
Health Aspects of Parental Alienation Syndrome: Greek Crisis and Gender Inequality in the Legislation¹

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In this ethnographic study, I discuss the ways in which divorced parents manage their children's health. I look at examples of high-conflict divorce in the present period of the Greek debt crisis. I conclude by describing a phenomenon of medical child abuse: parents who neglect the real needs of their child in order to acquire or maintain parental authority. At the same time, I describe the inability of Greek courts to accept a model of joint custody that would eliminate gender/family inequalities.

Keywords: Parental Alienation Syndrome, medical child abuse, domestic inequality.

Introduction

In this article, I focus on the effects that high-conflict divorce can have on the decisions that parents make with regard to their children's health. I will discuss the Greek setting, where the model of sole maternal custody is judicially dominated (Paravantis 2014). This judicial process creates conflict situations and inequalities that do not necessarily promote the interest of the child. Over the past decade, Greek justice has repeatedly dealt with civil litigation of parental conflict over the management of their children's health: vaccination, paediatrician selection and consent to surgery are some of the causes of parental conflict. I will attempt to approach the above phenomenon as a special variant of Parental Alienation Syndrome (PAS).

In 1991 Gardner attempted to describe a new psychiatric syndrome: Children who are exposed to parental divorce disputes resort to sudden and inexplicable emotional rejection of one parent (usually the father) ('my dad is the worst, my mom is the best'). The child classifies the victim-parent as his or her 'enemy' and emerges a non-negotiable aggression/hatred that is indirectly or directly rewarded/reinforced by the perpetrator-parent. In severe cases of the syndrome, the victim-parent completely loses communication/contact with their children and lacks any knowledge of their health, education and upbringing. The other parent resorts to false allegations of abuse (sexual, physical or emotional) and promotes himself/herself as the protector of an abused child. In milder cases of the syndrome, the perpetrator-parent expresses discomfort with the other parent's involvement in the child's daily life: He/she cannot tolerate the other parent's presence in school or extracurricular activities, he/she does not allow free parent-child communication (insists on judicial decision) or shared parental actions, such as birthday parties (Gardner 1991, Bernet et al. 2010, Warshak 2001).

Gardner's diagnostic effort received strong criticism from the scientific community and feminist organisations (Bruch 2001, Faller 1998, Peris and Emery 2005, Ziropiannis 2001). However, in 2019 the World Health Organization included the terms 'parental estrangement' and 'parental alienation' in the index term of ICD-11 (International Classification of Diseases).

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Also included as a new autonomous diagnosis was ‘Relationship Disorder between a Minor and a Guardian’ (ICD-11 code: QE52).

Since 2009, Greece has been going through an unprecedented financial crisis. The influence of the International Monetary Fund forced the country to reduce dramatically public social spending (Efthimiou et al. 2013). During this period, an explosive increase in divorces was observed. In 2008 the number of divorces decided by the country’s courts was 13,163, while in 2017, the number was 19,190 (a 46% increase) (Greek Statistical Service). In 2005, the first organised father’s movement, called SY.GA.PA. (Association of Father’s Dignity), was founded. It has grown to comprise 3,000 members in five years. It consists mainly of divorced fathers who demand the establishment of joint custody (equal/shared parenting) either by exerting political pressure or by resorting to public protest. At the same time, they were seeking the establishment of family courts and the involvement of social services in the judicial process. In September 2016, the newly elected left-wing party (SY.RI.ZA) set up a law-making committee to evaluate a co-parenting legislative proposal. However, successive electoral battles and intense political debates did not allow completion of the commission’s work. In 2019, the newly elected right-wing party (Nea Dimokratia) announced the reconstitution of a committee on the same subject. So far, there has been no progress: ‘When you hear of many cherries, hold a small basket (Greek proverb). Nothing will happen. They will cheat us again. All they care about is our vote...’ (Giannis, 32, member of SY.GA.PA.). In the context of participatory observation, I followed the members of SY.GA.PA in their meetings for two years (2014-2016).² My presence in the field has confronted me with an unprecedented correlation between *unequal* parenting and medical child abuse that I will present briefly.

Health Case Law

According to the Greek Civil code, custody of a minor child refers to everyday issues such as upbringing, education and the determination of the child’s home (Article 1518). The custodial parent can change their child’s school without the other parent’s consent. However, there are concerns about health decisions: *Can a parent take a health decision without the consent of the child’s other parent?*

The Supreme Court of Greece ruled in the 1321/1992 decision that: ‘The mother has the right to decide on her own, only on current and daily matters and not on issues critical to his life (such as naming, choosing a religion, serious surgery)’. According to legislation, serious health issues require the consent of both parents. However, each parent’s perception of the seriousness of a health intervention is different.

