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## Misinformation Versus Facts About the Contributions of Richard A. Gardner, M.D.

RICHARD A. GARDNER

*Department of Child Psychiatry, College of Physicians and Surgeons, Columbia University,  
New York, New York, USA*

All truth passes through three stages:

First, it is ridiculed.

Secondly, it is violently opposed.

Thirdly, it is accepted as self-evident.

Arthur Schopenhauer (1788–1860)

*This document has been prepared to provide corrections for certain misrepresentations and misperceptions of some of my contributions. Some of these originated from conflicts in the legal arena, where attorneys frequently select out-of-context material in order to enhance their positions in courts of law. This is the nature of the adversary system, and it is one of the causes of the controversy that sometimes surround my contributions. Some of these misperceptions and misrepresentations have become so widespread that I considered it judicious to formulate this statement.*

For many years I have seen myself misrepresented, my work distorted, and various fabrications and even delusions about me have been promulgated. I have even seen slanderous and libelous statements made about me, which I was certain were consciously and deliberately promulgated. My position has usually been that my best response to these distortions and misrepresentations of my work would be to move on, continue to contribute, and to continue to create. However, it became increasingly apparent that some responses were required, especially in courts of law. In addition, the Internet has been used to perpetrate many of these distortions, with the result that they became even more widespread. More recently, I have referred to this material as “recycled garbage,” garbage that not only appears on the Internet, but occasionally even in professional journals. My own staff, friends, and

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Address correspondence to Richard A. Gardner, 155 County Road, P.O. Box 522, Cresskill, NJ 07626-0522. E-mail: richardgard@aol.com

colleagues have urged me to publicly respond to these misperceptions and fabrications: thus this document.

## THE PARENTAL ALIENATION SYNDROME

### **Misinformation:** Dr. Gardner's Work on the PAS Is "Controversial"

**Fact:** The implication here is that because controversy exists there is something specious about my contributions. Many newly developed scientific principles become "controversial" when they are dealt with in the courtroom. It behooves the attorneys to take an opposite stand and create controversy where it does not exist. This is inevitable in the context of adversarial proceedings. A good example of this phenomenon is the way in which DNA testing was dealt with in the OJ Simpson trial. DNA testing is one of the most scientifically valid procedures. Yet the jury saw fit to question the validity of such evidence, and DNA became, for that trial, controversial. I strongly suspect that those jury members who concluded that DNA evidence was not scientifically valid for OJ Simpson would have vehemently fought for its admissibility if they were being tried for a crime which they did not indeed commit. Those who discount my contributions because some are allegedly "controversial" sidestep the real issue, namely, what specifically has engendered the controversy, and, more importantly, is what I have said reasonable and valid? The fact that something is controversial does not invalidate it.

But why this controversy in the first place? With regard to whether PAS exists, we generally do not see such controversy regarding most other clinical entities in psychiatry. Examiners may have different opinions regarding the etiology and treatment of a particular psychiatric disorder, but there is usually some consensus about its existence. And this should especially be the case for a relatively "pure" disorder such as the PAS, a disorder that is easily diagnosable because of the similarity of the children's symptoms when one compares one family with another. Over the years, I have received many letters from people who have essentially said: "Your PAS book is uncanny. You don't know me, and yet I felt that I was reading my own family's biography. You wrote your book before all this trouble started in my family. It's almost like you predicted what would happen." Why, then, should there be such controversy over whether or not PAS exists?

One explanation lies in the situation in which the PAS emerges and in which the diagnosis is made: vicious child-custody litigation. Once an issue is brought into a court of law—in the context of adversarial proceedings—it behooves one side to take just the opposite position from the other if one is to prevail in that forum. A parent accused of inducing a PAS in a child is likely to engage the services of a lawyer who may invoke the argument that there is no such thing as a PAS. And if this lawyer can demonstrate that the PAS is not listed in DSM-IV, then the position is considered "proven." The

only thing this proves is that DSM-IV has not yet listed the PAS. The lawyers hope, however, that the judge will be simple-minded enough to be taken in by this specious argument and will then conclude that if there is no PAS, there is no programming, and so the client is thereby exonerated.

Another factor operative in the controversy relates to the false sex-abuse accusation that is commonly a spin-off of the PAS. It is such a common problem that there are many who equate PAS with false sex-abuse accusations. Those who deny the existence of false sex-abuse accusations at the same time frequently deny the existence of the PAS. Therefore, people who claim that the PAS exists may find themselves criticized as individuals who do not believe in the existence of true sex abuse. Elsewhere, I have discussed the controversy in greater detail (Gardner, 2002a).

### **Misinformation:** The PAS Is Not a Syndrome

**Fact:** There are some who claim that the PAS is not really a syndrome. This criticism is especially seen in courts of law in the context of child-custody disputes. It is an argument sometimes promulgated by those who claim that PAS does not even exist. The PAS is a very specific disorder. A syndrome, by medical definition, is a cluster of symptoms, occurring together, that characterize a specific disease. The symptoms, although seemingly disparate, warrant being grouped together because of a common etiology or basic underlying cause. Furthermore, there is a consistency with regard to such a cluster in that most (if not all) of the symptoms appear together.

