THESIS


PARENTAL ALIENATION AND TARGETED PARENTS: LOSS, COPING, AND SOCIAL

SUPPORT



Submitted by

Chelsea L. Kline

Department of Human Development and Family Studies



In partial fulfillment of the requirements

For the Degree of Master of Science

Colorado State University

Fort Collins, Colorado

Summer 2017



Master's Committee:

    Advisor: Zeynep Biringen

    Jennifer Harman
    Ashely Harvey

ABSTRACT


PARENTAL ALIENATION AND TARGETED PARENTS: LOSS, COPING, AND SOCIAL
SUPPORT

As the phenomenon of parental alienation becomes more prevalent and recognized by
professionals who work with families, focusing on the impact of parental alienation on the
alienated parent is becoming progressively more important. Alienated parents often suffer some
sort of loss of their child (e.g., emotional connection, physical contact, or both) as a consequence
of parental alienation. Due to the nature of this loss, we argue that parental alienation can lead to
ambiguous loss that the targeted parent must learn to cope with. The purpose of this study was to
further understand the experiences of parents who are targeted in alienation cases, specifically
their feelings of loss and grief through the loss of emotional and/or physical connection with
their children, as well as the various social supports that may be used by these parents in an
effort to cope with this loss. The original interview data was obtained from parents who claim to
have been alienated from their child after a separation or divorce. In order to quantify the
qualitative data, two researchers coded the transcripts based on the operational definitions. The
researchers coded a subsample of 45 interviews with these alienated parents. The researchers
tested correlations between physical contact and emotional connection between the alienated
parent and child, as well as between the contact and social supports utilized. Zero order
(Pearson) correlations revealed no significant associations. However, some interesting results
and themes from this subsample were noted.

# TABLE OF CONTENTS

INTRODUCTION


Over the last few decades, parental alienation and the effects that are associated with it

have become increasingly acknowledged and studied. However, much of the research focus is on

the children and how these cases are dealt with in the court system and therapy room (Gardner,

1992; Gardner, 2001; Warshak, 2015). Less is known about the perspectives and struggles of the

alienated or targeted parent, including how these parents cope with this relational, and often

ambiguous, loss. As the phenomenon of parental alienation becomes more prevalent and

recognized by professionals who work with families (Whitcombe, 2014), focusing on the impact

of parental alienation on the alienated parent is becoming progressively more important.

Presently, research questions surrounding alienated parents' coping mechanisms when

experiencing alienation and ambiguous loss remain unanswered. What is the extent of the

relational loss, both physically and emotionally? How do alienated parents cope with this

potential ambiguous and disenfranchised loss? Is the extent of the loss associated with these

parents' coping strategies? How many alienated parents use social support as a way of managing

their experience and grief?

**Parental Alienation**

Researchers and experts refer to parental alienation as a child's irrational or unjustified

hatred, fear, or rejection of one parent when that parent and child have previously had a warm

and loving relationship (Whitcombe, 2014; Gardner, 1992; Bernet, von Boch-Galhau, Baker, &

Morrison, 2010). Kelly and Johnston (2001) describe an alienated child as "one who expresses

freely and persistently unreasonable negative feelings and beliefs (such as anger, hatred,

rejection, and/or fear) toward a parent that are significantly disproportionate to the child's actual

experience with that parent" (p. 251). Parental alienation typically occurs in high-conflict breakups or divorces, specifically within child-custody disputes, and usually results from one parent intentionally or unintentionally behaving in a way that turns the child against the other parent (Whitcombe, 2014). Not all high conflict divorces involve or lead to parental alienation and it is possible for parental alienation to occur in intact families as well; however, alienating behaviors tend to be reported at higher rates in non-intact families (Baker & Verrocchio, 2015). There are situations in which fathers alienate mothers; however, it is more common to see mothers alienate fathers, which could be due to the prevalence of mothers gaining custody of the children (Lowenstein, 2013). As the parental alienation progresses, it is common for the child to extend the alienation to those associated with the targeted parent, rejecting previously loved extended family related to the alienated parent (Baker & Darnall, 2007).

Parental alienation syndrome (PAS), a term coined by Richard Gardner in 1985, is a condition in which a child repeatedly degrades, belittles, and harshly rejects a parent without justification. The condition is thought to be the result of both the coaching of the alienating parent and the child's own involvement in disparagement and condemnation of the alienated parent (Whitcombe, 2013). Gardner (1998) recognizes three levels of parental alienation: mild, moderate, and severe. In mild cases, there may be some alienation symptoms from the child and naïve programming from the alienating parent, but the parent-child relationship and visitation is usually left fairly unharmed. In moderate cases, there is usually more intentional programming from the alienating parent and rejection from the child. The child may have a difficult time transitioning between parents, but still has a chance of eventually continuing the parent-child relationship with the targeted parent. Severe cases of parental alienation include the alienating parent becoming obsessed with aligning with the child and using this enmeshment to encourage

alienation. In some severe cases, the alienating parent will even make accusations of abuse by the targeted parent. The child reports hatred for and completely rejects the targeted parent, often severing the relationship with little hope of recovery in the future (Gardner, 1998). For more in-depth descriptions of each level of alienation, as well as behaviors and interventions that coincide with these levels, refer to Gardner (2001).

There have been various negative effects observed for the children who experience parental alienation and the denigrating behaviors that may go along with it. These long-term effects can include feelings of isolation and depression, lowered self-esteem, attachment and identity issues, feelings of mutual mistrust, poorer communication, and psychological and emotional concerns from being manipulated, as well as the loss of a loving relationship with a parent (Baker & Ben-Ami, 2011; Ben-Ami & Baker, 2012; Rowen & Emery, 2014). The current literature estimates that after a divorce, 2 – 4% of children end up being alienated from a parent (Warshak, 2015) and 13% of parents become alienated from one or more of their children (Harman, Leder-Elder, Biringen, 2016). Gardner (2001) reviewed 99 cases of parental alienation syndrome and found that in 33% of cases, parental alienation lasted for more than two years. Through interviews with adults who reported experiencing parental alienation as a child, Baker (2007) found that in every case in her sample, the severed relationship between parent and child lasted for at least six years; for half of the sample, the relationship remained disrupted for more than 22 years.

A key characteristic of parental alienation syndrome is a strong, enmeshed alignment between the child and the alienating parent. Due to this dependency, the child may begin to adopt and replicate the alienating parent's negative views and behaviors towards the targeted parent. The alienating parent is intrusive to the targeted parent's relationship with the child, making it

extremely difficult for the child to individuate from the alienating parent and maintain a strong

relationship with the targeted parent (Ellis & Boyan, 2010). Any evidence of the targeted parent

being warm and positive, including past memories and behaviors, are repeatedly contradicted

and denied by the alienating parent, further encouraging the destruction of the child's positive

regard toward the alienated parent and allowing triangulation to occur (Ellis & Boyan, 2010).

