

Four Myths of Parental Alienation

Richmond County Bar Association Journal, February 2005

Do you know the definition of a myth?

According to Webster, a myth is a fiction or half-truth, especially one that forms part of the ideology of a society.

One of my favorite myths is the one about waiting one hour after eating before swimming. I've always wondered—why can't someone swim immediately after eating a small salad? And should anyone swim only one hour after eating a big Thanksgiving dinner? After all, some people need at least one hour just to move from the table to the couch after finishing a Thanksgiving meal with all the trimmings.

The problem with myths, like the myth about eating and swimming, is that they are too black and white. Shades of gray have no place in a good myth. Myths don't give the society the option of considering specific circumstances.

For legal and mental health professionals working divorce and child custody cases, one subject that is rapidly reaching mythic proportion is parental alienation. The concept of parental alienation is pretty simple - one parent deliberately damages, and in some cases destroys, the previously healthy, loving relationship between his or her child and the child's other parent. In a severe case the alienating parent and child work together to successfully eliminate the previously loved Mom or Dad from the child's life. Their campaign is aimed at destroying Mom or Dad's position as a loving parent and responsible adult.

The late Dr. Richard A. Gardner, author of *The Parental Alienation Syndrome: A Guide of Legal and Mental Health Professionals*, coined the term parental alienation almost 20 years ago to characterize the breakdown of previously normal, healthy parent/child relationships during divorce and child custody cases. Yet the United States judicial system pays little, if any, attention to parental alienation. The legal and psychological communities often mistakenly dismiss alienation as the typical rancor associated with high conflict divorce and child custody cases. This misdiagnosis has given birth to four parental alienation myths.

The first myth is that once the divorce and child custody proceedings end, the alienating actions will end too.

"The key factor that is characteristic in all parental alienation families is the alienating parent's real or perceived fear of abandonment," says David Israel, a Connecticut clinical psychologist who specializes in child advocacy and family mediation. "During a divorce, the alienating parent feels an intense level of abandonment and betrayal. This parent uses his or her child to fill the void left by the divorce and destroy a relationship that is loved and cherished by the other parent.

In mild and moderate cases, alienating parents often stop their alienating behavior after a divorce. In some cases they find another relationship. Others address their unresolved issues with a therapist. However, in more severe cases alienating parents do not resolve their abandonment issues and continue using their children to keep those issues away. In these cases, the alienating behavior not only doesn't stop when the legal battles end, the behavior becomes a way of life for the alienating parents and children."

The second myth surrounding parental alienation is that it is purely, "a father's issue." In fact, critics often claim that fathers who accuse mothers of alienation are merely abusive men using parental alienation as a defense during custody hearings against well-deserved physical and/or sexual abuse charges.

"Allegations of abuse or neglect are often leveled against the non-custodial parent during a divorce as a way for the custodial parent to gain some leverage," says Dr. Brian Canfield, President of the International Association of Marriage and Family Counselors. "The longer that parent can limit the contact the child has with the non-custodial parent, the bigger the advantage."

The myth that parental alienation is nothing more than the abusive husband and father's defense ignores the fact that many loving mothers are alienated from their children by the children's fathers. In any event, parents, both male and female, often exaggerate their situations during contested custody proceedings and cry abuse or alienation when none exists. Why?

Because the entire concept of family court law is based on the premise that one side will use whatever means necessary to outwit and discredit the other side in front of the judge. Insincerity, half-truths and lies of omission are standard operating procedure in family court. The judge is responsible for sorting it all out. When parental alienation allegations are present, mental health professionals are responsible for helping the judge sort it all out.

"A skilled clinician can tell the difference between false abuse charges and legitimate alienation and vice versa," Israel explains. "For example, an abusive parent typically won't cooperate with a therapist. A victim of false allegations generally will cooperate with a therapist. A parent filing a false abuse complaint generally can't back up the story with facts and won't cooperate with counseling recommendations once he or she has the professional's sympathy, support and validation."

"As therapists we must incorporate an awareness of parental alienation into our training programs," Canfield adds. "Mental health professionals must understand this dynamic so when we are called upon to play a role in child custody cases we can educate parents, attorneys and judges."

Alienation myth number three states that, "the place to deal with parental alienation is in the therapist's office, not the courtroom."

In mild and moderate alienation cases, parents and therapists can often successfully address the problem without involving the court. But in severe cases, getting the alienating parent and alienated child to cooperate with the therapist in a timely fashion is the judge's job. He or she is the only person with the power to put the alienated child in the therapist's office.

"Many judges don't punish the alienating parent for disobeying court orders aimed at repairing the other parent's relationship with the child," according to Bonnie Amendola, an attorney specializing in Family Law and an advocate for children during the divorce and custody process. "There are no teeth in most court orders."

Judges are often reluctant to impose any punishment on the alienating parent that might cause the child any more pain. However, empty threats won't convince a severely alienating parent to help, or at least not sabotage, efforts to rebuild the child's relationship with the other parent. In the most severe alienation cases, judges must consider extreme measures such as fines, jail time and even a change of custody in order to get the alienating parent's cooperation.

The fourth and last myth is that alienation isn't even a legitimate issue because it isn't listed in the DSM -- the psychology profession's Diagnostic and Statistical Manual. The manual is the clinician's bible - a guide to symptoms and syndromes and the definitive diagnosis on any legitimate mental health condition.

The latest edition of the DSM is the DSM-IV-TR, the fourth edition with revised text. The DSM is an evolving document. At one time the DSM listed homosexuality as a deviant condition - an illness or sickness. Not any longer. Conversely, at one time anorexia didn't exist, diagnostic wise, in the DSM. Today it does.

"Inclusion in the DSM is not an instantaneous event," says Dr. Barry Brody, the executive director of Forensic Family Services and a licensed marriage and family therapist in Miami Florida. "For example, Gilles de La Tourette first described his syndrome in 1885. But Tourette's Disorder didn't appear in the DSM until 1980 - 95 years later."

Inclusion in the DSM is a conservative and deliberate scientific process that includes reviewing the scientific literature regarding a particular diagnostic entity. "Parental alienation is a fairly new phenomena," Israel explains. "As psychologists see more cases, they'll begin to see the patterns. Parental alienation has very clear, defined patterns. That's what the DSM is looking for - definite criteria or symptoms that equals a specific syndrome."

"If we accept the logic that a diagnostic entity must be in the DSM for it to exist," Brody concludes, "that logic leads to the inevitable conclusion that mental illness didn't exist before 1952. That was the year that the first DSM was published."