

## The DSM5 on The PAS and Labeling it Psychological Child Abuse

### Or A Rose by Any Other Name is Still a Rose

By Linda Kase-Gottlieb, LMFT, LCSW-r

The DSM 5 has resolved any disagreement about the existence of the family dynamic characteristic of the PAS. Because the DSM 5 does not use the “syndrome” label in describing this dysfunctional family dynamic, which is so detrimental to children, I will also reframe from applying the label. I am describing, instead, a family dynamic that had been observed dating back to the 1950’s, pre-dating Richard Gardner, who, in 1985, applied the label of Parental Alienation Syndrome (or PAS.)

What I mean by “parental alienation” is an observable family interactional dynamic in which one parent engages in a pattern of behaviors to co-opt a child in a coalition with that parent to deprecate and reject the other parent. This observable family dynamic may go by many names. That is, it may alternatively be labeled as “parental interference by one parent with the relationship between the other parent and their child” or it may be called “hostile parenting” or “selfish parenting” or it may be called the “pathological triangle.” In the end, a rose by any other name is still a rose.

Let me clarify the origination of the terminology “the pathological triangle” and how it relates to the family dynamic of alienation.

In the 1950's, the child psychiatrists who later founded the various schools of family therapy initially identified a cross-generational coalition between a parent and child to the deprecation of the other parent and which was observed occurring when their hospitalized, psychiatric-child patients were visiting with their families. One of these child psychiatrists was Murray Bowen, and he labeled this family dynamic as the “pathological triangle.” Indeed, Dr. Bowen was so convinced as to this family dynamic as being the cause of the child's symptoms, that when he hospitalized the child, he also hospitalized the entire nuclear family! Assessing for this family dynamic became the philosophical underpinnings for virtually all of the founders of the various schools of family therapy, including my mentor, Salvador Minuchin, the world-renowned, highly respected child psychiatrist. What these child psychiatrists documented while observing their child patients on the psychiatric ward during visits with their families was the request by one of the parents for the child's allegiance with him or her in that parent's dispute with the other parent. This request created a double bind for the child because the child could not resolve to have both parents: either the child joined in the coalition with the co-opting parent to reject and deprecate the other parent or else the co-opting parent would reject the child for the child's failure to join in the coalition. The reason this led to psychosis is because the child did not have any good options as the child could not have both parents; in essence, this is a crazy making situation.

The above-described family dynamic of the “pathological triangle” is the dynamic characteristic of parental alienation. I documented in my 2012 book devoted to this subject the cases of 51 children who experienced the detrimental consequences of alienation, including some cases of psychosis, which occurred because the alienation had progressed to the severe phase----meaning that the relationship with the alienated parent was severed. But even in the mild and moderate phases of alienation, the alienated child still suffers serious behavioral, emotional, and cognitive disabilities. I have experienced in my practice at least 150 additional children whom I did not write about in my book but who nonetheless exhibited the serious symptoms that result from having a relationship with a parent diminished or severed.

The recently published DSM 5 provides scientifically supported documentation recognizing the existence of this family dynamic----although it uses other descriptive terminology. It has, indeed, made several references to this dysfunctional family dynamic, which it labels, alternatively as “estrangement.” The thesaurus lists “estrangement” as a synonym for “alienation.” The following is the exact terminology in the DSM 5 for this family dynamic, which is listed under the category of “Parent-Child Relational Problem” and has the diagnostic code of V.61.20. An example of this parent-child relational problem is discussed in the DSM 5 as follows:

“Cognitive problems may include negative attributions of the other's intentions, hostility toward or scapegoating of the other, and unwarranted feelings of estrangement. Affective problems may include feelings of sadness, apathy, or anger about the other individual in the relationship.” (P. 715.)

Also under the category of “ Parent-Child Relational Problem” is the diagnostic code, V61.29, “Child Affected by Parental Relationship Distress.” The DSM 5 discusses this family dynamic as follows:

“This category should be used when the focus of clinical attention is the negative effects of parental relationship discord (e. g. high levels of conflict, distress, or disparagement) on a child in the family, including effects on the child's mental or other medical disorders.” (P. 716.)

Also important to consider when assessing for the presence of alienation is a quote from psychologist and lawyer, Christopher Barden, Ph.D., a Harvard trained lawyer, who stated:

“There can be no credible controversy about the power of parents to influence children.” (P. 420.)