Dimitris is 32 years old and works as a high school teacher. He and his wife separated when their son was two years old. The child is now an adolescent, but his parents’ dispute has not stopped:

² The research findings are based on in depth open ethnographic interviews with 29 informants carried out using the snowball technique (divorced parents, children, mental health practitioners and lawyers). The research was conducted during 2013-2014.

‘She put braces on our child, without telling me anything! I saw him the other day, and he was afraid to smile. He didn’t want me to see his teeth. She teaches the child not to tell me anything. Can you believe it! She had to ask me! It is a serious health issue. She only wants my money. When I was a kid, no one had braces in his teeth.’

In exceptional cases, Greek courts have recognised that sole maternal custody does not favour the child’s interest and have ruled toward a shared parental health responsibility. Number 1079 Supreme Court’s decision accepted the father’s request for shared custody in health issues. The mother’s negligence caused the above decision, as she did not care about the paediatric examination of the child, who was also facing increased health needs. In particular, the court ruled that the mother did not accompany her child to pre-arranged medical/paramedical appointments, thus violating the child’s right to health. Furthermore, the court accepted the father’s request to accompany his child to medical appointments himself. Really interesting is a decision of the First-Degree Court in the city of Komotini (2012), which granted the mother sole custody of the minor, but added the following condition: ‘The mother obliged to inform the father of any visit of the minor to a hospital.’

The Court of Appeal of Athens (4948/2015) entrusted the mother with the custody of the minor children, however, also entrusted the father with the part of custody that relates to education and medical/health care. The motivation reads:

‘... it is not necessary for the mother to exercise the sole custody. It is necessary, in particular, to get certain areas of custody, the father of the juveniles. He has to cover directly the costs relating to medical and educational activities of the children as he requires (cost for the private school, language learning, and private insurance contract). This plan, which is believed to eliminate a climate of tension between the two parents, will ultimately support the interests of the children. For the rest, the custody of the minor children should be entrusted to their mother.’

A recent ruling by the First-Degree Court of Athens (2019) addressed an unusual health issue: The mother, as a supporter of the anti-vaccine movement, refused any vaccination of her child. The father was desperate. The court eventually ruled that the mother should be entrusted with sole custody, but noted that: ‘In matters of child health care (including vaccination), a co-decision between the parents is required, taking into account the mother’s refusal to consent to the vaccination of the child.’

The period of the financial crisis was accompanied by the emergence of medical litigation in parental disputes. The perception of the ‘valuable sole maternal custody’ seems to be challenged in a *healthy* way.

Divorce in the Era of Crisis

Greek family law — *de facto* — defines the mother as the triumph winner and the father as the absolute loser. On the one hand, almost every divorced mother can ‘grasp’ the sole custody of her child. As a consequence, she can manage and receives the full amount of parental financial support (child maintenance), receives state benefits (for example, lower taxes), and keeps the

family house. Finally, she may sue the father for parental abduction (a felony). On the other hand, almost every divorced father loses custody of his child. He has to accept just a strict visitation plan (usually two weekends every month and one evening every other week). He is obliged to pay child maintenance, and he loses all of the family state benefits (for instance, parental leave or tax exemption). He has to leave his previous home and his household, and he may sue the mother only for denial of court-ordered visitation (misdemeanour, a lesser criminal act).

The above condition worsens in the era of the present financial crisis. Stelios, a former track driver, stated:

‘When I lost my job, I was relieved. I supposed that *no job* meant *no child support* (maintenance). After all, I wasn’t responsible for unemployment. Guess again! She repeatedly sued me for delays in child support payments. How could I pay? I had no money in my pocket! I explained everything to the judge. Waste of time. The prosecutor behaved as if I were a criminal. He insisted that unemployment was my fault and I lost my job on purpose to avoid payments. I am not responsible for the Greek crisis! That’s insane! I spent three months in prison and five more in community service. I am not a drug dealer; I am just a father! When I was in jail, my daughter didn’t know it. There was a special visiting room inside the prison for parental communication, but I was a total wreck. I made some wooden toys for her inside the prison. Just that.’

Until 2015, filing a lawsuit for misdemeanour required a state fee of 10 Euros. However, following a government request, in August of 2015 the Supreme Administrative Court of Greece legitimized a huge 1000% increase, from 10 to 100 Euros. As a result, every unemployed or low-paid father lost access to the justice system. Giannis, 28, a night watchman, said:

‘In the beginning, it was different. She (the mother) was afraid. If she didn’t allow me to communicate on Wednesday with my daughter, I sued her. Yes, we had lots of trials, but I could see my child. Now it’s different. I get paid 580 euros every month. I can’t give 100 euros every Wednesday. Now she is not afraid. She knows I can’t afford to sue her anymore. She has unchecked power. I can do nothing to protect me and my daughter’s rights. Yesterday was my daughter’s birthday. I believed I could see her; after all, it was Wednesday! (visitation day) In my dreams. I couldn’t even wish to her on the phone. No answer! I was ready to sue. Finally, I preferred to spend some money on a birthday present than a lawsuit. I send it by post. I don’t know if she will give it to our daughter.’

