

THESIS

PARENTAL ALIENATION: THE CASE FOR PARENTIFICATION AND MENTAL  
HEALTH

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## ABSTRACT

### PARENTAL ALIENATION: THE CASE FOR PARENTIFICATION AND MENTAL HEALTH

Parental alienation typically occurs in families with separated or divorced parents, and one parent actively campaigns against the other parent to elicit the support of the children. Due to the detrimental effects that alienation can have on a child and the apparent lack of awareness on the part of the alienating parent, it has been speculated that alienating parents may experience poor mental health. Parentification is a common tactic used by alienating parents in order to align with the child(ren), and the boundary disruption involved in parentification further supports the idea that these parents may be experiencing a mental illness. Interviews with parents who report being alienated from a child were coded for their descriptions of the alienating parent's level of parentification and their mental health status. Results indicated a significant relation between the level of parentification and mental health status. The marital status and gender of the targeted parent, as well as parenting time, were also tested as contributors to the parentification in the family, but no significant associations between these variables were found. The significant association between parentification and mental health status implies that poor mental health may predispose parents to use parentification as a tactic in the process of alienation.

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## **Introduction**

Parental alienation is a phenomenon that occurs when one parent actively campaigns against and targets the other parent of the child (Baker, 2006). Some common beliefs held by alienating parents are that the other parent does not serve a valuable purpose in the child's life; for example, the other parent may be cast as dangerous, the other parent does not love the child, and the like (Kelly & Johnston, 2001). However, some research has suggested that the alienator's behavior is what the child needs to be protected from (Baker & Ben-Ami, 2011). The most salient motivation for alienating parents may be their desperation to gain control of their familial situation (Lowenstein, 2013). Due to gender-biased trends in awarded custody, alienating parents are more likely to be mothers than fathers (Bow, Gould, & Flens 2009; Baker, 2006). Baker and Verrocchio (2013) found that alienating behavior is more common among divorced or separated couples than couples that are married but unhappy. The authors suggested that unhappiness with a partner is not enough to lead to alienation, and that an underlying dynamic occurring between couples battling against one another for power and control is what breeds alienation.

Baker (2006) interviewed 40 adults who reported experiencing alienation as a child, and compared 3 patterns of alienation: a narcissistic alienating mother in a divorced family, a narcissistic alienating mother in an intact family, and a family with a mother or father who was abusive and alienating. The researchers examined these patterns in relation to several potential sources of variation, including the personality of the alienating parent, current custody orders, and the targeted parent's role in the system. The researchers found that alcoholism, child maltreatment, and parent personality disorders co-occurred in most of the 40 cases of alienation

they examined, suggesting the presence of mental health or parent-child relationship issues in the family system.

Previous studies (described below) have shown that two variables are commonly associated with parental alienation: parentification and mental health status. Limited studies have connected parental alienation and parentification in terms of the tactics used to further the alienation of the child from his/her other parent, and some studies have linked inappropriate boundaries with underlying psychopathology present in severe alienators. This study attempts to address whether the severity of parentification is related to mental health status and if there are gender differences in this relation between mental health status and parentification.

### **Parentification**

Parentification has been defined as a parent-child dynamic in which the child sacrifices his/her own needs in order to please and take care of the parent (Hooper & Wallace, 2010). This definition has allowed for its applicability in a wide variety of familial situations (Kerig, 2005), some of which may not be as detrimental to the child's development as others. Parentification is a disruption of parent and child boundaries in which the parent seeks comfort and care from the child at the expense of the child's own needs for support (Hooper & Wallace, 2010). Hooper (2007) described emotional and instrumental parentification as separate components of the concept. She defined emotional parentification as a parent's reliance on his/her child for emotional support and guidance that is developmentally inappropriate for the child. She defined instrumental parentification as a parent's reliance on his/her child for the completion of household chores and parental caregiving that exceeds what is normally expected of children. Previous research suggests that both instrumental and emotional parentification are ways that the

parent-child bond becomes inappropriately close and inappropriate in terms of boundaries (Hooper & Wallace, 2010).

