

THE PARENTAL ALIENATION SYNDROME: AN ANALYSIS OF SIXTEEN SELECTED CASES

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ABSTRACT. This study analyzed sixteen cases which appeared to meet Dr. Richard Gardner's criteria for parental alienation syndrome as set forth in his 1987 book. These cases showed a wide diversity of characteristics but Gardner's criteria were useful in differentiating these cases from other post-divorce difficulties. Traditional interventions were ineffective in altering the alienation.

Gardner (1985) has described cases of intense rejection of a parent by children after divorce which he referred to as "parental alienation syndrome" (PAS). He defined this syndrome as a disturbance occurring in children who are preoccupied with depreciation and criticism of a parent and denigration that is unjustified and/or exaggerated (Gardner, 1987). He describes these children as "obsessed with hatred of a parent."

The "parental alienation syndrome" has rapidly become a focus of controversy within the mental health and the legal profession. It has been raised, as well as attacked, in cases involving allegations of domestic violence, parental substance abuse, and child sexual abuse, often strongly polarizing various mental health professionals involved in the cases. Advocacy groups for mothers, fathers, and sexual abuse victims have often been recruited into the conflict.

Very little is described in the literature about children who reject parents following marital separation. Jacobs (1988) describes a case in which five children rejected their father, apparently in response to their mother's extreme narcissistic rage. Wallerstein (1984) noted one child at the ten year follow-up, who rejected her mother, with whom she was living, after her father's attempt to change custody failed. Fidler (1988) also noted one case of a child who refused to see the noncustodial parent among the sample of 76 children referred to a family court clinic.

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More common in the literature is the failure to mention a child's rejection of a parent as one of the outcomes of divorce. Pearson and Thoennes (1990) noted a relatively high frequency of no or sporadic overnight visits with a non-residential parent. In 40% of the maternal sole custody and 30% of the paternal sole custody, the children had no overnight visits with a non-residential parent. In joint legal custody, 7% of the children living with their mothers and 20% of the children living with their fathers reported no overnights with the other parent. Although this is a relatively high frequency, the authors made no mention of the children's attitudes about their parents or the reason for no visits. Kalter et al. (1989) did not report any cases of the child rejecting a parent in their sample of 56 recruited pairs of children and mothers. Similarly, Oppenheimer et al. (1990) noted no cases in their sample of 46 elementary aged children, all living with their mothers, who rejected either parent. Review articles by Zaslow (1988) and by Heatherington et al. (1989) make no reference to parent alienation or to children rejecting a parent as an outcome following divorce.

Rather than specifically identifying children's rejection of a parent, several authors made reference to difficulties arising when a child aligns with a parent or attempts to step into the role of protecting a vulnerable parent. For example, Johnston et al. (1989) noted that large numbers of children attempt to align with one or both angry parents which simultaneously helps the child feel more important and more vulnerable. They indicated that the "typical" response of an older child was to be negative toward the other parent to some degree and to perhaps reject that parent or refuse to visit. In another paper, Johnston and her colleagues (Johnston et al. 1987) noted a tendency of children to become protective toward a fragile parent, the frequency of role reversals, and a tendency to take responsibility in the parental disputes. Jacobs (1988) and Wallerstein (1985) refer to the intense rage of the narcissistically injured parent as being critical in the child's attitudes about the other parent. Wallerstein also refers to the pathological dependence of a parent on a child to protect against feelings of loss as being important in the child's emerging need to protect that parent from intolerable feelings. Oppenheimer and colleagues (1990) concluded that the child's perceptions of parental attitudes and their own beliefs about the divorce have a significant influence on their post-separation adjustment, presumably also including the degree of hostility they felt toward one or both parents.