Barden further challenged the professionals who intervene in child custody to accept their “critical obligation to carefully review the influence of parents,

therapists or other adults on the attitudes, beliefs and memories of children.” (P. 420.)

What Barden is punctuating here is that the alienated child’s ruminations and vicious, frivolous attacks upon the targeted/alienated parent cannot be given credibility as the child will simply reflect the brainwashing words of the alienating, ventriloquist parent.

The DSM 5 has further assessed the family dynamic of alienation (or my preference to label as “ pathological triangle”) to be a form of psychological child abuse. Let me again quote from this manual regarding the diagnostic code 995.51, “ Child Psychological Abuse:”

“Child psychological abuse is nonaccidental verbal or symbolic acts by a child’s parent or caregiver that result, or have reasonable potential to result, in significant psychological harm to the child....Examples of psychological abuse of a child include berating, disparaging, or humiliating the child; threatening the child; harming/abandoning---or indicating that the alleged offender will harm/abandon---people or things that the child cares about.” (P. 719.)

In my 2012 book, *The Parental Alienation Syndrome: A Family Therapy and Collaborative Systems Approach to Amelioration*, I devoted a chapter as to why alienating a child from a parent is emotional child abuse. In this book, I quoted many respected alienation-aware professionals as to why, in their professional opinion, engaging in the family dynamic of alienation is severe psychological child abuse.

Stanley Clawar, Ph.D., C.C.S. and Brynne Rivlin, M. S.S. in their 1991 book entitled, *Children Held Hostage: Dealing with Programmed and Brainwashed Children*, published by the American Bar Association, states the following:

“The effects of losing not only the intact family, but also a parent, hang heavily over children, touching them in ways that can wreak havoc in many realms of life both in the present and future. As adults, many victims of bitter custody battles who had been permanently removed from a targeted parent----still long to be united with the lost parent. The loss cannot be undone. Childhood cannot be recaptured. Gone forever is that sense of history, intimacy, lost input of values and morals, self-awareness, knowing one’s beginnings, love, contact with extended family, and much more. Virtually no child processes the ability to protect him or herself against such an undignified and total loss.” (P. 105.)

Jayne Major, Ph.D. (2006), stated the following:

“Because PAS [*alienation*] is the most severe kind of abuse of a child’s emotions, there will be scars and lost opportunities for normal development. The child is at risk of growing up and being an alienator also, because the alienating parent has been the primary role model. (P. 285.)

Glenn Cartwright, Ph.D., (2006), elaborated about this family dynamic as follows:

“The awful outcome of PAS [*alienation*] is the complete separation of the child or children from a parent. Even more dreadful is that it is deliberately caused, maliciously done, and entirely preventable. This terrible form of child abuse has long lasting effects for all concerned. (P. 286.)

Craig Elliott, Ph.D., (2006), elaborated on the family dynamic of alienation as follows when he described it as:

“A destructive family pathology because it attributes a quality of ‘evil,’ without cause or foundation and, to a parent who once nurtured and protected the same child that has now turned against him or her.” (P. 228.)

I would like also to quote four of my professional colleagues with whom I have personally collaborated on these type of cases and who have assessed the family dynamic of alienation to be a form of severe psychological child abuse.

Amy J. L. Baker holds a Ph.D. in developmental psychology with a specialization in early social and emotional development. She is the Director of Research at the Vincent J. Fontana Center for Child Protection at the New York Foundling. She has conducted one qualitative study on adults who experienced the PAS as children, at least two studies using standardized measures on adults who also had this experience, several studies on parents who had the experience of the other parent interfering with their relationship with their child, and one survey of custody evaluators. She is a widely recognized and highly respected as a forensic evaluator for determining the presence of the PAS. In her 2007 research study entitled, *Adult Children of Parental Alienation Syndrome*, Dr. Baker summarized the research she did on adult child victims of alienation as follows:

65% of the study's participants were afflicted with low self-esteem; 70% suffered episodes of depression due to the belief of being unloved by the targeted parent and from extended separation from their parents; 35% engaged in substance abuse as a means to mask their feelings of pain and loss; 40% lacked trust in themselves as well as in meaningful relationships because the trust was broken with their parents; 50% suffered the heartbreaking repetition of the alienation by becoming alienated from their own children. (PP. 180–191.)