The majority of studies of parentification have measured retrospective accounts of childhood experiences from adults who self-reported as recognizing that this dynamic occurred in their relationship with a parent. Limitations of retrospective self-reports include the well-established phenomenon of distorted recall, which can occur intentionally or in an unplanned manner (Shiffman, Hufford, Hickcox, Paty, Gnys, & Kassel, 1997). As such, most research has focused on the outcomes of experiencing parentification. The intergenerational transmission of parentification has been established in a limited number of studies using George, Kaplan, and Main's (1984) Adult Attachment Interview (e.g., Macfie, Mcelwain, Houts, & Cox, 2005) and Morris' (1979) Family History Interview (e.g. Sroufe & Ward, 1980), which speak to the importance of research to recognize this pattern in order to interrupt the cycle.

Parentification is associated with a multitude of parent and child behaviors, and the amount that a parent relies on the child for support displays the severity of the parent-child boundary corruption. Parentification and enmeshment can be confused due to the presence of boundary dissolution in both parent-child dynamics. An enmeshed parent-child relationship occurs when parent and child struggle to act independently of one another (Khafi, Yates, & Sher-Censor, 2015). Severe levels of parentification occur when the child struggles to be independent from the parent due to preoccupation with the caretaking role. Gehart (2014) described such severe parentification as a phenomenon that occurs when the parent cannot tell the difference between his or her own thoughts and needs and those of the child. Children who are severely parentified are prevented from thinking independently and are often prevented from interacting directly with other adults (Gehart, 2014). Moderate parentification occurs when the parent

prioritizes his or her own needs ahead of the child's needs. Low levels of parentification occur when the parent may rely too much on his/her child for emotional or instrumental needs. The presence of parentification in families with parental alienation has been viewed as an attempt to solidify the child's loyalty to the alienating parent (Baker & Ben-Ami, 2011). Alienating parents often create situations in which the child is forced to choose between them and the targeted parent, and in making this choice the child solidifies his/her reliance on the favored parent (Baker & Verrocchio, 2013). Individuals with narcissistic tendencies usually have a difficult time comprehending that others' thoughts and feelings are separate and often different from their own (Baker, 2006). Alienating parents often encourage an unhealthy close relationship with their child at the expense of not only the child's needs, but at the expense of the child's relationship with his/her other parent (Baker, Burkhard, & Albertson-Kelly, 2012).

### **Mental Health**

Previous research indicates that if a parent actively sets out to alienate his/her child from the other parent despite the psychological and developmental toll on the child, that parent likely evidences some psychopathology (Baker, 2005; Baker, 2007; Burrill, 2001; Gardner, 1998). As an attempt to understand the motivation behind an alienating parent's behavior, the alienating parent's mental health issues are often advanced as an explanation (Barlow, 2010). Gardner (1998) categorized alienating parents into mild, moderate, and severe alienators. In the mild category, parents were described as psychologically healthy and invested in their children, but might try to program children when angry. In the moderate category, parents were described as having some psychopathology, and the motivation for alienation was viewed in terms of financial motivation. In the severe category, Gardner (1998) described parents as having severe psychopathology, and as being narrow minded and even violent in their alienation. Alienating

parents often report believing that what they are doing is in the best interests of their child, and the disconnect between this belief and the reality of the damage done to the child supports the idea that alienating parents may struggle in certain areas of mental functioning (e.g., cognitive distortions).

A common technique used in the process of parental alienation and parentification that speaks to the psychopathology of alienators is “gaslighting.” Gaslighting involves distorting someone else's sense of reality by creating situations that force the person to rely on the gaslighter for truth and guidance (Stern, 2007). The gaslighter wants others to believe that his/her target has deficits that necessitate support of the gaslighter. The goal of gaslighting is to have power over the target (Stout, 2005), and this technique is useful for alienators in that if they are able to establish unhealthy boundaries with their child, the power they have can be reinforced by instilling a fear of abandonment in the child. To solidify their alliance with a child, alienators often use phrases that imply that the other parent does not love or want them.

