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Parental Alienation And Enmeshment Issues In Child Custody Cases

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In recent years, custody evaluators and family therapists have encountered numerous cases of highly dysfunctional behavior evident in divorcing couples. While scientific research literature has not yet caught up with clinical descriptions, there have been several published accounts of a process that some have come to label "**parental alienation**." Most notable in this history is the work of Dr. Richard Gardner ([1987](#); [1992a](#); [1992b](#)). Dr. Gardner has labeled this process a "syndrome", implying that a set of behavioral factors or "symptoms" are present in varying combinations to form a fairly consistent profile or pattern of concerns. The implication is that this syndrome may have common causes and treatments, leading Dr. Gardner to apply his "medical model" terminology to explain his repeated clinical observations. While there has been debate over whether or not this account meets the requisite definition of "syndrome" (e.g., [Poliacoff, 2000](#); [Bricklin & Elliott, 2000](#)), there is sufficient professional discussion of this topic to warrant closer scrutiny of just what it is that is being described in certain divorcing family systems.

Parental alienation is the creation of "a singular relationship between a child and one parent, to the exclusion of the other parent. The fully alienated child is a child who does not wish to have any contact whatsoever with one parent and who expresses only negative feelings for that parent and only positive feelings for the other parent. This child has lost the range of feelings for both parents that is normal for a child ([Ward & Harvey, 1993](#))." This process sets up conditions that interfere with the quality of the relationship with the alienated parent, which in turn adds to maladjustment and distortion in the child. According to these authors, the alienating parent is motivated by residual issues from unresolved problems in the marriage or divorce. At times, the motivations may be unconscious in the alienating parent. At times, the issues are more overtly owned and expressed. The descriptions in the literature tend to focus on the motivations and behaviors of the alienating parent and the children involved in this process, but more recent focus has been on viewing this as a dysfunctional family system dynamic. For example, [Waldron and Joanis \(1996\)](#) join with [Ward and Harvey \(1993\)](#) in viewing the alienation process as a form of family system defense mechanism which may serve the purpose of maintaining the alienating parent's symbiotic dependence on the child, assist in managing the anger and revenge felt by the child or alienated parent, protecting the alienating parent's self-esteem, or avenging the alienated parent's abandonment of the family.

While one might argue the scientific status of this label, the fact remains that this phenomena has repeatedly been observed to varying degrees in a large number of custody cases (witness rising frequency of topic in professional literature, in seminars at American Academy of Forensic Psychology, e.g. [Nicholas, 1997](#)). Given that about ten percent of divorcing couples face intense conflict over custody issues, the potential is fairly large for the undercurrents of tension and conflict to produce conditions in which clinicians will report alienation and enmeshment concerns within the family unit. The intense bitterness which follows from such high conflict divorce may fuel the resulting disturbed communications which in turn yields various forms of interference with visitation and undermining of respect for the noncustodial parent. Studies of children growing up in such high conflict divorce circumstances find that these tensions may continue relatively unabated over an extended period of time (e.g. [Sullivan, 1997](#)). The negative effects of such conflict and tension upon subsequent child development has

been described elsewhere by authors such as [Johnston \(1989; 1994; 1995\)](#) and clearly documents that children who are caught in such battle zones will often develop a number of psychological problems and adjustment concerns. While debate continues over whether or not the Parental Alienation Syndrome is a term that meets Frye and Daubert standards (e.g., [Bricklin & Elliott, 2000](#); [Dallam, 1998](#); [Garber, 1996](#); [Poliacoff, 2000](#); [Wood, 1994](#)), there are several recent reports by sources such as [Clawar and Rivlin \(1991\)](#), [Lund \(1995\)](#), [Turkat \(1994\)](#), [Stahl \(1999\)](#) and [Hysjulien, Wood, & Benjamin \(1994\)](#) have helped to establish this phenomenon as a major concern in child custody matters. These authors point out the importance of considering the impact of parental alienation in seeking to resolve custody and visitation disputes, particularly since this process often plays a prominent role in causing unnecessary disruption in visitation and in the promotion of the relationship with the noncustodial parent. Legal and therapeutic interventions have been suggested by [Gardner \(1992a; 1992b\)](#) which are endorsed by these authors as well.

