

Parental alienation syndrome: A case alienated from the mother

Ebeveyn yabancılaştırma sendromu: Annesine yabancılaşan bir olgu

Birsen Senturk Pilan¹, Oyku Akkas², Gokul Er³, Ali Fuat Bayturan⁴, Gizem Akdas⁴, Tezan Bildik⁵

¹Assist. Prof., ²Assist. Dr., ³Psyc., ⁴Social Work Spec., ⁵Prof.Dr. Department of Child and Adolescent Psychiatry, Ege University, İzmir, Turkey, <https://orcid.org/0000-0002-4580-7655>, <https://orcid.org/0000-0001-8878-7765>, <https://orcid.org/0000-0001-8336-3058>, <https://orcid.org/0000-0002-7201-0721>, <https://orcid.org/0000-0002-0070-8848>, <https://orcid.org/0000-0002-0032-7025>

SUMMARY

Parental alienation syndrome is a clinical condition in which the child is consciously and programmatically alienated from one parent by the other parent, constantly subjected to an unfair defamation campaign against the target parent. Despite the definition of clinical features, there is serious debate about the validity and reliability of this syndrome. Therefore, it is not included in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5) and International Classification of Diseases 11 (ICD 11). With the increase in divorce and custody cases, this syndrome is encountered more and more, but it is not sufficiently recognized and often overlooked by mental health professionals, forensic experts, judges and prosecutors. In this case report, an 8-year-old girl who was alienated from her mother by her father is presented and parental alienation syndrome is discussed.

Keywords: Parental Alienation Syndrome, Divorce, Child, Parent

ÖZET

Ebeveyn Yabancılaştırma Sendromu, çocuğun bir ebeveyni tarafından diğer ebeveyne karşı bilinçli ve programlı bir şekilde yabancılaştırıldığı, hedefteki ebeveyne karşı sürekli olarak haksız bir karalama kampanyasına maruz bırakıldığı bir klinik durumdur. Klinik özelliklerinin bilinmesine rağmen bu sendromun geçerlilik ve güvenilirliği hakkında ciddi tartışmalar mevcuttur. Bu nedenle Ruhsal Bozuklukların Tanısal ve İstatiksel El Kitabı 5 (DSM 5) ve Uluslararası Hastalık Sınıflaması 11 (ICD 11)'de yer almamaktadır. Boşanma ve velayet davalarının artması ile bu sendromla daha fazla karşılaşılmaktadır ancak ruh sağlığı profesyonelleri, adli tıp uzmanları, yargıç ve savcılar tarafından yeterince tanınmamakta ve sıklıkla gözden kaçmaktadır. Bu yazıda, babası tarafından annesine karşı yabancılaştırılan 8 yaşındaki kız olgu sunularak ebeveyn yabancılaştırma sendromu tartışılmıştır.

Anahtar Kelimeler: Ebeveyn Yabancılaştırma Sendromu, Boşanma, Çocuk, Ebeveyn

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INTRODUCTION

Parental Alienation Syndrome (PAS) is a clinical condition seen in contentious divorces, especially in cases of child custody disputes. The issue of appointment of one of the parents for the custody of a child requires careful evaluation by considering the best interests of the child, but parents may see this process as a battle that must be won without thinking the child's mental state, and may display different attitudes and behaviors in order to influence the process in line with their own wishes. This situation can cause the child to reject the parent or alienate from the parent who took the custody of him/herself (1,2).

In 1976, Wallerstein and Kelly(3) termed "pathological alienation" to describe a child living with one parent who irrationally rejected, refused to visit or have contact with the other parent. On the other hand, in 1985 Gardner (4) described "parental alienation syndrome (PAS)" as a process that one parent deliberately or unconsciously attempts to alienate a child from the other parent. The author claimed that PAS results from two main factors: programming or brainwashing of the child by one parent against the other parent and child's vilification of the target parent. According to Gardner (4), PAS is characterized by a cluster of eight symptoms that become manifest in the child which include a campaign of denigration against the target parent; weak, frivolous or absurd rationalizations for this deprecation; child's use of phrases, terms or scenarios that do not reflect his/her experiences or are developmentally inappropriate; child's lack of ambivalence towards either parent; the contention that the child decided to reject the target parent with his/her own free will (the 'independent-thinker' phenomenon); child's unconditional, automatic support of the alienating parent; his/her significant lack of guilt over exploitation of the targeted parent; spread of animosity and danger within the extended family of the target parent (4).