Conflict theory (Sprey, 1969, 1979, 1999) states that within a family system, conflict occurs when there is competition over control of scarce resources (Smith & Hamon, 2012). Power dynamics within a family system shift drastically throughout the life cycle, and membership in a family system is typically involuntary (Smith & Hamon, 2012); despite each member's opinion of or desire to participate in their family, interaction is usually not a choice. Conflict theory has been used to explain the process of divorce by showing that there are emotional, economic, and societal systems that influence the experience of divorce differently for all involved (Shehan & Kammeyer, 1997). The most significant points of contention for a divorcing couple depend on which resources (emotional, economic, or societal) are most valued. In the case of families experiencing parental alienation, conflict theory may be used to explain

how one partner's emotional power over the family system can be increased through emotional closeness with the children. Hence, parentification can be viewed as part of a conflict and power dynamic to gain control of scarce resources.

No study has sought to determine whether there are associations between the severity of parentification and mental health status for alienating parents. The main hypothesis being examined in the present study, therefore, is that alienating parents who parentify their children are likely to display other behaviors that indicate poor mental health. The current study will address the significance of parentification and mental health within families with parental alienation by coding interviews conducted with self-reported targets of parental alienation.

In addition to the main hypothesis, I am also interested in understanding whether the potential sense of abandonment that an alienating parent experiences may be affected by the presence of a new partner in his or her ex's life and whether males and females are equally alienating or affected by alienation. Baker (2006) showed that alienating mothers who exhibited narcissistic tendencies struggled to understand why their children wanted to maintain a relationship with their father after a divorce. Warshak (2000) suggested that an ex's remarriage could be a source stress for the alienating parent in that the news might bring up similar negative emotions from those experienced during the divorce. This idea is relevant in that a new relationship for the ex-spouse could be seen as another betrayal by someone struggling with narcissism. The present study also will examine whether the parentification severity is associated with the marital status of the targeted parent. Finally, I am interested in whether the severity of parental alienation (with parenting time as a proxy for this measure) is associated in any way with parentification. Exploratory analysis of the role of gender will be included as well. In summary, I investigated the relations among parental alienation, parentification, mental health

status, adherence to court-ordered parenting time, and marital status and gender of the targeted and alienating parent. Associations between these variables should speak to the necessity of more comprehensive assessments of divorcing parents both by legal and mental health professionals in order to be sure the best interests of the child are genuinely being prioritized.

## **Method**

### **Participants**

Data were collected from a sample ( $N = 82$ ) of men and women between ages 21 and 74 ( $M = 44.05$ ) recruited for a study advertised as “your experience of parental alienation.”

Participants for the current study ( $N = 46$ ) were selected from the larger sample. The methods used in this study were approved by the university’s Institutional Review Board. Links to the initial survey were posted onto social media pages on parental alienation (e.g., Parental Alienation Worldwide Support Group). Posts were also made onto parenting and divorced parents groups on LinkedIn. In addition, site administrators for Meetup groups organized on topics related to parenting, divorced parenting, alimony reform, and parental alienation were contacted with details, and asked to share the link with their members. Participants for the current study were selected based on availability of completed transcripts (described below), and resulted in a sample of 39 male and 7 female participants from the larger sample.

### **Procedure**

Participants responded to the recruitment by completing an online survey that established they have been affected by parental alienation. This survey asked participants to provide demographic data about themselves and their family, and asked participants questions about parenting behavior they have or have not witnessed from their ex-partner. Participants who provided an e-mail address on the survey were sent an e-mail inviting them to consent to participate in further research by signing a layered consent form. This form, shown in Appendix

A, allowed them to consent to multiple stages of the study, including a 60-90 minute interview, use of the interview transcript for research and for a book on parental alienation, contact to follow-up and participate in new research, audio recording of the interview, and use of direct quotes from the interview. After submitting this form via e-mail, participants were scheduled for an interview.

