LEGAL AND PSYCHOTHERAPEUTIC APPROACHES TO THE THREE TYPES OF PARENTAL ALIENATION SYNDROME FAMILIES:

When Psychiatry and the Law Join Forces

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from the COURT REVIEW, VOLUME 28, NUMBER 1, SPRING 1991, p 14-21
American Judges Association

In the mid to late 1970s, in association with the replacement of the tender-years presumption with the best-interests-of-the-child presumption (and the gender egalitarianism incorporated therein), we witnessed a burgeoning of child custody litigation. Fathers who previously had little if any chance of gaining custody now found court support for their quest. Since the late 1970s, in association with the increasing popularity of the joint custodial concept, there was an even further burgeoning of custody litigation. Whereas previously the courts tended to award one parent sole custody and assigned the other parent visitation status, now litigating parents could each hope for a large share of time with the children. In association with what can justifiably be called a custody litigation explosion (which is still going on), I began to see a disorder, which I rarely saw before, that developed almost exclusively in children who were exposed to and embroiled in custody disputes. The primary characteristic of this disorder is obsessive alienation from a parent.

Originally, I thought I was observing manifestations of simple "brainwashing." However, I soon came to appreciate that things were nor so simple and that many other factors were operative. Accordingly, I introduced the term *parental alienation syndrome*.

I use the term to refer to a disturbance in which a child is obsessed with deprecation and criticism of a parent (more often the father) denigration that is unjustified or exaggerated. At the same time, the other parent can do no wrong and the nonpreferred parent can do no right. The notion that such children have merely been brainwashed by the preferred parent is narrow. The term *brainwashing* implies that one parent is systematically and consciously programming the child to denigrate the other parent. The concept of the parental alienation syndrome includes much more than brainwashing. It includes not only conscious but subconscious and unconscious factors within the preferred parent that contribute to the parent's influencing the child's alienation. Furthermore (and this is extremely important), it includes factors that arise within the child-independent of the parental contributions — that foster the development of the syndrome.

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Typically, the child is obsessed with " hatred" of a parent. (The word *hatred* has been placed in quotes because there are still many tender and loving feelings felt toward the allegedly despised parent that are not permitted expression.) These children speak of the hated parent with every vilification and profanity in their vocabulary — without embarrassment or guilt. The vilification of the parent often has the quality of a litany. After only minimal prompting, the record will be turned on and a command performance provided. One not only detects a rehearsed quality to the speech but often hears phraseology that is identical to that used by the "loved" parent. (Again, the word loved is placed in quotes because hostility toward and fear of that parent may similarly be unexpressed.) Even years after they have taken place, the child may justify the alienation with memories of minor altercations experienced in the relationship with the hated parent. These are usually trivial and relate to experiences that most children quickly forget: "He always used to speak very loud when he told me to brush my teeth," "She used to say to me 'Don't interrupt,"' and "He used to make a lot of noise when he chewed at the table." When these children are asked to give more compelling reasons for the hatred, they are unable to provide them. Frequently, the loved parent will agree with the child that these professed reasons justify the ongoing animosity.

The hatred of the parent often includes that parent's complete extended family. Cousins, aunts, uncles, and grandparents — with whom the child previously may have had loving relationships — are now viewed as similarly obnoxious. Greeting cards are not reciprocated. Presents sent to the child's home are refused, remain unopened, or even destroyed [generally in the presence of the loved parent]. When the hated parent's relatives call on the telephone, the child will respond with angry vilifications or quickly hang up on the caller. The rage of these children is so great that they become completely oblivious to the privations they are causing themselves. Again, the loved parent is typically unconcerned with the untoward psychological effects on the child of the rejection of these relatives.

