



Parental Alienation Syndrome in Italian legal judgments: An exploratory study

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ABSTRACT

The present study highlights the characteristics of separated families in Italy for whom Parental Alienation Syndrome (PAS) has been diagnosed during court custody evaluations.

The study analyzed the psychological reports of 12 court-appointed expert evaluations of families for whom PAS had been diagnosed. Twelve evaluations that did not receive the PAS diagnosis served as a control group. A specific coding system was used for data analysis.

The results indicated that the alienating parents were always the parents who had custody of the children. Children who were diagnosed with PAS were predominantly the only child in the family, had identity problems and manifested manipulative behavior. The consultant in these cases suggested individual psychotherapy for the children and recommended foster care to the Social Services agency.

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1. Introduction

Divorce has become a significant social phenomenon in Italy since the end of the 1980s and early 1990s; it has gradually increased to the same proportions observed in other parts of the Western world. There has been a 60% increase in the number of divorces since the beginning of the 1990s, from 50,000 cases in 1990 to 86,000 cases in 2009. Almost 50% of the cases from 2009 involved a child. Twenty percent of the cases were judicial divorces, and the judicial dispute usually concerned child custody. One of the greatest challenges facing forensic psychologists, lawyers and judges relates to cases in which children reject a parent after the divorce. In these cases, the court's decisions are often ineffective both because of the complexity of the situation and because there is no agreement between the two parties. Considering these difficulties, Gardner's theorization (1985) was broadly accepted throughout Italy because it filled a gap. By proposing specific logical categories, Gardner's theory enabled the understanding of a child's rejection of a parent in terms of a more inclusive framework rather than simple parental inadequacy. More than twenty years after Gardner's original formulation, there is an extensive body of literature on the topic, which bears witness to the intense interest surrounding this issue (Baker, 2010; Fidler & Bala, 2010a; Friedlander & Walters, 2010; Johnston, 2003; Kelly & Johnston, 2001; Lowenstein, 2010; Warshak, 2010).

Parental Alienation Syndrome (PAS) is a relational pathology, originally identified by Gardner (1985, 1987), that can develop in adversarial divorce situations. Data have also suggested that, in some

families, PAS can precede the divorce (Baker & Chambers, 2011). "It's a disorder in which children, programmed by the alienating parent, embark upon a campaign of denigration against the alienated parent," (Gardner, 2004a, p. 80). PAS recognition depends on the child's behavior and not on the alienating parent's campaign of denigration.

Gardner (2004a) proposed eight diagnostic criteria for identifying the syndrome in children (Fig. 1). In the presence of real abuse or abandonment on the part of a parent, such animosity can be justified and in this case it is not possible to diagnose PAS. "Because this syndrome generally appears as a cluster, children who suffer from PAS typically exhibit most of these symptoms," (Gardner, 2004a, p. 83). There are three clinical levels of PAS: mild, moderate and severe (Gardner, 2004a).

1. Mild: The alienation is relatively superficial, and the children mostly cooperate with visitation but are intermittently critical and disgruntled with the victimized parents.
2. Moderate: The alienation is more intense, and the children are more disruptive and disrespectful. There are transitional difficulties at the time of visitation.
3. Severe: The children are so hostile that visitation rights are impossible. The children are hostile to the point of being physically violent toward the allegedly hated parents. In some cases, the children direct extremely serious accusations of bad behavior against these parents (violence, abuse and stealing), but these accusations are not supported by evidence. All of the eight characteristic symptoms are present with severe intensity, and the children refuse to have contact with the alienated parents.

There are no reliable statistics on the prevalence of alienation (Fidler & Bala, 2010b). "Estimates of alienation are higher in custody-disputing

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samples, with some studies reporting about one-fifth (Johnston, 2003), but only six percent were found to be extremely rejecting of a parent,” (Fidler & Bala, 2010b, p. 11). Berner, von Boch-Galhau, Baker, and Morrison (2010) found similar results.

Gardner's theory has been criticized for its suppositions, identifying criteria, differential diagnosis, lack of empirical data underlying the construct and effective mental health and judicial intervention (Emery, 2005; Gagné, Drapeau, & Hénault, 2005; Johnston, 2003; Walker & Shapiro, 2010; Warshak, 2002). These critical authors have admitted that children's refusal of their parent(s) is a widely

diffused phenomenon in judicial divorce, but they were still unwilling to consider PAS as a diagnostic category. The critics cited a lack of valid and reliable research supporting PAS and argued that this syndrome is not included in DSM IV (Johnston, 2003; Johnston & Kelly, 2004). Gardner's reply (2002b, 2004b) explained that submissions were never made for PAS to be included in the statistical manual. His reply also stated that since his original formulation in the 1980s, many articles had been written about PAS in peer-reviewed journals and that DSM committees are currently considering including PAS in the next edition in 2012 (Berner et al., 2010; Fidler & Bala, 2010b).