Accordingly, there is a kind of purity that a syndrome has that may not be seen in other diseases. For example, a person suffering with pneumococcal pneumonia may have chest pain, cough, purulent sputum, and fever. However, the individual may still have the disease without all these symptoms manifesting themselves. The syndrome is more often “pure” because most (if not all) of the symptoms in the cluster predictably manifest themselves. An example would be Down’s Syndrome, which includes a host of seemingly disparate symptoms that do not appear to have a common link. These include mental retardation, Mongoloid-type facial expression, drooping lips, slanting eyes, short fifth finger, and atypical creases in the palms of the hands. There is a consistency here in that the people who suffer with Down’s Syndrome often look very much alike and most typically exhibit all these symptoms. The common etiology of these disparate symptoms relates to a specific chromosomal abnormality. It is this genetic factor that is responsible for linking together these seemingly disparate symptoms. There is then a primary, basic cause of Down’s Syndrome: a genetic abnormality.

Similarly, the PAS is characterized by a cluster of symptoms that usually appear together in the child, especially in the moderate and severe types (Gardner, 1998). These include:

1. A campaign of denigration
2. Weak, absurd, or frivolous rationalizations for the deprecation
3. Lack of ambivalence
4. The “independent-thinker” phenomenon
5. Reflexive support of the alienating parent in the parental conflict
6. Absence of guilt over cruelty to and/or exploitation of the alienated parent
7. The presence of borrowed scenarios
8. Spread of the animosity to the friends and/or extended family of the alienated parent

Typically, children who suffer with PAS will exhibit most (if not all) of these symptoms. This is almost uniformly the case for the moderate and severe types. However, in the mild cases one might not see all eight symptoms. When mild cases progress to moderate or severe, it is highly likely that most (if not all) of the symptoms will be present. This consistency results in PAS children resembling one another. It is because of these considerations that the PAS is a relatively “pure” diagnosis that can easily be made. Because of this purity the PAS lends itself well to research studies because the population to be studied can easily be identified. Furthermore, I believe that this purity will be verified by interrater reliability studies. As is true of other syndromes, there is an underlying cause: programming by an alienating parent in conjunction with additional contributions by the programmed child. It is for these reasons that PAS is indeed a syndrome, and it is a syndrome by the best medical definition of the term.

### **Misinformation:** PAS Does Not Exist Because It’s Not in DSM-IV

**Fact:** There are some, especially adversaries in child-custody disputes, who claim that there is no such entity as the PAS, that it is only a theory, or that it is “Gardner’s theory.” Some claim that I invented the PAS, with the implication that it is merely a figment of my imagination. The main argument given to justify this position is that it does not appear in DSM-IV. The DSM committees justifiably are quite conservative with regard to the inclusion of newly described clinical phenomena and require many years of research and publications before considering inclusion of a disorder. This is as it should be. The PAS exists! Any lawyer involved in child-custody disputes will attest to that fact. Mental health and legal professionals involved in such disputes are observing it. They may not wish to recognize it. They may refer to it by another name (like “parental alienation”). But that does not preclude its existence. A tree exists as a tree regardless of the reactions of those looking at it. A tree still exists even though some might give it another name. If a dictionary selectively decides to omit the word tree from its compilation of words, that does not mean that the tree does not exist. It only means that the people who wrote that book decided not to include that particular word.

Similarly, for someone to look at a tree and say that the tree does not exist does not cause the tree to evaporate. It only indicates that the viewer, for whatever reason, does not wish to see what is right in front of him (her).

To refer to the PAS as “a theory” or “Gardner’s theory” implies the non-existence of the disorder. It implies that I have dreamed it up and that it has no basis in reality. To say that PAS does not exist because it is not listed in DSM-IV is like saying in 1980 that Lyme Disease did not exist because it was not then listed in standard diagnostic medical textbooks. The PAS is not a theory, it is a fact. Those who consider the PAS to be a figment of my imagination must be capable of completely ignoring the ever-growing number of articles in peer-review journals on the PAS as well as rulings by judges in courts of law in which the PAS has been recognized. These are being continually updated and can be found elsewhere on my website ([www.rgardner.com/refs](http://www.rgardner.com/refs)). Accordingly, if PAS is my fantasy then these critics must also believe that a group-fantasy phenomenon is operative here with an ever-growing number of legal and mental health professionals embracing the delusion.

DSM-IV was published in 1994. From 1991 to 1993, when DSM committees were meeting to consider the inclusion of additional disorders, there were too few articles in the literature to warrant submission of the PAS for consideration. That is no longer the case. It is my understanding that committees will begin to meet for DSM-V in 2006. Considering the fact that there are now more than 145 articles in peer-review journals on the PAS, it is highly likely that by that time there will be even more articles. A listing of these, which is continually updated, is to be found at [http://www.rgardner.com/refs/pas\\_peerreviewarticles.html](http://www.rgardner.com/refs/pas_peerreviewarticles.html). Furthermore, considering the fact that there are more than 70 rulings in which courts have recognized the PAS, it is probable that there will be even more such rulings by the time the committees meet. This list is also being continually updated and can be found at: [http://www.rgardner.com/refs/pas\\_legalcites.html](http://www.rgardner.com/refs/pas_legalcites.html)

It is important to note that DSM-IV does not frivolously accept every new proposal. Their requirements are quite stringent, and justifiably so. Gille de la Tourette first described his syndrome in 1885. It was not until 1980, 95 years later, that the disorder found its way into the DSM. It is important to note that at that point, “Tourette’s Syndrome” became Tourette’s Disorder. Asperger first described his syndrome in 1957. It was not until 1994 (37 years later) that it was accepted into DSM-IV and “Asperger’s Syndrome” became Asperger’s Disorder.