[Gardner \(1987\)](#) is credited as being the first to coin the term "parental alienation", although [Stahl \(1999\)](#) suggests that the rudiments of this family process were reported earlier by Wallerstein and Kelly (1980) when they discussed the alignment process in divorcing families. Others picked up the study of this issue by examining the nature of high conflict divorce, with Johnston and her colleagues offering useful insight into this dynamic ([Johnston, 1989; 1993; Johnston & Campbell, 1988](#)). Additional support for the value of Gardner's conceptual model comes from work by [Dunne & Hedrick \(1994\)](#), [Rand \(1997\)](#) and [Nicholas \(1997\)](#). Gardner's criteria were found useful for differentiating cases of parental alienation from other types of postdivorce concerns. As reported by [Dunne & Hedrick \(1994\)](#), the cases of parental alienation syndrome appeared to be primarily a function of the pathology of the alienating parent and that parent's relationship with the children. The research by Nicholas suggests that the alienating parent may not always display pronounced pathology, but commonly share the feature of a tendency to distort reality. In the more severe cases, the alienating parent demonstrates marked personality disturbance.

The common clinical account in the literature describes the mother as the alienating parent, with father being the parent who is the outcast, rejected by the children, and prevented from developing an effective parent-child relationship with these children of divorce. While we will summarize this model in the paragraphs below, it should be noted that the alternative arrangement could be reported wherein father is viewed as the alienating parent, particularly when they serve in the primary custodial role.

As set forth in the literature, however, the mother is generally seen as the alienating parent and the father is the target ([Gardner, 1992a; 1992b](#) ; [Ward & Harvey, 1993](#)). A campaign of denigration is described by these authors where the father is cast into the role of the villain, with the mother playing the victim role and the child instructed to fear and reject the father. Gardner describes the "programming mother" as angry, critical, and distant. Elements of projection, overprotectiveness, reaction formation, and fury are outlined as underlying factors. Programming of the child may be very overt or very subtle. Name calling, innuendo, and nonverbal forms of hostility may emerge in the course of the alienation process. Destruction of remnants of the father (including gifts given to the child by the father) may be part of a pattern of programming. More subtle forms may include baring the father from coming to the door.

"A common maneuver is to require the visiting father to park his car in front of the house and blow the horn when he arrives. He is not permitted to come to the doorstep, let alone, ring the bell. Although not stated, the implication here is that this very act might somehow contaminate the whole household ([Gardner, 1987](#), p.86)."

The answering machine is commonly used to screen calls, and the father's messages may be lost or erased. Father is clearly on the unacceptable list of callers. Rigid adherence to a

visitation schedule and threats of calling the police are also seen by Gardner as forms of programming and manipulation. "Visitation obstructionism is a very powerful vengeance maneuver...[as is] ...withholding the children ([Gardner, 1987](#), p.93.)." Gardner goes on to note how the mother will imply that father is ill-equipped to care for the child by preventing him access to the child when minor illness is present in the child. Sarcasm, criticism, and efforts to align with the children against the father are also noted.

"There are a wide variety of other ways in which a mother may contribute to the child's alienation against the father. She may not forward to him copies of school reports...She may refuse to allow the father to join with her in teacher's conferences...A common maneuver is not giving the father copies of school photographs ([Gardner, 1987](#), p.95.)."

Gardner notes that these efforts at alienation have included taking the child to a therapist without the consent of the other parent, and then expressly prohibiting the therapist from communicating with the father.

"Unfortunately, many therapists go along with this and thereby unwittingly contribute to the perpetuation of their patient's parental alienation. Confidentiality is used here in the service of perpetuating psychopathology ([Gardner, 1987](#), p.98.)."

Varying degrees of alienation have been described, ranging from mild to moderate to severe. In accordance with the level of severity of alienation, therapists such as Dr. Gardner have proposed consideration of varying levels of intervention by the court.