Although its clinical features are known, Parental Alienation Syndrome is not included in the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM 5) and International

Classification of Diseases 11 (ICD 11) because there are serious debates about its validity and reliability(5) . For this reason PAS is not well-known and often overlooked by judges, attorneys and mental health professionals (6,7) . In this study, parental alienation syndrome was discussed by presenting an 8-year-old girl who was alienated from her mother by her father.

CASE HISTORY

An 8-year-old girl, who was a third-year primary school student, was referred to us by the judicial authorities after the diagnosis of parental alienation syndrome was made in an external center. The case was evaluated twice in our outpatient clinic with an interval of four months.

Her parents had been divorced two years ago, and her custody was shared. However, her father remarried, and she stayed with her mother at weekdays and her father at weekends. After the divorce, they applied to a child psychiatrist with complaints of difficulty in school performance, attention problems, and physical violence against her friends. During psychiatry follow-up, she started to live with her father and never met her mother. She adopted rude and hostile attitudes towards her mother and her attending physician. For these reasons, the case was suspected of being alienated from her mother by her father and she received the diagnosis of parental alienation syndrome.

She was the only child of the family and born 3400 grams by cesarean section as a post-term baby. No partum or postpartum complications developed. Her developmental history was normal. For the first six months her mother was the primary caretaker, then her grandmother took care of her. She started to attend a nursery when she was twenty-six months old. The patient had no history of any disease or surgical intervention .

Both of her parents were 40 years old, graduated from university, met at work and got married one year later. She was born as a result of an unplanned pregnancy in the first year of their marriage. The mother suffered from postpartum

depression and took citalopram at a dose of 20mg/day for one year. Due to the fact that the mother started to work six months after her birth, and had a psychiatric condition, mostly the father took care of her. The parents, who had frequent disagreements throughout their marriage, divorced after seven years. Six months after the divorce, her father remarried. No psychiatric history was described in the family except the mother's impaired mental state.

Once she was a harmonious child who did not cause any problems in her childhood, but did not like to spend time on her own, and always wanted someone to play with her. She was very fond of her father from early childhood. Until her parents divorced, she had no problems in kindergarden, and was able to participate in activities and make friends. After the divorce, she was physically abused by her friends twice. At the primary school even she learned reading and writing in time, though her school achievement was at a low level compared to the other students, she could catch their school performance with her father's support. She was easily distracted, had difficulties about fulfilling her responsibilities such as making her homeworks. She also had a poor school performance especially in mathematics, and was slow in reading books but she preferred to read the books that were full of pictures. According to her teacher, she was a honest student who could express herself well, knew what she wanted, and she was quite talented in physical activities. Whereas, she had trouble concentrating in class, and could be rude when she was rejected, but her behaviors were getting better day by day. Moreover, she was not very successful at making friends.

At the first meeting, the case described her mother as a strange, complicated person. She told that they were spending time by doing her homeworks, having dinner, however they were arguing all the time. In her opinion the relationship between them was weird and bad. She complained that her mother was swearing at her father, always listening her phone calls, making holiday plans without her permission. When we asked her to describe a good time with her mother, she stated that they went to a hotel when she was six years old and she always remembered this moment as enjoyable. She did not

say anything negative about her father. She explained her father as a kind, happy person, who always called her 'my princess'. She also mentioned that he was always helping her with her lessons, moreover, she had good relations with her step-mother. During the interview, it was observed that the patient had concerns and fears because her father hadn't been informed about this interview.

