During a divorce it is natural for most parents to in some way shape the perceptions of their children. The emotional upset, trauma and strong conflicting emotions which accompany the process of divorce make this an almost inevitable outcome. For most parents the indulgence is relatively mild, and does not significantly disturb the relationship of the child or children with the other parent. In some cases fortunately, relatively few - the process of influencing goes well beyond this. In these cases the term 'brainwash' is often used. The essence of this term conveys a sense that one person wants to very significantly change the inner reality of another.

Like most psychological processes, brainwashing can be seen in mild to severe forms. When brainwashing becomes quite severe in a family law case, it may warrant the diagnoses of the Parental Alienation Syndrome (Gardner, 1987; Byrne, 1989). This name has been used to describe a set of symptoms, and underlying dynamics, in children who have been the subject of an extensive campaign to alienate the child's affection from the other parent. Most commonly it is the mother who tries to alienate the child from the father. However, some cases have been seen of fathers attempting to alienate children from mothers. There are other configurations, including cases in which biological grandparents attempt to alienate a child from the biological parent.

There is a common set of symptoms which are usually seen in such children. First, the child will typically state that they never want to see the other parent again, or want only minimal contact with the other parent. This is usually said in a rather bland, somewhat mechanical tone, devoid of much emotional impact. More surprisingly, it can be said by children who in the past had apparently a robust and rewarding relationship with the other parent.

Second, when children are questioned, the reasons they give may initially sound persuasive. This is particularly true of children of 9 or 10 years of age and older. The reasons given by younger children can be less persuasive, and are more transparently a fabrication.

Third, there is an apparent lack of ambivalence demonstrated by the child. The father is described as a person with few positive features and many negatives. The mother on the other hand is described as virtually all positive, with few if any features the child is unhappy with. The condemning statements are made toward the father in a manner which is devoid of emotion. The

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child is able to make a statement with dramatic and far reaching consequences in a tone which might be used at the breakfast table requesting that the cereal be passed their way.

The negative attitude toward the other parent often seems to spread to other family members. Similarly, the all-positive view of the brainwashing parent seems to naturally extend to other adults associated with her. When each parent has formed a new relationship, it is common to find that the stepfather seems to inherit the 'all positive' portrait attributed to the mother. In contrast, the step-mother attracts an entirely negative description with no positives. Grandparents and other extended family on either side are often described in a similar way.

In assessing these situations it is crucial that the mental health professional is involved as an impartial examiner (Byrne, 1991). It is preferable that such a person be invited into a case by a judge or by the separate representative for the child. Alternatively, solicitors for both the mother and father can jointly engage an expert to serve in an impartial manner. It is also essential that all parties agree to be bound by all procedures requested by the evaluator.

If either of these two conditions is not met, it is very likely that 'when the going gets tough' during the evaluation, the examiner will not have sufficient leverage to gather the most important data for making the correct diagnosis, and for designing an intervention strategy.

These issues can be illustrated by the following case example.

**Background**

Both authors were extensively involved with the family described here. The first author served as an impartial examiner, and the second author served as a facilitator of access. The case is presented because we believe it demonstrates many of the typical features seen in such situations. More importantly, it demonstrates that with the correct mix of conditions, solutions can sometimes be found. Names and other personal details have been altered to preserve anonymity.

The father (F) is aged 35, and is an architect. He is married for the second time. His wife has no children, and they do not have any children between them.

The mother (M) was married to F for a number of years. She is aged 28, and is a physiotherapist. She is married for the second time, and her husband does not have children. They do not have any children between them.

F and M are the parents of Emily aged 10, and Clare, aged 8. Each child is described by both parents as being free of developmental problems and significant illnesses. Each is said to be doing well at school, having a number of friends, and generally being considered well adjusted.

F and M both grew up in Sydney, and lived there during their marriage. Since their separation and subsequent divorce a number of years ago, there has been a long and bitter history of disputes over custody and access.
While living in Sydney, a child psychiatrist worked with the family at the request of a solicitor for one party. The psychiatrist held a number of family therapy sessions with all of the adults, in an apparent attempt to improve their communication. Sessions were also held with the girls. Emily, then aged 8, told the psychiatrist that she did not wish to see her father any more, except perhaps at Christmas and maybe her birthday. The psychiatrist accepted the child's decision and advised all parties that she should not be in any way forced or coerced to visit her father. The view expressed was that the child seemed to know her own mind, and she should not be pressured until she was older, at which point she would be freer to reach out to her father if she chose.

This advice was followed and F did not see Emily for about 15 months.

Clare, then aged 6, continued fortnightly access with him for another 8 months or so.

