

ANTISOCIAL BEHAVIOR AND SOCIAL ALIENATION POST DIVORCE: The "Man of the House" and His Mother

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Women raising children alone after divorce often find their new socio-psychological world frightening and unmanageable. Perceiving this, their young sons may undertake a counterphobic defense of themselves and their mothers, manifested as antisocial behavior. Clinical experience outlined in this paper suggests that both mother and son can benefit quickly and dramatically from family interventions focused on recognizing and utilizing aggression.

The mental health professions have a continuing responsibility to evaluate the interplay of evolving social structures and their impact on the individual. Diagnosis and treatment of child patients provide a fascinating opportunity to observe the effects of social change on a developing personality. This paper deals with the social structure of the single parent family in which the "developing personality" of interest is a boy between four and seven years of age who is being reared in a household that is fatherless for most practical and many psychological purposes.

Interest in this question developed empirically; in the course of outpatient

evaluation and treatment at our clinic we are witnessing a steady influx of patients who are strikingly similar in description of referral problems, social history, and character style. These children are described as physically aggressive, "defiant," "bossy and bullying," "unmanageable," and "hyperactive."⁵ They are inclined to a variety of those familiar antisocial acts which have been described⁸ as predelinquent and as predictive to a pattern of adult assaultive behavior.

This constellation of descriptive adjectives, while familiar to clinicians, is seen more commonly in older pre-adolescent children. We refer to them as po-

tentially psychopathic personalities. This designation, with its implication of a set character style, is inappropriate for a child just entering latency. However, a study of the symptomatic behavior provides another opportunity for examining the emergence of a behavior pattern of violent assault on person and property.

None of the attacks on people that characterize this group can be classified as "minor," but they vary in seriousness from hitting another child over the head with a metal lunchbox to attacks that are murderous in both means used and in intent. The latter category has been described elsewhere.⁶ This paper describes patients who are prone to less serious (but by no means trivial) forms of aggression. Their attacks on property are not minor, either. For example, fire setting by some of these children has resulted in thousands of dollars worth of damage. The children involved had set fires repetitively in the face of many desperate lectures, explanations, warnings, and punishments from concerned adults. They are not merely "mischievous," but dangerous to themselves and to others.

The children whose behavior is extreme and whose environment seems to offer no hope for controlling or modifying their behavior are treated as inpatients. Outpatients are those perceived as possessing significant ego strengths, plasticity, and a parent who, though temporarily overwhelmed, displays a potential for providing the affectionate and calm control necessary for effective discipline. Evaluating such potential both in the child and the mother is the task of psychiatric residents, psychology interns, and social workers. The evaluation format varies. Commonly, the same interviewer sees both parent and child

separately for three to five sessions. Less commonly, they are seen by different interviewers. The usual course of this early contact may best be conveyed by a composite case presentation:

Our initial view is of an uncertain-looking young woman trailing an emphatic little boy into the lobby of our hospital. After an introductory chat with the interviewer, the mother may express doubt that her son will be able to leave her. Sometimes, in fact, he coolly refuses. One has the impression that he is neither very afraid nor very interested in the interviewer. Other times he flatly disconfirms his mother's anxiety by striding off without further consultation with either mother or interviewer. He usually responds to the interviewer's opening gambit by calmly ignoring questions or statements about his problems or worries, or by just as calmly informing the interviewer that he can take care of his own problems. He often exhibits a surprising degree of control over what he shows in play or expresses verbally. There is little evident anxiety, and the controls themselves do not seem obsessive/compulsive in nature. This little boy has an air of calm command; he will see to it that the situation does not get out of hand.