After divorce, each father experiences a ‘life shrinking’. He has to live on less money, less space (house) and less child time. In a way, he has to accept his new, ‘*less life*’. In the words of Panayiotis, a 34-year-old teacher,

‘My daughter never asked me why our house is too small. After all, that’s how she has used to. *Mom’s house is big, dad’s house is not*. Just a room, a bed, and a table.

I painted one side of the wall pink to make the room look a bit girly. When my daughter leaves, I don't sleep in the bed. It's her bed with her pillow and her sheets. I prefer the floor. Now she is seven years old. When she will enter adolescence, what will I do? We can't stay in one room.'

The acceptance of paternal financial exhaustion by the judicial system ends up against the child's best interest. The minor has to live in the same period in two different economic environments. As a consequence, he/she experiences a unique variation of a painful 'class struggle'. The sufficiency of space, time and goods in the mother's environment opposed to the lesser/poorer/shorter paternal presence. This correlation between gender and abundance establishes a biased representation in children's cognitive and emotional development. Panayiotis added,

'I tried to explain to my daughter that it is not my fault (the lack of money/custody). She replied without hesitation: *Dad, it's not my fault either that you are not a woman.*'

(Fictitious) Illness as a Parental Passport

Greece lacks family courts. The responsibility for parental disputes appertains to common criminal and civil courts. One parent can sue the other for infringement of a court order for child contact or parental abduction. It is not uncommon for a child to come along with his/her arrested parent at the police station, because he/she returned late to the other parent. According to the Athens Police Department (document 1016/2014), in November 2014 the police handled 193 cases of violation of court-ordered parenting plans.

During my study, the most common claim made by fathers with respect to the cancellation of father-child contact was a sudden illness allegedly fabricated by the child's mother. Michalis, a 50-year-old military man said:

'They (mothers) tell you that the kid is sick. She doesn't let him even talk to me on the phone. When they go to court, they get a medical certificate from a friendly paediatrician, and they are acquitted. At first, I filed a lot of lawsuits, all for nothing. My son got sick every other Friday, just before my visitation. Is it possible?'

Sotiris is a 54-year-old computer teacher. He and his wife separated when their son was eight years old, and their daughter was three. His wife accused him of sexually abusing their daughter. After seven years, he was acquitted. The mother was convicted of false accusation. He reported:

'Everything was done slowly. At first, she (the mother) was claiming that our daughter got sick only in my home. She was telling me that I don't dress her warmly, that I don't feed her properly, that my house was dirty. Then, I went to pick up the kids, and she gave me only our son. She said our daughter was sick. She was sick all the time. I had the kids one week in Easter 2012. My daughter had a urinary tract infection. I applied an ointment to her genitals. She was four years old;

she couldn't do it herself. Then, her mother claimed that I raped our daughter. I was shocked. If I see my daughter in the street, I will not recognize her. I haven't seen her for more than a decade. I was acquitted, so what? My daughter still believes that I am her rapist. Her mother convinced her.'

In the above example, maternal promotion of fictional diseases is a prelude to false allegations of abuse. The child herself cannot understand when and how she is ill or abused. She obeys the instructions/wishes of the strong parent (mother). The symbolic message she receives is: 'When you are sick, mom is happy.' The daughter's illness (real or fictitious) delights the mother, as she can use it against the father in the courtroom. In this — distorted — case, a child's health becomes a judicial weapon that gives happiness and satisfaction to the custodial parent.

Lazarus is a 44-year-old businessman. He won sole custody of his nine-year-old son, who is on the autistic spectrum. He does not allow mother-son communication claiming health reasons. He said:

'The kid receives daily psychiatric medication, a bunch of pills. It wasn't easy to calm him. He was violent and upset. Now he is ok. He has his habits, his routine. This is autism. When he visits his mom, he gets upset. Last Christmas, he stayed in his mom's house for a week. She didn't give him any medicine. Unfortunately, she can't admit that our son is autistic. The kid is in danger in his mother's house.'

In the case of Lazarus, there is a real child's disorder. Lazarus uses autism as a tool for parental alienation. In all of the above cases, I found that meeting the health needs of the child is not the main concern. The dominant parent negotiates the health of his/her child according to his/her own emotional needs.

Double Medical Life

Lack of communication between parents forms a double medical life for the child. That is, the medical management of one parent can conflict with the health culture of the other. Dimitris, a 33-year-old bailiff said:

'Believe it or not, we don't use the same name for our daughter. I call her Eirini and her mother call her Sophia. We didn't reach an agreement. She has chosen a paediatrician who supports homoeopathy. She considered vaccination unnecessary. I went to a classical paediatrician. I fully vaccinated the child, without informing her. Even if I had no custody. She sued me. She wanted to convict me because I vaccinated my child! I'm not a criminal. I'm a father!'