The interviewer initiated the call on Skype, Google Hangout, or on the phone if necessary. To further ensure confidentiality, participants were asked to avoid using last names of family members. Participants were asked a series of questions, shown in Appendix B, about their experience with parental alienation. This was a semistructured interview in that the interviewer was encouraged to follow up with questions regarding themes in the discussions prompted by the predetermined set of questions. After the interviews were transcribed by research assistants, copies were emailed to for member checking. The version they sent back was then sent to the interviewer to make final corrections.

Two coders read and coded two randomly selected transcripts and addressed discrepancies through discussion and further solidified categories based on examples pulled from the transcripts. Coders then coded seven more transcripts, and Cohen's *kappas* were calculated for scores of parentification and mental health status. After reliability was established, one coder completed the coding of the remaining transcripts.

## **Measures**

**Parentification.** A code for level of parentification was developed by the researcher that included three categories: unhealthy boundaries, moderate boundaries, and healthy boundaries. The dimension of unhealthy boundaries included themes such as “parent cannot discern between own needs and child's needs to an extreme extent,” “parent and child are inappropriately close,”

and “child is worried about parent's welfare.” The dimension of moderate boundaries included themes such as “parent at times may have difficulty viewing own needs as separate from child's needs,” “parent sometimes may encourage child to support his/her emotional and instrumental needs,” and “child exhibits some level of age-appropriate independent thinking and behaviors.” The dimension of healthy boundaries included themes such as “parent allows children to decide things for themselves,” “parent allows child to do things s/he enjoys,” and “if child takes on parental responsibilities, the parent acknowledges that the child is doing more than is expected of them.” The complete code is shown in Appendix C. This coding scheme was developed by including items from previous measures of parentification (e.g., Jurkovic & Thirkield's (1998) Parentification Questionnaire), addressing themes that could realistically be described from the targeted parent's perspective, such as: the child making sacrifices that go unnoticed, how often the child babysits siblings, and whether or not the parent relies on the child for emotional support. Another component of the coding scheme is the inclusion of examples found throughout the transcripts that further clarify the distinctions between categories. The coders highlighted examples in the transcripts throughout the process of establishing reliability. To establish interrater reliability for parentification, Cohen's *kappa* was calculated to assess reliability between two coders for seven transcripts to correct for chance agreement. *Kappa* for parentification scores was .563.

**Mental Health Status.** A code for mental health status was developed by the researcher that includes 3 categories: no evidence of mental illness, evidence of mental illness with no physical threat to self or others, and evidence of mental illness with physical threats to self or others. The category of no evidence was assigned when the interviewed parent said that the other parent has not received a diagnosis of a mental illness, and there was no indication based

on behavioral descriptions that the other parent was experiencing a mental illness. The category of evidence but no threat was assigned when the interviewed parent said there is a diagnosis for the other parent of a mental illness, or they described behaviors of the other parent that suggest the possibility of a mental illness, but there was no indication of physical harm to self or others. The category of evidence with physical threats was assigned when the interviewed parent said there is a diagnosis for the other parent of a mental illness or there is an indication based on behavioral descriptions that the other parent may have a mental illness, and they reported that there have been threats of or acts of physical violence by the other parent. The complete coding scheme is shown in Appendix D, which displays more specific words and phrases used to indicate which category was assigned (e.g., she/he is narcissistic, she/he has “serious issues,” she/he has a family history of mental illness, concern about child's safety around the parent). To establish interrater reliability for mental health status, Cohen's *kappa* was calculated to assess reliability between two coders for seven transcripts to correct for chance agreement. *Kappa* for mental health status scores was .563.

**Parenting time.** Court-ordered parenting time was compared to the actual time spent with the child shortly after the court order was established, and court-ordered parenting time was compared to the actual time spent with the child at the time of the interview. Data for percentage of court ordered time was available for 40 participants, data for actual time shortly after court order compared to court ordered time was available for 30 participants, and data for actual time at time of interview compared to court ordered time was available for 34 participants.