This impressive composure yields a bit to excited boasting when one asks him about his "fights." He is crafty, he is strong, and he can beat up big kids, even eleven-year-olds. There is nobody who dares to tangle with him. Sometimes he will demonstrate his skill at karate which enables him to best formidable adversaries. Sometimes he will describe amazing fighting machines that he has at home or that he is going to build, maybe tomorrow, which will make his enemies cower and scatter before him. Some children have imaginary companions who appear, like amiable geni, to use their impressive size and strength on their behalf and at their behest. The interviewer is given the impression that he had better watch his step with this boy. The message is transmitted in interaction with the interviewer, as well as in verbal reported fantasies. The larger the interviewer, the more likely that his crayons get broken, messes do not get picked up as hopefully suggested, or even that his nose gets socked by an intrepid

monkey puppet. Games and battles are set up by the boy so only one outcome is possible—quick and easy victory for him, humiliating defeat for the interviewer. This presentation of self occurs whether the interviewer is male or female. Both are perceived as “strange” and as potential threats.

If one employs challenges and counterplays that circumvent the easy victory, there is swift evidence, often the very first sign, of great anxiety indeed. After a well sustained period of control and bravado, our patient will begin to share fantasy material of a slightly different order. David and Goliath disappear, and we are shown the frightened mouse or cowering rabbit cleverly hiding, or a puppy on a busy highway dodging threats from all directions and avoiding one danger only to be confronted with another. Our emphatic young hero is eclipsed for a moment, and a very frightened, beleaguered little creature is presented instead. Our conclusion is that the aggressive, masterful, defiant facade is designed to reassure himself, to intimidate others, and to keep the weak, vulnerable, helpless, frightened self well hidden from every eye.

McDermott,³ and Wallerstein and Kelly,²⁷ have also described this “powerful” behavior and its defensive nature. The latter caution against a therapeutic assault on what is essentially an ego-coping device. We feel that such an assault is indicated when the counterphobic behavior brings the child into conflict with peers and adults. The intervention to be described is designed to render the powerful behavior less necessary by making the single-parent family structure more protective and more secure. In only a few cases is this accompanied by traditional intensive individual psychotherapy. It seems to us that, rather than insufficient inhibition or an acted-out inner experience, we are seeing in these children a sudden increase in the threat they perceive in the outside world. There are reality factors that in fact support this new perception.

Our therapeutic approach involves a careful assessment of the reality pressures endured by a suddenly fatherless family and a focused effort to reduce these threats, mainly by means of counseling and supporting of the mother. We urge consideration of this approach because very few of this large and needful population have access to long-term intensive psychotherapy, and because symptomatic behavior can be greatly reduced after as few as five sessions when a new family balance is obtained.

SOCIAL PSYCHOLOGICAL STATUS OF POST-DIVORCE MOTHERS

Most of the mothers in this sample had not worked outside the home prior to the divorce. A few had worked in their husband's businesses. Because they were not paid for their work they had no sense whatsoever that their efforts contributed significantly to the success of the business or that they had developed skills they could sell in an employment market. Some had a year or so of college following high school, had married, dropped out of school, and worked as typists, waitresses, or clerks to support their family until the husband graduated or their first child was born.

As their husbands progressed in business or career they enjoyed a higher standard of living. Before divorce the family income varied from \$10,000 to \$35,000 a year, the average being approximately \$12,000. After divorce the average income was \$5,000. The departure of one person from the household—the father—caused a loss of more than half the income, although expenses certainly were not halved by his departure. There was little variance in post-divorce income whether it orig-

inated in the Aid to Dependent Children program or from a job. One mother earned \$5,000, and the child support payments of \$30 per week for two children paid the babysitter. Another woman had a child support income of \$10,000 for herself and two children, acknowledged by all to be exceptionally generous, but she was accustomed to "making do" in a \$35,000 a year household. Her children blamed her for the drastic change in their standard of living. Visits with their father were off-handedly opulent although infrequent, both of which factors added to the resentment of the mother and the children.

Our work with these women undoubtedly would have been more difficult if it weren't for the current visibility of the women's liberation movement. Instead of being totally convinced of sexual inadequacy and personal unworthiness, they could see themselves as victims of an inequitable social arrangement. It also helped therapists, who were more likely to see their task as helping women to feel angry, and to use their anger in self-assertive, adaptive ways instead of turning it on themselves or their children.* And they have plenty of reason to be angry:

Mrs. A., who complained to the Friend of the Court that her ex-husband was making only 50% of the agreed upon support payments, was told he was "doing pretty well; a lot of men don't do that much." In therapy, she pointed out that Sears won't consider 50% of payment for a badly needed new stove,

nor will the electric company settle for 50% of their bill.