In the most severe cases, the mothers are often fanatic, using every mechanism at their disposal to prevent visitation. They are obsessed with antagonism toward the father, and may even demonstrate paranoid ideation according to Gardner. [Stahl \(1999\)](#) notes that there is clear and consistent derogation of the alienated parent, with some cases involving a combination of programming, brainwashing, and hostility that begins with the alienating parent and is taken on by the alienating child. Issues of abandonment and betrayal help fuel this anger, coupled with projection of blame and intense fear/anger. Fabrications of sexual abuse and other outrageous problems are found in this group of parents. Children become fanatic and extreme as well, demonstrating what he calls a *folie-a-deux* relationship. There is a sick bond with the mother and children, such that the children suffer dramatically as a result. [Ward &Harvey \(1993\)](#) see the child as highly enmeshed with the alienating parent against the villain seen in the father. The child is seen as a victim, much like the mother, and the child is often required to keep secrets from the father and to express his/her allegiance to the mother. Threats of withdrawal of love are used to bolster this parental control over the child. Gardner suggests that psychotherapy for the mother and child is essential in such severe cases. Gardner also calls for hospitalization of the child or a change of custody, as steps taken to remove the child from further exposure to the damaging effects of the parental alienation process.

"Accordingly, the first step in the therapeutic process is *removal of the children from the mother's home* and placement in the home of the father...The hope here is to give the children the opportunity to reestablish their relationship with the alienated father, without significant contamination of the process by the brainwashing mother. Even telephone calls must be strictly prohibited for at least a few weeks...Then, according to the therapist's judgment, slowing increasing contacts with the mother may be initiated, starting with monitored telephone calls...This period of slow and judicious renewal of contact between the children and the brainwashing parent must be monitored carefully so as to prevent a recurrence of the disorder. ([Gardner, 1987](#), p.226-227.)."

Some have questioned the value and wisdom of Gardner's suggestion for a "parentectomy" in such severe cases of parental alienation (e.g., [Williams, 1990](#); [Isman, 1996](#); [Mauzerall et al., 1997](#); [Poliacoff, 2000](#); [Wood, 1994](#)), arguing that the "cure" is worse and more detrimental than the "disease." A more cautious approach would be individually tailored for the specific needs of the case, but the recommendations might include court orders which establish greater structure and place limits on the alienating parent, court ordered therapy and case monitoring, and use of a special master or guardian ad litem to monitor compliance and report further developments to the court ([Stahl, 1999](#)). The goal is help the alienating parent understand the harmful effects of alienation, while working to address any underlying pathology which may fuel the alienation process. Stahl notes that only in the most critical of cases would there be support for a temporary disengagement with the alienating parent.

The moderate cases have mothers who appear as less fanatic but still quite enraged. [Stahl \(1999\)](#) suggests that these parents are quite angry and often vengeful in their behavior toward the other parent. They feel hurt, and expect the child to take sides and be loyal to them over their relationship with the other parent. Stahl agrees with Gardner in noting that moderate alienating parents will work very hard to prevent visitation and to interfere with the quality of the relationship between the father and the child. They are unreceptive to complying with court orders but will do so minimally to avoid negative legal consequences. They may still bring up sexual abuse allegations, but they can differentiate between preposterous claims and those that may have some validity. They seem to delight in hearing negative news about the other parent and they communicate their dislike of visitation arrangements. They often refuse to speak to the other parent and may make derogatory remarks about them to the child. They will hold fast to their view of needing to protect the children from this other parent and see the other parent as untrustworthy, yet appear more subtle in their expression of these views with the child, friends, or therapist. The children from this system will mirror the level of severity, and like the mother, appear less fanatic but still guarded and prone to acting out. Like other high-conflict families ([Johnston & Campbell, 1988](#); [Johnston & Roseby, 1997](#)), there will be a high level of anxiety, splitting, insecurity, and distortion, with one parent set up as the good parent and the other as the bad parent. Children will have difficulty in integrating positive and negative images of each parent, but this will be less pronounced than is apparent in the severe alienation family system ([Stahl, 1999](#)). These cases call for interventions that are less drastic than the severe cases. A change of custody may still be considered, at least for a temporary measure ([Ward & Harvey, 1993](#)). Gardner suggests that therapy be conducted by one therapist working with both parents and the children. The therapist should be court-appointed. The therapist will work to reduce the overprotective and controlling efforts of the alienating mother, while empowering the children to take care of themselves. The therapist will help the children appreciate the value and need for visitation with the father, and will work to use increased visitation time to facilitate a more effective interaction between them. This experience is monitored and helps the child to confront the false assumptions they have held, and to learn new and more adaptive methods of relating to the father.