The parent-child dyad forms what is called a "coalition" (Brown & Samis, 1986) with the result

being enmeshment between the alienating parent and child and rejection of the targeted parent

(Ellis & Boyan, 2010). In many cases, community support for the parent-child coalition fuels the

alienation and further targets the alienated parent. At times, coaches, lawyers, therapists, case

workers, and teachers may be drawn into the coalition, aligning heavily with the alienating

parent, even encouraging or advocating for the targeted parent to have less parenting time

(Johnston & Campbell, 1988).

The alienated or targeted parent often goes unheard or disbelieved, and the alienating

parent benefits (Warshak, 2015). In both the court room and the therapy room, parental

alienation is often unnoticed, misunderstood, or even denied (Warshak, 2015). Although many

experts have accepted the concepts of parental alienation, the topic is still hotly debated and

some experts question the validity of parental alienation syndrome (Warshak, 2001). Although

the *Diagnostic and Statistical Manual of Mental Disorders* includes a diagnosis for child

affected by parental relationship distress (CAPRD), indicating that parental alienation is

somewhat recognized, parental alienation and PAS are not included as a separate diagnostic

category (5th ed. [*DSM- 5*]). Parental alienation and PAS are also not widely recognized by most

judicial courts. Some judges use the term *implacable hostility*, rather than parental alienation,

implying that the child is evading or resisting a once loved parent who is now absent because of parental hostility (Lowenstein, 2013).

It is rare that the courts will intervene in cases where parental alienation is present. At most the judge may recommend therapy for the family. However, in severe cases of alienation, it is unlikely that therapy alone will be effective (Gardner, 1992; Dunne & Hedrick, 1994). Fighting back can be a risk, as the stakes are high for the alienated parent. Does the parent battle for more time with the child, even though that time may be filled with conflict and stress? Or does the parent give into the demands of the parent-child coalition and walk away, potentially losing the relationship with their child forever? Should the parent risk financial instability and emotional turmoil in order to take these issues to court? These are only a few of the many difficult questions alienated parents might think about when faced with parental alienation.

Although evidence for the negative effects of parental alienation on children seems to be increasing (Baker, & Ben-Ami, 2011; Baker, 2005; Johnston, Roseby, & Kuehnle, 2009), less is known about the harmful effects suffered by the alienated parent. How does the severing of this parent-child relationship impact the targeted parent? How does the alienated parent cope with this loss? These are important questions to investigate because most of the research done in this area focuses on the negative effects on the children and whether or not it is a form of trauma or psychological abuse for these children, leaving us to wonder how this phenomenon also impacts the alienated parent.

**Ambiguous Loss and Disenfranchised Grief**

Researcher Pauline Boss (1999) refers to ambiguous loss as an "incomplete or uncertain loss" (p. 3). Ambiguous loss can occur when someone is physically present, but psychologically absent (e.g., Alzheimer's) and when someone is physically absent, but psychologically present

(e.g., kidnapped children). This type of loss and the grief that follows often goes unrecognized and invalidated by the rest of the community. Due to the uncertainty of boundaries within the parent-child relationship, as well as the insecurity of this relationship, parental alienation is a form of ambiguous loss for the targeted parent. The alienated parent is often left to suffer the loss of one or multiple children. Some parents not only lose the emotional relationship with their child, but lose physical contact with him or her as well (Baker, 2007). In other cases, alienated parents might have physical contact with their child, but the emotional relationship has been negatively impacted, sometimes lost for years (Baker, 2006a; Baker, 2007). Alienated parents tend to be unsure of the future of their relationship with their children. Some parent-child dyads are able to repair their relationship, while others remain frayed and distressed (Baker, 2006b; Baker, 2007).

Doka (1989) defined disenfranchised grief as ''the grief that persons experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported (Doka, 1989, as cited in Corr, 2002, p. 39). Because parental alienation may lead to a loss that is ongoing and unacknowledged by society, the targeted parent might not be able to properly or formally process or mourn this loss and could face challenges when attempting to move forward with his or her life (Abrams-Seifter, 2001). For the targeted parents who have experienced alienation, especially when this alienation lasts years, and in some cases for the rest of the parent's life, it is likely that the targeted parent experiences the grief of losing their child (emotionally, and often times, physically). Professionals who have worked with alienated parents have reported seeing them exhibit feelings of loss, guilt, shame, rejection, anger, depression, and disbelief, and note that they sometimes deal with isolation, ignorance, and judgment from others (Whitcombe, 2014).

6

Grief researchers have found that people dealing with loss through death or calamitous change usually go through stages of grief (Kubler-Ross, 1997). Processing the loss through these stages is often necessary for healing to occur (Kubler-Ross, 1997). When someone is unable to do this, coping with the loss becomes more difficult and the person may subsequently suffer from depression and/or relational problems (Bowlby, 1980). Grief reactions occur not only when a death is experienced, but also occur when there is any sort of separation. Bowlby's theoretical framework for separation and loss supports the notion that when an attachment is disrupted (such as through alienation), a person will elicit grief reactions.

There are various dynamics that may impact the course of bereavement and the ability to heal. Both ambiguous loss and disenfranchised grief are factors that affect the intensity and duration of one's grieving process (Cook & Oltjenbruns, 1998). When a loss is disenfranchised by society and peers, it can be even more difficult for the grieving person to fully process and heal. Loss is considered disenfranchised when there is failure to acknowledge the loss as significant (Attig, 2004). Grief reactions, as well as expressions of grief and mourning, can also be disenfranchised when others believe it is inappropriate for the mourner to grieve or experience feelings associated with loss, or when rituals used to process loss and grief are either unavailable or deemed insignificant by peers (Attig, 2004). Lang et al. (2011) found that for parents suffering a perinatal death, the ambiguity of the loss and disenfranchised grief experienced seemed to hinder parents' psychological wellbeing and coping, and disrupted relationships with friends and family. The ability or inability to resolve loss is greatly affected by the context of the situation, external environment, individual differences, and the extent of role and boundary confusion surrounding the family structure (Abrams-Seifter, 2001). The loss becomes even more complex when stigma is attached, creating feelings of shame, guilt, or secrecy. The individual

experiencing both ambiguous loss and disenfranchised grief may become isolated and experience feelings of loneliness at a time when social support is crucial (Abrams-Seifter, 2001).

**Social Support**

Social support is a factor that can influence the duration and progression of grief after loss (Cook & Oltjenbruns, 1998). Social support can be tangible or intangible, and may be accessed through intimate relationships, connection with one's community, or another a relationship with another person. Those who seek social supports in a time of need, such as friends and family, community and religious support systems, and even helping professionals, tend to be more resilient (Walsh, 1998). For Belgian families who had experienced the death of a child, the extent of community social support received was directly related to the family members' ability to adapt after the loss (Greeff, Vansteenwegen, & Herbiest, 2011). Parents who have lost a child due to death from sudden infant death syndrome (SIDS) report gaining beneficial social support from various sources, including immediate and extended family, in-laws, friends, religious leaders, workplace colleagues and employers, and other bereaved parents (Gear, 2014). Most people suffering ambiguous loss try to make sense of the loss in an attempt to construct a meaningful narrative and gain the ability to have hope (Abrams-Seifter, 2001).