**Demographic data.** The gender of the targeted parent and the alienating parent were collected through the initial surveys. Marital status of the targeted parent and the alienating parent were determined by asking the targeted parent if there were any stepparents or new

boyfriends or girlfriends that were involved in his/her child's life. In 9 cases, the targeted parent was unaware of the alienating parent's marital status, in 3 cases the marital status of the targeted parent was unclear, and in one case there was parental alienation occurring in the context of a current marriage. Table 1 displays the demographic data that were available for the alienating parent ( $N = 38$ ) and the targeted parent ( $N = 42$ ) utilized in the regression analyses.

Table 1

*Demographic Characteristics Across Variables*

		Single	In a relationship	Married
Alienator	Male	4	1	2
	Female	13	9	9
	<b>Total</b>	<b>17</b>	<b>10</b>	<b>11</b>
Target	Male	19	8	8
	Female	3	1	3
	<b>Total</b>	<b>22</b>	<b>9</b>	<b>11</b>

## Results

### Association between Parentification and Mental Health Status

To analyze the strength of the relationship between parentification and mental health status, Cramer's  $V$  was calculated. Numerical values for each level of the two independent variables were assigned, and are displayed in Appendices C and D. This analysis yielded a Cramer's  $V$  ( $df = 4, N = 46$ ) of .32,  $p = .05$ , indicative of a significant association between these two variables. Table 2 shows the crosstabulations. Cases with unhealthy parentification and severe mental health status far exceeded the expected value of 6.6. Only 3 of the 46 participants did not report that the alienating parent exhibited behaviors associated with poor mental health. This finding may support the idea that if a parent is alienating a child from the other parent, the behaviors associated with alienation are typically experienced as behaviors indicating poor mental health. The small number of cases in this category may also reflect the awareness the

Table 2

*Crosstabulations for Levels of Parentification and Levels of Mental Health Status*

		Mental Health Status			Total
		none	moderate	severe	
Parentification	unhealthy	0	9	10	19
	moderate	1	13	5	19
	healthy	2	5	1	8
Total		3	27	16	46

participants had of the process and experience of parental alienation, in that their willingness to participate may have been influenced by their understanding that the researchers acknowledge alienation as detrimental to parent-child relationships. There were 8 cases of healthy parentification, a finding that may reflect the wide range of behaviors associated with alienation. Healthy parentification was also assigned when parents may not have had enough information

about the alienating parent’s behavior due to limited contact. These participants often described the alienating parent as someone who is actively damaging the relationship between the target and his/her children, but did not say that the alienating parent was utilizing behaviors associated with parentification to do so.

**Association between Parentification and Parenting Time**

Cramer's *V* was calculated to analyze the strength of the relationship between parentification and discrepancies in court ordered time and actual time the targeted parent spends with his/her child. A code of 1 was assigned at either time point (shortly after court order was established and time of interview) if actual time was less than the court order, and a code of 2 was assigned if actual time was the same as the court order. Percentage of court ordered time that was actually fulfilled was coded in 5 categories: no time, less than 10% of total allowed time, between 10-25% of total allowed time, more than 25% but less than 40% of total allowed time, and at least 40% of total parenting time. This analysis yielded a Cramer's *V* of .31 (*df* = 8, *N* = 40), *p* = .47. Table 3 shows the crosstabulations for this test. Of those cases with unhealthy parentification, 50% reported no parenting time with their child. Of those cases with healthy

Table 3

*Crosstabulations for Levels of Parentification and Percentage of Court Ordered Parenting Time*

		Percentage of Time					Total
		No time	< 10%	10-25%	26-39%	40% and up	
Parentification	unhealthy	9	4	1	1	3	18
	moderate	5	2	1	2	7	17
	healthy	4	1	0	0	0	5
Total		18	7	2	3	10	40

parentification, 100% had less than 10% of the parenting time, and 80% reported no parenting time with their child. This finding suggests that something besides parentification could contribute to the amount of parenting time received by the targeted parent.

Cramer's  $V$  was computed to measure the association between the severity of parentification and adherence to court ordered parenting time soon after the court order was established and at the time of the interview. Table 4 shows the crosstabulations for this test.