	Label	Definition and Criteria	Level	Focus
Gardner (2004a)	Parental Alienation Syndrome (PAS)	It is a disorder in which children, programed by the alienating parent, embark upon a campaign of denigration against the alienated parent. PAS recognizance depends on the child's behavior. There are eight diagnostic criteria: (1) a child's unjustified campaign of denigration toward the alienated parent. (2) The child uses weak, frivolous, or absurd rationalizations for deprecating a parent; (3) Lack of ambivalence; (4) The “independent-thinker” phenomenon; (5) Reflexive support of the alienating parent in parental conflict; (6) The child has an absence of guilt over cruelty to and/or exploitation of the alienated parent; (7) Presence of borrowed scenarios; (8) Spread of animosity to the extended family and friends of the alienated parent.	Three clinical levels: 1. Mild. 2. Moderate. 3. Severe.	Child
Kelly & Johnston (2001)	Alienated child	“An <i>alienated child</i> is defined as one who expresses – freely and persistently unreasonable negative feelings and beliefs ... towards a parent that are significantly disproportionate to the child's actual experience with the parent” (Kelly & Johnston, 2001, p. 251). Authors propose a concentric model, the central element of which is the child's emotional and behavioral response. There are background factors that directly or indirectly affect the child and included history of intense marital conflict in which the child was triangulated; a humiliating separation; highly conflictual divorce and litigation; aligned professionals; extended families; new partners; the personality of each parent; age; cognitive capacity; and the temperament of the child.	Children's relationships to each parent after divorce can be conceptualized along a continuum of positive to negative: <i>positive relationships with both parents; affinity</i> toward one parent; <i>alliance</i> with one parent; <i>estranged children</i> from one parent; <i>to child alienation</i> .	Family
Friedlander and Walters (2010)	Families with an alienated child	Kelly and Johnston define the relationships patterns: (1) estrangement: “refers to impairment in the parent-child relationship as a result of realistic problems brought to the relationship by the rejected or resisted parents” (Friedlander & Walters, 2010, p. 109); (2) enmeshment: “refers to a relationships in which the psychological boundaries between the parent and child are blurred	Authors redefine. Johnston and Kelly (2001) classification from <i>alignment</i> (affinity and alliance), <i>alienation</i> , <i>enmeshment</i> , <i>hybrid cases</i> (e.g., enmeshment and alienation, enmeshment	Family

Fig. 1. Definition, criteria and gradation of alienated children.

		and their identities are merged” (Friedlander & Walters, 2010, p. 109). Hybrid cases include the child’s exposure to Parent A’s denigration of Parent B, the child’s direct experience of Parent B’s real caregiving deficits and the child’s enmeshed and inappropriate relationship within the aligned dyad.	and estrangement), <i>estrangement to neglect and/or abuse</i> by rejected parent.
Warshak (2002)	Parental Alienation (PA)	Three components must be present for a correct diagnosis: (1) the persistent rejection of a parent which reaches the level of a campaign; (2) an unjustified or irrational rejection by the child; (3) rejection by a child that is a partial result of the alienating parent’s influences. Other critical aspects are: (1) a change from a previously good relationship; (2) the possibility that the aversion may also be applied to others and not only to parents. More recently, the author retracted the term “pathological alienation” because it casts a family problem as a medical model.	Author used Otis’s Family conceptualizations (Otis, 2007, cited in Warshak, 2010) of disrupted relationships: from <i>disillusioned and alienated</i> to <i>estranged</i> . Within each category, children vary in the degree to which their aversion toward their parent is realistic/reasonable versus unrealistic/unreasonable.

Fig. 1 (continued).

Other authors have reframed the problem in terms or definitions that provide further insight into the variables that affect PAS. Kelly and Johnston (2001) proposed a family system(s) reformulation of PAS. The authors avoided the term “syndrome” and preferred “alienated child” as a definition, with a specific focus on the experience of the children (Fig. 1). The authors argued that, after divorce, children’s relationships with each parent can be conceptualized along a continuum of positive to negative, with the most negative being alienation (Fig. 1). They proposed a theoretical systems model to diagnose when a child is alienated, which assesses the multiple and interrelated factors that influence a child who refuses his/her parent. The model is concentric, and the central element is the children’s emotional and behavioral response. Background factors that directly or indirectly affect children are also considered (Fig. 1). Intervening variables may either moderate or intensify the children’s response to these critical background factors, which include parenting beliefs and behavior, sibling relationships, the children’s vulnerability and a lack of external support for the children. This dynamic circularity evolves and maintains itself over time.

Friedlander and Walters (2010) refined this classification to begin from *alignment* (affinity and alliance), *alienation*, *enmeshment*, *hybrid cases*, *estrangement to neglect and/or abuse* by rejected parents (Fig. 1). The authors argued that the majority of cases were hybrid cases in which some combination of alienation, estrangement and/or enmeshment (Fig. 1) occurred, while pure cases of alienation were relatively infrequent. Friedlander and Walters (2010) proposed different assessments and interventions for each type of rejecting child. The authors, preferred to refer to “families with an alienated child” to better describe the case’s complexity.

Gagné et al. (2005) argued that this model should extend further to follow an “ecological” perspective. Factors that operate within the family (*microsystem*), factors that directly affect the family (*mesosystem*), factors that are more distant, such as political and institutional orientation (*ecosystem*), and the social-cultural context (*macrosystem*) should all be considered.

Darnall (1998) distinguished PAS from PA (Parental Alienation), which focused on the alienating parents’ behavior. Warshak (2002), in a first formulation, proposed the concept of “pathological alienation” to bridge the conceptual differences in the literature (Fig. 1). In addition to the role of the children, the author identified the role

of the alienating parents as a necessary component of the problem. The author used Otis’s conceptualizations (Otis, 2007, cited in Warshak, 2010) of disrupted relationships. The categories ranged from *disillusioned and alienated* to *estranged* (Fig. 1).

In summary, important distinctions have been made over the last few decades regarding children who reject a parent following divorce. Although the cited authors began with somewhat different assumptions about the etiology of children alienation, they appear to have identified the same group of children (Bernet et al., 2011).