Individuals within the family usually have differing levels of resilience, including internal and external resources that may impact the ability to cope or become resilient. There are various gender differences regarding coping and social support when faced with loss and stress. Women use more coping strategies than men when dealing with stressors, including bereavement (Tamres, Janicki, & Helgeson, 2002). While women tend to address their emotions when grieving, men are more likely to use avoidant coping strategies (Stroebe, Stroebe, & Schut, 2001). Because the majority of targeted parents experiencing parental alienation are male, these

differences in coping may have substantial effects on the alienated parent's ability to become resilient and heal from the loss. Parental alienation is a complex phenomenon, partially because of the ambiguity surrounding the future of the parent-child relationship. Depending on the severity of the alienation and the extent of the loss, targeted parents may cope in different ways, potentially impacting the likelihood of maintaining a relationship with their child, as well as the degree to which they are able to heal from this experience that often leads to relational loss and grief. To the researcher's knowledge, there are presently no studies that have looked at the alienated parents' use of social support when experiencing parental alienation.

# CURRENT STUDY

As the phenomenon of parental alienation becomes more prevalent and recognized by professionals who work with families, focusing on the impact of parental alienation on the alienated parent is becoming increasingly important. Presently, research questions surrounding alienated parents' coping mechanisms when experiencing alienation remain unanswered. What is the extent of the relational loss, both physically and emotionally? How many targeted parents have experienced physical separation and/or loss of the emotional relationship with their child because of alienation attempts? How do alienated parents cope with this ambiguous loss and disenfranchised grief? Is the extent of the loss associated with these parents' coping strategies? How many alienated parents use social support as a way of managing their experience and grief? We wanted to explore and learn about how people reported on these topics.

In an effort to answer these questions, the current study looks at a subsample of qualitative data in the form of transcribed interviews with parents who report to have been alienated from their child, typically after the separation or divorce in the family. Interviews focused on the extent of parental alienation in the family, their feelings and coping strategies in the face of the severed parent-child relationship and experience of parental alienation, the characteristics of the ex-partner, as well as their parent-child relationships (see Appendix A). The researchers assessed the interviews for the use of social support and the extent of the loss of the parent-child relationship. The current study attempts to further the knowledge of the effects of parental alienation within an ambiguous loss framework, as well as to test the hypothesis that the extent of the alienated parent's loss is associated with the amount of social supports used.

**Research Hypotheses**

Previous research indicates that it is not uncommon for alienated parents to have minimal contact with their child or children and to also describe the emotional and attachment relationship with their child as having been damaged (Baker, 2007). We are conceptualizing minimal contact as loss for targeted parents. The literature also shows that it is more difficult for those going through ambiguous loss and/or disenfranchised grief to gain social support as a way of coping (Cook & Oltjenbruns, 1998), although we know very little about the types of social support experienced. Based on these assumptions, the hypotheses for this study are:

H1: Alienated parents who have less physical contact with their child will report greater challenge to their emotional and attachment relationship with that child.

H2: Alienated parents' extent of physical contact with their child will be related to the presence of social support in their lives, including community support (e.g., online support groups), intimate social support (e.g., spouse or significant other), or professional/therapeutic support (e.g., counselor or pastor) although we do not predict the direction of effects. Refer to question #1 or #4 on the interview (see Appendix A).

METHODS

The study aimed to explore the experiences of alienated parents, particularly regarding physical contact with their alienated child(ren), challenge to their emotional relationship with the alienated child(ren), and the existence of social support in their lives as a way of coping with the experience of parental alienation. In order to accomplish this objective, previously collected data from interviews with alienated parents were used. The qualitative data was quantified and a total of 45 interviews were coded based on the coding guide developed for this study (see Appendix B).

**Participants**

Participants were recruited through various meet-up/support groups around the world that would likely include parents who have experienced alienation (single-parent, alimony return groups, Facebook support groups, etc.). Participants were also recruited through snowball sampling such that participants who were interviewed were encouraged to share the study information with others that they know are being alienated from their children. The group members/potential participants were given a survey recruitment statement (see Appendix C) with a link to a survey that asked demographic questions and asked if the person would be interested in being interviewed about their parental alienation experience (see Appendix D for the interview recruitment statement). If the participant was interested in being interviewed, he or she sent his or her email to be contacted by a researcher to obtain the consent forms and set up a time for the interview. This thesis was based on a sub-sample of transcribed interviews, which were primarily of fathers. However, in the full sample and in other research, we have learned that both genders engage in parental alienation.

**Procedures**

The interview data used were collected by Dr. Jennifer Harman and Dr. Zeynep Biringen. The original interview data were obtained from parents who claim to have been alienated from their child after a separation or divorce, and data were collected via Skype, Google Hangout, and telephone calls. Participants answered various questions about their current custody arrangement, the extent of parental alienation they endured, the parent-child relationship before and after the separation, characteristics of the ex-partner, the present parent-child relationship, how they are coping, and their feelings about the severed parent-child relationship and experience of parental alienation. An interview containing open-ended questions was used (see Appendix A) during the interview to assist in gaining salient information and allow participants flexibility in their answers. Interviews were recorded and lasted approximately 60 - 90 minutes each. The recordings of the interviews were transcribed and sent back to the participants to look over, giving them the opportunity to request that any changes be made. In order to quantify the qualitative data, two researchers coded the transcripts based on the operational definitions provided in the coding guide (see Appendix B).

**Measures**

**Physical contact.** Physical contact is operationally defined as the extent of current contact between the alienated parent and the child. Researchers coded the qualitative responses into four levels: 1- no contact, 2- little/inconsistent contact, 3-some consistent contact, and 4- regular consistent contact.

**Emotional and attachment relationship challenge.** The emotional and attachment relationship challenge is operationally defined as the extent to which the emotional or attachment bond has been affected or tested since the alienation has occurred, as well as the extent to which

13

the parent reports any feelings of emotional separation or loss between himself or herself and the child since the alienation has occurred. Researchers coded the qualitative responses into two levels: 1- challenge to the emotional and attachment relationship and 0-no challenge to the emotional and attachment relationship.

**Intimate social support.** Intimate social support is operationally defined as assistance given emotionally, tangibly or intangibly, by someone in a close relationship with the parent (e.g., spouse, significant other, close friends, or family). Each interview was coded as two levels: 1-intimate social support and 0-no intimate social support.

**Community social support.** Community social support is operationally defined as assistance given emotionally, tangibly or intangibly, by someone in the community of the parent (e.g., support group, social media sites, co-workers, religious community, or community resources). Researchers coded the qualitative responses into two levels: 1-community social support and 0-no community social support.

