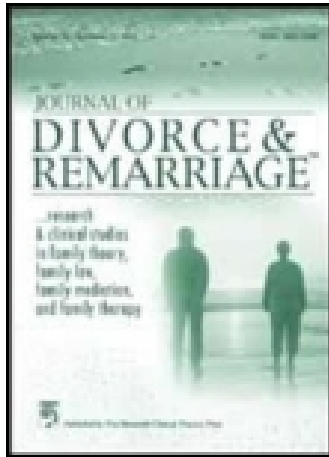


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Publisher: Routledge

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Journal of Divorce & Remarriage

Publication details, including instructions for authors and subscription information:

<http://www.tandfonline.com/loi/wjdr20>

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Marilé Viljoen^a & Esmé van Rensburg^a

^a School of Psychosocial Behavioral Sciences: Psychology, North-West University, Potchefstroom, South Africa

Published online: 08 May 2014.

To cite this article: Marilé Viljoen & Esmé van Rensburg (2014) Exploring the Lived Experiences of Psychologists Working With Parental Alienation Syndrome, Journal of Divorce & Remarriage, 55:4, 253-275, DOI: [10.1080/10502556.2014.901833](https://doi.org/10.1080/10502556.2014.901833)

To link to this article: <http://dx.doi.org/10.1080/10502556.2014.901833>

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Exploring the Lived Experiences of Psychologists Working With Parental Alienation Syndrome

MARILÉ VILJOEN and ESMÉ VAN RENSBURG

*School of Psychosocial Behavioral Sciences: Psychology, North-West University,
Potchefstroom, South Africa*

Divorce is a common modern phenomenon. Changes in legislation to support the best-interest-of-the-child principle are argued to have escalated conflict between parents during custody disputes. Parental alienation syndrome (PAS) is a controversial concept in high-conflict divorces and has received both praise and criticism over the past 2 decades. This study explores the experiences of psychologists working with PAS 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 analyzed by means of thematic analysis, and themes and subthemes were derived. The 2 main categories that emerged were the participants' general understanding of PAS and the operational and practical experiences working with PAS. The participants working with PAS referred to it as complex and destructive. The involvement of lawyers, parental pathology, and legislation all contribute to the complex task of intervening in cases where PAS 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.

KEYWORDS *divorce, parental alienation syndrome, psychologist, subjective experience*

Address correspondence to Marilé Viljoen, P.O. Box 51628, Wierdapark, Centruion, 0149, South Africa. E-mail: marile.viljoen1@gmail.com

According to the 2011 South African census, 28,947 children younger than 18 were involved in divorce proceedings in 2011. Only 35% 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 might 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, Eikelenboom, Harmeling, Stokkers, & Kormos, 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 toward a parent they had loved and respected before the separation or 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, 2000; 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 children 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 or her parents, the alienated parent (Godbout

& Parent, 2012). It results from the alienating parent's indoctrinations that lead to the child forming his or her 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 toward an alienated parent is generally characterized without any outward expression of guilt, embarrassment, or ambivalence (Baker, 2005; Baker & Ben-Ami, 2011; Garber, 2004; Ludolph & Bow, 2012; Wakeford, 2001; Walsh & Bone, 1997, 1999). According to Gardner (1985, 1998), PAS as a syndrome has eight specific symptoms or criteria: (a) a campaign of denigration of the nonresident parent, (b) absurd reasons for the behavior, (c) lack of ambivalence, (d) independent opinion of the child, (e) reflexive support of the resident parent, (f) a lack of sense of guilt, (g) the presence of borrowed scenarios, and (h) extension of the hostility to the family of the nonresident parent (Gardner, 1985, 1998; Hirsch, 2002; Wakeford, 2001; Williams, 2001).