The child may exhibit a guiltless disregard for the feelings of the hated parent. There will be a complete absence of gratitude for gifts, support payments, and other manifestations of the hated parent's continued involvement and affection. Often, these children will want to be certain the alienated parent continues to provide support payments, but at the same time adamantly refuse to visit with that parent. Commonly, they will say that they never want to see the hated parent again, or not until their late teens or early twenties. To such a child I might say: "So you want your father to continue paying for all your food, clothing, rent, and education — even private high school and college — and yet you still don't want to see him at all, ever again. Is that right?" Such a child might respond: "That's right. He doesn't deserve to see me. He's mean and paying all that money is a good punishment for him."

Those who have never seen such children may consider this description a caricature. Those who have seen them will recognize the syndrome immediately, although some children may not manifest all the symptoms. The parental alienation syndrome is becoming increasingly common, and there is good reason to predict that it will become even more common in the immediate future if custody conflicts become even more prevalent.

Elsewhere [1,2,3,4,5] I have described in greater detail the causes and manifestations of the parental alienation syndrome. Of the causational factors, those that are most pertinent to this article relate

to what I consider to have been the misguided egalitarianism of the "sex-blind" criteria for assessing parental capacity in custody disputes. Whether the result of genetic difference (probably of survival value in past times, when women were primarily child rearers and men hunters and warriors) or the fact that mothers (even today) are more likely to have been the primary child rearers, the mother-child psychological bond is generally stronger than the father-child I believe that the symptoms of parental alienation syndrome — in both mothers and children — have been related to the attempts to preserve this stranger bond. Although many of these mothers' tactics may be considered vicious, manipulative, and deceitful, I have sympathy for these women. They have felt helpless and impotent and have often resorted to primitive techniques because of the failure of more civilized and adult maneuvers to work for them. And children, too, have been threatened by the disruption of the mother-child bond. The children's techniques have been even more primitive because of their naivete about the world. Although they have selected maneuvers that seem absurd and preposterous to the adult, these maneuvers do not appear so to children because of their cognitive immaturity and less sophisticated ability to defend themselves against the disruption of the mother-child bond. Here I focus on the therapeutic and legal approaches to the treatment of these children and their families, which (with increased experience) I have divided into three types. Each type warrants its own special therapeutic and legal approach. Finally, I will propose guidelines for evaluators and courts, which if implemented are likely to reduce, if not prevent entirely, the development of the parental alienation syndrome.

The Three Types of Parental Alienation Syndrome Families

Based on my more recent work with these families, I have divided them into three categories: severe, moderate, and mild. Although there is actually a continuum, and many cases do not fit neatly into one of these classifications, the differentiation is still important with regard both to psychotherapeutic and legal approaches. If evaluators are to provide the most judicious recommendations, it is vital that they determine first the proper category in which the family fits. In each category I will discuss the mothers, the children, and the appropriate psychotherapeutic and legal approaches. I will use the mother as the example of the preferred parent because this is the case in the majority of such families. My explanation for this disparity has relevance to my theory of the causes of this disorder. However, the same considerations apply to the father when he is the favored parent.

I cannot emphasize strongly enough that in many (if not most) cases the therapy of these families is not possible without court support. Only the court has the power to order these mothers to stop their manipulations and maneuvering. And it is only the court that has the power to place the children in whichever home would best suit their needs at the particular time. Therapists who embark upon the treatment of such families without such court backing are not likely to be successful.

Severe Cases of the Parental Alienation Syndrome.

The *mothers* of these children are often fanatic. They will use every maneuver at their disposal (legal and illegal) to obstruct visitation. They are obsessed with hatred of their husbands. In many cases, they are paranoid. Sometimes the paranoid thoughts and feelings about the husband

are focused on him alone; in other cases, this paranoia is just one example of many types of paranoid thinking. Often the paranoia did not exhibit itself before the breakup of the marriage and is a manifestation of the psychiatric disintegration that often results from protracted divorce (especially custody) disputes.[2] Central to the paranoid mechanism is projection. These mothers see in their husbands many objectionable characteristics that actually exist within themselves characteristics that they do not wish to recognize. By projecting these unacceptable qualities onto their husbands, they can consider themselves innocent victims. When a sex-abuse accusation becomes incorporated into the package, such mothers may be projecting their own sexual inclinations onto the father.[3,6,7] In the service of this goal they exaggerate and distort any comment the child makes that might justify the allegation. And this is not difficult to do because children normally will entertain sexual fantasies, often of the most bizarre form. I agree with Freud[8] that children are "polymorphous perverse," and they thereby provide these mothers with an ample supply of material to serve as nuclei for their projections and accusations.