Empirical support has emerged for a conceptualization of family systems, in which the children’s alienation is determined by a range of factors that relate to the psychological and parenting characteristics of both parents, the preexisting psychological vulnerabilities of the alienated children and the interlocking relationship between these factors (Darnall, 1998; Gardner, 2002a; Kelly & Johnston, 2001; Lowenstein, 1999; Lowenstein, 2010). Generally, the alienating parents are vulnerable, emotionally stressed and humiliated by the divorce. The alienating parents are unable to accept the end of marriage and consider their former partner the cause of all of their suffering (Darnall, 1998; Johnston, 2003). These parents perceive themselves to be virtuous and project their responsibility onto others. The alienating parents are unable to individualize themselves and attempt to set up a pathological coalition with the children to satisfy their emotional needs and as revenge against the other parent (Lowenstein, 2010). One advantage of this arrangement for the children is the opportunity to obtain power in family matters. The alienated parents reinforce the children’s convictions regarding ineptness and impotence by alternating between hostile or attached behavior, which may stem from the fear of taking measures appropriate for the situation (Johnston, 2003; Lowenstein, 1999; Lowenstein, 2010). Alienated parents may act with little or no insight into how their own behavior contributes to the ongoing problem. They may have difficulty separating their child’s feelings from the behavior of the alienating parent (Fidler & Bala, 2010b).

1.1. Psychological drama of alienated children

The impact of divorce on children has been widely studied. Although many children of divorce demonstrate resilience, the well-being of some children suffers (Amato, 2001). Children’s exposure to and involvement

in parental conflict has been identified as the single best predictor of outcomes for children after divorce (Emery, 2004; Hetherington & Kelly, 2002), especially in the cases of children who are drawn into the parental conflict (Buchanan, Maccoby, & Dornbusch, 1991). The children of warring parents experience a painful conflict in loyalty, which creates guilt, sadness, low self-esteem and depression (Baker, 2007; Buchanan et al., 1991). Triangulation is one of the main elements of post-divorce interparental conflict that is harmful to children's long-term adjustment (Emery, 2004). Parental alienation is the extreme result of involving children in parental conflicts. Clinical literature (Rand, 1997) and empirical research (Baker & Ben-Ami, 2011) have both identified the following negative outcomes for alienated children: diminished self-esteem, depression, insecure attachment style, and psychosomatic illness. These outcomes may be a more serious mental reaction than simply reactive emotionality. Baker (2007) identified at least 17 ways that parents can involve children in their conflict to create alienation. Children's self-esteem is likely to suffer when a parent exhibits parental alienation strategies. As Baker and Ben-Ami (2011) stated, "to turn a child against the other parent is to turn a child against himself or herself," (p. 485). Moreover, the "parentification" of the children and boundary dissolutions are typical in PAS cases. These factors create unrealistic expectations that the children are responsible for the parents' happiness and well-being and interfere with the children's development and peer relationships (Garber, 2011).

Baker (2007) proposed that a likely mechanism of this association between exposure to parental alienation and poor outcomes is psychological maltreatment. This mechanism is discussed in the Discussion and conclusions section.

1.2. Study objective

The aim of this study is to (a) analyze the parents' characteristics in families for whom PAS has been diagnosed according Gardner's criteria, (b) examine the children's characteristics and their psychological adjustment, together with the possible psychopathological characteristics that can be found in PAS cases and (c) consider experts' proposals in PAS cases with regard to custody and intervention. For the study, 96 cases of child custody disputes (2002–2006) were randomly selected from the archive of the Rome Law Courts. PAS was diagnosed according to the criteria described by Gardner (1992) for the severe level because this level was better defined and less open to criticism than the other levels. These criteria are recognized and accepted by Italian forensic clinicians and court experts. The hypotheses of the study were that (a) it is possible to diagnose PAS during child custody evaluations using Gardner's criteria for the severe forms and to evaluate the possible presence of severe PAS in the current sample, which was biased but nonetheless representative of the social demographics of a large Italian city; (b) individual and relational variables in the severe form of PAS can

be identified; (c) although PAS cannot be clearly diagnosed with a DSM-IV-TR category, children of divorce who present a PAS diagnosis are more vulnerable compared with children who do not present PAS; and (d) specific experts' proposals in PAS cases hold merit.

2. Material and methods

A qualitative study was conducted using archived material. Archive research does not permit data collection using direct measures of the variables of interest; therefore, the data collected were qualitative.

2.1. Participants and procedure

The sample consisted of 96 psychological reports produced by 12 different experts appointed by the Rome Law Courts. Twelve forensic psychologists wrote the reports about child custody disputes between 2000 and 2006. The forensic psychologists were appointed by judges in judicial divorce cases to evaluate the parents' personality, the children's adjustment, and parent–children relationships and to suggest the best custody and visitation patterns. Italian jurisdiction allows a judge to order an independent mental health professional to perform an assessment of the parties and to submit a report to the court regarding custody or access issues.

The sample was randomly selected from the archive of the Rome Law Courts from divorce cases that had taken place between 2000 and 2006. The research was authorized by the President of the Rome Law Court and followed current criteria on privacy. All of the selected families resided in the district of Rome.

The researchers selected all of the families for whom it was possible to diagnose severe PAS (Gardner, 1992, 2004a) ($N = 12$, 11.52% of the sample). The court expert used Gardner's criteria to diagnose PAS in 8 of the 12 cases. The expert did not diagnose PAS in the remaining four cases, although there were statements about the child's "refusal" to visit the alienated parent. In some cases, there was more than one child with PAS diagnosis per family.

Using the same group of conflicted divorce cases, 12 divorced families in which PAS had not been diagnosed were randomly extracted to serve as a control group. The two groups were compared according to the parents' and children's characteristics.

The two groups were composed as follows:

1. Experimental group (severe PAS): 20 children with an average age of 11.21 years ($SD = 2.94$) came from 12 families. The mother's mean age was 39.02 years ($SD = 5.98$), and the father's mean age was 45.12 years ($SD = 7.71$). All of the subjects were Caucasian. The parents' educational levels were in line with the Italian national rate (33% had completed primary school, 36% had completed secondary school, and 31% had obtained an academic degree).

Table 1
Observed frequencies of the parents' characteristics.