Table 4

*Crosstabulations for Levels of Parentification and Adherence to Court Ordered Parenting Time*

		Adherence to Court Ordered Parenting Time			
		Soon After		At Time of Interview	
		Less than court order	Equal to court order	Less than court order	Equal to court order
Parentification	unhealthy	4	5	10	2
	moderate	5	11	9	7
	healthy	2	3	6	0
Total		11	19	25	9

This analysis yielded a Cramer's  $V$  of .12 ( $df=2, N= 30$ ),  $p = .79$ . Soon after the court-ordered parenting time was established, 36.67% experienced less parenting time than was ordered, and 63.33% experienced parenting time equal to what the court order allowed. This analysis yielded a Cramer's  $V$  of .39 ( $df= 2, N = 34$ ),  $p = .074$ , which is not significant and may show a trend in adherence to the court-ordered parenting time in relation to the severity of parentification. At the time of the interview, 73.5% of the cases were experiencing less parenting time than what the court order had established and 26.5% were experiencing parenting time equal to what the court order established.

### **Associations among Parentification, Gender, and Marital Status**

To understand the associations between parentification, gender, and marital status of the targeted parent and the alienating parent, Cramer's  $V$  scores were computed. Marital status of each parent was assigned a category of single, in a relationship, or married. Marital status of the targeted parent was unknown in 3 cases, and in one case the alienator and target were still married, so those data were not included in the analysis. The predicted association between

marital status of the targeted parent and level of parentification- the targeted parent's new relationship would be associated with higher rates of parentification- was not supported. It was also hypothesized that the gender of the targeted parent would predict the level of parentification, and this was also not supported. There were no significant associations between gender of the targeted parent and marital status of either partner or with parentification, and these associations are difficult to establish with only 7 female targets of alienation in the study.

## **Discussion**

Using newly developed but reliable measures, this study identified the targeted parent's perceptions about the quality of the parent-child boundaries between the alienating parent and his/her child as well as his/her perceptions about the alienating parent's mental health status. Adherence to court-ordered parenting time, as well as marital status and gender of the alienating and targeted parents, were examined as potential sources of variation across cases.

### **Parentification and Mental Health Status of the Alienator**

In the present study, there was a positive association between the severity of parentification and mental health status of the alienator, as reported by the alienated parent. This is similar to previous findings that showed associations between parentification and parental alienation (Baker & Ben-Ami, 2011; Garber, 2011). These results also support the implication from previous studies that alienating parents may be suffering from poor mental health. Baker and Fine (2008) discussed personalities of severe alienators, and proposed that the most prominent personality traits were those associated with narcissistic, borderline, compulsive, and antisocial personalities. Barlow (2010) studied characteristics of severe alienators and their familial patterns to see if there are certain traits that can be identified early in custody evaluations. Specifically, she studied the role of the Medea complex (Jacobs, 1988), which she defined as "a form of psychopathology triggered by narcissistic rage after a perceived betrayal, such as a relationship termination by a partner, which culminates in an intense quest for revenge that involves harming their children, either psychologically or physically" (Barlow, 2010, p. 3). She found that a family pattern that included brainwashing and programming was most common,

and described this as a *cult pattern*. She also reported strong correlations between overly close parent-child dyads and child psychological abuse.

Alienating parents may view the other parent as someone who is trying to take something away from them, so they try to gain control over the situation by coercing their children to be on their side so they have more power. Alienating parents act aggressively in that their desire for power and control operates at the expense of their children's well-being. Poor mental health may act as a diathesis that predisposes psychologically vulnerable individuals to arm themselves (using the child as a hostage) in the conflict-ridden and threat-filled environment of divorce (Barlow, 2010).

### **Parentification and Parenting Time**

Although no significant relationships were found between parenting time and severity of parentification, some interesting patterns were uncovered. The relationship between actual amount of parenting time and court-ordered parenting time compared to severity of parentification showed that even when boundaries between the alienating parent and child were “healthy”, most targeted parents were not receiving the awarded parenting time. This finding suggests that some alienating parents are able to maintain a healthy relationship with their child (at least as measured in this study), while behaving in ways that still harm the other parent-child relationship.