Finally, the mild cases of parental alienation tend to be more focused and limited in scope. Gardner suggests that these parents have a more healthy bond with the children and are able to recognize that alienation from the father is not in the best interests of the child. They are more willing to take a conciliatory approach to the father's requests. They may still have little regard for the importance of visitation and tend to have difficulty tolerating the presence of the other parent at events important to the child. [Stahl \(1999\)](#) suggests that these cases will involve subtle attempts at turning the child against the other parent and drawing the child into the alienating parent's viewpoint. This may involve conscious and unconscious actions. The main motive may be for the parent to look better in the eyes of the child. In most cases, Stahl suggests, the results of this family dynamic will be a slight increase in loyalty conflicts and anxiety but no fundamental change in the child's own view of the alienated parent. Intervention for this group tends to be focused on specific issues, seeking to balance out the communications and dynamics. Family systems work is done to overcome the divorce impasse which may fuel the

alienation.

According to authors such as [Gardner \(1987\)](#) and [Ward & Harvey \(1993\)](#), the problems associated with the process of parental alienation tend to take on a life of their own, and unless dramatic interventions are adopted, the ongoing conflicts and undermining of parental value can seriously endanger the mental health of the child. The emotional bond of the parent and the child is disrupted and in some cases destroyed, causing irretrievable damage to the child's overall development. The child is cast into the role of a "loyalty bind", having to choose which parent they love more. [Cartwright \(1994\)](#) notes that prolonged alienation of the child may trigger other forms of mental illness and that slow judgments by the courts tend to exacerbate the problems. In keeping with recommendations from Gardner, this evidence points to the importance of prompt and effective interventions in such cases.

[Stahl \(1999\)](#) reports that the children who are most susceptible to alienation are the more passive and dependent children, or the children who feel a strong need to psychologically care for the alienating parent. The child and alienating parent share a sense of moral outrage and there is a fusion of feelings between them. While noting that there is a plethora of research studies in this area, Stahl suggests that the clinical descriptions which have found their way into the professional and legal literature offer some useful guidelines for consideration in custody decisions. Long-term effects of alienation left unchecked may lead to various pathological symptoms, which include but are not limited to:

- splitting in their relationships
- difficulties in forming intimate relationships
- a lack of ability to tolerate anger or hostility in relationships
- psychosomatic symptoms and sleep or eating disorders
- psychological vulnerability and dependency
- conflicts with authority figures
- and, an unhealthy sense of entitlement for one's rage that leads to social alienation in general.

It is also important to understand something of the **family process of enmeshment**. While the literature does not often incorporate discussion of this topic into descriptions of parental alienation, it would appear that enmeshment and overidentification of the child or children with one parent may significantly contribute to the level and intensity of observed alienation processes. The term enmeshment has been widely used in the family therapy literature since it was popularized by the work of [Salvador Minuchin \(1978\)](#). Describing psychosomatic families, Minuchin and his colleagues outlined the impact of four disruptive family dynamics: enmeshment, overprotectiveness, rigidity, and lack of conflict resolution methods. The offspring in these families included anorexic girls who were so caught up in the family pathology that they were unable to differentiate themselves and were locked into an illness that reflected the family disorder. They were trapped in rigid roles with their other family members and they were treated in such an overprotective manner so as to make a virtual moat around the family system which blocked out the outside world. Attempts to penetrate these protective walls were rebuffed, leaving no opportunity for corrective feedback, new learnings, or breaking the suffocating mold that held the members captive.

"Enmeshment refers to an extreme form of proximity and intensity in family interactions...In a highly enmeshed, overinvolved family, changes within one family member or in the relationship between two family members reverberate throughout the system...On an individual level, interpersonal differentiation in an enmeshed system is poor...in enmeshed families the individual gets lost in the system. The boundaries that define individual autonomy are so weak that functioning in individually differentiated ways is radically handicapped ([Minuchin, et al, 1978](#), p.30)."