**Professional/therapeutic services and support.** Professional/therapeutic services and support is defined as assistance given emotionally, tangibly or intangibly, by a professional and/or therapist to the parent (e.g., therapist, psychiatrist, pastoral care, and family therapy). The qualitative data from interviews were translated into two levels: 1-professional/therapeutic services and support and 0-no professional/therapeutic services and support.

**Analyses**

**Reliability.** Trained coders read through the transcripts and coded for all of the variables based on the operational definitions in the coding guide. Researchers attempted to establish adequate inter-rater reliability, but a Cohen's Kappa analyses indicated that adequate interrater reliability only occurred for the emotional separation variable, $\kappa = .831$, $p < .0005$, the physical

separation variable, $\kappa = .787$, $p < .0005$, and the community social support variable, $\kappa = .683$, $p < .0005$. Researchers established moderate (nearly adequate) inter-rater reliability for the intimate social support variable, $\kappa = .608$, $p < .0005$. and the professional/therapeutic social support variable, $\kappa = .604$, $p < .0005$. Because adequate interrater reliability was not established for all variables, the researchers conferenced and reached a consensus about the codes assigned to each variable for every case.

**Statistical methods.** A cross tabulation was used to measure frequencies of variables, including physical contact, emotional separation, intimate social support, community social support, professional/therapeutic social support, and presence of non-alienated children/stepchildren. Contingency tables were also used to observe frequencies of intimate, community, and professional/therapeutic social support in this population.

The first hypothesis was tested using a zero order (Pearson) correlation in order to examine the relation between the extent of physical contact between the alienated parent and child and the challenge to the emotional/attachment relationship between them. The second hypothesis was tested using a zero order (Pearson) correlation in order to examine the association between the extent of physical contact between the alienated parent and child and the presence (or absence) of social support, be it intimate, community, or professional/therapeutic support. A zero order (Pearson) correlation was also used to examine the association between several variables, including intimate, community, and professional/therapeutic social support, physical contact, emotional separation, and the presence of non-alienated children/stepchildren.

RESULTS

The majority of the participants of the 45 coded interviews were male ($n = 39$, 86.7%). Of the 45 alienated parents from the coded transcripts, 33.3% ($n = 15$) were categorized as having no current physical contact with their alienated children; 31.1% ($n = 14$) were categorized as having little or inconsistent contact with their alienated children; 20.0% ($n = 9$) were categorized as having some consistent contact with their alienated children; and 15.6% ($n = 7$) were categorized as having regular consistent contact with their alienated children. When categorized by emotional separation, 17.8% ($n = 8$) had not experienced a challenge to the parent-child emotional or attachment bond *since the alienation attempts had occurred*, but, interestingly, 82.2% ($n = 37$) reported experiencing some extent of challenge or loss to the emotional relationship with their alienated child in general. Almost 20% of the sample of alienated parents reported that they did not feel that the attachment relationship was affected by the alienation attempts. Almost 65% of the targeted parents had either little or no contact with their alienated children.

All of the parents who were categorized as having no contact with their alienated children indicated that they felt as though the emotional relationship between themselves and their children was challenged or lost in some way, that is 100.0% ($n = 15$). Of the parents who were categorized as having little or inconsistent contact with their alienated children, 71.4% ($n = 10$) felt as though there was some challenge or loss to the emotional relationship between themselves and their children. However, 28.6% ($n = 4$) of this group felt that their emotional relationship with their children was still intact and had not been challenged. Of the parents who were classified as having some consistent contact with their alienated child, 77.8% ($n = 7$) indicated

16

that they felt there was a challenge to the emotional relationship between themselves and their

alienated children, while 22.2% ($n = 2$) felt that there had been no challenge to the emotional

relationship. In comparison, 71.4% ($n = 5$) of parents who were classified as having regular,

consistent contact with their alienated children felt as though there was a loss of or challenge to

the emotional relationship between themselves and their alienated children, while 28.6% ($n = 2$)

felt as though the emotional relationship had not been challenged or lost in any way. Thus,

between the four categories of physical contact between targeted parent and alienated child, the

parents in both the little or inconsistent contact category and the regular, consistent contact

category had the most number of reports of no challenge or loss to the emotional relationship

between themselves and their alienated children.

Of the 45 alienated parents from the coded transcripts, 26.7% ($n = 12$) were categorized

as having no intimate social support, while 73.3% ($n = 33$) were categorized as having some sort

of intimate social support, in one form or other (e.g., extended family, new partner).; 48.9% ($n =$

22) were categorized as having no community social support, while 51.1% ($n = 23$) were

categorized as having some community social support, ranging from social media groups to

neighbors and co-workers; 42.2% ($n = 19$) were categorized as having no professional or

therapeutic support, while 57.8% ($n = 26$) were categorized as having some type of professional

or therapeutic support. Intimate social support seemed to be the most common type of support

offered to and utilized by alienated parents. Community social support was the least common

type of support found among the sample of alienated parents.

As shown in Table 1, zero order (Pearson) correlations indicated that there was not a

significant negative association between physical contact and challenge to the emotional

relationship/attachment bond with the alienated child, $r = -.251$, $n = 45$, $p = .096$. Therefore, the

first hypothesis of the current study was not supported. Some parents may lose physical contact, but maintain the emotional attachment, while other parents may maintain physical contact but feel as though they lost the emotional relationship with their children.

A zero order (Pearson) correlation was computed to assess the relationship between physical contact between the targeted parent and alienated child and different types of social support (community, intimate, professional/therapeutic). Table 1 also displays the zero order (Pearson) correlations, which indicated there were no significant associations between physical contact and any of the types of social support, as well as no significant associations between challenge to or loss of the emotional relationship and any types of social support. Therefore, the second hypothesis in this study was not supported either.

**Post hoc analyses**

Although the hypotheses for the current study focused on associations with physical contact between alienated parent and child, we decided to also assess for associations between other variables. As presented in Table 1, zero order (Pearson) correlations indicated that there was a significant association between community social support and professional/therapeutic social support, $r = -.43$, $n = 45$, $p = .003$. Alienated parents who report having professional therapeutic support are also more likely to report having community social support as well. However, there were no significant associations between intimate social support and community or therapeutic social support. Table 2 shows that a zero order (Pearson) correlation also revealed that alienated parents who report having a greater challenge to the emotional relationship with their child are more likely to report that they also have either a non-alienated child, step-child, or both in their lives, $r = -.33$, $n = 45$, $p = .028$. It is possible that having either a non-alienated

child, a step-child, or both is a source of emotional connection and social support for the targeted

parent, even in the midst of being emotionally alienated from one or some of their children.

DISCUSSION

This study was conducted to examine the physical and emotional loss experienced between alienated parents and their children, as well as the social supports targeted parents use in an effort to cope with the frustration and grief that often coincides with parental alienation.