DSM-IV states specifically that all disorders contained in the volume are syndromes, and they would not be there if they were not syndromes. Once accepted the name *syndrome* becomes changed to *disorder*. However, this is not automatically the pattern for nonpsychiatric disorders. Often the term syndrome becomes locked into the name and becomes so well known that changing the word *syndrome* to *disorder* may seem awkward. For example,

Downs' syndrome, although well recognized, has never become Downs' disorder. Similarly, AIDS (Autoimmune Deficiency Syndrome) is a well-recognized disease but still retains the syndrome term.

**Misinformation:** Dr Gardner's Publications on the PAS Have Never Been Peer-Reviewed

**Fact:** At this time, 15 of my PAS publications have been published in peer-review journals and 3 more are in press. The latter are scheduled for publication in 2002 and 2003. These references can be found in the aforementioned list of PAS references, which includes approximately 125 peer-review publications by at least 150 other authors. As mentioned, this list is periodically updated and can be found at: [http://www.rgardner.com/refs/pas\\_peerreviewarticles.html](http://www.rgardner.com/refs/pas_peerreviewarticles.html).

**Misinformation:** Parental Alienation (PA) Does Exist, but Parental Alienation Syndrome (PAS) Does Not

**Fact:** Both exist. There are many causes of parental alienation, for example, physical abuse, emotional abuse, verbal abuse, sexual abuse, and neglect. But there is another reason why children can become alienated from a parent, namely, being programmed into a campaign of denigration by an alienating parent. The disorder so produced, which I call parental alienation syndrome, is also a form of parental alienation. In short, the PAS is one subtype of parental alienation. To call PAS *PA* cannot but produce confusion. One of the reasons why medicine advances is that we become ever more discriminating about the various subtypes that exist for any particular disorder. One of the reasons why Hippocrates is known as the father of medicine is that he started to make such differentiations. Prior to his time people suffered with "fits." It was he who recognized that there were different kinds of fits, each requiring a different form of treatment. One form of fits he referred to as *epilepsy*. Another he referred to as *hysteria*. His group was astute enough to recognize the differences between these different kinds of fits and provided different kinds of treatment. Three hundred years ago people suffered with heart disease. Now, we know that there are many different kinds of heart disease, each requiring its own form of treatment. One would not want to go to a doctor today who makes the diagnosis of *fits* and *heart disease* and not go any further. We want specifics. Similarly, saying that a child has parental alienation gives very little information. Anyone can observe that—the clients, the mother, the father, both lawyers, the guardian ad litem, and the judge. We want to define specifically the type of the alienation, and PAS is just one possible type. We are then in a far better position to provide specific treatment. Those who eschew the term PAS, for whatever reason, but embrace the term PA, are equivalent to those who would diagnose fits and heart disease. This does not represent *progression*, it represents *regression*.

There are many evaluators who fully recognize that PAS exists but will still use PA in a court of law. They recognize that they have an easier time with the PA than the PAS. No one is going to deny PA. Many people will deny PAS. Accordingly, they may have an easier time getting their reports admitted into court and there will be less argument against such admission. Such evaluators are being short-sighted. Using the term PAS indicates a specific programmer. In contrast, using PA clearly indicates that the children are alienated and that either parent could have exhibited behavior that could have resulted in the alienation. The term, then, removes the court's focus away from the alienator and redirects attention to what might be only minor parental deficiencies exhibited by the alienated parent. Substituting PA for PAS is, therefore, a disservice to the targeted parent. Furthermore, such evaluators are losing sight of the fact that they are impeding the general acceptance of the term in the courtroom, and possibly inclusion in some future edition of DSM.

There is, however, a compromise. I use PAS in *all* those reports in which I consider the diagnosis justified. I also use the PAS term throughout my testimony. However, I may also make comments along these lines, both in my reports and in my testimony:

“Although I have used the term PAS, the important questions for the court are: Are these children alienated? What is the cause of the alienation? and What can we then do about it?” So if one wants to just use the term PA one has learned something. The question is what is the cause of the children's alienation? In this case the alienation is caused by the mother (father) and something must be done about protecting the children from the programming.”

That is the central issue for the court and is less important than whether one is going to call the disorder PA or PAS, even though I strongly prefer the PAS term for the reasons given. Elsewhere, I have discussed in greater detail the PA vs. PAS controversy (Gardner, 2002a).

**Misinformation:** The PAS Has Not Been Recognized in Courts of Law

**Fact:** Again, no mention is made regarding *which* courts of law. Although there are certainly judges who have not yet recognized the PAS (I have no hesitation using the word “yet”) there is no question that courts with increasing rapidity are recognizing the disorder. The aforementioned website list of PAS legal citations ([http://www.rgardner.com/refs/pas\\_legalcites.html](http://www.rgardner.com/refs/pas_legalcites.html)) currently lists 70 courts of law that have recognized the PAS. Furthermore, I am certain that there are other such cases that have not been brought to my attention.

It is important to note that on November 22, 2000, after a two-day hearing devoted to whether the PAS satisfied Frye Test criteria for admissibility in a court of law, a Tampa, Florida court ruled that the PAS had gained enough



acceptance in the scientific community to be admissible in a court of law. I personally testified over the course of those two days and brought to the court's attention the aforementioned peer-reviewed articles and court rulings in which the PAS had been recognized. I am certain that these documents played an important role in the judge's decision. Subsequently, the Florida Court of Appeals upheld the lower court's decision. This case will clearly serve as a precedent and should make it easier for the PAS to be admitted in other cases—not only in Florida, but elsewhere.