The results show that shortly after court ordered parenting time was established, adherence to the time allowed was much higher than adherence was at the time of the interview. This may indicate that the court system should be more involved in holding parents accountable for parenting time and visitation over time. There is a system in place to hold parents accountable for financial support, and the detrimental outcomes that a severed parental

relationship have on a child's development should provide enough evidence for the necessity of a system to hold parents accountable for adhering to parenting time.

### **Gender Differences and Marital Status**

This study did not find relations between gender, marital status, and parentification. This is surprising due to some findings from previous research that show that women are more likely to parentify their children than are men (Jankowski et al., 2013). Harman, Leder-Elder, and Biringen (2016) suggested that alienating behavior may be displayed at similar rates across genders. Regardless, the small sample size of women in this study may have reduced the ability to detect differences.

### **Implications**

There is much criticism surrounding the evaluation of parental alienation due to the risk that the supposed alienating parent may be trying to protect his or her children from real, and not imagined or exaggerated, danger (Nichols, 2013). We argue that careful and thorough assessment of these cases is essential to ensure that children are not placed in the hands of their abusers. While needing to be mindful of the possibility of abuse and ruling out such possibility before proceeding further (Baker, 2006), professionals need to also explore and understand if alienation is occurring in a family (Ben-Ami & Baker, 2012).

Narcissistic people tend to resist therapeutic techniques because of their tendency to emphasize their ability to make good judgments and decisions (Baker, 2006), so if a child is resisting therapy, this might be a result of the influence the alienating parent has had on his/her cognitions. Just as the negative messages an alienated child receives about the targeted parent are detrimental to his/her development, any messages a therapist sends to the child that his/her alienating parent may be treating him/her poorly could have negative consequences without

mindful intervention. It is important to note that alienation can and does happen in families without divorce (Baker & Verrocchio, 2013), although it may be less common. Mental health providers need to be aware of such signs of alienation in the context of domestic violence.

### **Limitations**

One limitation of this study is the use of a convenience sample. Future analysis of this data can include more participants, but due to time constraints the current study could only include those transcripts that had already been completed. Furthermore, the male targets of alienation were interviewed before the females, so more male transcripts were available for coding earlier. Recruitment of male and female participants was not an issue for the larger study. Had the smaller selected sample included more equal numbers of female and male participants, the ability to detect gender differences may have been stronger.

Another limitation is the use of new measures. Because new coding schemes were developed for this study, further evaluation to demonstrate reliability and validity is necessary. Still a third limitation is that mental status and parentification were from the perspective of the targeted parent only. Backer-Fulghum and Sanford (2015) found that, in assessing validity of retrospective self-reports of conflict interactions, each informant provides a unique and equally legitimate perspective. Of course, it would be awkward to try to recruit both the alienated and the alienator due to high relational conflict.

### **Future Directions**

Targeted parents often report feeling helpless in their situation (Baker & Ben-Ami, 2011). The targeted parent may even remove him/herself from the situation and not stay in contact with his/her children because of the experience of rejection, and this becomes a self-fulfilling prophecy whereby the fear of rejection isolates him/her and supports the alienating parent's

claims that he/she does not want to be involved in his/her child's life (Baker, 2006). Mental health providers should focus on giving alienated children the tools and resources necessary to resist the influence of the alienating parent (Baker & Ben-Ami, 2011; Ben-Ami & Baker, 2012). Toren et al. (2013) studied outcomes of a 16-session group treatment for children and adolescents who experienced alienation, and they included their parents. They found that the use of short-term group therapy mitigated the psychological effects that alienation can have on children as evidenced by reductions in anxiety and depression. Their findings support the idea that parents need to be involved in the treatment process, and in order for this to work, the legal system needs to be able to hold them accountable for missteps and behavior that does not support their children's well-being.

Future studies of the components involved in parental alienation should focus on the need for parents to be able to make sure they are keeping the best interests of their children at heart. Mental health issues often make it difficult for individuals to prioritize the needs of others, and there is a need for mental health screenings for families experiencing divorce and separation because mental health issues impact not only the individual experiencing them, but the system as a whole.