Mrs. B. was working considerable overtime to wipe out indebtedness left with her when the divorce was effected. She commented that she couldn't inherit her husband's *good* credit rating if he had one but she certainly seemed to be inheriting his *bad* credit rating. Her son was our patient, and it was clear that she simply must have more time and energy for her two boys. We suggested she cut out the overtime. (Helpful of us, wasn't it?) She appealed to her husband, \$7,000 arrears in child support payments and well employed, for help. He announced blithely that he couldn't spare any money at the moment because he was buying a new motorcycle, but he assured her earnestly that he knew, no matter what happens, she will see to it that nothing bad happens to the kids.

We could supply an endless assortment of such stories, which could be multiplied many times over by workers in other child guidance clinics. The point of recounting them here is to re-emphasize that these women had much reason to feel angry and overwhelmed. They were conscious of being overwhelmed, but their anger circled subtly and dangerously throughout the family system. They had to learn to claim it as theirs, a useful possession and one to which they were entitled.

However, before they learned this they felt themselves to have been suddenly precipitated into a Kafkaesque world. They were more than a little successful in convincing us that it was a different world than the one they had

* This point of view is relatively new. In 1970, Westman *et al*⁹ used, as a measure of post-divorce conflict, post-divorce legal actions. Half (18) such actions involved financial considerations (twelve arrears in support payments). An additional one-fourth involved a mix of visitation arrangements and arrears in support payments. Yet these authors commented that, "The power of the court enhanced the ability of the women to harass and punish their former husbands" (p. 418). The power of the husbands to harass by withholding child support ostensibly did not need enhancing. Only one mother in fifteen in our sample had instigated a post-divorce legal action. Twelve of fifteen fathers either paid no support or were in arrears.

coped with as married women. Elementary school personnel, physicians, bill collectors, gas station attendants, repairmen, and married friends seemed to feel free to berate, accuse, bully, refuse service, or advise in a way they never had before. Perhaps this is because of an air of helpless confusion and hopeless incompetence these women exude post-divorce. But a larger component is contributed, I believe, by society's changed perception of a woman when she is alone. She is abruptly perceived as a second-class citizen and treated with a condescension, brevity, and arbitrariness reserved for those who probably won't buy or can't pay. As the women receive and perceive these social-psychological shocks, insults, and dislocations, they inevitably pass them on:

One woman became hysterically upset when her stove broke down. She didn't have the money to replace it or fix it. She cried and prophesied that the same thing would happen to all of their appliances; she worried aloud, a bit dramatically, to the children about what would happen to them all in a Michigan winter; would they starve, would they freeze?

It was difficult to convince this mother, and others like her, that this historical mode of making herself "feel better" was one more luxury she could no longer afford. She "felt better" following her outburst; her son, however, lapsed back into enuresis and sleep disturbances. Theft of money, food stealing, and food hoarding were symptoms with him, and with twelve other cases; they appeared intermittently in all of them as mothers became alarmed by growing appetites and growing food bills. The children, given a clear message that their food supply was in jeopardy, took characteristically self-reliant, self-protective precautions.

MANAGEMENT OF AGGRESSION IN THE SINGLE-PARENT FAMILY

Divorced mothers are often faced with the difficult task of being aggressive in their own behalf: demanding adequate performance from repairmen before payment, resisting or questioning the efforts of elementary school personnel to place a child in special education programs, confronting neighbors about the conflicting claims of the neighbors' dogs and children and their own shrubbery and sandbox possessions. Women who had always been self-assertive fared much better after divorce. More commonly, however, women who had been socialized into the suppression of aggression as "unfeminine" had in the past complained to their husbands, who in turn had been aggressive with repairmen and neighbors in their family's behalf.