Furthermore, on January 17, 2002, after a two-day hearing devoted to whether the PAS satisfied Frye criteria for admissibility, a court in Wheaton, Illinois, also ruled that the PAS has gained acceptance in the relevant scientific community and is therefore admissible in courts of law.

It is important to note, also, that the list of legal citations not only includes cases in the United States, but in Canada, Australia, Germany, and the United Kingdom.

**Unjustified Criticism:** Dr. Gardner's PAS Has Given Abusing Parents a Weapon to Use Against Their Accusers. Specifically, They Deny Their Abuse and Claim That the Children's Animosity Is the Result of the Accuser's PAS Programming

**Fact:** I do not deny that some bona fide abusers are doing this. I do not deny that some bona fide abusers are claiming that the children's animosity has nothing to do with their reprehensible behavior, but is the result of the other parent's programming a PAS into them. Furthermore, there is no question that such abusers gain support in this diversionary maneuver from their attorneys. It is also the case that some judges, especially those who are not properly knowledgeable about the PAS, have "bought into" this argument, failing thereby to recognize the bona fide abuse that was actually taking place in the case.

The implication of this criticism, however, is that I somehow am responsible for such misrepresentation of the PAS by these abusers. PAS exists, as does child abuse. There will always be those who will twist a contribution for their own purposes. Chapter nine in the second edition of my book *The Parental Alienation Syndrome* (Gardner, 1998) provides evaluators with detailed criteria for differentiating between true abusers and PAS indoctrinators.

Criticism has been directed at me because *some* mental health professionals and courts of law are misusing the PAS and exonerating bona fide abusers by claiming that the children's animosity toward them is the result of PAS indoctrinations by the other parent. Again, I am somehow being blamed for this. It is unfortunate that there are many evaluators who claim to be knowledgeable about the PAS and clearly are not. Whenever something becomes an in-vogue diagnosis, there will always be those who misinterpret it

and misuse it. Blaming the person who originally described this disorder is the equivalent of blaming Henry Ford for automobile accidents or the Wright Brothers for airplane fatalities. Nor do we prohibit the production of automobiles and airplanes because of such misuse.

**Misinformation:** Dr. Gardner's PAS Work Has Been Misinterpreted and Misapplied by Some Mental Health and Legal Professionals With the Result that Some Parents Have Been Inappropriately Deprived of Primary Custodial Status

**Fact:** I do not deny that some legal and mental health professionals are indeed misinterpreting and misapplying my work, much to the detriment of the client so affected. Again, the implication of this criticism is that somehow I am responsible for such misinterpretation of my contributions. There will always be those who will oversimplify a complex phenomenon and who will misrepresent a contribution for their own purposes. There will always be those who will not properly understand what they are reading and, thus, misapply it. When writing, whether it be on the PAS or on any other subject, I painstakingly attempt to be clear and try to correct in advance possible misinterpretations.

**Unjustified Criticism:** The PAS Blames One Parent for the Children's Alienation and Exonerates the Other

**Fact:** This is true. The implication of that statement is that I am irrationally and unjustifiably blaming the programming parent. As mentioned, when bona fide neglect is present, then the children's alienation is justified and the PAS diagnosis is not warranted. When the PAS diagnosis is warranted, then the programming parent should be blamed because that parent is abusing the child. I am sure that the same criticizers would have no problem blaming an abusive or neglectful parent for the primary source of the children's alienation.

Those who promulgate this criticism are often women who claim that the PAS is basically a manifestation of my bias against women. They claim that PAS victim fathers most often bring about the children's alienation by their own reprehensible behavior. In short, they claim, "He brought it upon himself and he deserves what he got." Often they will use as justification the claim that he doesn't "respect the children's boundaries," "He harasses them to visit with him," and "He doesn't respect their needs." The father's attempts to see his children are converted into psychopathological manifestations that justify their animosity.

My experience has been that when the PAS diagnosis is operative, the target parent is usually an innocent victim. Even though he (she) may have certain qualities that may have at times irritated or even temporarily alien-

ated the children, the target parent does not deserve the campaign of denigration, the ongoing scorn, the complete rejection, and the decision never to see him (her) again. The animosity, then, goes far above and beyond what might be expected from these minor parental weaknesses (if present at all). The one quality that I do see target parents to have that might be contributing to the alienation is their passivity and fear of asserting themselves, lest the children be even more angry at them. Elsewhere, I have elaborated on this phenomenon in detail (Gardner, 2001).

### **Unjustified Criticism:** The PAS Conforms to the Medical Model

**Fact:** Those who criticize me for using the medical model claim that I ignore the family systems model. First, there is hardly a page in any of my books on the PAS that does not involve the family systems model. I am constantly referring to the interactions and interrelationship between the alienating parent, the alienated parent, and the PAS child. Accordingly, this aspect of the criticism has absolutely no justification.

With regard to the criticism that PAS conforms to the medical model, the implication here is that the medical model is somehow improper and that PAS has nothing to do with the medical model. Each diagnosis in DSM-IV follows the medical model. In order to make a diagnosis, a physician must compare the patient's symptoms with those listed in the book. The DSM-IV committees have repeatedly rejected family systems diagnoses because they are often nebulous and speculative. They are almost impossible to subject to controlled studies, especially studies in which statistical verification is warranted. I am certain that those who promulgate this criticism would want their doctor to follow the medical model when diagnosing any illness they may have.