The authors have been unable to locate any studies systematically analyzing the children and their families when one or more of the children in the family have rejected a parent after divorce. Such an analysis would be a necessary first step in attempting to validate Gardner's "parental alienation syndrome" and his hypothesis about etiology. This study was undertaken to explore characteristics of cases which appeared to meet Gardner's criteria, to search for commonalities among the cases, and to alert mental health professional to this infrequent but serious outcome in children after divorce.

All cases presented here were referred to one or both of the authors for forensic evaluation or treatment of a seemingly intractable situation. Cases were selected for the study on the basis of at least one child in the family having intensely rejected one of the parents on the basis of trivial or unsubstantiated accusations, apparently meeting Gardner's criteria for "parental alienation syndrome." There was no attempt to match these cases with a control group of children whose parents had also separated and/or divorced.

METHOD

The sixteen cases in this study were taken from the caseloads of basis that they met the majority of the criteria set forth by Gardner, (1985, 1987), in his description of the parental alienation syndrome. Those criteria are as follows:

1. Child is preoccupied with depreciation and criticism of the parent that is unjustified and/or exaggerated.
2. Conscious, subconscious, and unconscious factors within the alienating parent contribute to the child's alienation from the other.
3. Denigration of the parent has the quality of a litany, a rehearsed quality. There is phraseology not usually used by the child.
4. Child justifies the alienation with memories of minor altercations experienced in die relationship with the parent which are trivial and which most children would have forgotten. When asked, the children are unable to give more compelling reasons.
5. The alienating parent will concur with the children and support their belief that these reasons justify the alienation.
6. Hatred of the parent is most incense when the alienating parent and the child are in the presence of the alienated parent. However, when the child is alone with the alienated parent, the child may exhibit hatred, neutrality, or expressions of affection.
7. If the child begins to enjoy him/herself with the alienated parent, there may be episodes of "stiffening up" and resuming withdrawal and animosity, as though they have done something wrong. Alternatively, the child may ask the alienated parent not to reveal his/her affection to the other parent.
8. The degree of animosity in the child's behavior and verbalizations may vary with the degree of proximity to the alienating parent.
9. Hatred of the parent often extends to include die alienated parent's extended family, with even less justification by the child.
10. The alienating parent is generally unconcerned with the psychological effects on the child of the rejection of parent and extended family.
11. The child's hatred of the alienated parent is often impervious to evidence which contradicts his/her position.
12. The child's position seemingly lacks ambivalence. The alienated parent is "all bad," the alienating parent is "all good."
13. The child is apt to exhibit a guiltless disregard for the feelings of the alienated parent.
14. The child fears the loss of the love of the alienating parent.

By choosing cases which met the majority of these criteria, the authors were selecting for situations which embodied severe parental alienation, rather than the more common and more

moderate instances of loyalty conflicts which are widely evident in the children of conflictual divorcing parents.

In an effort to better understand the sub-population of divorcing families who manifest an alienation of one parent, these cases were analyzed and data obtained regarding the following variables:

1. length of the relationship or marriage prior to separation.
2. the age of the children at separation.
3. the length of time' between separation and the onset of the alienation.
4. the number of children in each family constellation who exhibited the dynamic.
5. the sex of the alienating parent.
6. the sex of the children.
7. the effectiveness of various interventions in remedying the alienation.

Case #1

A had just turned six years old when she was referred for treatment by her Guardian Ad Litem. She was an only child from the father's second marriage and the mother's first marriage. She attended the first grade at a private school for gifted children and seemed to get along well with peers.

The parents had separated one and a half years prior to the referral for treatment, initially the parents agreed that A would live with her mother and be with her father on alternate weekends from Saturday morning until Sunday evening, as well as holiday and vacation time. However, A almost immediately became resistant to leaving her mother and going with her father. At times the father had to pick her up and carry her to the car kicking and screaming. These difficulties paralleled an increase in the mother's accusations about the father's harassment and alcohol abuse. There were several court attempts to increasingly supervise the contacts between the parents and the visitation time with the father. Eventually, each of the parents was ordered into individual therapy, as was A. In addition, a GAL was appointed and a supervisor for the visitations was assigned.