Such mothers do not respond to logic, confrontations with reality, or appeals to reason. They will readily believe the most preposterous scenarios provided by or elicited from their children. Experienced and skilled mental health examiners — who claim that there is no evidence for the accusation are dismissed as being against them or as being bribed by the husband. And this is typical of paranoid thinking: it does not respond to logic, and any confrontation that might shake the system is rationalized into the paranoid scenario. Even a court decision that there is absolutely no evidence that the father is guilty of sex abuse does not alter her beliefs nor reduce her commitment to deprecation of the father. Energizing the rage is the "hell hath no fury like a woman scorned" phenomenon.

The *children* of these mothers are similarly fanatic. They often share her paranoid fantasies about the father. They may become panic-stricken over the prospect of visiting their father. Their blood-curdling shrieks, panicked states, and hostility may be so severe that visitation may seem impossible. If placed in the father's home they may run away, become paralyzed with morbid fear, or be so destructive that removal becomes necessary. Unlike children in the moderate and mild categories, their panic and hostility may not be reduced quickly in the father's home. However, there are children in this category whose state of agitated rage against the father will become reduced if required (especially by court order) to remain in their father's home over an ongoing period.

Regarding the *therapeutic approaches* in this category, traditional therapy for the mother is most often not possible. Usually, she has absolutely no insight into her deep-seated psychiatric problems and is thereby totally unreceptive to treatment. Often, she will consider therapists and other evaluators who believe that her delusions are not warranted to be joining in with her husband. These examiners thereby become incorporated into the paranoid system. A court order that she enter into treatment is futile. Judges are sometimes naive with regard to their belief that one can order a person into treatment. Most judges appreciate that they cannot order a frigid wife to have an orgasm or an impotent husband to have an erection. Yet, they somehow believe that one can order someone to have conviction for and commitment to therapy. Accordingly, the court does well not to order such treatment because it will only make a mockery of therapy.

It is important for judges to appreciate that *treatment for the children is most often not possible while the children are still living in the mother's home*. No matter how frequently they are seen in treatment, no matter how skilled the therapist, the time in therapy is only a small fraction of the total exposure time to the mother's vilification of the father. There is a pathological psychological bond here between the mother and children that is not going to be changed by therapy as long as the children live with the mother.

Accordingly, before meaningful treatment can begin the children must be removed from the mother's home and placed in the home of the father, the allegedly hated parent. This may not be accomplished easily, and the court might have to threaten sanctions (such as fines or permanent loss of custody) and even jail if the mother does not comply. Following this transfer there must be a period of decompression and debriefing in which the mother has no contact at all with the children. Only in this way will the children be given the opportunity to reestablish their relationship with the alienated father without significant contamination from the mother. Even telephone calls must be strictly prohibited for at least a few weeks, perhaps longer. The transfer can be monitored by a court-ordered therapist or guardian ad litem who has direct input to the court and who the mother knows will be reporting any resistance or uncooperative behavior. Then, according to the therapist's or guardian ad litem's judgment, slowly increasing contacts with the mother may be initiated, starring with monitored telephone calls. The danger here, however, is that these will be opportunities for reprogramming the children against the father.

