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**SPECIAL ANNIVERSARY ISSUE: Bridging the Gap: Mastering Parental Alienation Terminology for Improved Court Understanding**



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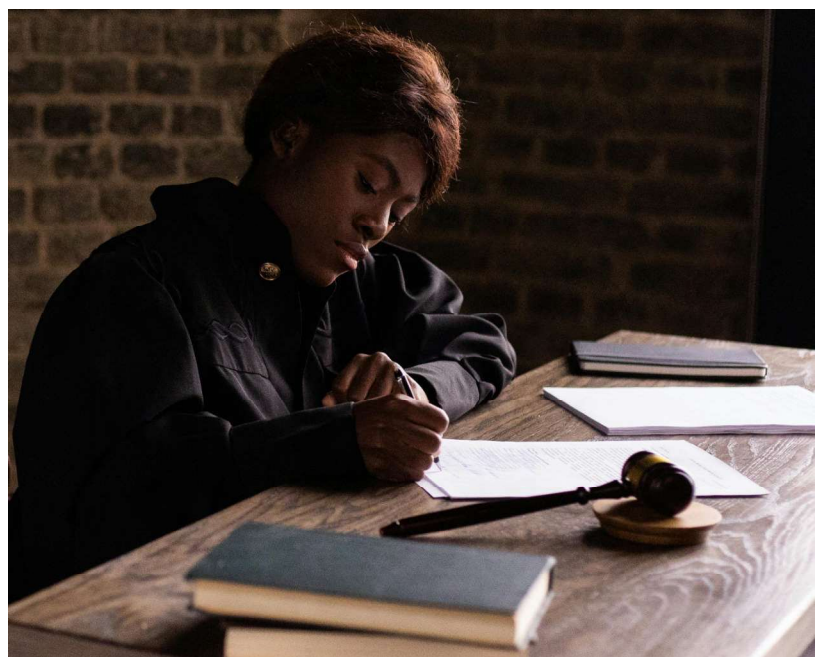
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# What the Science and Law Say About the Terms Parental Alienation and Parental Alienation Syndrome



Shawn A. Wygant, M.A.

*A Response to Dr. Bernet's Article – Shakespeare and Parental Alienation Theory: "What's in a name?"*

## Foundational Definitions: Distinguishing PA from PAS

In the beginning of Dr. Bernet's article he states, "Most psychological theories require precision in both written and spoken words." Exactly. In the behavioral sciences, the terms we use should accurately describe an observed phenomenon.<sup>1</sup> When we observe a parent engaged in harming a child's relationship with the other parent, it is called parental alienation (PA).<sup>2</sup> When we observe a child who has been exposed to PA become preoccupied with the unjustified denigration of the other parent, we call that phenomenon parental alienation syndrome (PAS).<sup>3</sup> But who articulated this? Dr. Amy Baker and Dr. Douglas Darnall did in their 2006 article, Behaviors and Strategies Employed in Parental Alienation: A Survey of Parental Experiences.<sup>4</sup> In their study they operationalized and used Darnall's 1998 definition of PA which is: "any constellation of behaviors, whether conscious or unconscious that could evoke a disturbance in the relationship between the child and the other parent."<sup>5</sup> More importantly, Baker and Darnall distinguished PA from PAS in the following passage on page 118: "It is clear that parental alienation syndrome is more a goal or an outcome rather than a

specific set of behaviors or action on the part of the alienating parent."<sup>6</sup> Thus, the understanding arising from their use of these terms was that PA is observed and diagnosed based on the behavior of the alienating parent while PAS is observed and diagnosed based on the 'outcome' of some children's exposure to PA.

## The Judicial Understanding of Parental Alienation

When my research team and I surveyed the appellate case record (1985-2025) using the term "Parental Alienation" as our query we discovered that the majority of trial court judges

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throughout the United States recognized PA as a term that means what Dr. Darnall said it means in 1993, 1998, 2006, 2007, and 2008. For example, in the case of *In re Marriage of Humphries and Covington* (2024),<sup>7</sup> the mother had made claims of abuse/



neglect against the father and the father claimed that the mother engaged in parental alienation as a tactic to hurt his relationship with their children. After a five-day hearing, the court made extensive findings and concluded that there was insufficient credible evidence of the father's alleged abuse and that the mother had "engaged in persistent parental alienation in the relationship between father and children."<sup>8</sup> Throughout the court of appeals opinion the term parental alienation was used to describe the alienating mother's behavior not the effects her behavior may have had on the children as shown in the last sentences of paragraph 35:

"...the court found that the record supported a finding of parental alienation, including the following: Mother denigrated father in emails or texts, calling him idiot, stupid, and a jerk. Mother had the children memorize her telephone number so they could be sure to call 'the next time daddy is mean.' Mother encouraged the children to keep secrets from their father and plot to run away from father, and she interfered with father's parenting time by 'constantly' calling or watching the

children's activities. Mother encouraged the children to report on their father's parenting style and activities, such as what food he served them. Mother urged a 'campaign of denigration' in which the children incessantly made complaints without providing specifics."<sup>9</sup>

In the Humphries/Covington case, as in hundreds of other appellate court cases that we analyzed, the term parental alienation was defined by trial courts as parental behaviors likely to cause harm to a child's relationship with the other parent. That consensus understanding within the courts, as to how PA was defined and applied to the specific facts of each case where PA was alleged and considered by the trial court, is consistent with how Dr. Gardner defined PA and how he understood the relationship between PA and PAS.<sup>10</sup>

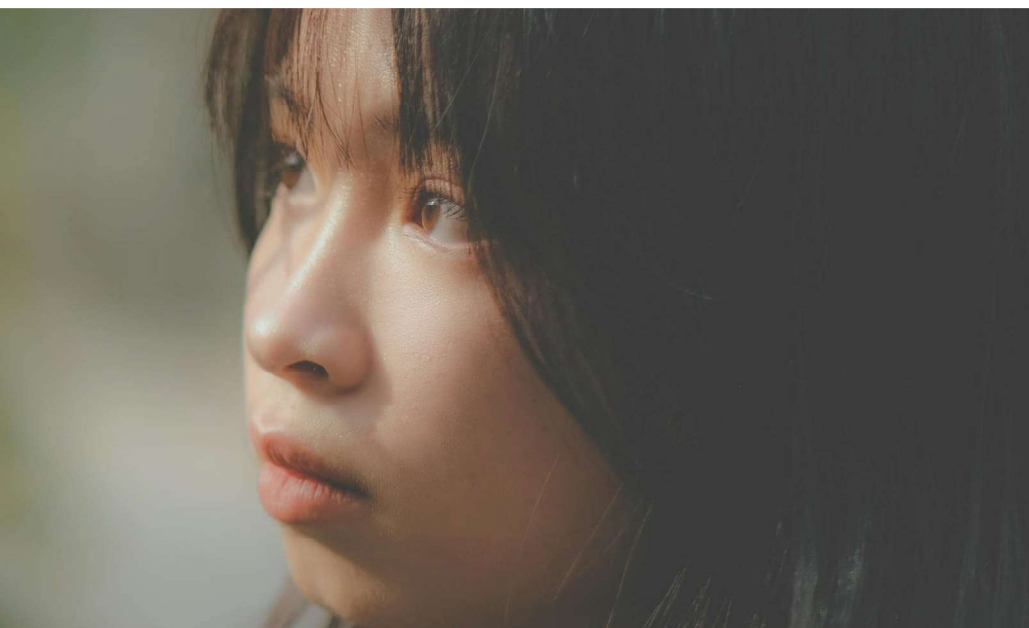
### **What Gardner Actual Said About PA and PAS**

Yet, Dr. Bernet appears to be under the impression that Dr. Gardner "wanted parental alienation syndrome to refer to the mental condition of the child and parental alienation to refer to the more general

state in which a child refuses contact with a parent (Gardner, 2002)."<sup>11</sup> While Dr. Gardner published several treatises in 2002,<sup>12</sup> none of them define PA as "the more general state in which a child refuses contact with a parent." More importantly, in Dr. Gardner's 2003 Introduction chapter, posthumously published in the 2006 International Handbook of Parental Alienation Syndrome, he defined PA as follows: "Parental alienation (PA) is a general term that covers any situation in which a child can be alienated from a parent."<sup>13</sup> There is nothing in this sentence that equates PA with contact refusal, nor does Gardner describe PA as a state. He explicitly calls it a general term. The paragraph does not end there. In the very next portion of the same paragraph, Gardner elaborates:

"It [PA] can be caused by parental physical abuse, verbal abuse, emotional abuse, mental abuse, sexual abuse, abandonment, and neglect. Adolescents, as an act of rebellion, may become alienated from a parent. Young people seduced into cults may be programmed to become alienated from a parent. A child can also be programmed by one parent to be alienated from another. That particular category of parental alienation is generally referred to as parental alienation syndrome."<sup>14</sup>