Minuchin described the lack of clear ego boundaries between family members which produced a form of fusion, a condition that interfered with a clear sense of self as apart from the family while still being a part of the family. Taken with the family failure to have suitable means for conflict resolution, Minuchin traced how the family system contributed to the production of psychopathology in the members and how it was unable to move forward to more healthy and adaptive roles. From this seminal work, a large body of literature has emerged which has been most influential in the family therapy world. As with parental alienation described above, varying levels and degrees of enmeshment may occur, ranging from mild and isolated elements of enmeshment to more pathological and pervasive features. In divorcing families, the impact of enmeshment can become more pronounced as the normal balancing influence of the other parent is gradually diminished. Much like parental alienation, the phenomenon of enmeshment may be found in varying degrees of intensity, with corresponding degrees of negative impact on child development.

A number of recent publications have advanced the concept of enmeshment and improved our methods of assessment and treatment for problems of family enmeshment (e.g., [Blair, 1996](#); [Ellis, 1994](#); [Perosa & Perosa, 1993](#); [Rogers, 1983](#); and [Verheij, 1982](#)). One may conceptualize this problem as a form of being too close, where identity fusion between parent and child is merged and it is difficult to tell where one begins and the other leaves off. In this unhealthy dynamic, the child is unable to establish a clear identity apart from the parent, such that actions of the child so significantly impact the apparent well-being of the parent that the child is held captive to a role reversal and caretaker role, subsuming their own identity and needs to those of the parent. Problems of this sort contribute to a myriad of developmental disturbances in the children of such families ([Anderson & Coyne, 1991](#); [Bebbington & Delemos, 1996](#); [Cummings, 1994](#); [Fullinwider & Jacobvitz, 1993](#); [Koontz, 1983](#); [Perosa & Perosa, 1993](#); [Schupak-Neuberg & Nemeroff, 1993](#); [Shean & Lease, 1991](#); [Waring and Patton, 1984](#)). This may include a number of forms of psychopathology (e.g., eating disorders, drug abuse) and psychosomatic or psychophysiological disorders (e.g., chronic pain, headaches, gastrointestinal disorders). Research has demonstrated that the model originally developed by Minuchin holds true in terms of an established relationship between enmeshment and these various problems. The phenomenon can be studied through observation of interactions and even more recently through self-report measures of family functioning.

When this disturbance appears, the family dysfunction resonates throughout the family system. It may even take on more pervasive elements by its multigenerational impact from grandparents, through parents, and on to the youngest children. Therapeutic intervention is a necessary first step, but this may fail due to premature termination when the treatment process gets too close to the pathology. [Ellis \(1994\)](#) describes examples of this resistance to treatment with case examples where the mother-child enmeshment led to the early withdrawal from treatment. As noted above, the long-term consequences of enmeshment left unchecked can be the development of serious emotional, developmental, and physical problems.

In one notable study, adolescents from such dysfunctional homes demonstrated limitations in their coping abilities and in their development of a personal identity ([Perosa & Perosa, 1993](#)). Dating relationships may be restricted and limitations in career exploration or development may also follow from the negative impact of mother-child enmeshment ([Fullinwider & Jacobvitz, 1993](#)). When enmeshment has been present with one spouse from their family of origin, there tends to be restricted marital intimacies in the couple which appears to reflect the perpetuation of family dysfunction ([Waring & Patton, 1984](#)). Clearly, the pathology has the potential to transmit damaging messages and unhealthy family relations from one generation to the next and beyond.

Unhealthy fusion may be increased through the process of divorce ([Isaacs, 1987](#)) where any proclivity toward enmeshment is increased. However, the simple process of divorce does not in itself account for the ongoing impact of enmeshment ([Zastowny & Lewis, 1989](#)), such that the

deleterious effects of enmeshment exist independently and have a life of their own if they remain unchecked. The collusion, fusion, symbiosis, overconcern, and separation-individuation problems of enmeshment create a constant state of vigilance which maintains the boundaries between the internal and external world in a rather stable state of defense ([Verheij, 1982](#)). Families where *multigenerational enmeshment* exist face added pressures at points of crisis and tend to demonstrate even greater cohesion and growth-inhibiting controls over their members. Therapeutic intervention is considered essential in such families according to these authors.