F planned to collect his daughter for a two week access visit. He requested of M that this period follow his normal weekend access, in order to have one less pick-up and drop-off of the child. The mother opposed this, and took the matter to court. Many hours and dollars later, it was ordered that this request not be granted. Accordingly F had a weekend visit and returned Clare home. Two weeks later he came to collect her for the beginning of his access period. The day before access was to begin Clare's separate representative received a telephone call from Clare, by now aged 8, saying she did not want to see her father. Clare's representative notified F of this. He consulted his own solicitor who advised he should pick up the girl as ordered. He was advised that this was entirely within his rights, and that the mother should be expected to encourage the girl to attend.

F attended M's home and found Clare behind the screen door crying. He tried to engage her in a conversation, but she said she did not want to go on access. Somewhat impulsively he opened the screen door, scooped her up in his arms and began to take her to his car. This led M, her husband and Emily to rush out of the house. Clare was frightened and began to scream. The police were subsequently called and two squad cars attended the home. It was decided that Clare should remain with her mother. All access with Clare ended with this incident.

About six months after this event, M and F were referred by the separate representative to the first author for evaluation. At this stage F had not seen Clare since this incident, and also had had no other contact with Emily.

Role of the first author as impartial examiner

Interview with parents

At the first session F said that he simply wanted to be involved with his children and to have regular access. He accused his ex-wife of wanting to 'win at all costs and keep me from having any involvement with the kids'. He claimed that her new husband wanted to be the children's father.
M denied these allegations completely. In her view both girls had said they did not want to see their father, and their wishes should be given considerable weight. She described them both as sensible, well adjusted girls who knew their own mind. In her opinion each was becoming increasingly mature. Indeed Clare had written a letter to her father, entirely on her own, indicating that she did not want to visit him.

M alleged that her ex-husband simply wanted the children as possessions, and did not have any genuine, caring feelings for them.

At one point M and her husband moved to Melbourne with the two girls. F had not been notified. Indeed he only learned that his children no longer lived in Sydney when he attended a prior court hearing. M said that she had instructed her solicitor to notify F, and assumed that her instructions had been followed.

### Interviews with the children

When seen individually Clare said that she did not want to visit her father 'because he tried to kidnap me'. She was quite certain that if she were to see him again that he would almost certainly kidnap her and keep her away from her mother permanently.

She was able to describe her mother in entirely positive terms, and could think of nothing about her mother that she was unhappy with. In contrast, she described her father in entirely negative terms. The complaints she had about her father were those commonly found in children of this age. For example she complained that he told her not to interrupt at the dinner table, and she was further told not to speak with her mouth full. The attributes attributed to her mother and father seemed to 'rub off' on her stepparents, with her step-father being described in entirely positive terms and her step-mother in entirely negative ones.

When speaking with Emily, she too said she did not want to see her father, but her reasons were entirely vague. She maintains that he tried to kidnap Clare, and she concluded that he would no doubt try to kidnap her. She referred to her step-father as 'Dad' and to her father as 'John'.

She too could find nothing positive to say about her father. When asked to nominate some negatives she included 'he doesn't have time for us'. Emily volunteered in the first visit that she wanted to live with her mother, and to not see her father again. As she said this her eyes filled, and she was at the edge of tears. I commented that she seemed sad, and Emily maintained that she was not. She rubbed her eyes and said 'maybe I've just got a cold'.

Her mother and step-father were described in entirely positive terms, and she could find nothing about either of them that she was unhappy with. Not surprisingly her step-mother, with whom she had apparently had a good relationship in the past, was described in only negative terms.

### Interview with M, Clare and Emily

When all three were seen together, it emerged that the girls both used their step-father's name at school. They signed their papers as Emily White and Clare White (their step-father's surname).
M found nothing unusual about this, and when her ex-husband's objections to this were raised, she felt that this was 'just another example of John not being able to take things in his stride'.

In discussing the question of access, M could think of no benefit to the children in their seeing their father. She maintained that her role was a neutral one. "If the girls want to see their father - that's fine with me. If they don't want to see him, I will certainly support them in their decision. It really is up to them."

During this consultation I explained that I wanted to see Emily and Clare with their father. M became quite anxious about this and indicated that she did not think it was a good idea. Clare and Emily immediately echoed their mother's sentiment.

Before the evaluation had begun both F and M had signed a detailed agreement, indicating that they would co-operate with all consultations that were requested by me, in whatever combination I felt was useful. By this time I had interviewed F extensively, and I was quite sure that the children seeing their father under my supervision would not be harmful to them in any way. I also anticipated it would cause a good deal of anxiety.

When I reminded M of her agreement, and when I stressed to her that I was sure that the children would both be safe, she conceded that perhaps the visit may be necessary. M then got up from where she was sitting and went over and knelt down next to Clare. She said to her "It won't be so bad honey, you've done other hard things". She then burst into tears. Taking their cue from their mother, Emily and Clare then burst into tears. Emily expressed the view of her sister and her mother that "John will try and kidnap us".

