



CONCEPTUAL AND DIAGNOSTIC CHALLENGES IN MARITAL DISSOLUTION:
BETWEEN MANIPULATION AND THE CHILD'S MENTAL STATE: A SYNTHETIC
APPROACH

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***Abstract:** In this article, we will discuss diagnostic issues related to the commonly discussed topic of psychological well-being of children and parents. The primary goal of this article is to highlight the conceptual diagnostic challenges that, due to the lack of objective tools, lead to errors in assessing the psycho-emotional states of children and parents following marital breakdown.*

***Keywords:** diagnosis, well-being, child, parent, caregiving, conflict.*

Introduction

One of the fundamental research problems concerning parental alienation remains the criticism of Richard A. Gardner's concept, according to which the term Parental Alienation Syndrome (PAS) does not meet the criteria for a scientific diagnostic unit and is based largely on clinical observations and the author's experience rather than systematically validated empirical research (cf. Gardner 1985, 1992). This criticism has been widely raised in both the psychological and legal literature, especially in the context of the risk of instrumental use of the concept of alienation in child custody disputes (Bruch 2001; J. Johnston & Kelly 2004). Regardless of the controversy surrounding the nosological status of PAS, Judith Wallerstein's longitudinal studies unequivocally demonstrated that prolonged parental conflict after divorce, especially when the relationship with one parent is hindered or severed, is a significant risk factor for child developmental disorders (we are not referring here to violent marriages or marriages involving substance abuse). Wallerstein, drawing on long-term cohort studies of children from divorced families, demonstrated lasting consequences for emotional, identity, and relational functioning, manifesting not only in childhood but also in adolescence and adulthood (Wallerstein & Lewis, 2004). It is worth not-

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ing that Gardner disputed Wallerstein's positioning of the latter's emphasis not so much on the child but on the alienation of one parent. Gardner thus shifted the focus from the child to the parent, whose contact with their offspring is limited due to irrational assumptions, trauma, or selfishness. Wallerstein, on the other hand, emphasized the consequences of divorce for the child, namely, their alienation from the relationship due to the conflict leading to the breakdown of the marriage, which resulted in specific disorders in the child. Their polemic is evident in the appeal in the case of *Burgess v. Burgess*, filed on December 12, 1995, before the Supreme Court of the State of California in 1998 (Elkins, J. R. 1996; Braver, Ellman, Fabricius 2003; Wallerstein, Tanke 1996). The problem of alienation (of one parent) or alienation (of a child) from a relationship is quite common, and interestingly, it is considered from the perspective of the ideological war of the sexes. One only needs to visit internet forums to observe fighting, aggression, and violence. It is worth adding that alienation, of course not to generalize, can lead to the re-victimization of women and men (violence should be discussed not from a gender perspective, but from a biological perspective, because men and women, as biological beings, are subject to law that is related to nature, and the fight-or-flight mechanism is not reserved only for men, or for aggression, which is conditioned in specific circumstances, e.g.: low serotonin levels and key neurotransmitters and hormones, which also include testosterone, dopamine, noradrenaline, and glutamate). Biological factors are also joined by environmental factors, which have a significant impact on personality development, the formation of hidden defense mechanisms, and the occurrence of disorders resulting from incorrect socialization and upbringing. Examples include the consequences of negative parental attitudes, such as excessive demands, overprotection, rejection, avoidance, or neglect. These attitudes ultimately lead to developmental tensions, manifested by deficits resulting from unmet needs. Their effects often manifest in adulthood, including difficulties in building proper relationships with a partner. Importantly, both Gardner and Wallerstein draw attention to this phenomenon, although they do so from the perspective of conflict and its impact on interpersonal relationships. Therefore, we will refer to their findings, distinguishing between the description of the phenomenon itself (in Gardner) and its consequences (in Wallerstein). At the same time, we are aware that these concepts may raise objections and doubts, because the social and political divide surrounding this issue is so deep that discussing it often evokes extreme emotions. Nevertheless, it is worth considering.

Methodology and Results

In this article, we will rely on an analytical approach while maintaining a descriptive approach to presenting the issues discussed. This approach will allow us to present the fundamental problems related to children's alienation from family relationships in situations of divorce conflict. Furthermore, the adopted methodology will allow us to present the results of our analytical study.