Read together, these sentences make Gardner's PA framework unmistakable. He defines PA broadly as a general term encompassing multiple ways that a child can be alienated and PAS as a subtype of PA. Contact refusal is not presented by Gardner as a feature of PA; rather, he stated that it may emerge in some cases of PAS.<sup>15</sup> Importantly, Gardner never used refusal of visitation as one of the



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diagnostic criteria for PAS. Dr. Bernet's inclusion of this requirement therefore functions as a reformulation of PAS under a different name. This reformulation collapses the PAS spectrum<sup>16</sup> since not all children who exhibit symptoms of PAS refuse visitation<sup>17</sup> and some children who are exposed to PA (as Darnall defined it) never develop symptoms.<sup>18</sup> Under Dr. Bernet's reformulated definition of PA, children exposed to parental behaviors likely to cause harm to the child's relationship with the other parent or PAS-symptomatic children who do not refuse contact are excluded. Conceptually, this is akin to requiring observable psychological injury for a child whose parent continuously exposes them to pornography. If we would not require a child to experience psychological harm before diagnosing exposure to pornography as a form of child psychological abuse, why would we require the demonstration of psychological harm to a child exposed to PA (as defined by

Darnall) when it has already been recognized as a form of abuse?

### The Five-Factor Model and Its Diagnostic Implications

Thus, the adoption of Dr. Bernet's reformulation of PAS as a diagnostic framework for his definition of PA, especially as it is expressed in the second iteration of the Five-Factor Model (FFM),<sup>19</sup> dramatically increases the type II error rate. The second version of the FFM (under Factor 1) requires that a child must be avoiding, resisting, refusing, or rejecting contact and/or a relationship with the targeted parent in order to be diagnosed with PA. As stated previously, under Gardner's definitions of PA and PAS contact refusal was not required and neither was it required under the original version of the FFM.<sup>20</sup> In the original version of the FFM, Factor 1 is described as: "Your Ex Has Intentionally Misrepresented You To Professionals."<sup>21</sup> Thus, the FFM was intended to be used more as a legal strategy rather than as a diagnostic tool. The chapter in which the FFM of PA first appears is entitled: 'Documenting

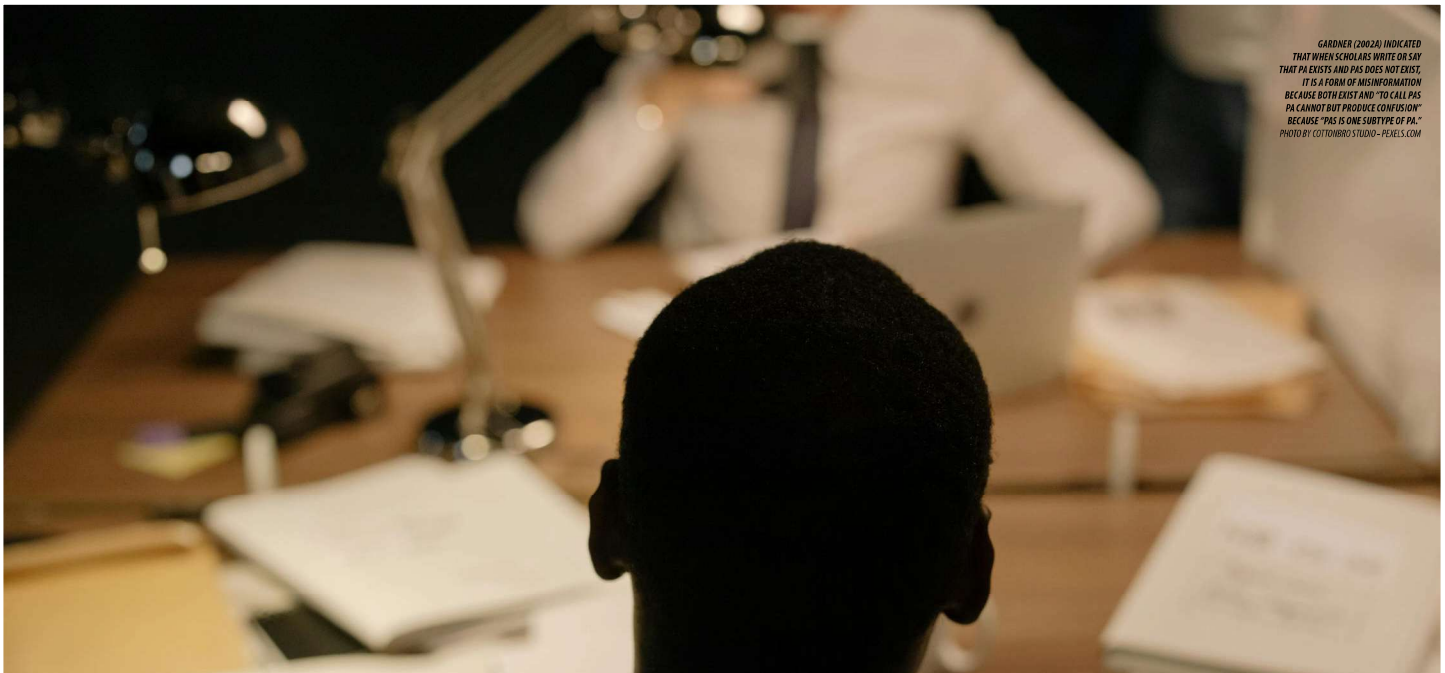
Your Case for Your Attorney' and the section of that chapter that introduces the model states in pertinent part:

"By the Five-Factor Model of Parental Alienation – In some legal motions, it may make sense to try to convince the judge that your children are rejecting you because of parental alienation, or your ex's undue influence. You, as the rejected parent, are claiming that your ex has influenced the children to unjustifiably reject you; that is, the children are rejecting you based not on your own behaviors and their history with you, but rather on your ex's actions and attitudes."<sup>22</sup>

While the FFM, in either iteration, may be helpful in court with cases of severe PAS that have progressed to the point where the children are rejecting a relationship with the targeted parent, it is not helpful in cases of PA (as Baker & Darnall defined it in 2006) where the children have been exposed to acts of PA maltreatment but have not developed any symptoms of PAS. In fact, it is not a validated instrument for measuring either PAS or PA as Dr. Gardner defined these terms. Interestingly, what is not acknowledged by the authors of the 2014 treatise mentioned above or by Dr. Bernet in his current article is that rejection of the targeted parent-child relationship is not a diagnostic criterion for PAS or PA. In most cases of severe PAS, when a child rejects a relationship with the targeted parent it is a by-product of splitting (lack of ambivalence).

Within the spectrum of alienated children who exhibit a lack of ambivalence there are many cases where these children do not reject the targeted parent or avoid-resist-refuse contact. Some alienated children never exhibit these behaviors which is why the FFM is unreliable for diagnosing PAS or PA. For example, in





GARDNER (2002A) INDICATED THAT WHEN SCHOLARS WRITE OR SAY THAT PA EXISTS AND PAS DOES NOT EXIST, IT IS A FORM OF MISINFORMATION BECAUSE BOTH EXIST AND "TO CALL PAS PA CANNOT BUT PRODUCE CONFUSION" BECAUSE "PAS IS ONE SUBTYPE OF PA."  
PHOTO BY COTTONBRO STUDIO - PEXELS.COM

the case of *Wright v. Wright* (2021),<sup>23</sup> the trial court made a finding that the father had engaged in parental alienation which was considered so harmful that it warranted a reversal of custody and all of the father's subsequent visits were required to be supervised. Notably there was no evidence that the parties two children exhibited any symptoms of PAS or engaged in contact avoidance, resistance, or refusal with their mother. If the trial court had used the FFM (version 2), the judge could not have called what the father did to the children 'parental alienation' since the children were not refusing contact or exhibiting PAS symptoms.

### **Legal Implications of Terminological Reformulation**

Dr. Gardner (2003) made it clear that "using the terms PA and PAS synonymously," as Dr. Bernet suggests we do in his reformulated definition, "cause much confusion, as a general term is being used to refer to a specific disorder."<sup>24</sup> Gardner (2002a) indicated that when scholars write or say that PA exists and PAS does not exist, it is a form of misinformation because both exist and "to call PAS PA cannot but