Raymond Havlicek, Ph.D., is a forensic and clinical psychologist who is a Diplomat of the American Board of Professional Psychology and a Fellow at the American Academy of Clinical Psychology. He is a founding member of the Parent Coordinator Association of New York. Dr. Havlicek has completed hundreds of child custody evaluations for Supreme and Family Courts throughout New York State. He has been consulted by CPS to do evaluations for that agency. He is currently developing an educational program for upstate New York judges concerning issues of child

custody and parental alienation. He specializes in family reunification, domestic violence treatment, validation for sex abuse, and assessment and treatment of parental alienation.

Dr. Havlicek stated the following about the family dynamic of alienation for my book interview:

“There is no question that PAS [*alienation*] is a form of child abuse. It is a horror show. The damage to children is enormous. When a child loses a parent, they are killing off a part of themselves because there is an identity between the child and both parents. The result is that they become self-injurious. I see all the warning signs and all the flags of the self-hatred: nightmares, anxiety, oppositional behaviors in school, presence of gastrointestinal syndromes, failing school grades, more susceptibility to peers with oppositional behaviors, juvenile delinquency, substance abuse, depression.” (P. 214.)

Barbara Burkhard, Ph.D., co-founded Child and Family Psychological Services, P. C., Smithtown, New York in 1999 with Jayne Albertson-Kelly, Ph.D. The agency provides research-informed therapy for children and families. It has a contract with Suffolk County Department of Social Services (DSS) to provide therapeutic child/parent visits and evaluations of parents who have been accused of abuse and neglect. They also receive referrals from Suffolk County Supreme and Family Courts for custody evaluations, therapeutic visitation, reunification therapy, and forensic mental health evaluations and risk assessments. These may include problems related to high conflict divorce such as parental alienation. They further receive referrals for sex abuse validations as well as referrals to provide therapy for children who are victims of crime. Prior to co-founding this agency, both Dr. Burkhard and Dr. Kelly worked for a community agency that treated abused and neglected children.

In her interview with me for my book, I asked Dr. Burkhard how she would assess the effect of alienation on children, and she replied the following:

“This is maltreatment of children in the most profound way.” (P. 211.)

She continued to explain that they are seeing children years subsequent to their initial evaluation so that her agency is in a position to observe the outcomes. She is concerned that alienated children are empowered when asked to join with the alienating parent as an ally. She continued:

“These children do not follow rules; they are out of control; they are basically naughty and lack limits. These children behave as if they have license to do whatever they want. It may have begun as a breakdown in not having to respond the authority of and respect for the other parent. In the cases of treatment or court failure to reunite, we have seen the lack of respect for authority figures including the favored parent, school, and the law. Among the cases where reunification efforts

have failed are children who have dropped out of school, become addicted to drugs, born children out of wedlock addicted to drugs, and engaged in other antisocial behaviors. This is not a good outcome." (P. 212.)

To provide a clearer picture for the reader about how disturbed these children become, Dr. Burkhard compared them to another group of kids whom she treats on a regular basis:

"This other group of children have been raped, burned, beaten, sexually abused, and victims of crime. If they are in the newspapers, the children are likely to wind up in this office because we specialize in traumatized children. And yet, they don't hold a candle in terms of symptoms and prognosis to the PAS children. PAS kids are a mess." (P. 212.)

Dr. Burkhard continued to express how PAS children suffer emotional abuse:

"Childhood is a time to develop a sense of responsibility. It is a time to develop a conscience. Children who become alienated have this fundamental aspect of their development derailed. They are not only not held accountable for their mistakes and misdeeds, they may be encouraged to tell lies or exaggerate the truth, and otherwise act in ways that are disrespectful of others. That these behaviors are reinforced by a trusted parent further undermines normal moral development as well as the development of their ability to develop normal relationships." (P. 212.)

Dr. Kelly asserted during her interview for my book that children who become victims of alienation suffer lifetime damage. She expressed it as follows:

"They do not learn interpersonal problem solving because they are often prevented from working out realistic everyday conflicts with a parent. This is simply not healthy in the long run. This affects them in a very negative way." (P. 212.)

In addressing the damage of alienation on adolescents, who are generally not receptive to confrontation, Dr. Kelly stated the following:

"Adolescents are very difficult to disabuse of the PAS. Having permission or a sanction from a parent to treat the other parent so badly is going to, at some point, have a very deleterious effect on their ability to interact with others." (P. 212.)