Two Approaches—One Problem

First, it is worth examining Gardner's concept, according to which the phenomenon of parental alienation (PA) is a real phenomenon, although it remains one of the most controversial and complex issues in both psychology, including forensic psychology, and family law. In 1985, psychiatrist Richard Gardner coined the term Parental Alienation Syndrome (PAS), describing it as a disorder occurring in a child that involves waging a campaign of vilification against one of the parents. This process was believed to result from indoctrination by the other caregiver and the simultaneous restriction or prohibition of contact with the alienated parent. Although the concept of "syndrome" has been largely discredited in the scientific community, the broader concept of parental alienation is now recognized by many specialists as a real phenomenon, not so much clinical in nature as social and relational. The key analytical problem in defining this phenomenon concerns the balance of emphasis between focusing on the actions of the alienating parent—analyzing the manipulative mechanisms they employ, in particular—and the consequences suffered by the child (Parental Alienating Behaviors, PABs). Contemporary approaches are moving away from the term "syndrome," focusing instead on describing parental alienating behaviors (PABs), such as systematic denigration, hindering contact, undermining the authority of the rejected parent, or emotionally forcing the child's loyalty (Bernet et al. 2010; Harman et al. 2019). Importantly, in

German, this concept is primarily conceptualized from the perspective of the child, not the parent. The term *Alienation des Kindes* or *Kindesentfremdung* is used, corresponding to the term *Eltern-Kind-Entfremdung*, meaning a child's estrangement from their parent. This approach focuses on the child's mental state and behavior, and therefore not so much on the parent's actions as on the child's psycho-emotional condition. As a result, the child rejects one parent, strongly allying with the other—the preferred parent, often acting as a manipulator—and breaks off the relationship with the alienated parent, in the absence of objectively justified reasons. The key point is that rejection is disproportionate to all the actions of the rejected parent. This means that this process is driven by alienating behaviors (PABs), which can be both conscious and unconscious. (In court practice, these behaviors rarely consider: a. personality disorders, b. defense mechanisms, c. internalized attitudes in the socialization process, d. motivation, e. forms of violence—it should be added that there is an ideological approach to this phenomenon, indicating that only men use violence, f. the intensity of the conflict). Based on Gardner's concept, several alienation strategies have been identified, which are related to the parent's behaviors and attitudes, including:

- **Badmouthing:** The alienating parent speaks negatively about the other parent in the child's presence.
- Limiting and disrupting contact
- Telling the child that the other parent is unloving or dangerous
- Withdrawing affection (emotional blackmail) or forcing the child to choose.

The growing interest in PA has led to the development of a five-factor diagnostic model (Bernet et al.), which includes, among other things, the use of repeated alienating behaviors by the preferred parent as a key criterion. If we look at the phenomenon from the definitional perspective used in German social circles, we notice a shift in emphasis to the child. This focus on the child's perspective (recall that this is a mental state often referred to in German studies as *Eltern-Kind Entfremdung*, or estrangement/alienation from the parent) highlights the internal mechanism by which the child cannot come to terms with the separation situation. In this approach, alienation is a child's state of mind. The central psychological mechanism described in alienated children is splitting, a defensive phenomenon involving a black-and-white, unintegrated representation of objects. As a result, the child perceives the preferred parent as "all good" and idealized, and the alienated parent as "all bad." This splitting is considered a healthy response to an unhealthy situation. The child also often manifests the "independent thinker" phenomenon, in which he or she proudly claims that the decision to reject the parent was entirely his or her own.

Clinical Status

Although PA advocates, such as William Bernet, actively sought to include PA as a medical condition in the classification systems, PAS was not accepted as a separate diagnostic entity in the DSM-5 or ICD-11. This was justified by the lack of sufficient scientific validation and the fact that PA does not meet the definition of a mental disorder as an internal state; rather, it is a relational problem. In the current DSM-5-TR, this problem is included in the category of relational difficulties, including Child Affected by Parental Relationship Distress (CAPRD), emphasizing its contextual and relational nature (APA 2022: 715). The lack of formal nosological status causes chaos in the courts, where PA is often called "pseudoscience" while simultaneously being recognized in case law as a real phenomenon. In the context of therapeutic interventions, the process of restoring relationships (reunification therapy) after alienation is complex and requires professional support. It is crucial that therapy focuses on integrating the child's split state of mind and building a secure relationship with the rejected parent. However, intensive, coercive treatment methods, often after a custody reversal, are controversial, risky, and lack empirical evidence of safety and effectiveness. When ordering coercive therapy, the court operates within the realm of clinical experimentation.