It is fearsome and conflictful for such a woman to learn to be angry and aggressive in her own behalf. At the point of her son's referral, she had instead simply shifted the burden of fearful complaint from the absent husband to the much smaller shoulders of her son. Typically he would try, but his aggression against neighbors, teachers, and vaguely threatening outsiders was a child's aggression with a child's results: He got in trouble in school and neighborhood, and he was the victim of counter-aggressions that made him and his mother shrink back still further into their home fortress.

Where there were two or more children the mother's inability to cope with aggression was manifested in an unwillingness to perceive it when it occurred between children. Observed in home visits or family interviews at the hospital, therapists were astonished by

the very high level of physical violence that siblings demonstrated and mothers ignored. Older siblings wrenched arms behind backs until the younger screamed with pain; they whipped heads against hard surfaces, pummeled, and kicked. Younger children clearly did not experience this as boyish fun, and the expressions of grim purposefulness on the faces of older siblings also precluded playfulness. The noise level alone would have drawn anyone's attention, both for its volume and its quality of pain and alarm, but their mothers would gaze serenely into the middle distance. This observation held for the whole population of aggression-prone children, from the extremes described in an earlier report of murderous aggression⁶ to the above referenced outbursts of intra-familial brutality.

The variation in accessibility to intervention was contributed by the mother's willingness to see and to cope with the violence displayed. Some mothers were in treatment in conjunction with the hospitalization of their children for two or three years, and we still could not be certain about either their motivation or their ability to make sibling interactions reassuringly less dangerous. The other end of this scale is illustrated by a mother of two outpatient sons:

Incredulously, she heard her two sons tell her with desperate intensity, "Mom, it is *not* just wrestling for fun!" Each communicated graphically how frightened he was of his own and his sibling's aggression. She moved with dispatch to control, separate, and forestall. Her younger son, referred for sleep disturbance and many phobic preoccupations, as well as the common jittery aggressiveness, was asymptomatic after four weeks of treatment. Follow-up confirmed the durability of the improvements.

A similar but more impressive achievement was made by a mother who had four sons with whom to cope, ranging in age from six to thirteen, all waging war upon each other with any weapon that came to hand. They, too, declared a brief truce in the riotous atmosphere of the family therapy hour while they tried to impress upon her that their fighting frightened and upset them. She was a soft-spoken, compliant woman, prone to tearful recriminations and self-accusations. With the therapist's help and coaching she proclaimed martial law, roared like a top sergeant, and moved instantly to forestall, separate and confine. She became so controlling that the therapist began to wonder uneasily whether he had created a monster, as she vigorously pressed those boys into chairs at the beginning of therapy sessions, imposed total silence, and straightened their legs out in front of them. However, as the boys responded to her efforts she became more moderate.

The original referred patient in this family was six-year-old Davey. He had set successive fires in the family home, resulting in several thousand dollars worth of damage. School reported him to be very aggressive with other children, disruptive, and unable to "settle down." He stole from his mother and brothers, and provoked fights with his brothers and other older boys as well as with peers. He had lapsed into daytime enuresis. This behavior had persisted for five months, through the breakup of the marriage and the father's departure. Davey was asymptomatic at the end of the course of family therapy, twelve sessions in all.

It was our impression that the level of overt aggression and of barely suppressed intrafamilial hostility is markedly increased in the post-divorce stress period. The mother suppresses as "unmaternal" her resentment at having to care for children with so little financial and emotional income; and those children, also upset, are much more difficult to care for. The children are angry at the father for leaving, and angry at the mother for "making him leave." They

can infuriate her by idealizing him, which in turn makes them wonder if she might perhaps "divorce" them also. Another common solution is to displace hostility to the absent father, set themselves up as mother's strong right arm (which she all too often encourages), and viciously "punish" younger siblings for upsetting her or for being too demanding. One wonders if this represents an identification with the lost object, if the small son might not be playing a father's role as he had perceived his father playing it. And something in the mother must be unconsciously filled with unholy delight when she does not "see" this behavior, gazing instead into the middle distance.*