Implications for Custody Evaluators:

Taken together, the literature is very clear that enmeshment and parental alienation can produce extremely serious developmental consequences for persons caught in such dysfunctional family dynamics. The typical custody evaluator is often faced with the task of observing these clinical features in the divorced family system. Assessment of parental alienation or enmeshment is complicated by the fact that there are no specific or scientifically validated methods or scales for making this family evaluation. More general reliance on customary clinical tools such as interviews and psychological testing will only give the evaluator a piece of the puzzle at best. It may be possible to organize the data collected from these and other sources using the summary of common profiles that appear in the literature, and by comparison, offer a statement to the court as to the degree to which a given parent or a given family resembles the typologies listed by other authorities in the field. Plausible rival hypotheses must be given due consideration when the evaluator detects evidence of what might appear to be parental alienation features in a given case. The child's ambivalence towards a parent or their overt rejection of one parent may reflect several other factors, summarized by [Poliacoff \(2000\)](#) as:

- developmentally normal separation problems,
- deficits in the non-custodial parent's skills,
- oppositional behavior in the child,
- high-conflict divorce proceedings,
- other serious emotional or medical problems of one family member,
- child abuse and neglect,
- inappropriate, unpredictable, or violent behavior by one parent,
- incidental causes, such as the child's dislike of a parent's new roommate or lover,
- alienation by third parties,
- the child's unassisted manipulation of one or both parents, or
- fears for the absent parent's welfare.

Thus, consideration of these and other family features is a must when the evaluator wishes to document possible parental alienation or related family dysfunction. When the data do not converge, or when key elements are missing from the profile, even [Gardner \(1998\)](#) will agree that parental alienation syndrome is not the best label to describe the observed family problems.

[Bricklin and Elliott \(2000\)](#) suggest that the evaluator may become alert to parental alienation or other forms of distortion by attending to any and all "red flags" that arise in the course of the custody investigation. In their handbook, these authors refer to a concept called NBOAI -- which stands for not-based-on-actual-interactions. These NBOAI signs will help the evaluator "to recognize situations in which a child is claiming to be true at a conscious level material which is likely not based on his or her actual interactions with the persons represented in the conscious position, but are more likely due to bribery, manipulation, intimidation, or a desire to save a parent seen as impaired." Examples of this would include responses which sound rehearsed; unasked-for-information too readily volunteered; responses given too quickly with hardly any pause between question and response; Bricklin BPS scores which are skewed to one championed parent; limited eye contact with the evaluator; and affect inconsistent with stated events. Defiant, cursing, silly behavior taken to extremes may be a signal of prompting and coaching, and less an indicator of one parent's lack of control. All of these examples should

lead the evaluator to consider parental alienation or other forms of distorted information emanating from the assessment with the child or children.

The task of assessment is made somewhat easier when extensive information is collected from a variety of sources. The common child custody evaluation practices of using psychological testing, individual clinical interviews with each of the parents and each of the children, as well as individual observations of the parents with the children will provide merely a starting point for this evaluation. [Bricklin and Elliott \(2000\)](#) concur that there is a need for additional observations of the child or children in interactions with both parents present. Where possible, this type of observation may afford the evaluator a chance to witness how the child greets and interacts with both parents collectively, then compare this with how the child relates to the parent in a one-on-one observation period. Information observations and more structured observations (e.g., [Rybicki, 1991](#)) may assist the evaluator in collecting this respective behavioral data. This may be accomplished in part by having extended clinical sessions wherein one parent completes psychological testing while the other parent interacts with the children, followed by points of overlapping observations where the children spend time with each parent individually, and with both parents in some collective situation. Additional collateral information must be collected from a variety of sources, including careful review of various documents and records, as well as directly contacting various collateral sources such as friends, family, neighbors, teachers, therapists, and others who have additional information about the parents, children, and family history. Where possible, reviewing family home movies or video, as well as photographs and other records of family relations will assist the evaluator in gaining some insight into family dynamics. And, clearly, a home visit becomes almost mandatory in order to further observe family relations in the respective households. Developing an evaluation data collection system that is consistent with prevailing professional standards (e.g., [American Psychological Association, 1994](#); [Ackerman & Ackerman, 1997](#); [Clark, 1997](#); [Skafte, 1985](#); [Stahl, 1994](#)) is imperative in order to amass the requisite data for determining the level and degree of alienation and/or enmeshment factors which may be present in a given family system. Adhering to these standards closely, and clearly specifying in advance the nature and types of evaluation processes will also serve reduce liability concerns in this uniquely litigious area.