A Change of Emphasis

Judith S. Wallerstein's longitudinal studies clearly indicate that children experiencing prolonged estrangement from one parent—especially in the context of chronic divorce conflict—demonstrate significantly increased levels of emotional, relational, and identity difficulties in adulthood. Wallerstein

emphasizes that these consequences are not temporary but persist throughout the decades, impacting the way they perceive themselves, others, and the stability of interpersonal bonds (Wallerstein & Lewis 2004). In particular, the researcher points out that children raised in conditions of chronic loyalty conflict and limited or severed relationships with one parent are more likely to experience low self-esteem, difficulty consolidating identity, and a sense of internal emotional instability in adulthood. These problems manifest themselves in, among other things, an ambivalent self-image, difficulty making autonomous decisions, and susceptibility to external judgment and rejection (Wallerstein & Lewis 2004). Another significant area of consequences is mood disorders and increased anxiety, including depressive symptoms and—in some of the study population—the occurrence of suicidal thoughts. Wallerstein notes that the source of these difficulties is not only the divorce itself, but primarily the long-term experience of emotional unpredictability, loss of security, and the lack of a stable attachment figure (Wallerstein & Lewis 2004). Significant difficulties also manifest in the relational sphere. Individuals who have experienced parental estrangement in childhood are more likely to experience difficulty building lasting, trusting intimate relationships; fear closeness; and tend to replicate unstable attachment patterns. Wallerstein interprets these difficulties as a result of disrupted internalization of secure relationship models and chronic emotional distress during development (Wallerstein & Lewis 2004). Contemporary psychotraumatology literature interprets the long-term consequences described by Wallerstein in light of the concept of complex developmental trauma (Developmental Trauma Disorder/ Complex PTSD). As van der Kolk points out, chronic relational stressors—such as the loss or disorganization of attachment bonds, long-term emotional conflict, and the experience of lack of protection—lead to lasting changes in the functioning of systems responsible for emotion regulation, experience integration, and self-image (Kolk van der, Bessel 2022). Cloitre and colleagues, using the ICD-11 diagnostic framework, emphasize that Complex PTSD is characterized not only by symptoms typical of PTSD but, above all, by persistent disturbances in three key areas: emotional regulation, negative self-image, and interpersonal functioning. In their view, the source of these difficulties lies in repeated, long-term experiences of interpersonal trauma, often rooted in childhood (Cloitre et al. 2021).

In this context, the consequences described by Wallerstein can be understood as part of a broader spectrum of responses to chronic relational trauma, which can also result in an increased risk of self-destructive behaviors, including addictions and self-harm. As research on CPTSD indicates, these behaviors often serve a regulatory function in the face of intense, disintegrated emotional states and a prolonged sense of emptiness and lack of control (Cloitre et al. 2021; Kolk van der et al. 2022). Clinical and neuroscientific research, particularly in the context of trauma, views this condition as Developmental Trauma Disorder (DT). Repeated experiences of attachment disruption, disavowal of an attachment figure, and pressure to maintain loyalty can lead to dissociative mechanisms, including depersonalization and derealization, particularly during periods of intense neuropsychological development (Herman 1992; Howell 2005).

Diagnostic Challenges

A key diagnostic challenge in contact and custody cases remains distinguishing alienation (rejection without an adequate basis in the child's experience) from justified estrangement, which is a consequence of actual experiences of violence, neglect, abuse, or chronically inadequate parenting by the rejected parent. Forensic psychology literature emphasizes that applying the concept of alienation within a single-causal model (“one perpetrator – one mechanism – one solution”) carries a high risk of error, as it can lead to accusing the wrong person and subsequently implementing inadequate or even contradictory interventions that directly exacerbate the child's harm. Johnston points out that the problem of “false dichotomy” in practice means that instead of making a multifactorial diagnosis (child – parents – relationship – legal context), the court and experts attempt to “identify a single cause,” which often results in harmful recommendations (Johnston 2020: 9). In this context, misdiagnosis has not only a methodological dimension but, above all, an ethical one (the principle of *primum non nocere*). According to Drozd and co-authors, diagnosis in conflict cases should be based on risk-based differential assessment, where

the key is to determine whether the parent's rejection is irrational and disproportionate or a consequence of verifiable experiences of abuse (Drozd et al. 2016).