### **Misinformation:** Gardner Reflexively Applies the PAS Diagnosis to All Alienated Children and Does Not Concern Himself With Other Sources of the Children's Alienation

**Fact:** This statement is ludicrous. To believe this, one must ignore all of my books and articles published before I wrote my first article on the PAS in 1985. I describe in these publications many *other* reasons why children are antagonistic toward one of the parents, reasons that have nothing to do with PAS. These include the wide variety of forms of child abuse (physical, emotional, and sexual), child neglect, child abandonment, and compromises in parenting skill. In addition, I describe adolescent rebellion, adolescent alienation, and cult indoctrinations. Even in my books on the PAS, I advise examiners to be vigilant and explore alternative explanations for the children's alienation. Last, I have repeatedly stated that when bona fide abuse/neglect exists, the PAS diagnosis is not applicable.

**Misinformation:** Dr. Gardner's PAS Work Has Resulted in People Committing Suicide and Homicide

**Fact:** There is no question that I have been involved in a few cases in which such tragedies have occurred. I do not differ, thereby, from the vast majority of other psychiatrists who have been in full-time practice for over 40 years. The implication here is that I somehow have been personally responsible for these deaths. Unfortunately, considerations of confidentiality prevent me from making any public statements regarding these particular cases. The old adage is applicable here: "There are two sides to every story." And my side, without revealing any specific information about any specific case is this: I have never been involved in a case in which I have been directly responsible for anyone's suicide or anyone's homicide. And in every such case I could, if I had the opportunity, provide compelling evidence that these terrible consequences had absolutely nothing to do with me.

**Misinformation:** The PAS Is a Discredited Theory

**Fact:** Those who promulgate this myth do not state *who* has discredited the PAS and by what authority. The facts are just the opposite. An ever-increasing number of legal and mental health professionals are writing articles on the PAS and citing it in courts of law. The aforementioned lists of PAS peer-reviewed articles and legal citations are testament to the fact that PAS is not a theory, nor has it been discredited.

## SEX-ABUSE EVALUATIONS

**Misinformation:** Dr. Gardner's Sex-Abuse Evaluations Do Not Follow the Guidelines Delineated by the American Academy of Child and Adolescent Psychiatry

**Fact:** Again, those who promulgate this myth do not state exactly which aspects or elements in my protocol do not follow these guidelines. The facts are that they do. In 1997 the American Academy of Child and Adolescent Psychiatry published "Practice Parameters for the Forensic Evaluation of Children and Adolescents Who May Have Been Physically or Sexually Abused." I was a consultant to the committee that prepared this document, and my two books that describe my protocols are cited in this document: *True and False Accusations of Child Sex Abuse* (Gardner, 1992) and *Protocols for the Sex-Abuse Evaluation* (Gardner, 1995).

Furthermore, my protocols for differentiating between true and false sex-abuse accusations utilize the same differentiating criteria that the vast majority of examiners use when making this differentiation. They, like my-

self, have derived these criteria from the scientific literature in which sexually abused children as well as those who have abused them (male and female pedophiles) have been studied and their characteristics delineated. The primary difference between my protocol and that used by others is that it is probably the most comprehensive; for example, I have 66 criteria for differentiating between children who have been genuinely abused and those who have not. At this point, no competent critic has ever claimed that any single differentiating criterion has absolutely no validity for making this differentiation.

**Misinformation:** Dr. Gardner's Sex-Abuse Protocol Has No Scientific Validity

**Fact:** My books describe the protocols I utilize in sex-abuse evaluations and provide scientific references to the vast majority of the criteria that I use for differentiating between true and false sex-abuse accusations (Gardner, 1987, 1992b, 1995). Actually, the criteria that I use are derived from the same literature that others use when differentiating between true and false accusations. However, my list of differentiating criteria is generally longer and more exhaustive than any of the lists I have seen.

**Misinformation:** Dr. Gardner Supports and Is Fully Sympathetic to the Practice of Pedophilia

**Fact:** There is absolutely nothing that I have ever said in any of my lectures, or anything that I have written in any of my publications to support this allegation. This is my position on pedophilia: I consider pedophilia to be a form of psychiatric disturbance. Furthermore, I consider those who perpetrate such acts to be exploiting innocent victims with little, if any, sensitivity to the potential effects of their behavior on their child victims. Many are psychopathic, as evidenced by their inability to project themselves into the position of the children they have seduced, and ignore the potential future consequences on the child of their abominable behavior.

Accordingly, we all need protection from pedophiles. Jail is certainly a reasonable place to provide us with such protection. This is especially the case because the vast majority of pedophiles are not going to be cured, or even helped significantly with their problems, by psychotherapy—the assertions of some psychotherapists notwithstanding. By adulthood the pedophilic orientation has been deeply embedded in the brain circuitry and is not likely to be changed by such a superficial approach as “talk therapy.” Nor is it likely to be changed to a significant degree by conditioning techniques, that is, “behavior modification.” It is as reasonable to believe that one could accomplish this goal as it is to believe that one could change an adult homosexual into a heterosexual and vice versa.