**Physical Contact and Emotional Separation**

We proposed that alienated parents who have less physical contact with their alienated children will report more emotional separation or challenge to their attachment bond. This hypothesis was not significantly supported by the data, suggesting that physical contact between the parent and alienated child might not be related to the presence of challenge to and loss of the emotional relationship between the targeted parent and alienated child. However, it is interesting to see that some alienated parents experience regular contact with their children and still feel that they have had some separation or loss of their emotional relationship with their children. One male parent who reported that he consistently sees his child forty percent of the time asked the question,

*"Why is it so challenging for me to even connect with my daughter at all?"*

In one participant's case, the father was still married to the mother and living with the family, but felt that he was being alienated from his children by his wife. This may indicate that physical contact does not necessarily need to be lost or inconsistent for a parent-child dyad to experience turmoil to their emotional relationship as a result of parental alienation. One male parent discussed this during the interview saying,

*"I see them play, but other than that I don't feel a sense of bonding with them too much. I*

*mean I take them out to dinner, lunch, and they'll play, and they end up playing amongst*

*themselves. I try to get some activities that way we can all do things together but um, but*

*at the end of the day when they go home, it's like I don't know who you are anymore."*

It was not surprising that the majority of alienated parents in the sample felt that they had

experienced at least some, if not complete, challenge or loss to the attachment bond with their

children. There are many cases in which the relationship between alienated parent and child are

damaged, if not completely destroyed (Baker, 2006a). As expected, a majority of the participants

had little or no contact with their alienated children. Some parents had not seen or spoken to their

children in years. This finding is consistent with previous research (Baker, 2007) and although

disheartening, it is not surprising. In many parental alienation cases, parents are given partial

custody or parenting time through the court system, yet the ex-partner won't follow through or

will find ways to keep contact minimal or severed (Baker, 2006a). One male parent who had

partial custody of his child said,

> *"I have very limited access or communication with my son. He is (sigh) willing to ignore*
>
> *my phone calls and emails…until he chooses to contact me. I will sometimes go for two*
>
> *months without seeing my son or talking to him any way shape or form."*

Another male parent said,

> *"For two years I haven't gotten one text message back or one call back."*

Some of the alienated parents in the coded interviews had careers that kept them physically

distant from their children, which seemed to make battling the alienation even more difficult.

One surprising finding was that almost 20% of the participants indicated throughout their

interviews that although there have been attempts at alienation, they had not experienced the

emotional challenge or relational loss that most alienated parents do. Of the participants

categorized into the "little or inconsistent contact" group, almost 30% of these parents indicated

that the emotional relationship remained intact, even though there was physical separation, suggesting the possibility that even with inconsistent physical contact, it is possible for the targeted parent and child to maintain their emotional relationship. It was interesting to see that between the four categories of physical contact between targeted parent and alienated child, the parents in both the little or inconsistent contact category and the regular, consistent contact category had the most number of reports of no challenge or loss to the emotional relationship between themselves and their alienated children. Given that we also did not find a connection between physical contact or emotional challenge and social support (discussed below), it is not quite clear why or how these parents have been able to overcome parental alienation attempts by their ex-partners and maintain a healthy emotional connection, even when there has been some physical separation between the parent and children. However, this subsample reported more access to social support than expected (discussed below), which could be considered a contributing factor to these results. It is important to study and consider the various factors that might be aiding in these parents' ability to be resilient to parental alienation attempts in an effort to understand what keeps some parents from experiencing a lost relationship with their children.

When looking at the alienated parents categorized into the "some consistent contact" and "regular consistent contact" groups, 75% felt that although they had experienced little physical separation from their children, the emotional relationship had been challenged or lost in some way. This finding highlights the ambiguous loss that many targeted parents endure. Across the four physical contact groups, many parents discussed their worries about not knowing if their relationship with their child would become better or worse over time. Every single one of the participants in the "no contact" group indicated that their emotional relationship with their children had been damaged or challenged in some way. Many of their experiences with parental

alienation have led to a total loss of one or multiple children from their lives, with little hope of reunification or repair to the relationship.

The experience of ambiguous loss was a consistent theme throughout the interviews. One female parent expressed this feeling of ambiguous loss during the interview saying,

*"It has been the most devastating thing that [has] ever happened in my entire life and in our whole family. You know [it is] unbelievable devastation and it's grief with no ending. It's not like you go to a cemetery and bury them and it's over. It's grief every day. Anger, denial, acceptance and back again, anger, acceptance, denial, grief. The whole thing, it's just every day. The loss without the body, the death without the ending. It's just constant, it's never gonna go away. Never. And that's it. That's pretty much it, in a nutshell anyway."*

Another male parent described the impact parental alienation has had on him saying,

*"It really gave me a massive hit. And I was able to recover mostly from that, but I mean it's essentially a major life loss. You're never going to [be] completely okay with it and it kind of changes your idea about your place in the world."*

This highlights the severity of the potential consequential losses of parental alienation for the targeted parent and child.

**Targeted Parents' Use of Social Supports**

Along with attempting to understand the extent of the loss alienated parents suffer, we also hoped to learn more about how these parents cope with this type of loss, particularly regarding social supports as an avenue of coping. We proposed that alienated parents' extent of physical contact with their child would be related to the presence of social support in their lives, including community support, intimate social support, or professional/therapeutic support,

although we did not predict the direction of effects. Ambiguous loss often leads to disenfranchised grief and little support from others. It would seem as though the more obvious and valid the loss is to others, such as an increased separation of physical contact between a parent and child, the more support one might receive. This idea was not supported by the data in the current study. However, some parents did discuss the lack of validation and support they received, particularly within the court system, throughout the interviews. A father described his experience saying,

*"You feel helpless. You feel like you're you are a victim. And there's nobody doing anything about it."*

A majority of parents reported some sort of social support, regardless of how much physical contact they had with their children. One parent discussed the support he receives from his online parental alienation group saying, "It gives me the support to let me know that it's not just me and that I'm not alone." From these results, it would appear that although many of these alienated parents have experienced ambiguous loss, they have been able to use social supports as a way of coping, regardless of the severity of the alienation or the emotional loss. Because of the nature of the loss associated with parental alienation, it is surprising and encouraging that the majority of participants had some type of social support, whether it be intimate, community, or professional/therapeutic while coping with alienation.

We were curious about three different types of social support, specifically, intimate, community, and professional/therapeutic. One finding was that intimate social support was the most commonly reported type of social support use by alienated parents when asked about coping. Professional/therapeutic social support was second most common, and community social support was the least commonly accessed support among participants. It was not surprising that

intimate social support was the most commonly reported because it is typically easier for those close to us to know what is going on in our lives and it can be more convenient to lean on family and friends when needing support after loss (Reed, Lucier-Greer, & Parker, 2016). One father noted that intimate social support was most helpful for him, saying,

*"The family support, and the support of friends who knew me was a very solid coping mechanism. My family was the biggest support factor that got me through it."*

It may be more difficult for some alienated parents to reach out or gain access to professionals or community resources when needing support, especially given that many mental health professionals may not be familiar with parental alienation.