In the first projective test of the child, based on her statements, a disinterested, angry father figure, feelings of anger, and aggression against mother, rejection of the mother, and an effort to destroy both the mother and the father were noticed. The Parental Alienation Questionnaire was applied in this case 8, criticizing her mother, emphasizing her negative characteristics, presenting unconvincing arguments about her relationship with her mother, having an accusatory look and a defensive attitude while presenting her negative thoughts, refusing to spontaneously verbalize any positive experiences involving the mother, finding justifications for her father's attitude and bringing arguments that support his actions suggested the diagnosis of mild parental alienation syndrome.

During the second interview, the patient had a negative attitude and her cooperation with the physician was weak. In the projective test, some stories showed a figure of child who left the mother alone and formed a coalition with the father, while in some stories feelings of anger-aggression towards the father were observed. Furthermore, this interview revealed characteristics of a child who had constant demands and caused problems when these demands were not met.

According to the father, the relationship with his daughter was based on both trust and fun, and continued even after the divorce. He claimed that the mother had no anger control, her moods had sudden ups and downs, so she was distrustful of her mother. He also complained that the mother insulted him in front of the people including his daughter, and kicked her out of the house three times. During this period, he always tried to reconcile them, but the mother did not answer his phone calls for a few months. He stated that he was very upset about this situation, still he did not say any-

thing to his daughter about her mother. On the contrary, he always made an effort to get along with her.

According to the mother, they made progress compared to the last year. However, her daughter still did not allow her to hug and kiss her, and she did not want to spend time together. Although she did whatever her father says, she did not obey her mother's rules, and did not fulfill her responsibilities. For example she did not do her homework when she was with her mother. In the interview it was observed that the mother was quite worn out during these process, but she tried to exhibit the appropriate attitudes and received support.

The patient got 43 points from The Screen for Child Anxiety Related Disorders (SCARED) questionnaire, and her CDI (The Children's Depression Inventory) score was 17 points. In the Sentence Completion Test these sentences drew attention: 'When I was little, I always went holiday with my parents.', 'The thing I am most ashamed of is my private life.', 'Our relationship with my father is very good.', 'Our relationship with my mother is not good.' I have never forgotten the moment when my mother cursed at my father', 'Unfortunately, I am not a very lucky child'. 'I wish my family never argue'. According to The Strengths and Difficulties Questionnaire completed by the parents, her father's social problem (10 pts), hyperactivity (2 pts), and total (12 pts) scores were as indicated.

On the other hand the mother's emotional problems (3 pts), conduct problems (5 pts), hyperactivity (7 pts), peer problems (3 pts), prosocial (5 pts), and total (23 pts) scores were as expressed. Turgay DSM-IV Based Child and Adolescent Disruptive Behavior Disorder Screening and Rating Scale was applied to her parents and her teacher. According to the teacher's statement; 2 or 3 points were obtained in 3 of 9 items about inattention, 2 of 8 items about oppositional defiance; and according to the mother's report, also 2 or 3 points were obtained in 1 of 9 items about inattention, 3 of 9 items about hyperactivity, 7 of 8 items about oppositional defiance, 2 of 15 items about conduct disorder. The father gave 0 points to all questions. Her

mother, and father obtained 25, and 6 points, respectively based on the evaluation made according to The Screen for Child Anxiety Related Disorders questionnaire applied to both parents.

As a result of the psychiatric and psychometric evaluations; diagnosis of Attention Deficit and Hyperactivity Disorder was made according to the diagnostic criteria of DSM - 5. In this case diagnosis of PAS was considered due to child's negative behavior towards her mother one year ago, however these symptoms have decreased considerably, and her relation with the mother was better, so it was concluded that she did not have parental alienation syndrome towards her mother at the moment.