None of these efforts seemed to alter the progressive rejection of the father by A in clinical sessions. She was initially guarded and resistant, her affect flat and joyless. It was reported by the supervisor that during her visits with her father she was relaxed and playful, although she seemed to most enjoy spending time with her father's live-in girlfriend. However, when it came time to return to her mother, she became quite panicked and insisted on taking off any makeup or clothes that might indicate that she had had fun at her father's. When she returned to her mother, she consistently complained about each visit. Her play themes in therapy excluded any reference to men or fathers.

A's mother was a forty-two year old medical professional who had not worked since A's birth. She was supported by a large stipend from her ex-husband and devoted all her energies to A. She claimed that A became very upset whenever she talked about the possibility of going back to work and used this as a rationalization for not returning to work. Despite her intense hostility and her many accusations toward the father, the mother confided that she continued to love him and was quite jealous of the father's new relationship. She insisted that A have nothing to do with the father's girlfriend and forbade the therapist to talk with the girlfriend. This mother viewed her daughter as unique and special, frequently insisting on special treatment or considerations. She had no insight into her role in alienating her daughter from her father and blamed everything on the father's aberrant behavior.

The father was a well-paid physician and accomplished outdoorsman who was highly thought of in both his profession and avocation. Although very angered by his ex-wife's accusations, he tended to respond passively and did not want to challenge her directly. At times, however, his anger would erupt during confrontations by her. He saw his ex-wife as obsessed with their daughter and deluded by her own fantasies. He described his daughter as having two personalities, one when she was under the influence of her mother, when she acted like an extension of her mother's ego, and another when she was with him, a happy and playful child. At one point the father was allowed to take his daughter on an extended vacation where they reportedly had a very good time together. However, difficulties re-emerged immediately upon the daughter returning to her mother's home.

Two years after the separation and with no progress evident despite treatment for all three individuals, the father agreed to have no further contact with his daughter. This was viewed as preferable to continuing the conflict which appeared to have no resolution for her. He continued to make voluntary contributions to a trust fund for her and sent her letters occasionally, which he hoped she would read after she became an adult.

Case #2

F was a twelve year old girl and G a ten year old boy at the time of this evaluation. They had been placed together in foster care following their detailed descriptions of sexual and physical abuse by their father and physical abuse by their step-mother, with whom they primarily resided. Despite the children's statements and wishes, the court did not place them with the mother because of allegations that she had instigated their statements against the father. The children had only supervised contact with both parents during this evaluation.

The mother had initiated the marital separation six years prior and the father had resisted the divorce. Following the separation, the mother made accusations of physical abuse of herself by the father and on the day prior to the commencement of the divorce trial, the mother made allegations of sexual abuse of the children by the father. The trial was postponed and several professionals evaluated the children. Those evaluations substantiated that the daughter had been sexually abused by the mother's boyfriend's (now husband's) son but did not substantiate sexual abuse by the father. The custody of the children was subsequently awarded to the father. A year following the divorce, the mother made another report to CPS alleging physical abuse and possible sexual abuse of the children by the father. After investigation the allegations were

dismissed as unsubstantiated. One year later the mother attempted to modify custody but this request was denied. In the same year, approximately three years after the separation, both parents remarried and all four parties were ordered to participate together in an attempt at counseling.

Approximately one year after the counseling, the daughter was interviewed by a CPS worker after she reported to her school that she was afraid to return to her father's home following a weekend visitation with the mother. After investigation, the case was again closed. Two months later, during a visit with their mother, the children made the statements to neighbors and later to the CPS caseworker which prompted this evaluation with one of the authors.