Parents' characteristics	PAS ^a		Control group ^a	
	Presence	Absence	Presence	Absence
Mother's infidelity	4 (33%)	8 (67%)	6 (50%)	6 (50%)
Father's infidelity	1 (8%)	11 (92%)	4 (33%)	8 (67%)
Mother's new relationship	6 (50%)	6 (50%)	2 (17%)	10 (83%)
Father's new relationship	4 (33%)	8 (67%)	3 (25%)	9 (75%)
Mother's absences	3 (25%)	9 (75%)	4 (33%)	8 (67%)
Father's absences	4 (33%)	8 (76%)	1 (8%)	11 (92%)
Mother's hospital admission	1 (8%)	11 (92%)	1 (8%)	11 (92%)
Father's hospital admission	3 (25%)	9 (75%)	1 (8%)	11 (92%)
Mother's insecurity	5 (41%)	7 (58%)	1 (8%)	11 (91%)
Father's rigidity and overt constraint	6 (50%)	6 (50%)	1 (8%)	11 (92%)
Father's difficulty in expressing affections	8 (66%)	4 (33%)	3 (25%)	9 (75%)

^a $n = 12$ for each group.

Table 2
Observed frequencies of the children's psychological characteristics.

Children's characteristics	PAS ^a		Control group ^b	
	Presence	Absence	Presence	Absence
Identity problems	7 (35%)	13 (65%)	0 (0%)	23 (100%)
False Self	6 (30%)	14 (70%)	1 (4%)	22 (96%)
Belittling of mother	6 (30%)	14 (70%)	0 (0%)	23 (100%)
Belittling of father	9 (45%)	11 (55%)	0 (0%)	23 (100%)
Manipulative behavior	3 (15%)	17 (85%)	0 (0%)	23 (100%)
Distortion of family reality	6 (30%)	14 (70%)	0 (0%)	23 (100%)
No respect for parental authority	4 (20%)	16 (80%)	0 (0%)	23 (100%)
Worsening of father–child relationship	10 (50%)	10 (50%)	3 (13%)	20 (87%)
Relational problems	12 (60%)	8 (40%)	6 (26%)	17 (74%)
Child triangulated	15 (75%)	5 (25%)	6 (26%)	17 (74%)
Ambivalent affectivity	13 (65%)	7 (35%)	5 (21%)	18 (79%)

^a $n = 20$.

^b $n = 23$.

2. Control group (without a PAS diagnosis): 23 children with an average age of 10.05 years ($SD=4.10$) came from 12 families. The mother's mean age was 40.33 years ($SD=5.20$), and the father's mean age was 44.27 years ($SD=4.44$). All of the subjects were Caucasian. The parents' educational levels were in line with the Italian national rate (35% had completed primary school, 40% had completed secondary school, and 25% had obtained an academic degree).

The groups did not differ in terms of the parents' and children's ages and socio-economic levels.

All of the psychological reports were analyzed by three trained psychologists using a content analysis.

2.2. Tool

For the study, a schedule of content analysis was designed according to Gardner's (2004a) criteria for severe PAS to analyze the psychological reports. The tool was composed of 89 closed items with low inference. The tool was used to obtain the following: anamnestic data (the children's ages and sex, the parents' ages, schooling and social levels); data relative to the divorce proceedings, the parents' relationship both before and after divorce, the parents' psychopathology and psychological characteristics and the child's adjustment; data to evaluate the proposals made by the court-appointed experts concerning custody arrangements and eventual specialist treatment(s); and data to diagnose severe PAS (Gardner, 1992, 2004a). For the diagnosis of severe PAS, the eight criteria were taken verbatim from Gardner. Inclusion in the sample was considered only when all eight criteria were satisfied. The diagnosis of the parents' personality was assessed using the MMPI-2 personality test and Rorschach test scored using the Exner scoring system (Exner, 1993), the SCID II and clinical observations. Clinicians also made evaluations about the parents' psychopathology on Axis I according to the DSM IV-TR criteria.

The children's psychological adjustment was evaluated by clinicians according to Amato's (2001) qualitative categories for divorce. Amato distinguished between *affective* problems (anxiety, sadness, guilt, depression, identity or psychosomatic problems), *conduct* problems (manipulative behavior, no respect for authority, or hyperactivity) and *social and scholastic* problems.

Specific characteristics were evaluated for the children. *False-self* was defined as an impairment in self development. The False-Self is adaptive and unauthentic, is based mainly on other's desire(s), and serves to protect the secret real-self from an environment that is perceived as too intrusive (Winnicott, 1958). *Manipulative behaviors* were defined as a tendency to develop relational behaviors primarily motivated by personal interest, to the detriment of authenticity. *Distorted family reality* was defined as the mental representation and interpretation of family events from a subjective perspective. A lack of respect for parental authority was defined as the disregard of rules from at least one parent. According to Minuchin's (1974) classic definition, *triangulation* refers to the unstable cross-generational coalitions and intergenerational boundary dissolution that develop when one or both conflicted parents try to enlist the support of the child against the other parent, thus involving the child in adult disputes. Parents attempt to win the sympathy and the support of their child as an ally in the struggle with the partner. The child subsequently tries to satisfy the requests of both parents. Finally, *ambivalent affectivity* was defined as the development of an unstable affectivity, which was superficial and manipulative rather than based on a real relationship with the other. The categories described above were assessed by coders and then compared between coders (Cohen $K=0.86$). When disagreements between the coders occurred, the project director (M.T.) reviewed the disputed items and made the final decision.

The schedule developed for this study is available from the authors.

2.3. Data analysis

The Statistical Package for the Social Science (SPSS) was used to conduct quantitative analyses, and the data were processed using a qualitative frequency analysis. A χ^2 test was applied only if the attendant frequencies met the criteria, and a T test was used to verify whether a difference existed between two interval variables.

An alpha level of 0.05 was used for all statistical tests to control Type I error. Given the low number of cases, we did not adopt a more rigorous method to control Type I error to avoid an excessive reduction in power.