It seems that the custody battle turns into a medical war and ends up as a criminal court case. Any medical intervention/omission in the child's body turns into a parental defeat/victory. Dimitris secretly vaccinated his child on the assumption that he is a *medical Robin Hood*. On the other hand, his ex-wife considers him a criminal.

Stella is 27 years old. Her parents divorced when she was six. She has experienced a long-lasting parental battle. She said:

‘We were visiting dad. If my siblings or I were sick, mom would give us a bag of medicines. However, dad didn’t trust her. He thought that she was poisoning the medicinal bottled to blame him. When we were back to mom’s house, she was measuring the liquid in the bottles. Absolute paranoia. My parents didn’t talk at all to each other. At first, I was anxious. Then I got used to it. When I was nine, I had surgery on my stomach. Mom didn’t say anything to my dad. I was angry. I was thinking: why my dad didn’t come to the hospital? Mom says she informed him. She is probably lying. They still don’t speak to each other.’

This double medical life could be classed as a form of child abuse. The child can be deprived of proper medication and parental support, with his/her health status ending up as a permanent cause of emotional distress.

Conclusions

Financial gains from marriage are remarkable: Shared consumption, more safety against recession, unemployment or other painful life events (for example, health problems) and higher creditworthiness. (Shore 2010, Stevenson and Wolfers 2007, Hess 2004). According to the dominant perception, after divorce, mothers have to overcome severe financial difficulties, while fathers become richer (Kurz 2013, Hilton and Anderson 2009, Spivack 2020). However, the present research suggests that during a long-term recession occurs quite the opposite (Greek crisis paradigm). Each father has to manage the loss of his home, his job and the symbolic loss of his child. Greek courts prefer to interpret the father’s unemployment as a fraudulent personal choice rather than an imposed social condition.

‘When we divorced, she grabbed our son and went 800 km away; To the other side of Greece! I couldn’t stand being away from my child. I went there; I rented a studio apartment in the same neighbourhood. However, I knew I wouldn’t find a job. I am unemployed for two years now, but I don’t regret it. I had to choose: Child or job. I decided on my child. I may end up in jail. (He doesn’t pay child support) but I still don’t regret it. I know she’s having a hard time too. But when the child stays with you, you can share your food; you can share your room. The child still grows day by day, with or without money. I can find food; I can’t find money or a job.’ (Nikos, 42 years old)

In times of recession, access to justice becomes unequal. A weak, divorced parent (mother or father) is unable to have his or her voice heard. However, this does not necessarily mean that a compromise — out of court — parental communication is sought. They ‘prefer’ to set up a health court in front of a doctor who takes on the role of an accessible and free judge. The dominant/winner parent can decide on the health of his or her child without the consent of the other parent. A child’s health becomes the new capital in a narcissist parental *transaction*.

The ethnographic example of SY.GA.PA. reveals irrationalities in applied Greek family law. The custodial parent can exclude the non-custodial parent from education, daily life and

health management of their child. Choices about health disregard the best interest of the child. We are facing a new kind of medical child abuse.

This phenomenon is much more noticeable in the current period of the Greek financial crisis, as public health and social protection benefits have fallen dramatically. Greek judges have no medical and social experts by their side, resulting in poor decisions. At the same time, the absence of family courts pushes parental disputes towards criminal justice and long-lasting proceedings. When the court dispute is over, the child is already an alienated adult.

A model of a shared parenting plan (especially in health management issues) may be the antidote for this medical variation of Parental Alienation Syndrome. For example:

- Parenting agreement in choosing a paediatrician and a dentist.
- Free access to a child's medical information (data) for each parent.
- Both parents will accompany their child to medical visitation.
- Parents will contact each other in cases of emergency.
- Parenting agreement about who will provide their children with health insurance.
- Co-payments of extra medical expenses (for example, dental braces).
- Parents have to keep each other informed of all critical medical information concerning their child (appointments, incidents, past conditions).
- Both parents' homes should be stocked with the same medications, equipment, foods, and other supplies that their child will need when they stay with either of them.
- Keep the child's health information, doctor's contact information and other contact details on hand in both homes.
- Inform the paediatrician of the divorce and provide him/her with permission to communicate with both of the parents.

The treatment of child abuse brings to our mind the intervention of the police, the prosecutor and the doctor. However, the treatment of Parental/Medical Child Abuse demands quite the opposite: The absence of law enforcement and unnecessary medical procedures (removal from the medical and judicial environment). Parental equality is, in fact, a new way of defending children's health.

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