Typically, children who suffer from PAS will exhibit most (if not all) of 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: First, no form of physical, emotional, or sexual abuse is present that 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 behavior that might warrant the campaign of vilification exhibited by the child. Second, the child participates in his or her own scenarios of disparagement of the vilified parent, and third, 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 might be especially confusing if there is no apparent factual basis to justify the level of animosity and resentment shown by the child for his or her once-loved parent (Baker, 2005; Garber, 2004; Ludolph & Bow, 2012; 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, to provide court-ordered therapy for children and parents, and to manage parenting plans (Deters, 2004; Ellis & Boyan, 2010; Thompson, 2012). PAS presents unique and complex dynamics for any professional psychologist due to the child's own contribution to the alienating campaign (Garber, 2004; Ludolph & Bow, 2012). According to Garber (2004) a therapist should be very attentive to conflicting parents because without addressing the issue of conflicted coparents, the therapist might miss an opportunity to address the factors causing distress for the child. The destructive conflict between divorcing or separating parents can negatively impact therapeutic intervention in PAS cases. The greatest challenge for the a psychologist is that the child might try to maintain peace between his or

her parents by openly resenting one parent, or truly believing that the alienated parent is dangerous and malevolent, and therefore resisting therapeutic intervention aiming to resolve alienating behaviors (Garber, 2004; Ludolph & Bow, 2012).

Except for articles by Garber (2004), limited research exists that discusses 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 could 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, behaviors, 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 that include beliefs, decisions, evaluations, feelings, judgments, 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. Semistructured 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 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 certain aspects presented by the participants and to gain as much understanding as possible into their lived experiences. The semistructured 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 audiotaped interviews into written data. Thematic analysis was used to identify, analyze, and report themes in the transcribed data (Braun & Clarke, 2006). The steps followed to analyze the data involved familiarization with the data (which included reading and rereading 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). Credibility was established through continuous engagement with the data, as 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 cocoder 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 of 1974, several measures were taken to ensure adherence to ethical provisions. First, the research protocol was approved by the Ethics Committee of the North-West University Potchefstroom Campus. 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 the following themes relevant to the lived experiences of psychologists working with PAS. Once all the data had been analyzed, it was clear that the research question produced two main categories: (a) information concerning the participants' understanding of PAS and (b) the operational dynamics of working with PAS (see [Figure 1](#)).

The Psychologists' Understanding of PAS

The following subthemes 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 PAS in their own practices 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 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