Another finding was that there was a significant positive association between reports of community social support and professional/therapeutic social support. An implication of this finding is that some alienated parents may not have enough or adequate intimate social support, potentially leading them to be more likely to seek out professional/therapeutic and/or community social support. We also found that there was a significant positive association between emotional challenge/separation and having a non-alienated child and/or stepchild. Although this was not an original research question, it was interesting to find that participants who indicated emotional challenge to or separation from their relationship with their children were also more likely to have a non-alienated child or stepchild. This result may have various implications, but more research is needed to come to a definite conclusion.

It was encouraging to find that many alienated parents in the sample were using social supports as a way of coping with the loss and grief they were experiencing. However, there were still a number of alienated parents who did not report having any social supports when asked how they have been coping with the alienation. One implication from this finding is that while

many targeted parents are able to seek out and take advantage of social support, there are some targeted parents who do not, potentially enduring longer or more amplified periods of grief and negative coping behaviors. Due to the benefits of social support on resilience and coping (Reed, Lucier-Greer, & Parker, 2016), it is essential that alienated parents gain access to these avenues of support when suffering from the loss of parental alienation.

**Limitations**

The primary limitation of the study is the small sample size of transcripts that were coded ($n = 45$). The small sample size may have limited the power needed to detect significant relationships between variables. Unfortunately, the researchers did not have the time or resources to be able to code and analyze the entire previously collected data set. The fact that the previously collected information was self-reported may also be considered a limitation. Self-reported data may be more vulnerable to bias, selective memory, telescoping, attribution, and exaggeration. Specifically, self-reported data in the area of grief, loss, or trauma may be particularly limited, as there are elements of one's experience of grief and loss that may be difficult to fully speak about. However, interviews rely on self-reported data and are commonly used in studies of parental alienation. Selection bias may also have impacted participants' responses. It is possible that the individuals who participated in the interviews are more vocal about their experiences and may be more likely to seek and receive social support than those who do not know what parental alienation is and who have not sought help in places where participants were recruited. A court population may look different than the current subsample. Although the current study quantified the interview data, the factors and limitations that coincide with the qualitative nature of the original data set should be considered.

While studies on parental alienation are increasing, there is a lack of prior research regarding parental alienation in relation to physical contact, emotional separation, and social support. This can make it difficult to find valid and reliable measures that would be appropriate to use. Although the researchers reached a consensus for all of the data coded and acquired moderate-adequate inter-rater reliability on most variables, the measures used were based on operational definitions and have not yet been tested for validity and reliability. Continued testing of the measures should be completed in an effort to establish validity and reliability.

The current study presented new questions based on secondary data. Due to the nature of secondary data, the researchers had to code the data based on the participants' previously collected answers to the interview questions, rather than collecting primary data that asked questions based on the current study's measures. This may limit the researcher's ability to gain completely valid data. For example, when coding for social support obtained by the targeted parent, the researchers looked at the participants' answers to the question, "How are you coping with the alienation?" There may have been instances where participants did in fact obtain social support, but did not include that information in the original interview because the question did not ask specifically about social support.

**Directions for Future Research**

The research on parental alienation is continually expanding and researchers are persistently seeking new and additional support for the experience and consequences of parental alienation in an effort to better understand this tragic phenomenon. Nonetheless, there are numerous issues within the area of parental alienation that need to be further studied and addressed. Prospective studies should be conducted to expand on the findings presented here. Future studies should continue investigating how and why some parents are able to combat

27

parental alienation, even when attempts are made by the ex-partner. This information is critical to understand so that these factors might be strengthened. From a prevention perspective, this information would be useful so that alienation might be stopped and interventions used in these cases are improved and effective for all families.

Researchers should also continue looking at parental alienation through the lens of grief and loss, so that others, especially clinicians, might better understand many alienated parents' experiences and provide appropriate care and support. It is vital that we learn how to lessen the extent of the losses endured by these parents and children. Considering the extent of the loss for both the targeted parent and the alienated children and how it affects not only outcomes on well-being, but on their access to sufficient and healthy coping mechanisms and social support will also be important. It would also be helpful to know more about women's experiences of parental alienation and how they compare to men's experiences. Although the current study consisted of a few female participants, the majority of the participants were men. Considering that in some instances men and women differ in the type and extent of social supports they use, it would also be interesting to examine on a larger scale if this is consistent in various parental alienation cases.

In the meantime, the findings from the present study can be used to increase the growing knowledge base of parental alienation and awareness regarding the loss, grief, and coping alienated parents go through. Targeted parents, those who support them, and clinicians can use this information to get a glimpse into others' experiences with parental alienation, recognize the losses and grief associated with alienation, and provide appropriate support. They should be aware of the importance of social supports in the lives of alienated parents and be able to access these avenues for support when trying to cope with or prevent parental alienation or further loss.

28

TABLE 1

*Correlations between physical separation, emotional separation, and types of social support*

|  | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| 1. Physical contact | X |  |  |  |  |
| 2. Prof/therap. social support | -.150 | X |  |  |  |
| 3. Community social support | -.204 | .427$^{**}$ | X |  |  |
| 4. Intimate social support | -.183 | .168 | -.241 | X |  |
| 5. Emotional challenge/separation | -.251 | .052 | .029 | .245 | X |

*p* < .05 ** *p* < .01

TABLE 2

*Correlations between physical separation, emotional separation, and the presence of non-alienated children and/or stepchildren*

|  | 1 | 2 | 3 |
|---|---|---|---|
| 1. Physical contact | X |  |  |
| 2. Emotional challenge/separation | -.251 | X |  |
| 3. Non-Alienated Children and/or | -.031 | .328[*] | X |
| Stepchildren |  |  |  |

\* *p* < .05

REFERENCES

Abrams-Seifter, M. (2001). Resilience in ambiguous loss. *American Journal of Psychotherapy, 55,* 283-291.

Attig, T. (2004). Disenfranchised grief revisited: Discounting hope and love. *Omega: Journal of Death and Dying, 49,* 197-215.

Baker, A. L. (2005). The long-term effects of parental alienation on adult children: A qualitative research study. *American Journal of Family Therapy, 33,* 289-302. http://dx.doi.org/10.1080/01926180590962129

Baker, A. L. (2006a). Patterns of parental alienation syndrome: A qualitative study of adults who were alienated from a parent as a child. *The American Journal of Family Therapy, 34,* 63-78. doi: 10.1080/01926180500301444

Baker, A. L. (2006b). The power of stories/stories about power: Why therapists and clients should read stories about parental alienation syndrome. *The American Journal of Family Therapy, 34,* 191-203. doi: 10.1080/01926180600550486

Baker, A. L. (2007). *Adult children of parental alienation syndrome: Breaking the ties that bind.* New York, NY, US: W W Norton & Co.