Two Types of Error and Their Consequences

A false positive diagnosis of alienation (false positive PA) can lead to forced contact between the child and the parent who actually used violence or abuse, leading to re-traumatization and the perpetuation of anxiety-dissociative mechanisms. In practice, this means that the child is treated as “resistant” or “manipulated,” while their behaviors are a protective response to a real threat (Drozd et al. 2016: 215–219). A false negative diagnosis of alienation (false negative PA) results in the child being left in a relationship where the process of systematically destroying the bond with the other parent, strengthening loyalty conflicts, and perpetuating split relational representations continues. Johnston emphasizes that harm can result from both “misdiagnoses” and the subsequent implementation of “inappropriate interventions”, because in the single-cause model the court often chooses radical solutions without realistically assessing alternative factors (J. R. Johnston, Sullivan 2020). It is also worth adding that research relating to the discussed issue—false diagnoses—often does not take into account the fact that during conflict, former partners use defense mechanisms such as: projection, transference, denial, or devaluation (Bernet et al. 2018; Gordon et al. 2008). In addition, there are also personality disorders such as: paranoid, schizoid, dissociative, emotionally unstable (with impulsive and borderline types), histrionic, anankastic, anxious (avoidant), dependent, as well as other specified and unspecified (NOS), which are practically not taken into account during the diagnosis relating to parenting behavior, and these have a far-reaching impact on parenting behavior and attitudes. The most common diagnostic assessments include analysis of parental attitudes defined by attachment theory (using the Plopp questionnaire) and psychopathology, but only considering substance abuse and violent behavior (Darnall 2011; Fidler, Bala 2010; Verrocchio et al. 2018). Clinical diagnosis would eliminate many interpretational errors in the behavior of former partners. For example, in 2021, Roma (Roma et al. 2022; Roma et al. 2021) and his team conducted research using the Minnesota Multidimensional Personality Inventory (MMPI-2). The study revealed that individuals who engaged in alienation attempted to present themselves in a favorable light. Furthermore, the profile showed a tendency toward rigidity resulting from personality disorders.

“Weaponization” of the Allegation of Alienation in Violence

Cases of “weaponization” of the allegation of alienation refer to the instrumental, strategic use of the concept of parental alienation as a procedural tool, rather than as a reliable diagnostic hypothesis. In court proceedings, the allegation of alienation is sometimes used instrumentally as a defense strategy: it is intended to shift the focus from violence and the child's safety to the alleged “alienating behaviors” of the protective parent, and consequently, discredit their credibility. Analyses indicate that in cases involving allegations of violence and alienation, courts may focus on “alienation” at the expense of adequately considering the violence in assessing the child's best interests. According to data cited in the Canadian literature, in an analysis of 357 contact cases with allegations of “alienation”, almost half also included allegations of violence against the partner or child, and in the vast majority of cases, the allegation of “alienation” was raised by the alleged perpetrator of violence against the non-offending parent (Neilson 2018, cited in Birchall & Choudhry 2021: 120). Additionally, Canadian case law analyses indicate that judges more often emphasize “alienating behavior” than partner violence when deciding on custody and contact, and violence is less often linked to the child's best interests to the same extent as is done in the case of “alienation” (Birchall & Choudhry 2022; Sheehy, Boyd 2020).

Requirements of a Reliable Differential Diagnosis

Consequently, experts should verify not so much “whether a child is rejecting a parent”, but rather why: whether the reasons are trivial, inadequate, and inconsistent, or whether they refer to specific, verifiable experiences. In practice, this means: 1) triangulating data (interviews with both parents and the child, medical/school records, information from third parties, case review, previous interventions); 2) analyzing communication material (text messages, emails, instant messaging, recordings)—as a poten-

tial source of evidence of manipulation, threats, control, or hindered contact; 3) ruling out violence and abuse before accepting the alienation hypothesis (the “safety first, relational interpretation later” model); 4) conducting a clinical diagnosis, which provides a personality profile of the parent; 5) moving away from a single-causal model in favor of a multifactorial assessment: the impact of conflict, attachment patterns, parenting deficits on both sides, the parents’ personality and psychopathology, the context of prolonged litigation, and “professional chaos” (Johnston, Sullivan 2020).