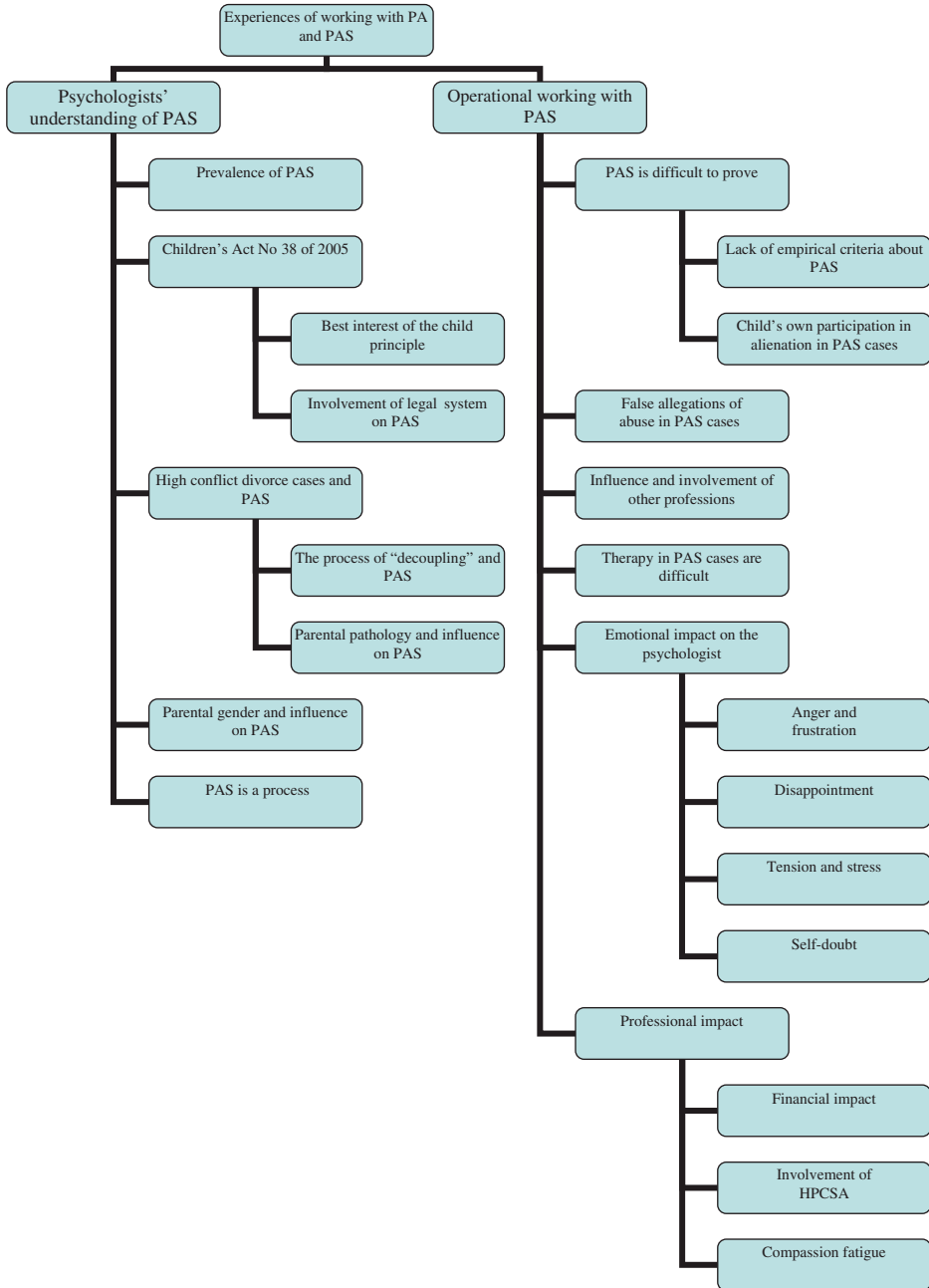


FIGURE 1 Categories and themes found in research.

Note. PA = parental alienation; PAS = parental alienation syndrome; HPCSA = Health Professions Council of South Africa (color figure available online).

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 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 the “shared responsibility and shared decision making . . . 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 PAS] is far more evident than previously thought. (Participant 1)

The social work legal system supports 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 to 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” (Participants 1, 2, and 3). In these cases, the alienating parent has achieved his or 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 while litigation continues, “it takes a lengthy time frame to get a solution and in that time frame 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 the time 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 scrutinized by other psychologists” (Participant 3) hired by the alienating parent to delay the divorce proceedings.

The involvement of other professionals 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 is usually very apparent: “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 decoupling 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 among 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 might participate in the alienating process because they “cannot handle the conflict between their parents anymore” (Participant 3).

Parental pathology involved in high-conflict divorces and PAS. Based on the data, it seems that parental insight and pathology are both significant when considering the development of 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). Behavior on the part of parents is “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 . . . 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 might not even be “aware that he/she is alienating the child because he/she has 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 behavior” (Participant 7). Some mention was also made of the “possible presence of mood disorders” (Participant 7). Dysfunctional parents with these kinds of personality traits or pathology make “parental alienation . . . 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 suggest 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 most often 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 escalate, 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 his/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 were found regarding the operational working experiences of psychologists working with PAS.

The Operational Experience of Working With PAS

The second category revealed six themes: (a) the difficulty associated with proving the presence of PAS in divorce cases, (b) false allegations of abuse in cases of PAS, (c) involvement of other professionals influencing the development of PAS, (d) the impact of PAS on therapy, (e) the emotional effects of working with PAS on the psychologist, and (f) the professional impact of working with PAS.