I am also in favor of Megan's Law, which requires that communities learn about the presence in their midst of pedophiles who have just been released from prison. I do believe, however, that the same laws should be applied to those who have been convicted of certain other crimes such as rape (which in a sense is similar to pedophilia), murder, arson, and other felonies that present formidable risks to the community. In short, I have absolutely no sympathy for pedophiles, and the fact that I have testified in courts of law in defense of innocent parties—who have been wrongly accused of pedophilia—does not mean that I am in any way sympathetic to those who actually perpetrate such a heinous crime.

**Misinformation:** Dr. Gardner Believes That Pedophilia Is a Good Thing for Society

**Fact:** I believe that pedophilia is a bad thing for society. I do believe, however, that pedophilia, like all other forms of atypical sexuality, is part of the human repertoire and that all humans are born with the potential to develop any of the forms of atypical sexuality (which are referred to as paraphilias by DSM-IV). My acknowledgment that a form of behavior is part of the human potential is not an endorsement of that behavior. Rape, murder, sexual sadism, and sexual harassment are all part of the human potential. This does not mean I sanction these abominations.

I have noted the historical fact that pedophilia has been and still continues to be a widespread phenomenon. Unfortunately, this has been interpreted by some to indicate that I condone the practice. This is the equivalent that saying that those who note the ubiquity of rape and murder are thereby condoning these atrocities.

**Misinformation:** Dr. Gardner Believes That Pedophiles Should Be Granted Primary Custody of Their Children

**Fact:** I consider pedophilia to be a psychiatric disorder, an abominable exploitation of children. I have never supported a pedophile in his (or her) quest for primary child custody. Because I have testified on behalf of falsely accused defendants, there are some who claim that I am reflexively protective of pedophiles and sympathetic to what they do. There is absolutely nothing in anything I have ever said or written to support this absurd allegation. When I conclude in a custody dispute that an accused father has pedophilic tendencies, I will advise the court to provide protection for the children. I never have recommended primary custody for such a parent, nor can I imagine myself ever doing so.

**Misinformation:** Dr. Gardner Believes That the Vast Majority of Incestuous Sex-Abuse Accusations are False

**Fact:** I believe that the vast majority of incestuous sex-abuse accusations are true. There are other categories of sex-abuse accusations, for example, accusations against babysitters, clergy, scout masters, teachers, strangers, and accusations in the context of child-custody disputes. Each category has its own likelihood of being true or false. It is in the category of child-custody disputes that I believe that the vast majority of accusations are false, and there is support for this belief in the scientific literature. This category represents only one of many, and although false accusations in child-custody disputes is common practice, this category represents only a small fraction of all groups combined. When one combines all groups, I hold that the vast majority of sex-abuse accusations are true.

**Misinformation:** Dr. Gardner Believes That Everybody Has Pedophilic Tendencies

**Fact:** I believe that all people are born with the potential to engage in every kind of atypical sexual behavior known to humanity. It behooves parents and other caretakers to suppress socially unacceptable behavior and to channel the child's sexual urges into socially accepted forms. This should happen in early childhood. In our society the pedophilic potential has been suppressed successfully for the vast majority of individuals. Those who have not experienced such suppression become pedophiles. There have been other societies in the history of the world that have not suppressed pedophilic tendencies. The fact that such suppression has not taken place is a fact of history. This does not mean that I suggest that we emulate such societies or that I approve of pedophilia. Human sacrifice has been widespread in many societies in the history of the world. This also is a fact of history. To state this fact does not mean that I approve of the practice. The suppression of primitive impulses is necessary for the existence of a civilized society. Abba Eban, a former Israeli Ambassador to the United States, put it well: "Man becomes civilized when his animal impulses are tamed, subdued, and transcended by his social nature."

**Misinformation:** Gardner Believes that Judges, Lawyers, Juries, and Evaluators Who Involve Themselves in Sex-Abuse Lawsuits Become Sexually "Turned On" in the Course of the Litigation

**Fact:** As the media well knows, sex and violence attract attention. People are more likely to read about these issues than less "interesting" topics. To deny prurient interests is to deny reality. This does not mean that I believe that people are sitting in the courtroom in a state of high sexual excitation while the trial is going on. What I am saying is that those in the courtroom are as

likely to be extra-attentive to sex and violence as those outside the courtroom.

**Misinformation:** Dr. Gardner Is in Strong Support of the North American Man/Boy Love Association (NAMBLA)

**Fact:** I have never been a member of this organization, and I am opposed to its primary principles. Adult men who have sex with boys are exploiting them, corrupting them, and contributing to the development of sexual psychopathology in them. NAMBLA's position is that if the child consents, then the pedophilic act is acceptable and even desirable. This is a rationalization for depravity. Children can be seduced into consenting to anything, including murder. Society needs to protect itself from those who would exploit our children. Jail is one reasonable place to provide such protection.

**Accurate Perception:** Dr. Gardner Believes That Society, Especially Our Penal System, Treats Adults Who Have Sex With Children too Harshly

**Fact:** This is true. However, the implication here is that I would never jail pedophiles or punish them in any way. This is not true. I believe that most pedophiles are incurable and that we must protect ourselves and our children from them. Accordingly, jail is an excellent place to put them. I believe, however, that pedophiles are treated differently, and much more harshly, than other criminals. I have no hesitation referring to a pedophile as a criminal, even though there is a DSM-IV diagnosis for pedophilic behavior. Most states now have Megan's Laws, laws that require local police to notify people in the community that a recently jailed pedophile is living in their midst. Notices are placed in police stations, post offices, and other places. There are no Megan's Laws for murderers. There are no Megan's Laws for rapists. There are no Megan's Laws for arsonists or for any other crime. There are only Megan's Laws for sex abusers. This is what I am referring to when I say that society treats sex abusers more harshly than people who have perpetrated other crimes.