Attempted visit with F, Emily and Clare

An appointment was made for both children to come to the office, accompanied by their mother, to have a one hour visit in my consulting room with their father. At the time of the appointment M and her new husband came inside the building to explain that they could not get the children to leave their car. I went out to the car and both girls were hysterical, sobbing profusely and adamantly insisting that they would not leave the car. After numerous attempts by M and her husband to bring them inside, I finally decided that it was futile. (In retrospect I realize that the obvious thing to do would have been to invite F to come from my office to sit in the front seat of the car with me and talk to both girls, who were sitting in the back seat.)

The trial

The trial was held in Sydney. The issue to be decided was whether or not the husband should have any access. The first author gave expert evidence. In order to maintain his position as an impartial examiner he declined to speak with an attorney for one parent, without the attorney for the other parent present. Conversations were held with the separate representative for the child. The testimony lasted for an entire day, and most of this was spent under cross-examination from the barrister representing M.
A specific access arrangement was suggested to the judge who accordingly made an order requiring parties to attend as directed by the expert. The first author gave the parents the choice of having him serve as a facilitator at access, or having the option to choose another mental health professional. M chose the second option, and the second author was invited to participate.

Role of the second author as access facilitator

The access arrangement which was suggested required the involvement of a mental health professional, at least at the early stage.

At the initial visit, M and F were seen separately. I then interviewed the children together. This was followed by an interview with the mother and father together. The purpose of these interviews was to establish contact with both the children and the parents, and to establish a clear contact with regards to the extent and nature of M's involvement. Both adults agreed that my role as facilitator was to assist in helping to make the access arrangements work. It was understood that the court may require a further report, and that therefore the information which emerged during the meetings would not be regarded as confidential. At the same time, I noted that only material directly relevant to the court's question would be reported.

In the interview with the children I tried to let them know that I was open to listening to them, and to understanding what all this was like from their point of view. On the other hand, I also maintained that my task was to assist their mother and father, as well as themselves, to accomplish what orders had been laid down by the court.

M was then directed to bring Clare to my consulting rooms at an agreed upon time. I then spent a quarter of an hour with M and Clare. This time was spent discussing their attitude and feelings towards the impending visit. M was then asked to leave the premises and to vacate the immediate area of the consulting rooms. Clare spent the next quarter of an hour with me. This time was spent in developing some rapport with her, and to the extent that she was willing, to discuss the forthcoming visit with her father. F then attended the rooms and joined me and Clare. I helped Clare and F to re-establish their relationship, and at the same time, monitored her anxiety level and general response.

At the end of access the arrangement was worked in reverse. F attended the consulting rooms with Clare. Some time was spent in reviewing the access period, and particularly focusing on her reaction. Clare was then asked about positive as well as not so positive experiences during access, in F's presence. F was also questioned along similar lines. He was then asked to leave the office and vacate the immediate area. During time with Clare, I again reviewed her reaction to the visit, and provided an opportunity for her to offer any complaints. M then attended and joined me with Clare. During this time attention was given to M's reaction to her, and a general review was offered about what had taken place at access.

This arrangement was conducted for three access visits, following which, the same procedure was adopted, this time with Emily.
As noted, the first three access visits were with Clare alone. It was felt that there was a greater likelihood of her establishing rapport with her father when she was not accompanied by her older sister. It is common in these situations for the older child to communicate the messages of the programming parent - they can become almost a substitute parent to the younger child. When it was time for M to leave Clare, there was considerable anxiety between the two. However, M accepted encouragement to leave and Clare settled down quite easily.

Over the first three access visits F reported that Clare gradually relaxed, and began interacting more warmly and naturally with both him and his wife. At the return handover visit however, she was generally unable to acknowledge anything positive that had happened, and when asked about fears, continued to say that she was afraid her father would not return her.

This plan was then adopted with Emily. She maintained that she had no interest in seeing her father, and said that she was angry with the judge and with her lawyer, feeling that they had not listened to her. She also expressed the belief that she had "fought this issue for too long to lose now - to give in now, would mean that all the effort so far had been wasted". (It should be noted that Emily was a very intelligent and articulate young girl.)

At the end of these six visits - three alone with Emily, and three alone with Clare - the parents themselves elected to take over the access transitions. M approached F with an offer of fortnightly access as well as half the school holidays. She initiated the suggestion that she drive the children to F's home, and that he return them to her home. This was initiated, and no further involvement from the solicitor was required.

Throughout these visits Emily, the older sister, remained committed to the idea that she was being forced to attend access, and indicated her disapproval. Clare maintained this posture during the early visits. As the visits continued she gradually relaxed and allowed herself to enjoy seeing her father. However, she was observed at times to almost mentally remind herself that she had slipped 'out of role'. She would then, in a matter of seconds, revert back to maintaining that she did not want to see her father, adopting a stand quite similar to that of her sister.