In some cases this program may be successful, especially if the mother can see her way clear to entering into meaningful therapy (not often the case for mothers in this category). In these cases the children might ultimately be returned to the mother. However, if she still attempts to alienate the children it may be necessary to assign primary custody to the father and allow limited visitation with the mother to protect the children from significant reprogramming. In extreme cases one may have to sever the children entirely from the mother for many months or even years. In such cases the children will at least be living with the healthier parent. My experience has been that in such cases the animosity toward the father gradually becomes reduced. In contrast, if the court allows the children to remain living with such a disturbed mother — and believes that therapy of the children will "cure" them of their alienation — then it is likely that there will be lifelong alienation from the father. I recognize that some readers will consider this approach very stringent, even punitive. From the point of view of the mother it certainly is; with regard to the welfare of the children, it is the most humane approach.

Moderate Cases of the Parental Alienation Syndrome.

The *mothers* in this category are not as fanatic as those in the severe category but are more disturbed than those in the mild category (who may not have a psychiatric disturbance). In these cases the rage of the rejected woman is more important than paranoid projection. These mothers can differentiate between allegations that are preposterous and those that are not. There is still, however, a campaign of deprecation and a significant desire to wreak vengeance on the father by alienating the children from him. Many are quite creative in their excuses to obstruct visitation. They may be unreceptive to court orders; however, they will often comply after threats of fines or transfer of custody. When a false sex-abuse allegation is incorporated into the parental alienation syndrome (a not uncommon additional weapon)[3,6,7] they will be able to differentiate

between the children's preposterous claims and those that may have some validity. Whereas the mothers in the severe category have a sick psychological bond with the children (often a paranoid one), the mothers in this category are more likely to have a healthy psychological bond that is being compromised by their rage. The mothers in the moderate category are more likely to have been good child rearers before the divorce. In contrast, the mothers in the severe category, even though nor significantly disturbed before the separation, often have exhibited formidable impairments in child-rearing capacity before the separation. Therefore, mothers in the moderate category can most often remain the primary custodial parent if the combined efforts of the court and the therapist or guardian ad litem are successful in enabling the children to resume normal visitation with the father.

The *children* in this category are less fanatic in their vilification of the father than those in the severe category but more than those in the mild category. They also have their campaigns of deprecation of the father but are much more likely to dispense with their scenarios when alone with him, especially for long periods. A younger child may often need the support of an older one to keep the campaign going. The younger children are often the parrots of the older one, and they develop the parental alienation syndrome by imitating an older sibling. However, the primary motivation for the children's scenarios is to maintain the healthy psychological bond with the mother.

With regard to court-ordered *therapy* for these families, it is important that one therapist be used. I cannot emphasize this point strongly enough. We are not dealing with a situation in which the mother should have her therapist, the father his therapist, and the children their own. Such a therapeutic program, although seemingly respectful of each party's individual needs, is not likely to be effective in treating parental alienation syndrome families. Such fractionization reduces communication between family members, sets up antagonistic sub-systems within the family, and is thereby likely to intensify the pathological interactions that contribute to the parental alienation syndrome. Again, it is crucial that the therapist be court ordered and have direct input to the judge. This can often be facilitated by a guardian ad litem or a child advocate. The mother must recognize that any obstructionism by her will be reported immediately to the judge, either directly by the therapist or through the guardian ad litem or child advocate. The judge must be willing to impose sanctions, such as fines or jail. The threat of loss of primary custody can also help such mothers to "remember to cooperate."

My experience has been that mothers in the severe category, having absolutely no insight into their psychiatric problems, do not generally have therapists. However, mothers in the moderate category often seek therapists. However, they typically select one with whom they develop a mutual admiration society in which the therapist (consciously or unconsciously) becomes the mother's champion in the fight. Most often, the mother chooses a woman as a therapist — especially a woman who is herself antagonistic toward men. Often, the mother's therapist has little, if any, contact with the father and so does not hear his side of the story. When they do meet with him, they typically will be hostile and unsympathetic. Sometimes the children will be brought to this therapist, ostensibly to help them deal with the indignities they are suffering at their father's hands. Although the court may appreciate the pathological nature of the bond the mother has with her therapist, it may be reluctant to order a cessation of such treatment. The court, however, does well to at least prohibit the children from being "treated" by her [as