Conclusions and the Postulate of a Holistic Approach

The duality of emphasis in understanding alienation—between (1) the analysis of the parent’s alienating behaviors, and (2) the description of the child’s mental state (estrangement)—is not merely a terminological dispute. In court practice, it determines the manner of formulating hypotheses, the selection of diagnostic tools, and the selection of interventions, and thus may increase the risk of decision-making errors that threaten the child’s well-being. Johnston, advocating for a more differentiated theory (instead of single-causal approaches), points out that simplifications lead to “substituting a label for clinical-developmental analysis,” which promotes both misdiagnosis and erroneous recommendations for the court (Johnston, Sullivan 2020). From a clinical-forensic perspective, alienation should be treated as a serious relational pathology, not as a single “child characteristic” or “one-parent strategy”. In this sense, the safest framework is to understand the problem as a disturbance in the child’s relationship and developmental context (cf. CAPRD as a category of relational problems identified in psychiatric literature), which helps maintain nosological caution while not ignoring the real psychological harm of parental conflict (Bernet et al. 2016). Consequently, it is essential to implement an approach that balances the parent’s and child’s perspectives and minimizes the risk of two types of error: (a) recognizing alienation when the child responds protectively to violence (false positive), and (b) overlooking alienation when the child is systematically drawn into loyalty conflict and severing attachments (false negative). In this area, the forensic literature emphasizes that the assessment should be a risk-based differential diagnosis rather than a simple classification (Drozd et al. 2016).

Discussion – Essential Requirements

1) Rigorous differential diagnosis: “safety first, relational interpretation second”. In practice, this means prioritizing the exclusion of actual abuse, violence, neglect, and clinical presentations consistent with developmental trauma/complex relational trauma before establishing the hypothesis of alienation. This standard is consistent with the approach developed in the expert literature (the “risk assessment” model) and with recommendations from forensic practice, which emphasize multi-source data and testing competing hypotheses (Drozd et al. 2016: 215–219). At the same time, Johnston emphasizes the need for “differentiation of theories” and avoiding the reduction of the phenomenon to a single factor (Johnston & Sullivan 2020). 2) Avoiding coercive, invasive interventions—especially those with limited empirical validation. Intensive interventions (e.g., highly coercive “reunification” programs, limiting contact with the preferred parent, or abruptly changing custody) require particular caution, as the literature indicates a paucity of data on safety and effectiveness and a risk of harm, especially when allegations of violence remain unverified. Mercer analyzes the assumptions and practices of several intensive reunification therapy models, critically discussing their foundations and addressing the issue of evidentiary limitations and risks to children (Mercer 2022). “Best practice” reviews follow a similar approach— instead of coercive methods, they emphasize the precautionary principle, appropriateness to the child’s age and readiness, and the need for early recognition of violence and risk dynamics (Templer et al. 2017). 3) Strengthening the interdisciplinary competencies of judges, lawyers, and expert witnesses in accordance with recognized practice standards. Because alienation is an issue at the intersection of developmental psychology, psychotraumatology, family law, and evidentiary practice, training, and a common operational language are essential. According to the AFCC standards (one of the key organizations developing guidelines in family law cases), expert witness competencies should include understanding high-intensity conflict, the risk of violence, principles of working with families involved in litigation, and methodologies for assessing parenting plans (AFCC 2022). Additionally, the AFCC has developed detailed guidelines for

examining intimate partner violence in the context of custody cases, which explicitly supports the “alienation vs. justifiable alienation” approach (AFCC 2016).

A Comprehensive and Developmental Approach

Only a comprehensive approach, integrating legal, psychological, and social perspectives, can truly protect the child’s well-being and restore the ability to build secure relationships—if possible—with both parents. The process of “liberating” the child from the toxic dynamics of conflict and integrating the parents’ split representations requires time, stabilization, work on emotion regulation, and building a secure relational context. In this sense, “alienation” should be understood as a child’s mental state that—under conditions of chronic relational stress—can foster the development of dissociative symptoms (including derealization and depersonalization), as described in the clinical literature.

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