Baker, A. L., & Ben-Ami, N. (2011). To turn a child against a parent is to turn a child against himself: The direct and indirect effects of exposure to parental alienation strategies on self-esteem and well-being. *Journal of Divorce and Remarriage, 52,* 472-489. doi: 10.1080/10502556.2011.609424

Baker, A. L., & Darnall, D. C. (2007). A construct study of the eight symptoms of severe

parental alienation syndrome: A survey of parental experiences. *Journal of Divorce and Remarriage, 47,* 55-75. doi: 10.1300/J087v47n01_04

Baker, A. L., & Verrocchio, M.C. (2015). Parental bonding and parental alienation as correlates of psychological maltreatment in adults  in intact and non-intact families. *Journal of Child and Family Studies, 24,* 3047-3057. doi: 10.1007/s10826-014-0108-0

Ben-Ami, N., & Baker, A. J. L. (2012). The long-term correlates of childhood exposure to parental alienation on adult self-sufficiency and well-being. *American Journal of Family Therapy, 40,* 169-183. http://dx.doi.org/10.1080/01926187.2011.601206

Bernet, W., von Boch-Galhau, W., Baker, A., & Morrison, S. (2010). Parental alienation, DSM V, and ICD-11. *The American Journal of Family Therapy, 38,* 76-187. doi: 10.1080/01926180903586583

Boss, Pauline (1999). *Ambiguous loss: Learning to live with unresolved grief.* Cambridge, MA: Harvard University Press.

Bowlby, J. (1980). *Loss.* New York, NY: Basic Books.

Brown, N. D., & Samis, M. D. (1986). The application of structural family therapy in developing the binuclear family. *Mediation Quarterly, 14,* 51-69.

Cook, A., & Oltjenbruns, K. (1998). *Dying and grieving: Life span and family perspectives* (2nd ed.). Orlando, FL: Harcourt Brace College Publishers.

Corr, C. A. (2002). Revisiting the concept of disenfranchised grief. In K. J. Doka (Ed.), *Disenfranchised grief: New directions, challenges and strategies for practice* (pp. 39–60). Champaign, IL: Research Press.

Dunne, J., & Hedrick, M. (1994). The parental alienation syndrome: An analysis of 16 selected

cases. *Journal of Divorce and Remarriage, 21,* 21-38.

http://dx.doi.org.ezproxy2.library.colostate.edu:2048/10.1300/J087v21n03_02

Ellis, E.M. & Boyan, S. (2010). Intervention strategies for parent coordinators in parental

alienation cases. *The American Journal or Family Therapy, 38,* 218-236.

Gardner, R. A. (1992). *The parental alienation syndrome: A guide for mental health and legal*

*professionals.* Cresskill, NJ: Creative Therapeutics.

Gardner, R. A. (1998). Recommendations for dealing with parents who induce a parental

alienation syndrome in their children. *Journal of Divorce & Remarriage, 28,* 1-23.

Gardner, R. A. (2001). Should courts order PAS children to visit/reside with the alienated

parent? A follow-up study. *American Journal of Forensic Psychology, 19,* 61-106.

Gear, R. (2014). Bereaved parents' perspectives on informal social support: What worked for

you? *Journal of Loss and Trauma, 19,* 173-188.

Greeff, A., Vansteenwegen, A., & Herbiest, T. (2011). Indicators of family resilience after the

death of a child. *Omega: Journal of Death and Dying, 63,* 343-358.

Harman, J., Leder-Elder, S., Biringen, Z. (2016). Prevalence of parental alienation drawn from a

representative poll. *Children and Youth Services Review, 66,* 62-66.

Johnston, J., & Campbell, L. (1988). *Impasses of divorce: The dynamics and resolution of family*

*conflict.* New York, NY, US: Free Press.

Johnston, J., Roseby, V., & Kuehnle, K. (2009). *In the name of the child: A developmental*

*approach to understanding and helping children of conflicted and violent divorce (2nd*

*ed.).* New York, NY, US: Springer Publishing Co.

Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation

syndrome. *Family Court Review, 39,* 249-266.

Kubler-Ross, E. (1997). On death and Dying. New York: Scribner.

Lang, A., Fleiszer, A., Duhamel, F., Sword, W., Gilbert, K., Corsini-Munt, S. (2011). Perinatal loss and parental grief: The challenge of ambiguity and disenfranchised grief. *Omega: The Journal of Death and Dying, 63,* 183-196.

Lowenstein, Ludwig (2013). Is the concept of parental alienation a meaningful one? *Journal of Divorce and Remarriage, 54,* 658-667.

Reed, K., Lucier-Greer, M., & Parker, T. (2016). Exploring parental divorce among emerging adult women: The roles of support networks and family relationships. *Professional Psychology: Research and Practice, 47,* 231-241. http://dx.doi.org.ezproxy2.library.colostate.edu:2048/10.1037/pro0000090

Rowen, J., & Emery, R. (2014). Examining parental denigration behaviors of co-parents as reported by young adults and their association with parent-child closeness. *Couple and Family Psychology: Research and Practice, 3,* 165-177. Doi: 10.1037/cfp0000026

Stroebe, M., Stroebe, W., & Schut, H. (2001). Gender differences in adjustment to bereavement: An empirical and theoretical review. *Review of General Psychology, 5*, 62–83.

Tamres, L. K., Janicki, D., & Helgeson, V. S. (2002). Sex differences in coping behaviour: A metaanalytic review and an examinations of relative coping. *Personality and Social Psychology Review*, *6*, 2–30.

Walsh, F. (1998). Beliefs, spirituality, and transcendence: Keys to family resilience. In M. McGoldrick (Eds.). *Re-visioning family therapy: Race, culture, and gender in clinical practice* (pp. 62-77). New York, NY, US: Guilford Press.

Warshak, R. A. (2001). Current controversies regarding parental alienation syndrome. *American Journal of Forensic Psychology, 19,* 29-59.

Warshak, R. A. (2015). Ten parental alienation fallacies that compromise decisions in court and in therapy. *Professional Psychology: Research and Practice, 46,* 235-249. http://dx.doi.org/10.1037/pro0000031.

Whitcombe, S. (2013). Psychopathology and the conceptualization of mental disorder: The debate around the inclusion of parental alienation in DSM-5. *Counselling Psychology Review, 28,* 6-18.

Whitcombe, S. (2014). Parental alienation: Time to notice, time to intervene. *The Psychologist, 27,* 32-34.

APPENDIX A


Interview Questions


Basic Background/historical Information

1. Can you briefly describe the current custody/living situation with your children?
    a. How long have you been divorced or separated from the other parent of your children?
    b. What are your children's ages today?
    c. How has your custody situation changed (if at all) since you separated/divorced?
    d. Are there any other adults (such as a step-parent or boyfriend/girlfriend) who are involved in your children's lives?
    e. Any other step- or half-siblings involved? Where do they live?