Psychological testing of the mother produced clinical scores elevated beyond the normal range. The clinical pattern suggested that she was immature, narcissistic, self-indulgent as well as passive-dependent. The testing also suggested that she was likely to be suspicious of the motivations of others, avoidant of deep emotional involvement, angry, argumentative, stubborn, and prone to externalization. Psychological testing of the father was not elevated beyond the normal range. His normal range profile suggested that he was apt to be naive, hopeful, optimistic, and suggestible with a persistent need to be liked by others and a tendency to avoid confrontation and negativity. There was also some evidence of insecurity, feelings of inadequacy, and a tendency to anticipate rejection. Because the allegations involved the father's current wife, she was also evaluated. She was found to be an exceptionally well-functioning individual.

The father's childhood history was benign and he enjoyed a good relationship with his parents as an adult. However, the mother's history included a very disturbed relationship with her own parents and considerable parental dysfunction during her childhood.

At the time of the evaluation, the mother was a fulltime homemaker, with one child from her second marriage at home. She volunteered at an abused women's shelter and through this activity had a wide circle of friends who offered her considerable support. The father and step-mother were both postal workers who were pursuing educational goals on a part time basis, were active in the schools, and well-regarded by neighbors. They had voluntarily sought counseling for the family several months prior to the allegations because of the degree of conflict between the two households and the effect of that on the children.

Although the children initially made detailed statements about physical and sexual abuse to professionals, during this evaluation their statements were very general and contradictory of earlier statements. Both children exhibited much more affect and energy around statements having to do with the divorce conflict than with abuse, i.e., child support issues and values about living in urban rather than rural areas. Their "memories" of various events appeared to be highly contaminated by their mother's issues and perceptions.

This evaluation failed to substantiate abuse of the children by the father or the step-mother and implicated the mother in excessively influencing the children's statements against the father. Following a trial, the judge returned the children to their father's home. The mother's contact with the children was temporarily suspended while the children were reinvolved with the therapist with whom they had previously been in counseling. The mother was then asked to

initiate gradual contact with the children through the therapist via letters and phone calls. However, after a brief time, the mother moved out of the state and did not follow through with supervised contact. The children have had no contact with their mother for more than one year. Their therapist reports that their overall functioning is much better than prior to the allegations, although both children have difficulty understanding their mother's failure to maintain contact with them. Their therapist has described the children's fabrications of abuse as an attempt on their part to consolidate a very tenuous relationship with their mother. She felt it was made clear to the children that acceptance by their mother was contingent upon rejection of the father and they appeared willing to sacrifice a very secure relationship with the father and step-mother in order to resolve the issue of their mother's commitment to them.

Case #3

This case involved a girl, M. who was two years, six months at the time of the evaluation. There had been a long series of allegations by the mother toward the father beginning in the early months of the pregnancy. The most recent of these allegations was that the father was sexually abusing the child during the limited visits that the child had with the father at the paternal grandparents' home. CPS had been involved twice and made a preliminary conclusion that sexual abuse was probable based on the child's statement that "daddy hurt my butt."

The father was a 24 year old blue-collar worker whose work often necessitated that he be out of town for three to four months at a time. Both clinical evaluation and psychological testing suggested a somewhat immature, narcissistic, and impulsive young man. He viewed his ex-wife as deceitful, unpredictable, and emotionally volatile. Although he had had two DWI's, he tended to minimize his drinking pattern and deny that she had a problem. A detailed psychosexual history was essentially unremarkable. He had dated relatively infrequently and tended to be attracted to women for superficial attributes. His involvement with M's mother was his first serious relationship. There was no history of sexually inappropriate behavior.

The mother was a 24 year old woman who had worked occasionally as a clerical worker. At the time of the evaluation she lived with her parents, who supplemented the child support payments and funded her protracted legal battle with her ex-husband. The mother's family was dominated by the maternal grandmother from whom the mother had never emancipated. Psychological testing and clinical interview suggested a person with strong narcissistic, histrionic, and dependent traits. She appeared willing to exploit others without regard to their feelings. She had a long history of avoiding disapproval by deflecting blame to others. The extensive legal file seemed to document her willingness to fabricate data to prevent her daughter from visiting her father.