Furthermore, when people who have committed all the other crimes, other than sex abuse, have served their sentences, the law requires that the person *must* be released from jail by prison authorities. This is not the case for child sex abusers. They can be kept in jail beyond their sentences and I have seen cases in which this has happened. Usually they are required to go into treatment until they are "cured." If the alleged abuser insists that he (she) never perpetrated any sex crimes at all, and has been falsely incarcerated, then the person may remain in jail indefinitely. This is what I am referring to when I say that society treats sex abusers much more harshly than people who have committed other crimes.



**Misinformation:** Dr. Gardner's Work Has Contributed to Sex-Abuse Hysteria in This Country

**Fact:** This criticism credits me with the power to create a national hysteria that did not exist before my publications. Describing a phenomenon does not mean that I created it. My book *Sex Abuse Hysteria: Salem Witch Trials Revisited* was published in 1991 (Gardner, 1991a), at least six or seven years after the hysteria began. (The reader may recall that the McMartin accusations surfaced in 1983 and the Kelly Michaels accusations in 1988.) Obviously, the sex-abuse hysteria phenomenon was well under way before the publication of that book. In a sense, this criticism flatters me because it gives me a power way beyond what I actually have.

**Misinformation:** Gardner Is Responsible for Judges All Over the United States and Canada Disbelieving Mothers Claiming That Their Children Were Sexually Abused by Their Husbands. As a Result Children Are Not Being Protected From Their Pedophilic Fathers

**Fact:** Again, this implies that I, a single person, could have such an enormous influence over the judiciary over a whole continent. The alternative explanation, namely, that my contributions have brought to light the abomination of false sex-abuse accusations is not acknowledged by those who promulgate this myth.

**Unjustifiable Criticisms:** Gardner Reflexively Considers a Sex-Abuse Accusation False and Does Not Give Proper Attention to True Sex-Abuse Accusations

**Fact:** This criticism is ludicrous and cannot be supported by any of my publications on sex abuse. In each of my books on differentiating between true and false sex-abuse accusations (the reader will please note the title), I describe in detail the clinical manifestations when the accusation is true and the clinical manifestations when the accusation is false (Gardner, 1987, 1992a, 1995). Although I have written that the vast majority of sex-abuse accusations that arise as a spin-off of the PAS are false, I have also written that the vast majority of sex-abuse accusations that arise in the context of the intact families are more likely to be true. I have also written that the vast majority of accusations in the context of babysitting accusations, coach accusations, clergy accusations, and scout accusations are more likely to be true.

## CHILD-CUSTODY EVALUATIONS

**Misinformation:** Dr. Gardner's Custody Evaluations Do Not Follow the Guidelines Delineated by the American Psychological Association

**Fact:** My child-custody evaluative procedures follow every one of these guidelines. Those who promulgate this myth do not say specifically what in these guidelines is not subscribed to by my child-custody evaluative procedures. In fact, my publications describing my procedures have been cited in the 1994 American Psychological Association's *Guidelines for Child Custody Evaluation in Divorce Proceedings*. The Guidelines cite my book, *Family Evaluation in Child Custody Mediation, Arbitration, and Litigation* (Gardner, 1989), the first edition of my book on the parental alienation syndrome (Gardner, 1992a), as well as my volume *True and False Accusations of Child Sex Abuse* (Gardner, 1992b). There is no other author on that list who has three citations.

**Misinformation:** Dr. Gardner Has Been Barred From Testimony in Many Courts of Law Throughout the United States

**Fact:** This is pure myth. To date I have testified directly in approximately 30 states and in others via telephone. I have been testifying since 1960. Not once has a court of law ruled that I was not qualified to testify as an expert.

**Misinformation:** Dr. Gardner Is a Hired Gun

**Fact:** When I agree to involve myself in a custody litigation there is a three-step process that each prospective client must take. First, every attempt must be made to involve me as the court's independent examiner. If this fails I may be willing, after some exploration of the case, to be recognized as the inviting party's expert, but I make no promises beforehand that I will support that party's position. I require the inviting party to sign a document in which he (she) agrees to pay my fees, and even for my testimony, if I ultimately decide that the opposing party warrants my support. There have been cases when in the course of my evaluation I have concluded that the opposing party's position is the more compelling one, and I have ultimately testified on that party's behalf. A copy of this document is to be found in the addendum of my book, *The Parental Alienation Syndrome, Second Edition* (Gardner, 1998).

**Misinformation:** Dr. Gardner Testifies Predominantly in Support of Men

**Fact:** There is absolutely no basis for this myth. I have testified on behalf of women who have been victimized by PAS-inducing husbands, and I have testified on behalf of men whose wives are PAS inducers. In fact, in the last few years, the number of PAS-inducing men against whom I have testified has increased formidably, to the point where I see the ratio now to be about 50/50.

PERSONAL (AD HOMINEM) ATTACKS

**Misinformation:** Dr. Richard Gardner Is Biased Against Women

**Fact:** This cannot be reasonably substantiated by anything I have ever written, lectured on, or testified to in a court of law. With regard to the alleged gender bias associated with the parental alienation syndrome, the facts are that I will generally recommend that PAS-inducing mothers in both the mild and moderate categories retain primary custody. When PAS is severe, or rapidly approaching the severe level, and the mother is the primary promulgator, then I recommend a change of custody. But this represents only a small percentage of cases. And these are exactly the recommendations I make in my book *Therapeutic Interventions for Children with Parental Alienation Syndrome* (Gardner, 2001).