3. Results

3.1. Characteristics of the parents

The alienating parents were equally divided between fathers and mothers. Most ($n=11$) of the alienating parents had custody at the moment of the forensic psychological evaluation and had lived with the child since the divorce. In one case in the PAS group ($n=1$), the alienating parent did not have custody, but the child had been living with him for more than a year.

In 35% of the cases, the father had custody prior to the expert consultation. In 50% of the cases, the mother had custody prior to the consultation. In 15% of the cases, custody was given to a third party, such as the grandparents or Social Services.

Mother's/father's infidelity was defined as the identification of at least one episode of infidelity in the couple's history. There was no difference between the two groups in the level of infidelity (see Table 1). In the PAS group, the alienating parents had been unfaithful in two cases, while the alienated parents had been unfaithful in three cases.

In the PAS group, the mothers began a new relationship following the divorce more frequently than the fathers (see Table 1). The presence of a new relationship for one or both parents had no connection to whether a parent was an alienating or alienated parent. The alienating parents began a new relationship in six cases and alienated parents in four cases.

The other variables analyzed did not show any significant differences between the two groups (see Table 1). The clinicians did not diagnose any parents from either group with Axis I disorders. According to the clinical reports, the mothers in the PAS group were more frequently diagnosed as insecure (see Table 1), independently of whether they were the alienating ($n=2$) parent or the alienated parent ($n=3$).

Most of the fathers of the PAS group displayed the traits of rigidity and overt constraint (see Table 1). No differences were observed between being the alienating ($n=3$) and alienated ($n=3$) parents.

Among the fathers in the PAS group, there was a higher frequency of difficulty in expressing affections (see Table 1). This increased frequency was not related to being the alienating ($n=5$) or alienated ($n=3$) parent.

Another qualitative finding was that the PAS parents often accused each other of being irresponsible, criminal or dangerous ($n=5$). None of these accusations were present in the divorce cases in which PAS was not diagnosed.

3.2. Variables relative to the children

In the PAS group, no significant differences were found for gender, $\chi^2(1, N=43)=1.86, p>0.05$. The children that were diagnosed with PAS tended to be the only children: 30% ($n=6$) of the experimental group were the only children, and 9% ($n=2$) of the control group were the only children. None of the children in the current sample manifested any form of psychopathology.

Children in both groups had psycho-emotive maladjustment, $\chi^2 (1, N=43) = 0.38, p > 0.05$. Nevertheless, the court expert advised individual child psychotherapy more frequently in those cases for which PAS was present, $\chi^2 (1, N=43) = 3.79, p < 0.05$. Psychotherapy was suggested in 12 cases (60%) in the PAS group and in seven (30%) cases in the control group. Moreover, in 60% ($n = 12$) of the PAS cases, the court-appointed expert proposed that Social Services should have custody of the child, which was only the case for 22% ($n = 5$) of the cases without PAS.

The analysis of specific psychological characteristics in children who were diagnosed with PAS showed that identity problems and the development of a False Self were more frequent than in the control group (see Table 2).

Compared with children in the control group, the children who were diagnosed with PAS belittled both their father, $\chi^2 (1, N=43) = 2.13, p < 0.05$, and their mother, $\chi^2 (1, N=43) = 8.01, p < 0.05$, more frequently; they more frequently displayed manipulative behavior, $\chi^2 (1, N=43) = 3.70, p < 0.05$; and they tended to distort family reality, $\chi^2 (1, N=43) = 8.01, p < 0.05$ (Table 2). Furthermore, the PAS children showed less respect for parental authority than the control children, $\chi^2 (1, N=43) = 5.07, p < 0.05$ (see Table 2).

According to the clinical evaluations, there were no significant differences between the two groups regarding the change in the relationship between the mother and the child prior to and following divorce, $\chi^2 (1, N=43) = 1.68, p > 0.05$. There were significant differences between the two groups regarding the relationship between the father and the child. The relationships in the PAS group worsened after the divorce at a greater frequency than the relationships in the control group, $\chi^2 (1, N=43) = 6.92, p < 0.05$ (see Table 2). In the PAS group, the relationship between the child and the alienating parent remained stable prior to and following divorce in 75% of the cases ($n = 15$), and the relationship between the child and the alienated parent worsened following divorce in 75% of the cases ($n = 15$).

The children who were diagnosed with PAS experienced greater difficulty in relationships than the children in the control group ($n = 12$; 60%; control group $n = 6$; 26%), $\chi^2 (1, N=43) = 5.05, p < 0.05$.

In the PAS situations, the children were more frequently “triangulated,” $\chi^2 (1, N=43) = 10.24, p < 0.05$, according to the classic definition of Minuchin (1974). An ambivalent affectivity was more frequently observed in children from the PAS group than from the control group, $\chi^2 (1, N=43) = 8.23, p < 0.05$.

3.3. Expert proposals

The final aspect examined was the proposals of the court-appointed experts concerning custody and eventual specialist treatment(s). A difference between the two groups in regard to the custody procedures proposed by the consultant was observed. In the PAS cases, the expert never proposed that custody be awarded to the father. However, in those cases for which PAS was not present, the father was given custody in 52% of the cases ($n = 12$). Custody to the mother was proposed in 40% ($n = 8$) of the PAS cases and in 26% ($n = 6$) of the cases for which PAS was not diagnosed. In 60% ($n = 12$) of the PAS cases, the expert suggested that the custody of the children be assigned to Social Services versus 22% ($n = 5$) of the cases without PAS.

There were no significant differences between the two groups regarding the variable “custody changes after consultation,” $\chi^2 (1, N=43) = 0.14, p > 0.05$. The experts did not change child custody more frequently for the PAS cases compared with the control cases. In those cases for which a custody change was proposed, however, the direction of the change was different for the two groups.