Many of her allegations had some element of truth but always represented the worst possible interpretation of her ex-husband's behavior or character. A few months before the allegations about sexual abuse, the mother had called the local police department, and discovered there was an outstanding warrant for the father because he had failed to show for a summons on a DWI. She waited until the father had made arrangements to pick up their daughter for a visit, notified the local police, and arranged to have him arrested as he appeared for the visit.

M had a history of constipation following her visits with her father. Several hours after her return from one visit, and after having played in a wading pool with several other children, M was noticed to have several abrasions on her back. Later that same day, she was described as having a purplish protrusion of her anus at which time M stated that her father "hurt my butt." Subsequent evaluation by a pediatrician trained in sexual abuse issues was ambiguous. However, a later colposcopic exam of the anus showed multiple angulations, suggestive of repealed anal penetration, but also occurring frequently in children without a history of anal penetration. A thorough psychiatric evaluation of this family concluded that there was evidence of parental alienation syndrome and did not substantiate the likelihood of sexual abuse.

M was referred to an experienced female child therapist. M subsequently revealed in more detail that the father had poked her in the anus with his finger on several occasions when he was in his bedroom at the grandparents' home. However, M gave a different description on re-evaluation with the original evaluator. She had no signs of sexualized behavior and in all other ways her development was progressing normally. She seemed acutely aware of her mother's dislike of her father. It was concluded that this case represented parental alienation syndrome.

Case #4

C was a sixteen year old girl, D a twelve year old boy, and E a nine year old girl at the time of the evaluation which occurred a year and a half after the marital separation. All three children were refusing to have any contact with their father and had not seen him for over a year at the time of the evaluation.

Prior to the separation, the children spent extensive time with other caretakers because of their parents' strenuous work schedules. There was evidence of poor supervision and lack of involvement by both parents during that time. However, all three children had been very attached to their father by all reports. The father initiated the separation after sixteen years of marriage because he had become involved with a woman with whom he worked. The mother was distraught over the separation and experienced a brief episode of psychotic depression characterized by delusions, memory loss, and disorientation. She then precipitously moved the children to another town several hours from the father. The children saw their father for several months after the separation on brief visits. However, when it became apparent that he would not return to the household and was seeing the woman with whom he had become involved, all three children eventually refused to have contact with him.

The mother seemed unable to differentiate the father's unwillingness to continue their relationship from his desire to continue to parent the children. She repeatedly referred to her husband's "abandonment of the family" and had conducted a "burial ceremony" during which she and the children symbolically buried the father so that the "new family," which did not include the father, could move forward.

After repeatedly being frustrated in his attempt to make contact with the children, the father initiated an evaluation through Family Court. At the time of the evaluation, D had gained 80 pounds since the separation and was now 100% over his optimal weight. The mother explained the children's decision to have no contact with their father as resulting from their being in

Catholic schools and therefore intolerant of the idea of divorce. She contended that she had encouraged the children to see their father but to no avail. However, information from neighbors and letters written by her to the father strongly suggested that she was motivated to sever the children's contact with the father and quite vociferous regarding her animosity towards him in their presence.

Psychological testing suggested that the father relied on denial for dealing with conflict, was somewhat oversensitive in interpersonal relationships, but otherwise outgoing and sociable. There was also the suggestion of some narcissism in his dealings with others. The mother's psychological testing was invalidated by considerable defensiveness characteristic of individuals who deny psychological problems, are unsophisticated psychologically, and who claim excessive virtue. The testing also suggested that she was apt to be inflexible, unrealistic, and very needful of being seen by others in a positive light.