PAS IS DIFFICULT TO PROVE

Although research is increasing, the term PAS is not empirically recognized 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 on definition for PAS. Some participants commented that until PAS is “recognized as a syndrome” (Participant 5), there will be no universally accepted diagnostic criteria, which makes proving its presence and impact in a divorce case very difficult. Additionally, this affects the amount of knowledge that legal and other professionals have about PAS. Until the various “professions involved are 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 or 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 participate in the alienating themselves, they might 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 African 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 it is 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 PROFESSIONALS 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 realized that the child is suffering, whereas the other parent would be set against therapeutic intervention for 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 or 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 alienation used against the alienated parent toward the psychologist by “making negative remarks toward the therapist or blaming the therapist” (Participant 4). The possible consequences of this are that the child refuses to come for therapy as he or 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 EFFECTS ON THE PSYCHOLOGIST WORKING WITH PAS

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 anymore” (Participant 4) related to divorce cases involving PAS. One participant 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 parental alienation 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. Many 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 parent 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 or 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 might 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 scrutinize 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, leading 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 a possible method of combating stress levels: “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 reasons for 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 up as “collateral damage” (Participant 3).

THE PROFESSIONAL IMPACT ON THE PSYCHOLOGIST WORKING WITH PAS

This theme revealed the subthemes discussed here.

Financial implications. As previously mentioned, psychologists working with parental alienation 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 or 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 or she is greater risk 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.” 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 parental alienation 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 termed “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 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 seem to decrease the "passion" (Participant 3) psychologists have for their work, and when compassion fatigue is present the psychologist "cannot be available" (Participant 3) emotionally and cognitively when conceptualizing cases. It is ironic that working with parental alienation and PAS takes such a big toll on the passion and empathy of a psychologist, as Participant 1 explained that "if you cannot 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 patients with whom they work. When working with divorce-related cases, some psychologists might 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 has to be vigilant to remain objective and not to get "sucked into the case." 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 are 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, 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 in which PAS is present described this type of work as complex, difficult, and

destructive, putting them at risk for ethics-based regulatory board complaints or malpractice action. The prevalence of PAS seems to increase as the level of conflict in a divorce increases (Burke, McIntosh, & Gridley, 2009; Deters, 2004; Johnston & Roseby, 1997; Spruijt et al., 2005). The participants commented that the change in child-related legislation had led to an increase in PAS, supporting the research done by Gardner (1998, 2001).

The findings of this study suggest that the legal system in itself also promotes alienating behavior 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 & Biringer, 2006). The findings show that the involvement of lawyers aiming to win cases (adversarial system) does not meet the best interests of the child, making the work to be done by the psychologist extremely difficult and tedious (Lowenstein, 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 updated *Diagnostic and Statistical Manual of Mental Disorders* (5th ed. [DSM-5]; American Psychiatric Association, 2013). 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 parental alienation 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 without consideration for the consequences.

Among the alienating behavior supported by continuous litigation are the false accusations of abuse laid against the alienated parent in cases of parental alienation 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 parental alienation and PAS (Johnston, 2003; Kopetski, 1998; Rand, 1997) and how extremely difficult it is for psychologists to work with parents who have little insight into their behavior and the damage they are doing to their children (Summers & Summers, 2006; Tong, 2002). The frustration that comes from working with this kind of pathology has

caused some psychologists to question the risk and rewards associated with working with parental alienation and PAS as the success rate (according to their experience) is very low.

The findings of this study suggest that the emotional burden placed on psychologists 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 he or she realizes that his or her alienating campaign is being countered by the intervention. Parents need adequate divorce education programs informing them of the risks of these strategies and making 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 psychologists 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 parental alienation and PAS cases.

CONCLUSION

Garber (2004) 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 the psychologists 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 parental alienation and PAS might cause psychologists who truly want to serve the public to the best of their ability to abandon their work with these cases.

Limitations and Recommendations

Due to the limited demographic variation of the qualitative research study, these research findings cannot be generalized throughout the population of psychologists working with PAS. The ethnicities of participants were not representative of the South African population and the viewpoint of practicing 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 parental alienation and PAS. This makes distinguishing between the two terms difficult and confusing, highlighting the difficulty associated with unclear definitions and conceptualizations surrounding parental alienation and PAS in the literature.

It is recommended that more research be done examining the experiences of practicing 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 conceptualization of PAS among other professionals.

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