I have written several articles about, testified multiple times as an expert witness about, wrote a chapter in my book about, was numerous times interviewed on radio and TV shows about how the family dynamic of parental alienation----or "the pathological triangle"---- is a severe form of psychological child abuse.

The following is a brief summary as to why I have adopted this professional opinion:

A child cannot feel loveable if a parent is perceived to have abandoned her/him and/or does not love her/him. The inevitable result is that the child "will seek love in all the wrong places."

A child's self-concept is that she/he is constituted of ½ mother and ½ father. If a child hates a parent or thinks ill of a parent, then the child will have self-hatred and poor self-esteem; this inevitably induces bad behavior.

Because lying, deceit, disrespect, and aggression have been normalized for the child, alienated children frequently fail to conform to the norms and values of their cultural environment.

Because the child's judgment, perception, reality testing, and superego (the conscience) have been compromised, psychosis can be a result.

The double-bind situation of being unable to have, love, and to be loved by both parents can lead to psychosis.

Remaining with hatred and anger is not healthy under any circumstances, let alone for a parent.

The process of using a child to serve the emotional needs of the alienating parent and doing that parent's appalling bidding is abuse in itself. It is a reversal of a healthy family hierarchy.

The child is continually operating under a cloud of anxiety because the fear of a slip of the tongue and/or behavior will reveal the child's true loving feelings for and longing for the alienated parent. This will inevitably lead to horrific consequences from the alienating parent.

The child suffers from depression because having a parent severed from her/his life is a loss----a loss of the most severe kind.

These children often suffers from guilt because, on some level they recognize that they have maltreated a parent. And if that parent is no longer available for an apology when the child is in a position to provide it, the guilt will last a lifetime.

The emotional hole left in the child from the loss of a parent is generally filled with a great deal of negativity including, but not limited to: eating disorders, cutting, criminal activities, antisocial and acting out behaviors, defiance, disrespect for all authority, cognitive distortion, depression, anxiety, panic attacks, poor peer relationships, educational issues, drug abuse, and a general malaise about one's life.

The child's individuality is compromised because the alienating parent fails to recognize the child as a separate person from her/him with different needs, feelings, and opinions----particularly for the other parent.

In sum, a child cannot be whole if a parent is driven from her/his life!

## REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental Disorders* (5th ed.). Washington, DC: Author.
- Baker, A. (2007). *Adult children of parental alienation syndrome*. New York, NY: Norton.
- Barden, R. C. (2006) Protecting the fundamental rights of children and families: Parental alienation syndrome and family law reform. In R. Gardner, R. Sauber, & L. Lorandos. (Eds.), *International handbook of parental alienation syndrome* (pp. 419-432). Springfield, IL: Thomas.
- Bowen, M. (1971). The use of family theory in clinical practice. In J. Haley (Ed.), *Changing families: A family therapy reader* (pp. 159-192). New York, NY: Grune & Stratton.
- Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Jason Aronson.
- Cartwright, G. (2006). Beyond parental alienation syndrome: Reconciling the alienated child and the lost parent. In R. Gardner, R. Sauber, & D. Lorandos (Eds.), *International handbook of parental alienation syndrome* (pp. 286-291). Springfield, IL: Thomas.
- Clawar, S. S., & Rivlin, B. V. (1991). *Children held hostage: Dealing with programmed and brainwashed children*. Chicago, IL: American Bar Association.
- Everett, C. (2006). Family therapy for parental alienation syndrome: Understanding the interlocking pathologies. In R. Gardner, R. Sauber, & D. Lorandos (Eds.), *International handbook of parental alienation syndrome* (pp. 228-241). Springfield, IL: Thomas.
- Gottlieb, L. (2012). The parental alienation syndrome: A family therapy and collaborative systems approach to amelioration (pp. 209-231). Springfield, IL: Thomas.
- Gottlieb, L. (2012). The application of structural family therapy to the treatment of parental alienation syndrome. In Baker, A. & Sauber, R. (Eds.), *Working with alienated children and their families*. New York, NY: Routledge.
- Major, Jayne. (2006). Helping clients deal with parental alienation syndrome. In R.

Gardner, R. Sauber, & D. Lorandos (Eds.), *International handbook of parental alienation syndrome* ( pp. 276-285). Springfield, IL: Thomas.

Minuchin, S., with Fishman, C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

Wallerstein, J., & Kelly, J. (1980). *Surviving the breakup*. New York, NY: Basic Books.