The evaluation concluded that it was the mother's inability to differentiate her own needs from those of the children that had led to the children's alienation from their father. The evaluator recommended that the custody of D and E be immediately and temporarily changed to the father for two months while the mother sought therapy for herself and C. However, the court denied that recommendation but did order visitations to begin immediately for all three children. Only after several months delay did the children begin therapy and brief visits with their father. Following several more months of therapy and contact with the father only during the therapy sessions, D asked to stay over night with his father. The mother reacted with rage, as though D had betrayed her. However, with the support of his counselor and father, D was able to follow through on his wish to spend alternate weekends with his father. C, however, continued to refuse to have any contact with her father and E continued to have only brief daytime visits on alternate weekends. The mother found her son's proactive relationship with his father intolerable and within nine months sent him to live with the father claiming D had become abusive and unmanageable.

RESULTS

In fourteen of the sixteen cases in this study, the mother had primary custody and was the alienating parent. In one case, the non-custodial mother was the alienating parent and in one case, the non-custodial father was the alienating parent.

There were a total of 26 children (14 girls and 12 boys) in these 16 families and 21 of the 26 children appeared to be involved in the alienation dynamic with a parent. Twelve of the alienated children were female and nine were male.

The length of the marriage prior to final separation was tabulated. In two of the cases, there was no marriage and in three more cases the marriages lasted less than six months. One marriage ended after four years, six had survived between five and ten years, and four had lasted between eleven and fifteen years.

The ages of the alienated children at the time of parental separation ranged from in utero (four cases) to fourteen years of age and appeared evenly distributed across age brackets.

The cases were analyzed to determine the approximate amount of time between the separation and the onset of alienation, as determined by the clinician retrospectively. In five of the cases, onset appeared to be coincident with the separation. In two of the cases, alienation appeared within six months after separation. In four more cases, the alienation became apparent from one to two years after separation. In the final four cases, the alienation occurred between three and six years after separation.

In looking at interventions to deal with the alienation from a parent, a wide range of both legal and clinical processes were identified. In three of the cases, a change of custody away from the alienating parent or a strict limitation of that parent's contact with the child(ren) was implemented by the court system. In all three cases, this was successful in eradicating the alienation. There were no cases in which a change of custody occurred but the alienation continued. In the other thirteen cases, various interventions were tried, ranging from therapy for each of the parents individually, therapy for the parents together, therapy for the children with the alienated parent, therapy for the children with the alienating parent, and the assignment of a Guardian Ad Litem to the case. In two of these cases, the children were evaluated as having experienced "some" or "minimal" improvement in their relationship with the alienated parent. In the other eleven cases, there was no improvement and in two of these cases, the alienation was evaluated as "worse" after these interventions.

DISCUSSION

These cases exemplify the wide diversity and complex nature of the "parental alienation syndrome" as it is played out in parental access disputes. In contrast to Gardner's (1985, 1987, 1992) anecdotal description of cases, this study attempted to analyze the salient characteristics of selected cases meeting Gardner's criteria for parental alienation. These cases suggest that the syndrome can occur without reference to the length of the relationship prior to separation, can occur immediately following separation, or not until many years after the divorce. It can occur in very young children as well as with teens who have previously enjoyed a lengthy and positive post-divorce relationship with the alienated parent. It can involve all children in the family constellation or only one of the children. The alienating parent is most often the custodial mother but alienation by non-custodial fathers or mothers was also observed.

There was a wide range in the severity of symptoms of PAS. It may be true that some elements of PAS are present to some degree in a majority of divorcing families. Our findings are consistent with those of Johnston et al. (1989) in that all of our cases were entrenched in intense post-divorce conflicts. As such they may represent a severe form of a psychological response common in the children of divorcing parents and may not deserve to be classified as a distinct syndrome,

Jacobs (1988) and Wallerstein (1985) refer to narcissistic injury as the motivating force for the alienating parent. Jacobs (1988) also suggests a form of "sibling rivalry" between the divorcing parents for the control and love of the child and Wallerstein (1985) suggests a pathological dependence of a parent on the child to protect against feelings of loss as another underlying dynamic. This is supported by the observations in this study that all of the alienating parents experience intense dysphoric feelings which they blamed on their former spouses.