In addition to the custody provision, it is important to organize treatment for families with PAS, because the treatment must involve the whole system to be effective. The expert suggested individual therapy for parents in 33% ($n = 4$) of the cases for both groups. The experts more frequently suggested individual therapy for the PAS

children than for the control children, $\chi^2 (1, N=43) = 3.79, p < 0.05$. There were no differences between the two groups regarding suggestions of family mediation (PAS group $n = 3$; Control group $n = 2$). The same result was found for suggestions of family therapy (PAS group $n = 2$; Control group $n = 0$).

4. Discussion and conclusions

In the current sample, severe PAS was diagnosed in 12% of the cases. Such an elevated number in a randomly selected sample may be due to the composition of the original sample, which was made up of judicial cases. According to Johnston (2003), the probability of finding Parental Alienation Syndrome children in judicial divorce cases increases by up to one-fifth, but only 6% of such cases are severe (Fidler & Bala, 2010b). Alienating parents were equally divided between fathers and mothers. Literature on the subject initially indicated that the mothers are usually the alienating parent (75%–90%) (Gardner, 1985; Lowenstein, 1999). However, Gardner observed an inversion in the tendency, whereby the fathers were found to be the alienating parent in almost equal numbers as the mothers (Gardner, 2002a, 2002b). The author explained this phenomenon as a change in the role of fathers (Lamb, 2004) over the last decades and their closer relationship with their children. A recent study by Bala, Hunt, and McCarney (2010) found similar results in Canadian family courts. Mothers and fathers can be alienated from their children, and the differences in gender are reflective of custody and child care arrangements rather than a maternal predisposition to alienate children. Hands and Warshak (2011) also found similar results.

In all of the cases examined, the alienating parents either possessed sole physical custody or were the parents with whom the child(ren) had been living for at least one year (1 case). According to Bala et al. (2010), dysfunctional coalitions occur more frequently between the child and the parent with whom she/he has been living. In this Canadian study, the alienating parents had sole custody of the child(ren) in 84% of the cases, and joint custody in 13% of the cases. Bernet et al. (2010) found similar results with Bala et al. (2010).

Johnston (2003) indicated that the blame attributed to the alienated parents regarding the marriage breakdown may be because of real or presumed extramarital affairs. There was no difference between the two groups in the current sample in terms of infidelity during the marriage, although the mothers in the PAS group began a new relationship after divorce more frequently than the fathers. This result is consistent with the results found by Warshak (2000) and Baker (2010). There was no connection between infidelity and whether these parents were the alienating or alienated parent in the current sample.

None of the parents from either group were diagnosed with any psychopathology. The absence of an Axis I diagnosis for the PAS cases is not surprising if we consider PAS as a relational dysfunction that does not necessarily depend on or relate to individual psychopathology. The qualitative results from the current sample show that, in the PAS cases, the parents seemed to have specific psychological characteristics independent of whether they were the alienating or the alienated parent. The mothers appeared insecure and the fathers appeared to possess the trait of rigidity, be overly constraining and have difficulty in expressing their affection. The data were insufficient for an acceptable statistical analysis and should be verified using a larger sample. The MMPI-2 study conducted on the 34 alienating and nonalienating mothers highlighted the fact that the alienating parents presented a highly defensive profile. Compared with the control parents, the alienating parents tended to be more conformist and socially adapted, more rigid and moralistic and less able to foresee the consequences of their actions (Siegel & Langford, 1998). Rigidity and difficulty in showing affection, especially sympathy, have been frequently found among alienated parents according to Gagné et al. (2005). Gordon, Stoffey, and Bottinelli (2008) examined an MMPI-2

test of mothers and fathers who were alienators. The authors found that, compared to control parents who had scores in the normal range, alienating parents had higher scores (in the clinical range) on specific scales, which indicated primitive defenses such as splitting and projective identification. The scores from the alienated parents were mostly similar to the scores from the control parents.

Consistent with previous research (Baker, 2007; Johnston & Roseby, 1997; Kelly & Johnston, 2001), the average age of the PAS children in the current sample was 11 years, and pre-adolescents and adolescents were more likely to become alienated than younger children. Pre-adolescents and adolescents usually possess the cognitive and emotive characteristics that allow them to participate actively in family dynamics; however, they have not completely developed the capacity for abstract hypothetical-deductive thought. Therefore, their thinking still tends to be concrete and more “malleable.” In the current sample, the presence of PAS did not appear to relate to gender (Baker, 2010; Kelly & Johnston, 2001). The children who were diagnosed with PAS, instead, tended to be the only children. No child showed any form of clearly defined psychopathology, and no significant differences emerged between children with and without PAS with respect to psycho-emotive maladjustment. A risk of psycho-emotive maladjustment was common for the children in both groups. Hostile divorces represent a risk condition for the children, although they do not, in and of themselves, give rise to a psychopathological condition (Ahrns, 2007; Amato, 2001; Emery, 2004; Hetherington & Kelly, 2002; Kelly, 2007). The data did not indicate that children with PAS were more exposed to developmental risks or maladjustment than their control peers; however, it is interesting that the forensic psychologists in the current sample advised individual child psychotherapy more frequently for children for whom PAS was diagnosed. These results may be an indicator of the greater risk of maladjustment experienced by the PAS children compared with the control children, but further studies are necessary to make this determination.

The groups examined were different with regard to the children's psychological characteristics. Identity problems, difficulties in relationships, a tendency toward manipulative behavior and a distorted view of the family's reality, little respect for authority accompanied by a deprecation of the parent figure, feelings of abandonment and adversarial and ambivalent affectivity were all more common in the PAS children than the control children. These results are consistent with other studies (Gardner, 2002c; Johnston, 2003; Kelly & Johnston, 2001; Rand, 1997). Johnston and Roseby (1997) showed that PAS children denigrated one of their parental figures so strongly that it was difficult for the children to identify with the alienated parent. The children may develop a False Self as an adaptive response to the situation, thereby sacrificing an authentic expression of their desires, needs and characteristics. Furthermore, a False Self could cause children who are diagnosed with PAS to appear to be more well adapted than they actually are.