Alienation

1. What has been your experience with parental alienation?
    a. When did you first start feeling your children were being alienated from you?
    b. What early examples can you provide that your ex either did, or that your children did that made you feel this way- please provide 4?
    c. Can you provide 4 more recent and specific examples of alienation that have happened?
2. Has your ex used others to assist with the alienation? In what ways were they involved?
    a. Friends
    b. Neighbors
    c. Medical Providers
    d. Mental health providers
    e. School
    f. Social services
    g. Legal system
        i. How, if at all, did alienation play a part in any legal issues with your ex (e.g., custody, divorce)?
        ii. Did the legal system recognize alienation was going on? What did they do about it?
        iii. Did you express your concerns to anyone as part of the legal process? What was their reaction?
3. How have you coped with the alienation? What impact has it had on you?
    a. Emotionally
    b. Physically

      c. At work

      d. Socially

4. How often, if at all, as your ex engaged in stalking or harassing behaviors with you? Could you describe them?

5. Have you ever found yourself doing things that could potentially be alienation the children from the other parent? How did you handle this?

6. What do you feel motivates your ex-partner's alienating behaviors?

      a. How conscious or unconscious do you feel these behaviors are?

7. Has there been any mental illness diagnosis made for any of the parties involved?

8. How has the alienation changed over time, if at all? Has it ever gotten better or worse at times? Why?

9. How much of your time do you feel you have had to devote to dealing with this problem?

10. How specifically do you see your children coping with the alienation?

      a. E.g., do they put their own needs, wants and desires aside to please a parent, do they act out.

11. How do you feel your child(ren)'s attachment and emotional relationship to you is being/may be affected by PA?

12. If you had a magic wand and could change your situation right now, what would you change, and how would your family look?

13. What plans do you have for how to handle the alienation moving forward?

14. If you could provide advice to another father who is going through a divorce and is being alienated from his children, what would it be?

15. Last, how do you feel about having participated in this interview?

APPENDIX B

Coding Guide

**Current Physical Contact and Separation:** To what extent does the **targeted** parent report experiencing physical separation from his/her child? To what extent does the alienated parent and child(ren) **currently** have contact with one another? ***Do not measure based on what the court awarded the parent; measure how much contact is actually being had between parent and child***. *Consider physical contact and non-physical contact (e.g., visits, telephone calls, texting, Skype/FaceTime, and social media). In situations where the parent sees the child **at least 50% of the time consistently**, you would give a score of **4** (in some divorces, parenting time is split 50/50, so 50% might be the maximum amount of time the parent gets, so we would consider that to be "regular consistent contact").*

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| No contact | Little/inconsistent contact | Some consistent contact | Regular consistent contact |
| Full separation | A lot of separation | Some separation | Little to no separation |

**Emotional Separation:** Does the **targeted** parent report that the emotional or attachment bond between the parent and child(ren) has been negatively affected or tested since the alienation has occurred? Does the parent report any feelings of emotional separation between himself/herself and the child since the alienation has occurred? *Consider emotional distance or rejection by the child toward the targeted parent, regardless of the amount of contact.*

| 0 | 1 |
|---|---|
| No emotional separation | Emotional separation |

**Barriers to Connection and Support:** Does the **targeted** parent report any systems, institutions, individuals, or situational factors as barriers to connection with child and others and/or to support? *Check all that apply. (See response to question #2 in the interviews.)*

__Legal/court system   __School   __Mental health professionals   __Ex-partner

__Finances   __Current partner   __Physical distance   __Other   __None

**Intimate Social Support:** Does the targeted parent report being given assistance emotionally, tangibly or intangibly, by someone in a close relationship with the targeted parent? *Consider support by spouse, significant other, close friends, family, etc. (See response to question #3 in the interviews.)*

| 0 | 1 |
|---|---|
| No intimate social support | Intimate social support |

**Community Social Support:** Does the targeted parent report being given assistance emotionally, tangibly or intangibly, by someone in their community? *Consider support through support groups, social media sites, community resources, co-workers, religious community, acquaintances, school, etc. (See response to question #3 in the interviews.)*

| 0 | 1 |
|---|---|
| No community social support | Community social support |

**Professional/Therapeutic Services and Support:** Does the targeted parent report being given assistance emotionally, tangibly or intangibly, by a professional and/or therapist? *Consider support by a psychiatrist, counselor, pastoral care, family therapy, etc. (See response to question #3 in the interviews.)*

| 0 | 1 |
|---|---|
| No professional/therapeutic services | Professional/therapeutic services |

**Non-Alienated Children and Step-Children:** Does the targeted parent report having any non-alienated children or non-alienated step-children? *Include the sex and ages of these children on the scoring sheet. Enter N/A if participant does not give sex and/or ages.*

| 0 | 1 | 2 | 3 |
|---|---|---|---|
| None | Non-alienated child(ren) | Step-children | Both |

APPENDIX C

Survey Recruitment Statement

We are researchers at Colorado State University conducting a study about parental alienation, which involves one or both parents actively estranging and even poisoning their children against the other parent. We are looking for parents who have been victims of alienation to take part in a research study. The study involves a short 10-minute survey, along with the opportunity to be interviewed for more details about your experience. Our hope is to publish a book about parental alienation to inform professionals and the public about the extent of this problem, and provide recommendations for how to make things better.

If you are interested in participating, please click on this link for more information: QUALTRICS LINK WILL BE HERE

You can also contact the researchers (Drs. Jennifer Jill Harman & Zeynep Biringen) at parentalalienationstudy@gmail.com

Thank you!

APPENDIX D

Interview Recruitment Statement

The following will appear as a question at the end of the survey.

*Want to be interviewed?*

*We are in need of even more details about parental alienation, and are looking for volunteers who are willing to be interviewed about their own personal parental alienation story. The purpose of this more in-depth interview is to write a book that can be used by professionals (e.g., lawyers, mental health workers) and the general public to better understand the extent of, and impact of parental alienation on families, particularly parents. We also want to better be able to identify how parental alienation happens, and be able to make recommendations about what can be done about it.*

*In order to do this, we are looking for volunteers to be interviewed by us to learn more about their personal experiences with parental alienation. The interview would take between 60-90 minutes, and would be conducted on Skype or Google Hangout (whichever is preferred) at a time most convenient for you.*

*To be interviewed, we will need an email address so that a researcher could contact you to send a consent form with more details about the process. This email will be stored on password protected computers. We may not contact all volunteers, as we want to contact a diverse range of parents, but we would contact you within the next 30 days if you are selected. You will always have the opportunity to change your mind.*

*If you are interested in being contacted for an interview, please type in an email address where you would like to be contacted: _____*

*If you do not want to be interviewed, just click here. (BUTTON)*