M seemed to be trying to do the right thing. Her manner was businesslike, somewhat formal, but agreeable to the process. Throughout the 12 visits, there was never the feeling that she was whole heartedly committed to it, and she never really spoke positively about the value of the children seeing their father. Her posture was quite similar to that of Emily - compliant, but feeling coerced into the whole arrangement.

Occasionally there was the suggestion that M felt that because another expert (the psychiatrist who was involved with the family when they lived in Sydney) had supported her position that the girls not be forced to see their father, this seemed to provide her further backup to her stance.

F was extremely patient in his contact with the children, and went to some lengths to attempt to accommodate himself to them. In one or two of the earlier visits, I encouraged him to state his opinion somewhat more directly, and to take a somewhat firmer stand with the children. His wife was quite supportive of him, and appeared to be quite patient with the entire process. It was significant that she did manage to get considerable rapport going between herself and the girls.
F reported that on each visit the girls took some time to 'warm up'. Over time however, this slowly but surely happened, and the children gradually seemed to forget that they were meant to be playing a particular role. They relaxed, allowed themselves to be more spontaneous, and to enjoy being with their father and step-mother. However, F reported that when leaving his home and returning back to the consulting rooms to end the access visit, there was a dramatic change. It was as if 'the curtains came down again' and the girls reverted to their earlier behaviour.

After the six visits, both parents indicated that they could now negotiate the access arrangement without me as facilitator. It was explained that they would maintain the same schedule, and that M would drive the children to F's home, and that he would return them to her home.

Follow up

At an 18 month follow up the access arrangements were continuing as proposed by M. F said that the children now enjoyed their visits with him and described a number of features of this. He noted that Emily would occasionally revert back to a role of pretended indifference and feign a posture of only being there because she was being forced. He said that this seemed to come on when she was having a particularly enjoyable time. It was described as almost 'catching herself enjoying things too much'. However this seemed to pass.

Overall, the access arrangements appeared to be continuing with minimal conflict and disruption to the children.

Summary

The intervention which was designed in this case seems to have a number of advantages which are often relevant when access has been a problem. First, it prevented the children from having to be in the physical presence of both parents at the same time. For children caught between disputing parents that experience can often be a most complicated one. When children are spared this, there is often a sign of relief on their part.

Secondly, the facilitator could monitor how the children were coping with access. The facilitator had the chance to observe the children with the visiting parent, and the length of that observation period could have been lengthened or shortened as necessary. It also gave the facilitator a chance to monitor the parenting skills of the visiting parent, and where necessary, to provide suggestions for improvement.

Thirdly, the facilitator had a chance to talk with the children alone. This considerably increases the likelihood that if the child had been unhappy during access, had objections to the way she had been treated, or had been subject to poor parenting, there was a chance to talk this over with a neutral person, who has sufficient background and training to formulate an appropriate response.

Fourthly, the facilitator had an opportunity to monitor the children's communication to the custodial parent (the parent with whom the child lives most of the time), about how the access visit went. This decreased the likelihood that the children would have unwittingly introduced
distortions in their representation of the other parent. It also reassured the custodial parent that the information coming from the children was more likely to be accurate.

Fifthly, it gave the custodial parent an opportunity to present her concerns about the children's safety, if she felt there were any, or her concerns about the F's care of the children. M could have reassurance that the facilitator was looking out for signs of difficulty, which could then have been handled almost as soon as they occurred.

This case represents many of the common ingredients of children who demonstrate signs and symptoms of the Parental Alienation Syndrome. There is no doubt that the children suffered a significant degree of stress throughout this entire process. In our view the resolution of this matter was unfortunately prolonged by the involvement in the early stages of mental health professionals who apparently had no insight into the way in which the children had been programmed by their mother. The earlier advice of "waiting until things settle down" is in most of these cases futile, usually generating false hope for the non-custodial parent. it would appear that once the bond between children and a parent begins to weaken and the contact is interfered with, that pattern can become easily perpetuated. Parents who give into this pressure and wait for the children to feel better about seeing them, generally wait in vain.

We believe that it is important for professional examiners to differentiate between the apparent clarity of what a child says, and the child's emotional resources for making such an important decision, as to whether or not they wish to continue seeing that parent. Very few examiners would allow a child to give the final opinion about whether or not they wanted to attend school, to cooperate with any medical procedure, or to visit the dentist. Despite their assertions that it was not necessary, most adults would take the view that children of this age are simply not competent to be able to make an informed decision. In our view, a similar principle must be maintained in cases such as this. We are not saying that children should not be listened to. Obviously they should be. However, their views are only one part of the entire situation, and should be treated with a certain degree of caution.

References