In the current study, the children from the PAS group were more frequently triangulated than the children from the control group, according to the classic definition of Minuchin (1974) and Kelly and Johnston's model (2001).

The PAS children in the current sample were unable to freely express their emotions and their affection toward their parents and often possessed conflicting feelings that they were unable to integrate. In extreme situations, a dramatic role reversal may be observed in which the children very clearly assume a caretaking role for their parents (Friedlander & Walters, 2010).

Alienation may be constructed as a psychological “false solution” to a child's intolerable conflict of loyalty.

Johnston et al. analyzed parents' ratings on the Child Behavior Checklist and found that “alienated children had more emotional and behavioral problems of clinically significant proportions compared to their nonalienated counterparts.” The authors administered Rorschach's test to the children and found that “alienated

and nonalienated children differ in a number of ways with respect to how they perceive and process information, their preferred coping styles and capacities and how they express affect,” (Johnston, Walters, & Olesen, 2005). There has also been systematic qualitative research regarding the long-term effects of parental alienation on the children (who are sometimes identified as adult children of parental alienation) and the alienated parents. Baker's (2010) research indicates that the likely long-term effects of parental alienation are depression due to the lack of the ability to mourn and make sense of the loss of the alienated parents, overly dependent behavior associated with low self-esteem, feelings of guilt when one comes to realize what he or she did to the alienated parents, and difficulties with identity development.

Longitudinal studies and larger samples are required to determine whether PAS is a risk factor for the adjustment of children or whether it develops when children have specific characteristics or are more vulnerable to developing alienation than others (Kelly & Johnston, 2001). The examined data are consistent with previous studies (Gagné et al., 2005; Sullivan & Kelly, 2001) that underline the role of children's and parents' psychological characteristics in the development of PAS.

The data about the experts' proposals show that when the fathers are the alienating parent, it is more likely that their behavior toward the child will be recognized as serious and dangerous and they will thus be refused custody. Likewise, fathers are not given custody when they are the alienated parent. Mothers may receive custody of the children more frequently than fathers because they are stereotyped as the more ideal parent even in cases of severe family dysfunction. The percentage of maternal custody was nonetheless low because there were situations in which the mothers were not competent. When a mother is the alienated parent, a failure to recognize the child's refusal of a parent could prove counterproductive. When data were collected by both judges and experts, the mother was held to be the “custodian” par excellence (Lubrano Lavadera, Caravelli, & Malagoli Togliatti, *in press*). As explained by Kelly (2007),

The maternal preference was reinforced by untested psychoanalytic theory that focused on the exclusive importance of the mother; early child development research that focused solely on mothers and children; and early separation research of British wartime and hospitalized children, which reported the dangers of prolonged separation of children from their mothers (p. 36).

Such principles in court procedures led to the finding that the mother is the parent who establishes the strongest emotional bond with the child. It was only after 2006 with the introduction of Law n.54/2006 that shared custody was identified as the preferred model in cases that involve children of divorced parents. Sole custody is awarded when the parent who is excluded poses a physical, emotional or sexual danger to the children (Lubrano Lavadera et al., *in press*; Symons, 2010). However, there is still a maternal preference. Even after the advent of the new law, children remain in their father's care only in particular scenarios or marginal circumstances, e.g., maternal deficit (Lamb & Kelly, 2001; Lubrano Lavadera et al., *in press*). This cultural “preference” may explain why, in the current sample, the alienating fathers were treated differently than the alienating mothers, who were also indicated as the custodial parents even if they were the alienating parents. There is no evidence in the literature that can explain this issue. The expert in the PAS cases chose to give child custody to Social Services to protect the children and to guarantee a greater effect on the divorced family system (Gardner, 2001; Sullivan & Kelly, 2001).

Before and after Law n.54/2006, Social Services' legal custody was proposed when both parents were evaluated as inadequate, when both suffered from mental health issues, when both were unable to guarantee the continuity of affective bonds, or if both parents posed a physical, emotional or sexual abuse threat to the children involved.

Authors associate parental alienation with a condition of abuse and neglect (Baker, 2007, 2010; Baker & Ben-Ami, 2011; Rand, 1997). “Parents who exhibit parental alienation strategies can be considered to be psychologically maltreating their children ... The psychological foundation of parental alienation – lack of empathy and inability to tolerate the child’s separate needs and perceptions – is also the foundation of psychological maltreatment,” (Baker & Ben-Ami, 2011, p. 473). Additionally, alienating parents cultivate relationships that involve dependency and are imbued with psychological control and manipulative behaviors. Baker (2007) describes parental alienation strategies as reflective of the five behavioral manifestations of psychological maltreatment as defined by the American Professional Society on the Abuse of Children (APSAC, 1995, in Baker, 2007), which are spurning, terrorizing, isolating, corrupting or exploiting, and denying emotional responsiveness. According to this perspective, parental alienation can be considered a subcategory of psychological harassment in that most parental alienation cases also involve maltreatment. Nevertheless, many cases could exist in which maltreatment existed in the absence of parental alienation. The clinical implications of the association between alienation and maltreatment are discussed in Baker (2007). This association between alienation and maltreatment is addressed in the literature, but further research is needed to clarify the matter. The present study, with its limited sample, was not able to provide a comprehensive answer. Furthermore, in the current sample, legal custody was awarded to Social Services as a way to monitor the families and effectively address violations of the visitation plan (Sullivan & Kelly, 2001). In this way, the experts and judges attempted to protect the children’s affective bonds with both parents. In regard to the need to change the custody procedures in PAS cases, the opinions present in the literature are somewhat different. Some authors (Gardner, 2001) hold the opinion that in cases of serious PAS, the alienating parents should be prevented from having free access to the children and only permitted to see him/her in protected meetings. However, one must recognize the difficulties in giving custody to the alienated parents, given that a dysfunctional relationship exists between the children and the parents that may further compromise the situation. This alternate custody would require a lack of recognition of the child’s hardship. Custody decisions cannot be used to punish the alienating parents (Sullivan & Kelly, 2001). The courts are very reluctant to change the custody arrangement in favor of the alienated parents for many reasons. Typically, the alienating parents have been the primary – and adequate – parent in the children’s life. The children’s strongest bond is with that parents, and some therapists have referred to this change of custody as a “par-ectomy” (Ellis & Boyan, 2010). According to Sullivan and Kelly (2001), a change in custody should not be based solely on the children’s alienation but on a concurrence of factors, including severe clinical pathology in the residential parents, parental neglect or abuse and severe psychological dysfunction of the children. Moreover, it is necessary to consider whether the alienated parents possess an adequate capacity to parent. Therefore, it would be better to favor a therapeutic treatment aimed at recuperating ties so that the child’s custody may eventually be awarded to the alienated parents. Through individual therapy, the consultant organizes a space, free from any type of conditioning, in which the problematic aspects of the relationship with the alienated parent can be reconstructed and reworked. Therapy is a necessary prerequisite for the consideration of future custody arrangements.