mentioned, rarely a man]. Even if the court were to order the mother's therapist to stop treating her, it is likely that she would find another person who would support her position.
The court should order the mother to see the court's therapist even though her cooperation is not likely to be significant and even though she may be influenced significantly by her own therapist (whom she may still insist on seeing). The court's therapist must have a thick skin and be able to tolerate the children's shrieks and claims of maltreatment. Doing what children profess they want is not always the same as doing what is best for them. Therapists of the persuasion that they must "respect" their child patients and accede to their wishes will be doing these children a terrible disservice. These same therapists would not "respect" a child's wish to refuse a polio shot, yet they will respect the child's wish not to see a father who shows no significant evidence for abuse or neglect. The therapist should recall that the children were likely to have had a good relationship with the father before the separation and that strong psychological ties must still be present. The therapist should view the children's professed hatred as superficial and as designed to ingratiate themselves with the mother. To take the allegations of maltreatment seriously may help entrench the parental alienation syndrome and may result in years of, if not lifelong alienation.

It is *crucial* that the therapist appreciate that the children *need* him or her as an excuse for visiting with the father. When "forced" to visit with the father, they can say to the mother that the therapist is mean or cruel and that they really do not want to see the father but that the therapist "makes them." The judge, too, can serve this function for the children. With a court order, they can say to their mother, "I really hate my father, but that stupid judge is making me see him." I cannot emphasize this point strongly enough. It is the most effective way of reducing the children's guilt when they visit, and, in many cases, it may be necessary if the visitation is to be possible.

It is important to appreciate that older children may promulgate the mother's programming down to young ones. And the older children are especially likely to do this during visits with the father. The mother thereby relies on her accomplice to work over the younger ones when in the enemy camp [the father's house). These older children many even mastermind inside jobs in the father's house. Accordingly, a divide-and-conquer approach sometimes is warranted. This is best accomplished by requiring the children to visit separately — or at least separate from the older sibling programmers — until they all (including the mother) have had the living experience that the terrible consequences of being alone with the father were not realized. This is a good example of an important aspect of the therapy of these families; namely, that less is done via the attempt to get people to gain insight and much more is accomplished by structuring situations and providing individuals with actual experiences. Here again, the therapist must have the court's authority to implement such structuring.

Transition periods (that is, the points when the children are transferred from mother to father) may be especially difficult for children with parental alienation syndrome. It is then (when both parents and the children are together) that the loyalty conflicts become most intense and the symptoms most severe. Accordingly, it is risky to have the father pickup the children at the mother's home. In that setting — with the mother directly observing the children — they are most likely to resist going with their father and will predictably gain their mother's support (overt or covert) for their reluctance. Alternative transitional arrangements must therefore be

devised, arrangements that do not place the children in a situation in which they are with mother and father at the same time.
A good transition place is the therapist's office. The mother brings the children, spends some time with them and the therapist, and then goes home — leaving the children alone with the therapist. Subsequently, the father comes, spends some time with the children and the therapist, and then takes them to his home. Or a truly impartial intermediary, with whom the children have a good relationship, can pick the children up at the mother's home and bring them to the father's home. A therapist, guardian ad litem, or child advocate can serve in this role. The problem with the latter plan is that it is usually expensive, especially if the intermediary person is a guardian ad litem (most often a lawyer) or therapist.

Once the court has made a final decision that the children shall remain living with their mother, then they are able to dispense with their campaigns of hatred. This is a very important point. The children develop their campaigns of denigration in the desire to maintain the psychological bond with the mother. The custody litigation has threatened a disruption of this bond. Once the court has ruled that the children shall remain living primarily with their mother, they can relax and allow themselves to enjoy a more benevolent relationship with their father. In short, the court's order obviates the need for the symptoms, and so they can be dispensed with.