produce confusion" because "PAS is one subtype of PA."<sup>25</sup> What Dr. Bernet suggests in his article is that we should say PAS exists but only when we label it PA and only when a child is resisting, avoiding, or refusing contact. Neither one of those claims are supported by Dr. Gardner's work. Dr. Bernet's long standing removal of PAS as a term we should use to recognize an alienated child who has been brainwashed by an alienating parent does not represent an advancement in the behavioral sciences. What it does represent is a strategy to avoid having to argue in court for the legitimacy of referring to PAS as generally accepted in the scientific community. For example, in *Mastrangelo v. Mastrangelo* (2012)<sup>26</sup> the court heard expert testimony from Dr. Benjamin Garber who said: "parental alienation exists, parental alienation syndrome does not exist."<sup>27</sup> Dr. Amy Baker was proffered to testify as to "the relationship of parental alienation syndrome to the DSM and current research supporting the validity of parental alienation syndrome."<sup>28</sup> The court described how Dr. Baker testified that "the term parental alienation syndrome is used to describe children who have been

exposed to the strategies and then become alienated" and there are "eight behavioral manifestations of parental alienation syndrome exhibited by children, who ... have been alienated from one parent."<sup>29</sup> This suggests that Dr. Baker, at the time, believed in the validity of PAS as a term we should use to accurately describe alienated children who have been exposed to PA. It also suggests that Dr. Baker's explication of PA strategies arose from her and Darnall's 2006 study which defined PA as any parental behaviors that have the capacity to hurt a child's relationship with the other parent.

Unfortunately, the trial court in *Mastrangelo* decided that any testimony offered by Dr. Baker about PAS was inadmissible since they felt it did not meet the relevant standards under *State v. Porter* (1997).<sup>30</sup> In its decision to not admit PAS, the court relied heavily on Dr. Garber's opinions. Dr. Garber's testimony clearly misrepresented science and law because at the time there were studies showing the validity of PAS<sup>31</sup> and law cases recognizing it as an admissible

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scientific construct.<sup>32</sup> The Mastrangelo case was a ruling against science because the court relied on an opinion of an expert who did not believe PAS exists. In Dr. Gardner's 2001 article, he made a comment that speaks to this: "If there is no PAS, then there is no PAS indoctrinator. Accordingly, those who call the phenomenon parental alienation will have an easier time in the courtroom than those who insist upon referring to the disorder accurately as the parental alienation syndrome."<sup>33</sup>

### Concluding Thoughts

The disagreement between Dr. Bernet and myself is not about whether PA occurs or whether children can become alienated. It is about what we are recognizing and when. If PA is defined as a child's rejection of a parent, then detection necessarily occurs only after relational harm has manifested. If PA is defined behaviorally, as parental acts that are likely to impair a child's relationship with the other parent, then detection may occur at the point of exposure which is consistent with how other forms of child psychological abuse are recognized. Those two frameworks operate at different stages of the same PA – PAS continuum and carry different implications for prevention, intervention, and error rates.

Scientific precision requires that we distinguish between exposure and outcome using the terms that most accurately describe the phenomena of interest. In medicine, we do not redefine toxic exposure as illness simply because some individuals develop symptoms while others do not. Nor do we require organ failure before acknowledging exposure to a harmful agent. Similarly, in child protection contexts, exposure to corrupting or exploitative material is reportable even absent demonstrable psychological injury. The same logic

applies with the early detection and intervention of PA. Conflating parental acts with child symptomatology obscures the causal pathway and risks excluding children who have been exposed to relational maltreatment but have not yet developed overt manifestations. The legal system has understood this distinction. Appellate courts routinely use the term parental alienation to describe psychologically abusive parental conduct without requiring proof of child rejection or symptoms of PAS. That judicial usage reflects a functional understanding: behavior can be harmful even when its effects have not yet progressed to full syndrome-level presentation. To redefine PA as a child mental condition collapses that distinction and raises the threshold for recognition in a manner inconsistent with both Gardner's framework and contemporary child-protective logic.

Precision in terminology, therefore, is not merely a matter of professional

etiquette. It determines who is recognized, who is excluded, and when intervention occurs. A model that requires contact refusal before parental alienation can be identified increases false negatives by design. A model that distinguishes between parental alienation (behavioral exposure) and parental alienation syndrome (symptomatic manifestation) preserves conceptual clarity, aligns with established maltreatment theory, and allows for early protective response. In this sense, the question is not "What's in a name?" The question is whether the terminology we use accurately reflects the phenomenon we are observing or reshapes it to fit litigation strategy. Scientific language should illuminate, not narrow, the construct it seeks to describe. Maintaining the distinction between PA and PAS is not nostalgic adherence to outdated terminology; it is a commitment to conceptual coherence, diagnostic integrity, and child protection.

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