Predominantly the alienating parents experienced intense narcissistic injuries. However, issues of "sibling rivalry" and pathological defense against feelings of loss were also present in at least some of the alienating parents. In some cases, more than one motivating factor appeared to be involved. It should be underscored, however, that these motivations are often strikingly out of the consciousness of the alienating parent, many of whom were adept at coloring their motivations and behaviors in socially acceptable ways to themselves as well as to professionals.

Contrary to what might easily be assumed by professionals, this study suggests that PAS does not necessarily signify dysfunction in either the alienated parent or in the relationship between that parent and child. PAS appears to be primarily a function of the pathology of the alienating parent and that parent's relationship with the children. Children are apt to be susceptible to alienation when they perceive that the alienating parent's emotional survival or the survival of their relationship with the alienating parent is dependent upon the child's rejection of the other parent. This is consistent with the finding of Johnston et al. (1987) in which they noted a tendency for children to be protective toward a fragile parent when the parents were entrenched in disputes over custody and access.

Efforts to evaluate these issues based on complaints by the child or one parent are generally fruitless. Assessment of the entire family dynamics, with an awareness of Gardner's descriptions of parental alienation, appears useful in understanding these complaints and differentiating them from alienation resulting from cases of abuse or other deficits in the alienated parent and his/her relationship with the children.

This study also suggests that traditional therapies and interventions are not successful in rehabilitating children affected by this syndrome. Although the courts have been reluctant to take drastic action, especially when this is contrary to a child's explicit wishes, in this study only a change in custody to the alienated parent was successful in remedying the alienation. It should be noted, however, that in two of the cases in this study in which the court was willing to take this step, and one case in which a change of custody occurred voluntarily, the children eventually had little contact with the alienating parent. This suggests that the PAS dynamic may be so toxic that a relationship with both parents may not be possible, or in the child's best interests, in cases of severe alienation. Each case must be evaluated on its own merits and the identification of a parental alienation syndrome is not sufficient, in and of itself, to justify changes in custody. Full evaluation of a child's situation and relative parental strengths and weaknesses may identify instances when it is in the best interest of the child to remain with the alienating parent and to have little or no contact with the alienated parent in order to reduce the effects of continued conflict on the child.

Although the "parental alienation syndrome" was only first described in 1985 (Gardner, 1985), the question arises as to whether PAS has always been evident in the divorcing population, but unrecognized, or whether it is a recent phenomenon, perhaps increasing in prevalence. Although this study did not address this question, it is possible that both may be true. With social changes creating parity between parents in the eyes of the court, a mother's traditional role with her children may be undermined. This may be perceived by the mother as a considerable psychological threat which can only be dealt with by developing a pathological alliance with the child.

Professionals who work with the divorcing population, either as therapists, or evaluators, need to be aware of the symptoms of PAS and the difficulties that these cases present for the families and for the court system. A failure to appropriately identify and intervene in the early stages of these cases may result in the alienating parent being given professional support for his/her position, reinforcing the child's need to maintain or expand complaints about the alienated parent. This has the capacity to more firmly entrench the syndrome and to enhance the severity of the dynamics.

Further study is necessary to assess the prevalence, the range of severity, the effect on development, and the longterm outcome for children who remain alienated from one of their parents. As this study suggests, very little is known about what interventions would allow a child to have functional relationships with both parents in such highly polarized cases. It is the obvious hope that this study would prompt others to systematically evaluate series of cases, perhaps clarifying the etiology and evolution of the syndrome. Moreover, larger populations of divorcing families need to be examined for the prevalence of partial or complete alienation of a child from a parent. Retrospective studies of adults who have remained alienated throughout their childhood development may also be useful in understanding this syndrome and its consequences.

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