Sometimes, mothers in this category suddenly decide that they want to move to another state. Some suddenly decide that they want to remove themselves (and children, of course) from the unhappy scene of the custody conflict (including the whole state) and "start all over" or "find themselves" at some remote place (hundreds and even thousands of miles away from the father). Some claim better job opportunities in another state. Some suddenly become "homesick" after many years of comfortable adjustment in the state in which the children were raised. It would be an error for the court to take these arguments seriously. Rather, the court should inform the mother that she is free to leave the state at any time she wishes; however, she should understand that if she does so it will not be with the children.

It is important for judges to appreciate that not all therapists are suited to work with such families. As mentioned, they must have thick skins to tolerate the children's antics as they claim that they are being exposed to terrible traumas and indignities in their fathers' homes. They must also be comfortable with taking a somewhat dictatorial position. This is especially important in their relationship with the mothers of these children. The therapist must appreciate that more of the therapy relates to manipulating and structuring situations than to providing people with insight. False perceptions will be altered to the degree that the therapist can provide people with living experiences. Therapists with a strong orientation toward psychoanalytic therapy are generally compromised when treating parental alienation syndrome families. I am a psychoanalyst myself and involve most of my adult patients in psychoanalytic therapy. However, when a parental alienation syndrome is present, the therapeutic approach must first involve a significant degree of people manipulation (usually by court order) and structure before one can sit down and talk meaningfully with the parties involved. Moreover, therapists who accept as valid the patient's wishes (whether child or adult) and consider it therapeutically contraindicated to pressure or coerce a patient are also not good candidates to serve such families. I, too, consider myself sensitive to the needs of my patients. As mentioned, doing what the patient wants and doing what the patient needs may be two entirely different things. It is for

this reason that the courts play such an important role in the treatment of families in which parental alienation syndrome is present. Without the therapist's having the court's power to bring about the various manipulations and structural changes, the therapy is not likely to be possible.

Mild Cases of the Parental Alienation Syndrome.

The *mothers* of children in this category usually have developed a healthy psychological bond with their children. They believe that gender egalitarianism in custody disputes is a disservice to children but are healthy enough not to involve themselves in courtroom litigation in order to gain primary custody. Some of these mothers may undertake some mild degrees of programming their children against their fathers. Others recognize that alienation from the father is not in the children's best interests and are willing to take a more conciliatory approach to the father's requests. They either go along with a joint custodial compromise or even allow (albeit reluctantly) the father to have sole custody with their having a liberal visitation program. However, we may still see some manifestations of programming in these mothers to strengthen their positions. There is no paranoia here (as is the case for mothers in the severe category), but there is anger, and there may be some desire for vengeance. The motive for programming the children, however, is less likely to be vengeance (as is the case for mothers in the moderate category) than it is merely to entrench their positions in an inegalitarian situation. Of the three categories of mothers, these mothers have generally been the most dedicated ones during the earliest years of their children's lives and have thereby developed the strongest and healthiest psychological bonds with them.

The *children* in this category also develop their own scenarios, again with the slight prodding of the mother. Here the children's primary motive is to strengthen the mother's position in the custody dispute in order to maintain the stronger, healthier psychological bond that they have with their mothers. These are the children who are most likely to be ambivalent about or receptive to visitation and are most free to express affection for their fathers, even in their mothers' presence.

With regard to *therapy*, in most children need a final court order confirming that they will remain living primarily with their mother and complete reassurance that there will be no transfer of primary custody to their father. This usually "cures" the parental alienation syndrome. If the children need therapy it is for other things, possibly related to the divorce animosities.

Conclusion.

In the majority of cases of parental alienation syndrome, it is the mother who is favored and the father who is denigrated. However, there are certainly situations in which the mother is vilified and the father favored. For simplicity of presentation, and because mothers are more often the favored parent, I have used her as the example of the preferred parent — but recognize that in some cases it is the father who is preferred and the one who may be brainwashing the children and the mother who is the despised parent. In such cases, the fathers should be divided into the aforementioned categories and given the same considerations as described for mothers.