Legal Status of Parental Alienation Syndrome Testimony:

Expert testimony regarding concepts such as parental alienation syndrome is subject to judicial review according to standards set forth in the Federal Rules of Evidence, and in several legal precedent setting cases (*Frye v. United States*, 293 F. 1013, D.C. Cir. 1923; *Daubert v. Merrell Dow Pharmaceuticals, Inc.*, 113 S. Ct. 2786, 1993; *Kumho Tire Co. v. Carmichael*, 119 S. Ct. 1167 1999). Using these standards, authors such as [Poliacoff \(2000\)](#) contend that Gardner and others have failed to demonstrate that the parental alienation syndrome meets these criteria for admissibility. He argues that the theoretical concepts of parental alienation syndrome lack empirical validation, rely too heavily on reverse logic to demonstrate causality, and fail to meet expectations for peer review. [Bricklin and Elliott \(2000\)](#) join with Gardner (2000) to cite over fifty articles on the PAS which have appeared in peer-reviewed journals. These authors note that parental alienation is a bona fide form of family dysfunction, listing eight core symptoms which appear in the child and which serve to define the syndrome, including:

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

[Poliacoff \(2000\)](#) argues further that reliability and validity have not been established with regard to use of the term parental alienation syndrome, nor have the various levels of PAS been clearly delineated. He cites somewhat dated cases in Florida (e.g., *In the Interest of T.M.W.*, 553 So. 2nd 260, FL. Dist. Ct. App., 1988) that have adopted this position and refused to allow testimony around PAS claiming that it lacks general professional acceptance. Yet, by using more specific criteria such as those listed above, Gardner (2000) contends that the specific syndrome can be diagnosed, and that failing to meet all eight criteria may still detect elements of parental alienation that are noteworthy. More recent caselaw in Wisconsin (*Weiderholt v. Fischer*, 485 N.W. 2nd 442, Wis.Ct. App. 1992) joins with this perspective in ruling that there is at least "limited research data" to support the parental alienation syndrome concept and its recommended forms of intervention. [Bricklin and Elliott \(2000\)](#) note that there are now about thirty-eight legal rulings in which the parental alienation syndrome has been recognized (for update see www.rgardner.com/refs/pas), adding further weight to their contention that the PAS is a useful clinical description for assisting the court in making custody recommendations. These authors concur with [Krauss and Sales \(2000\)](#) who suggest that Daubert standards have not yet and probably will not make much difference to admissible evidence in the child custody domain.

Thus, while debate within the literature continues to address such issues, the court system still relies upon expert testimony regarding such pivotal concepts as parental alienation and enmeshment. It is possible for the evaluator to operate within professional and ethical guidelines by articulating both sides in this debate, and offering cogent reasoning for the position that they adopt. Perhaps the most ethical and appropriate position to adopt is one that sidesteps the debate over the syndrome and instead relies on specific observations and forms of clinical evidence, presented in an orderly fashion in the report or trial testimony, allowing the judge and trier of fact to consider the weight and impact of these dynamics on the best interests of the child. This approach is clear and honest, and falls within Daubert standards. Regardless of the final outcome of the debate over syndrome diagnoses (e.g. [Rotgers and Barrett, 1996](#)), the fact remains that experts may continue to testify as to observed family dynamics which have merit in making child custody decisions. Continued research is needed, and the best informed custody evaluator will be most helpful to the court.

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