand, 1997) and how extremely difficult it is for psychologists to work with parents who have limited insight into their behaviour and the damage they may be doing to their children (Summers & Summers, 2006; Tong, 2002;). The frustration that comes from working with this kind of pathology have caused some psychologists to question the risk and rewards associated with working with PA and PAS as the success rate (according to their experience) is very low.

The findings suggest that the emotional burden placed on the psychologist working with PAS can lead to compassion fatigue and burnout due to high stress levels and low success rate (Garber, 2004). High levels of stress are attributed to various factors but mainly to the psychologists being at substantial risk of incurring an ethics-based or regulatory/board complaint or malpractice action within the area of divorce related work. As in the case of false allegations of abuse or sexual abuse made against the alienated parent, psychologists are at risk of being reported to the HPCSA in cases involving PA and PAS due to the vindictiveness of the alienating parent. Being reported to the HPCSA is a stressful ordeal experienced by some of the

participants and has led to some psychologists refusing to work with high conflict divorce cases.

The involvement of PAS makes therapeutic intervention very difficult. The alienating strategies employed by the alienating parents (Baker, 2005; Baker & Darnall, 2006) such as boycotting therapy or alienating the child from the therapist pose great challenges for the psychologist to undo the effects of PA and PAS on children. In many cases the alienating parents will simply terminate therapy once they realise that their alienating campaign is being countered by the intervention.

One of the biggest challenges for the psychologist working with PA and PAS is to remain objective during custody cases in terms of evaluation or during therapeutic intervention. The participants experienced difficulty in remaining objective due to the high levels of hostility and manipulation which were apparent in both parents and lawyers involved in PA and PAS cases.

It is recommended that more research be done to investigate the lived experiences of practitioners working with PA and PAS to highlight the practical application of the literature and theoretical knowledge concerning this topic. By understanding the experiences of psychologists, practical changes can possibly be made to court procedures, and then to the understanding of PA and PAS among the legal profession and the public's awareness of PA and PAS. The information gathered by such research can guide better divorce mediation, formulations of parenting plans and divorce preparation courses for parents and families.

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