There were no differences between the two groups regarding the suggestion of family mediation. In both cases, family mediation was not considered possible because these were serious divorce cases with serious, ungoverned conflicts. Family mediation is only possible under those conditions for which the conflict characteristics are manageable. The same result has been found in relation to the suggestion of family therapy, even though it was recommended by Gardner (1999) if, above all, the PAS is of a moderate level and supported by the judicial system. Requests for the intervention of Social Services in PAS cases are more frequently made to monitor, control and/or

intervene in the whole family system. Many authors have underlined the need for a therapeutic protocol that includes the entire family (Gardner, 1999) and that promotes a close collaboration between the judicial and therapeutic systems, thus emphasizing the relational origins of the problem (Johnston, 2003; Meister, 2003; Novick, 2003).

In conclusion, it has been found that a diagnosis of severe PAS may be a useful tool for clinical experts in child custody disputes to more effectively suggest custody plans and psychological treatment (Gardner, 1999, 2003; Johnston, Walters, & Friedlander, 2001; Meister, 2003; Novick, 2003). Experts who encounter PAS should bear in mind the contribution of all of the parties who were involved in the creation of this dysfunctional dynamic. These experts should not simply accept a child’s refusal of his or her parent(s). Furthermore, it is important to be aware that judicial procedures in adversarial cases, that is, cases that are based on a loser and winner logic, may increase the conflict and relational pathology. Intervention should, therefore, seek to integrate the juridical and psychological categories. This intervention should also regard the entire family system and move beyond a “punitive” logic by gradually promoting a realignment of parental roles and a recomposition of the fracture in the relationship between the child and the alienated parent.

In the current sample, for example, Social Services were recognized as the best guarantor of the child’s best interests, especially in relation to the guarantee of neutrality of one of the parents. However, the intervention of Social Services is not sufficient and a shared protocol of individual and family treatment is necessary. Moreover, there is a need for a combination of interventions and open communication between all of the professionals involved and the court (Sullivan & Kelly, 2001). In cases of severe alienation, in which the alienating parents are mentally ill or are noncompliant with orders and therapy, a custody reversal may be warranted, provided that the rejected parents maintain sufficient parenting capacity. A Canadian study (Bala et al., 2010) noted that the most common judicial response to severe alienation was to vary the custody regime. In 49% of cases, the court changed the custody agreement in favor of sole custody by the alienated parent.

The subject of custody reversals should be developed through future clinical research. In Italy, PAS cases generally do not receive specific interventions from the court and mental health professionals. Moreover, there is an absence of programs such as *Family Bridges* (Warshak, 2010), *Multi-Modal Family Intervention* (MMFI) (Friedlander & Walters, 2010) or *Overcoming Barriers Family Camp* (OBFC) (Sullivan, Ward, & Deutsch, 2010) for families who experience child alienation. For these PAS cases, a multi-level intervention could be indicated: *clinical* (child or family psychotherapy for the prevention of alienation; psychotherapy for the allegedly alienated child and the rejecting parent; or psychotherapy for the allegedly alienated child, the rejected parent and the preferred parent), *case management* (changes in the custody status of the rejected parent; removal of the child from the family; case management by Social Services), *in vivo clinical* (e.g., the *Overcoming Barriers Family Camp*), and *educational* (e.g., *Family Bridges*) (Friedlander & Walters, 2010).

There are some limitations in this study. The size of the sample did not allow for parametric statistical analysis; thus, it is not possible to make generalizations from the current sample. The results cannot be generalized to families who do not meet the entrance criteria. Furthermore, the small sample and the geographical limits of the study do not permit generalizations to be made, although the data are in accordance with the literature (Fidler & Bala, 2010b; Johnston, 2003).

Archive research does not permit data collection using direct measures of the variables of interest, for example, the children’s adjustment. The data are, therefore, qualitative. Nonetheless, it should be remembered that research in clinical psychology must frequently address these and other methodological challenges and must compromise to access data and material that would otherwise be unavailable. This study was not able to recognize the epigenesis of PAS or to individuate the relational processes that are implicated. Further research could test a

model that considers the relationship between interfamily dynamics (e.g., the parents' and children's personality, the child's age and child custody), the situations that directly affect these dynamics (e.g., new partners), external influences (e.g., lawyers, judges and consultants) and the beliefs and the culture that are present in the case (e.g., shared beliefs over child custody). Currently, alienating parents maintain sole physical custody. We may suppose that an increase in joint custody and greater attention to parent–child ties are fundamental to avoid PAS or the child's refusal of a parent in divorce cases.

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