MISPERCEPTIONS VERSUS FACTS ABOUT RICHARD A. GARDNER, M.D.

INTRODUCTORY COMMENTS

This document has been prepared to provide corrections for certain misrepresentations and misperceptions of some of my contributions. There have been unfortunate misinterpretations of some of my positions on a variety of issues. 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 a court 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.

Misperception: 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 The Parental Alienation Syndrome (PAS).

Misperception: 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 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 generally 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.

Misperception: 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.

Misperception: 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.

Misperception: 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.

Misperception: 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 a vanity press and that if not for it, I could not find publishers for my books. The facts are that between 1960 and 1968 I published books with the following other publishers: Bantam Books—4, Jason Aronson, Inc.—6, Avon Books—1, Doubleday—1, Prentice-Hall—2, G. P. Putnam's—1. Furthermore, Creative Therapeutics has not published any of the multiple foreign translations of my books. In 1991 Bantam published the second edition my book, The Parents Book About Divorce. Furthermore, 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.

Misperception: Dr. Gardner is on the Executive Board of the False Memory Syndrome Foundation (FMS Foundation)

Fact: I have never been on this board. A review of any of their periodicals listing membership will support my statement that I am not included on their Executive Board. I am certainly sympathetic to the Foundation's position with regard to the belated accusations of sex abuse by women who have been led by others to believe they were abused in childhood when there is absolutely no evidence for it. Such sympathy does not preclude my recognition of the fact that bona fide sex abuse is a widespread phenomenon and that there are even women who may have limited recollection of their abuses. I am in agreement with the Foundation's position that psychotherapy has been oversold to the public, and it is a far less scientific method of treatment than generally believed. However, I believe that the Foundation's position on psychotherapy is too stringent and goes to the point that no form of psychotherapy is considered efficacious.

Misperception: 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 would certainly not recommend primary custody for such a parent.

Misperception: 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, i.e., “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.

Misperception: 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.

Misperception: 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, e.g., 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.

Misperception: 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.

Misperception: 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. 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. 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.

Misperception: 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 nonexistence of the disorder. It implies that it is a figment of my imagination and 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.

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 before 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.
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.

Misperception: 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.

Misperception: 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 not recognized me as an expert.

Misperception: 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 academics. And this was also true when I was promoted to the associate professorial rank some years previously.

Misperception: Dr. Gardner's protocols for evaluating sex abuse are not recognized by the American Academy of Child and Adolescent Psychiatry

Fact: My protocols not only follow the guidelines delineated in "Guidelines for Conducting the Sex-Abuse Evaluation" published in 1998 by the American Academy of Child and Adolescent Psychiatry, but my book, Protocols for the Sex-Abuse Evaluation, is cited as one of the references. Even more importantly, I was invited to serve as a consultant to the committee formulating this document.

Misperception: Dr. Gardner's sex-abuse protocol has no scientific validity

Fact: My book Protocols for the Sex-Abuse Evaluation provides scientific references to the vast majority of the criteria that I use for differentiating between true and false sex-abuse accusations. No competent professional has ever claimed in a court of law or in a publication that any single criterion in this volume lacks scientific validity. 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.

Misperception: Dr. Gardner's interest in the field of child sex abuse is probably related to the fact that he himself is tainted somehow in this realm, e.g., he was sexually abused himself as a child, or he himself is a sex abuser

Fact: I was never sexually abused as a child. I have never sexually abused a child, nor have I ever been accused of such behavior.

Misperception: 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.

Misperception: Dr. Gardner's work is "controversial"

Fact: The implication here is that because controversy exists there is something specious about my contributions. It is true that most 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. 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.

Misperception: 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.

Misperception: 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 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.

Misperception: Dr. Gardner's work on the PAS and sex abuse is not generally recognized by the professional communities

Fact: This vague statement does not identify which people in which professional communities do not recognize my work. As indicated elsewhere on this website, there are approximately 65 articles published in scientific journals on the parental alienation syndrome. Furthermore, institutions in both the legal and mental health realms have invited me repeatedly to lecture on the PAS and sex abuse, and thousands have attended my lectures throughout the United States, in Canada and in some countries abroad.

Misperception: 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 of law with increasing rapidity are recognizing the disorder. Elsewhere in this website are cited 37 cases in which the PAS has been recognized. I am certain that there are others which have not been brought to my attention.

Misperception: 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. These two are cited in this website.

Misperception: 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.

Misperception: 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.

Misperception: 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 the first edition of my book on the parental alienation syndrome as well as my 1992 volume True and False Accusations of Child Sex Abuse.

Misperception: 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 1992 and 1995 books which describe my protocols are cited in this document.

Misperception: Dr. Gardner's PAS has given abusing parents the 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 programming

Fact: I do not deny that some bona fide abusers are doing this. The implication of the criticism, however, is that somehow I am responsible for such misrepresentation of my

contribution by these abusers. PAS exists, as does child abuse. There will always be those who will twist a contribution for their own purposes. The second edition of my book The Parental Alienation Syndrome provides evaluators with detailed criteria for differentiating between true abusers and PAS indoctrinators.

Misperception: Dr. Gardner's work has contributed to sex-abuse hysteria in this country

Fact: In a way, this is a compliment, because it 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, 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 my book.

Misperception: 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, there is a compliment here in 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.

Misperception: Dr. Gardner's 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.

Richard A. Gardner, M.D.
Cresskill, New Jersey
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