I fully recognize that the division of these families into three categories is somewhat artificial. In reality, we have a continuum from severe to mild cases. However, the distinctions are valid and extremely important if one is to make judicious therapeutic and legal recommendations. It is crucial that the court make every attempt to differentiate between mothers in category one (severe) and those in category two (moderate). The former mothers are often so disturbed that transfer of custody is the only viable option. The latter mothers, their antics notwithstanding, generally still serve better as the primary custodial parent.

Last, a special comment about the guardian ad litem. I have generally found collaboration with guardians ad litem to be very useful when conducting custody evaluations.[2,9,10] They can generally be relied upon to obtain documents that a parent might have been hesitant to provide or to enlist the court's assistance in getting reluctant parents to cooperate. The guardian ad litem can be a powerful ally for therapists. However, there is a definite risk when recommending that the court appoint such a person. A guardian ad litem who is not familiar with the causes, manifestations, and proper treatment of children with parental alienation syndrome may prove a definite impediment during treatment. The guardian ad litem traditionally takes pride in supporting the children's needs. Unfortunately, many reflexively support the children's positions. They may not appreciate that they are promulgating the pathology. Some have great difficulty supporting coercive maneuvers (such as insisting that the children visit with a father whom they profess they hate), because such maneuvers are so different from their traditional approach to clients in which they often automatically align themselves with their clients' cause. For guardians ad litem to work effectively with families of parental alienation syndrome children, they must accommodate themselves to this new orientation toward their clients. Accordingly, judges do well when appointing ,guardian ad litem to secure an individual who is knowledgeable about the special approaches necessary for these families.

A Proposal for Preventing the Development of the Parental Alienation Syndrome

All agree that preventing the development of an illness is far more desirable than treating a disorder that has already developed- lust as the parental alienation syndrome developed after the introduction of new criteria for determining parental preference in custody disputes, we are in a position to reverse this pathological situation by introducing what I consider to be more judicious criteria for such determinations. I recommend that *we give preference in custody disputes to that parent (regardless of sex) with whom the child has developed the stronger, healthier psychological bond*. Because mothers today are still more often the primary child rearer, more mothers would be given parental preference in custody disputes adjudicated under this principle. If, however, in spite of the mother's superiority at the time of birth, it was the father who was the primary caretaker — especially during the early years of life — such a father might very well serve better as the primary custodial parent.

This proposal is essentially sex blind (thereby satisfying present demands for gender egalitarianism) because it allows that a father's input may outweigh the mother's in the formative years, even though he starts at a disadvantage. It uses the *psychological bond* with the child as the primary consideration in custody evaluations. A mother may be good with infants and toddlers, who are totally dependent on her, but she may do poorly with adolescents, whose independence she has difficulty tolerating. A father may be almost completely inept in taking

care of an infant but may excel as a parent when he can share sports and other activities with children at subsequent levels of development.

I refer to this proposal as the stronger, *healthy* psychological bond presumption, which, I believe, is the one that would serve the best interests of the child in a custody dispute. It is important for the reader to appreciate that the parent who had the greater involvement with the child during infancy is the one more likely to have the stronger psychological bond. However, if the early parenting was nor "good," then the bond that develops might be pathological. Accordingly, I am nor referring here to any kind of psychological bond at all, but a *healthy* psychological bond. It is not a situation in which any psychological bond at all will do. A paranoid mother, who has so programmed her son that he, too, has developed paranoid feelings about his father, may have a strong psychological band with her son, stronger than that which he has with his father. But this is certainly not a healthy bond, and its presence is a strong argument for recommending the father as the primary custodial parent.

In summary, the stronger, healthy psychological bond presumption is best stated as a three-step process:

(1) Preference should be given to that parent (regardless of sex) with whom the child has developed the stronger, healthy psychological bond.

(2) That parent (regardless of sex) who was the primary caretaker during the earliest years of the child's life is more likely to have developed the stronger, healthy psychological bond.

(3) The longer the time lag between the earliest years and the time of the custody evaluation or decision, the greater the likelihood that other factors will tip the balance in the direction of either parent.

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