Furthermore, as fathers are now increasingly indoctrinating PAS in their children I find myself testifying even more frequently in support of women who have been victimized by their husbands' inducing PAS in their children.

**Misinformation:** Dr. Gardner Is an Advocate for Men's Rights Groups

**Fact:** I have never been a member of any Men's Rights Groups. In fact, I have never been a member of any advocacy group whatsoever. Many men in men's rights groups are very pleased with me because I played an important role in bringing to public attention the false sex-abuse accusation in the context of child-custody disputes and have testified in support of innocent men in this category. However, in the same groups are many men who are critical of me because they claim I do not frequently enough recommend custodial change for mothers who have induced mild and moderate levels of PAS in their children. As mentioned, I generally reserve such a recommendation for the relatively small percentage of mothers who have produced very formidable levels of moderate PAS and/or severe levels of PAS.

**Misinformation:** Dr. Gardner Claims That He Is a Clinical Professor of Child Psychiatry at Columbia University College of Physicians and Surgeons, Yet He Does Very Little Teaching There

**Fact:** The implication of this statement is that I am somehow misrepresenting myself. I have been on the faculty of the Columbia Medical School since 1963. In earlier years I did more teaching than I have in recent years, but such reduction in teaching obligations is common for senior medical school faculty members. More importantly, people who do significant research and writing generally do far less teaching. This has been my position.

When I was promoted to the rank of full professor in 1983, I was the first person in the history of Columbia's Child Psychiatry department to achieve that rank who was primarily in private practice (rather than full-time faculty). I had to satisfy all the same requirements necessary for the promotion of full-time academicians. And this was also true when I was promoted to the associate professorial rank some years previously.

**Misinformation:** Dr. Gardner's Publications Are Not Peer Reviewed

**Fact:** I have published approximately 150 articles of which approximately 85 have been in peer-review journals.

**Misinformation:** Dr. Gardner Has His Own Publishing Company, Creative Therapeutics, Inc., and Publishes All His Books Through His Own Company

**Fact:** I do own Creative Therapeutics, Inc., and since 1978 I have published most (but not all) of my books through Creative Therapeutics. The implication is that Creative Therapeutics is some kind of vanity press and that if not for it, I could not find publishers for my books. The facts are that between 1960 and 1983 I published books with the following other publishers: 4—Bantam Books (Gardner, 1971b, 1979, 1981, 1983); 6—Jason Aronson, Inc. (Gardner, 1970, 1971a, 1973a, 1973b, 1975, 1976); 1—Avon Books (Gardner, 1974a); 1—Doubleday (Gardner, 1977a); 2—Prentice-Hall (Gardner, 1972, 1974b); 1—G. P. Putnam's (Gardner, 1978); and 1—George Stickley Co., (Gardner, 1977b). In 1991 Bantam published the second edition of my book *The Parents Book About Divorce* (Gardner, 1991b). Moreover, I periodically receive invitations from other publishers to write books. The main reason why, in recent years, I have published through Creative Therapeutics is that I have much more autonomy regarding book size and content, and the returns are more favorable.

In addition, many of my books were published in foreign languages by publishers in various countries: Japanese, Spanish, Dutch, French, German, Italian, Hebrew, Czech, and Russian.

**Misinformation:** Dr. Gardner Has a Publicist

**Fact:** There was a period of approximately nine months (fall 1992 to summer 1993) when I did engage the services of a publicist. The purpose was to bring public attention to one very important case in which I was involved. That was the only time that I have used the services of a publicist.

**Misinformation:** Dr. Gardner Utilizes Coercive Interview Techniques In Which He Bludgeons Children into Saying Whatever He Wants Them to

**Fact:** I make every attempt to videotape my interviews of children alleging sexual abuse. I have done hundreds of hours of such interviews. Not once has anybody been able to demonstrate coercive interview techniques in the course of these. In fact, my interviews are often viewed in another room—via a monitor—by parents, lawyers, mental health professionals, and sometimes the child's own therapist. Not once has anybody ever come forth with the complaint that my interviews were coercive, even under circumstances in which the parties were able to interrupt my interview while it was in progress. The interview tapes are available to both sides and yet not once has an opposing attorney ever taken such a tape and even tried to demonstrate to the court that my interview was coercive.

**Misinformation:** Dr. Gardner Is Extremely Expensive and Only Represents Rich People

**Fact:** My fees are higher than average, but commensurate with that of people at my level of experience and expertise. I have also done a significant amount of pro bono work. At any given point I usually have one or two pro bono patients for whom I dedicate myself as assiduously as I would had they been paying me. I do not differ here from many other physicians whose fees from those who can pay enables them to provide services at low cost—or even at no cost—to others.

**Misinformation:** Dr. Gardner's Interest in Child-Custody Disputes Probably Stems From the Fact That He Himself Was Involved in Such a Dispute

**Fact:** I have never been involved in a child-custody dispute involving my children.

## CONCLUDING COMMENTS

As mentioned, it was with great reluctance that I have written this article. However, I recognize its importance and am pleased now that I have written

it. I believe that earlier versions have played some role, perhaps small, in dispelling some of the misinformation that has been promulgated about me and my work.

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