A family group can much more quickly perceive and acknowledge these currents of alarmed fury than can a child in individual psychotherapy, caught up as he is, first in a two-way loyalty conflict with his parents, then in a three-way loyalty conflict that includes the therapist. The therapist must also realize that while Godzilla might represent this little patient's aggressive impulses, the monster might also represent and act quite a lot like his older brother. McDermott's⁴ conclusion that the child's perception of physical danger is a result of fantasy and inner experience is based on an examination of husband-wife hostility. Our conclusions about the reality of physical threat are based on observations of inter-sibling hostility. This reality makes it necessary to insure a proper degree of protective supervision. This, I believe, is easier to see and to implement in a format that utilizes the family group at least diagnostically,

so that the mother can be presented with evidence that the children would welcome control. In each case examined, as the mother gained a sense of strength and competence and conveyed more certainty to her children, their violent counter-phobic anxious behavior subsided considerably, and in some cases disappeared entirely.

It took much more time with mothers who were very depressed and physically exhausted from holding full-time jobs, evenings spent cooking and cleaning up, helping with arithmetic, seeing to baths, and breaking up fights; this in conjunction with weekends spent on laundry and shopping, getting estimates of car transmission repairs, and painting the living room. We should note that they invariably were able to convince us that the best therapy for them would be an infusion of cash. Since we despaired of being able to offer it to them, we settled down to an inwardly gloomy contemplation of the impossibility of their lives. As soon as they had infected us with their discouragement, they very often cheered up, located and utilized resources to help themselves which had not been visible before, and eventually began cautiously to contemplate the possibility that there might be men in the world quite different from their first husbands. We were often impressed that these were very gallant women.

As a warning to other therapists, I would like to confess that as these women divest themselves of gray bundles of hopelessness in my office my own outlook begins to take on a different color, more accurately a lack of color. I notice that I have grown caustic about

* Elizabeth A. Waites, of the Washtenaw County Divorce Project, objects: "Withdrawal, the 'gazing into the middle distance,' is the only vacation a divorced mother ever gets."

the concept of "female masochism," snappish about divorce laws, and subject to outbursts of rude laughter when confronted with formulations about maternal rejection and its relationship to day-care and the pursuit of careers. This condition improves, I might add, as one is able to see that while divorce is gruelingly stressful for these mothers and children, it also represents a developmental opportunity for the women involved: They could never, would never, be that helpless and overwhelmed again.

Marriages entered after the post-divorce panic period has been mastered seem much more mutually supportive, mature, considered, and satisfactory than their first marriages had been. We have been able to follow one case for over a year after remarriage:

Matt, a seven-year-old boy, had been seen by us in residential treatment for six months for very aggressive behavior against peers and for running away from school. He was also inclined to suddenly, senselessly sock strange adults whom he passed in the street. After a successful "calming down" period in the hospital he was discharged to outpatient status.

His gentle, apologetic mother had been encouraged to control and forestall aggression between our patient and his older brother. Both boys were firmly and frequently reminded by their mother's stance toward them that they were children. The previous fierce, frightening competition to be the "man of the house" was effectively squelched. The mother then married a widower with two children.

With some trepidation we awaited problems resulting from the boys' oedipal envy. We saw problems, but they resulted from difficulties in integrating two sets of children into one family. Matt proudly brought his new father for his therapist to meet. Because he and his brother had not lost a special "husbandly" position with their mother, there seemed to be little overt envy or conflict and considerable relief at the father's presence

in the household. Unconscious oedipal concern was present, manifested in exaggerated perceptions of the new father's power—a natural structural readjustment to the re-established triad, we felt, rather than a neurotic problem. This assessment was supported by our patient's continued good functioning and by his new-found ability to confide in his father his fear of older, tougher boys in the neighborhood. His stance previously had been unrelievedly counter-phobic and counter-dependent.

This, and other briefer observations, lead us to question the tenet of the inevitability of step-parent/step-child warfare.