DISCUSSION

Parental alienation syndrome is a form of emotional abuse which is frequently arises in the context of child-custody disputes. Researches consistently indicate that PAS was seen in one of five custody cases (3), but only about six percent of the cases were found to be of severe type (8). In one study on families involved in cases with high-conflict child custody dispute, parental alienation was detected in 48% of the cases, while the mother and the father was rejected in 5.4%, and 42.5 % of these cases, respectively. (3). In the early years when the syndrome was defined, it was observed that the alienating parents were the mothers, which was attributed to the fact that the custody was mostly given to the mother and the mothers were more likely to be the primary caretakers. However, increasing number of studies have demonstrated that both parents were equally alienated (4). A study which included 54 divorcing families in Turkey reported that 47.9% of children had suffered from parental alienation, while they rejected their mothers and fathers in 5.4, and 42.5 % of the cases, respectively. Moreover, the study showed that children were approximately eight times more likely to develop alienation from their fathers than from their mothers (9).

Three levels of parental alienation was defined: mild, moderate and severe. In mild cases there is some parental programming against the other par-

ent . Despite the occasional discontect , visitation to the target parent is not seriously affected .In moderate cases, although the child may behave destructively and disrespectfully towards the target parent, they are able to establish a reasonably healthy relationship. The child in severe alienation is hostile to the target parent and makes false accusations such as violence and abuse, and therefore it is almost impossible to communicate with the child 4. Factors such as the time and quality of parent's relationship with the child before the divorce, the child's temperament, age , the duration and severity of the alienating behavior, the reinforcing behaviors of the people around the vilification campaign may influence the severity of the PAS (10) .

In our case, during the follow-up period by another child psychiatrist , the patient had attention problems at school, and was physically abused by her friends twice. During this period she stayed with her father for four months and never spoke to her mother. Besides, she had hostile attitudes towards her mother and her attending physician, her mother took the patient with her who was accompanied by the police. Based on these findings, her physician filled up a forensic notification report with the diagnosis of Parental Alienation Syndrome. After the notification and being informed by the physician, her mother was able to deal with the process better, moreover her father realized that his attitude towards the mother was wrong and tried to fix it. Eventually, her symptoms of PAS decreased and the clinical condition regressed.

Parental alienation can be thought of as a short-term temporary situation that develops in response to divorce; however, Gardner (11) stated that alienation had lasted more than 2 years in 33 cases. As was reported in a study of adults who were alienated from their parents in their childhood, the impaired parent-child relationship lasted for at least 6 years, and more than 22 years in half of the cases (12) . Children who are alienated from their parents can suffer from low self-esteem, depression, alcohol-substance abuse, lack of self-confi-

dence, attachment difficulties, alienation from their own children, divorce, identity problems, lack of sense of belonging, refusing to have children, low achievement, guilt, anxiety, and various phobias (7) . Therefore, in PAS early diagnosis and necessary intervention by clinicians has a crucial importance.

One of the most important problems with parental alienation syndrome is the victimization of the other parent as a result of misdiagnosis and false reporting. The main reason for this situation is that the child is brought to the examination by the alienating parent, so that the target parent is perceived as guilty at the beginning (6) . In order to prevent this erroneous approach, both parents should be evaluated separately, seen together, and if necessary another physician should be consulted. Considering that a psychopathological condition might have also existed before, both parents should be examined by adult psychiatry and information about them should be obtained from people close to the family (13) . In cases of PAS, both parents usually need help regarding their parenting skills and family therapy is often targeted. Treatment should involve parent-child sessions, individual therapy for parents, mediation between parents, and a combination of legal and therapeutic interventions (14) .

As a result, PAS is a psychological situation that should be considered in contested divorces, and child custody disputes. If it is noticed and intervened early, its negative consequences can be reduced. In this context, child psychiatrists, adult psychiatrists and forensic medicine specialists should be knowledgeable about PAS.

Correspondence address: Asistan Öykü Akkaş, Kazımdirik Mah. Ege Üniversitesi Tıp Fakültesi Çocuk Hastanesi Bornova - Türkiye, droykuakkas@gmail.com

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