DISCUSSION

Violent and assaultive behavior is an increasingly common referral problem in young children, and is often seen in conjunction with a recent parental divorce. Mental health professionals have been alerted to psychological problems following divorce.^{1-4, 7, 9} We typically expect anxiety, grief, guilt, and depression. Writers have described the pressures on children post divorce: loyalty conflicts arising out of their need to love (and be angry with) both mother and father, while each parent seeks to allocate the love to his or her self and the anger to the estranged partner. There are also authority conflicts, in which divorced parents are at odds over proper discipline of the children. The children, of course, seek to exploit this to their own advantage: "Dad lets me when I'm with him." Parents may vent anger toward an ex-spouse by subtly inciting the child to acting out against the other parent. We have seen, and are now accustomed to looking for, such patterns in the diagnosis of post-divorce pathology. This paper has described still another interactional pattern which can

result in pathological behavior in children following divorce.

Custodial parents (mothers, for the most part) feel overwhelmed, frightened, and angered by the emotional and economic pressures of raising a family and maintaining a household on their own. A small son, in particular, may react to the subtle but pervasive sense of insecurity and threat with counterphobic threat and counter-dependent behavior that may bring him into considerable conflict with home, neighborhood, and school. Conversely, he may modify his behavior with surprising ease and swiftness when his mother is able to display confidence and firm control.

This observation is important, we believe, because the antisocial behavior these children display is often diagnosed as indicative of a character problem, with the none too cheerful prognosis such a diagnosis implies.

The "oedipal victory" theory is frequently brought forward to explicate the dynamics and to explain what is seen in such children as a "superego pathology." According to this theory, the healthy resolution of the oedipus complex demands the perception by the child of a triadic relationship. He loves his mother and desires her exclusive attention and devotion. He feels ambivalent about his father. He loves and admires him for the father's tender attention and for his impressive masculine attributes. He resents his father's special and exclusive relationship with, and importance to, his mother; the thought crosses his mind—especially in moments of furious defiance—that life would be happier if father were not around. The thought is relegated to the unconscious under the pressure of love and fear. It is also true, but less fre-

quently noted, that the little boy consciously feels much the same way about his siblings. The father's distinguishing characteristic is his powerful position in the family and his special love relationship with his wife. When the father leaves the family, the little boy is often described in case reports as an "oedipal victor" guiltily and fearfully triumphant in the David/Goliath contest, with resulting malformation in superego development—a lack of awe before parental introjects, and a feeling of being above the law in his subsequent confrontations with rules, limits, and authority figures.

Suffering from an insufficiency of inhibition, a lack of superego control, and a fear of retaliation from the fantasied vengeful father, this theory would conclude, the little boy externalizes aggressive and sexual impulses. He displaces them onto the external world, now seen as hostile and threatening, and is inclined to "defend himself" aggressively. McDermott³ also noted in his sample of children of divorce,

... convictions of a dog eat dog world, one in which others act on impulse blatantly disregarding or violating the rights of others [which] were only occasionally based on real experience . . . [It was] the inner experience of the child which resulted in fantasies of beatings and murders often then acted out by him. (p. 426)

McDermott described his latency-age group as possessing significantly more legally delinquent children, as well as more trends toward delinquency. While our sample is younger, their behavior is also alarming. McDermott puzzled over the fact that, while the delinquent behavior occurred suddenly and in response to acute stress, the child's solution was alloplastic rather than autoplatic, suggesting a character disorder

in formation over a longer period of time. Our observations of younger children lead us to defend instead a thesis of an acute, alarmed, action-oriented reaction to a perception of a changed and frightening reality situation, both within the family and between the family and the larger society.

The point gains urgency when one considers that the alloplastic solution attempted by these little boys is absolutely guaranteed to bring down upon them the wrath, punishment, and rejection of family, neighborhood, and school. After this has been operant for a year or so, however amenable he might have been to intervention at six, it is reasonable to conclude that he will present quite a different therapeutic problem at eight or nine.

Finally, we urge consideration of the problems of a woman raising her children alone. Both mother and children convey a lonely conviction that the larger society does not value them, and will not protect them. In this growing matriarchal subculture, this conviction might well constitute a source of deep social alienation that cuts across economic and racial lines, and predates

the patriarchal problems of King Oedipus by several millennia.

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