## **Conclusions**

The association between mental health status and parentification within families experiencing parental alienation warrants a closer look at the impact that an individual's behavior can have on an entire system of people. The outcomes experienced by children with an alienating parent are similar to the outcomes experienced by children exposed to psychological maltreatment in that they report feeling unloved, endangered, unwanted, and as if they were only valuable to their parent as long as they successfully meet their needs (Baker & Verrocchio, 2013;

Johnston, Walters, & Olesen, 2005). Children with an alienating parent are also deprived of the potential for a secure attachment with their other (targeted) parent by the very nature of the manipulation they experience at the hands of the alienator (Baker & Ben-Ami, 2011). The data reported in this study support further investigation into the process of parental alienation, and understanding more about the factors involved should help the court system recognize its existence.

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## Appendix A

### Consent to Participate in a Research Study Colorado State University

**TITLE OF STUDY:** Coping with Parental Alienation: Authorization and Release for Interview

**PRINCIPAL INVESTIGATOR:** Jennifer J. Harman, PhD., Department of Psychology, [Jennifer.Harman@colostate.edu](mailto:Jennifer.Harman@colostate.edu); (970) 491-1529

**CO-PRINCIPAL INVESTIGATOR:** Zeynep Biringen, PhD, Department of Human Development and Family Studies, [Zeynep.Biringen@colostate.edu](mailto:Zeynep.Biringen@colostate.edu).

**WHY AM I BEING INVITED TO TAKE PART IN THIS RESEARCH?** We would like to explore your thoughts and experiences about “parental alienation,” a practice in which the ex-spouse or ex-partner may engage in relationship distancing between you and your child(ren). This parental alienation may occur in high- and lower-conflict divorces. We are interested in your perceptions of your ex’s alienating behaviors, including strategies that have been used, the effects these have had on your children’s behaviors and adjustment, as well as your own reactions to the alienation. We are interested in both your general impressions about this topic, as well as specific examples that make you perceive as you do. We are also interested in your perceptions about whether your ex engages in these behaviors consciously or unconsciously. Finally, we are interested in how such tactics or strategies have affected your relationships with your child(ren). Because this can be a very “hot” topic for parents and there is so little research in this area, we would like to fully and accurately understand your experience so that we can help begin a “conversation” on this topic and what parental alienation may mean for the children and the parents.

**WHO IS DOING THE STUDY?** The research is being conducted by Drs. Jennifer Harman and Zeynep Biringen, two faculty members at Colorado State University who study intimate and family relationships and graduate students under their supervision.

**WHAT IS THE PURPOSE OF THIS STUDY?** We will select interviews that are representative of diverse parental alienation experiences to include in a book, and may also use some of the interviews to publish articles in professional journals. We value your contributions to this goal and want to illustrate the diversity of these experiences in the general population of divorced parents.

### **WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?**

An interview will be conducted with you using either Skype or Google Hangout, and the interview should take between 60-90 minutes of your time.

**WHAT WILL I BE ASKED TO DO?** If you are interested in participating, we would like to conduct a confidential interview with you. The interview will include questions about your experience with parental alienation. With your written consent, we would like to audio-record the parental alienation interview, which will then be transcribed to text, but with removal of all identifying information so that your confidentiality can be preserved.

At this point, we will send you a copy of the transcription to approve and give you the opportunity to review and/or modify your responses in any way. We will also at this point destroy the audiotape. If we decide to include your interview for our book, we will send you a revised transcript (based on your review, as noted above) and you will have an opportunity to again modify any of your responses. Instead of giving us consent, you have the option of leaving the study at any time, and all of your materials would then be deleted.

**ARE THERE REASONS WHY I SHOULD NOT TAKE PART IN THIS STUDY?** If you are not a parent or have not suspected that your children have been alienated from you, then you should not take part in this study.

### **WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?**

- There are no known risks associated with this study, except it may be difficult and emotional painful to discuss experiences with parental alienation. You are free to decline answering any questions that you are uncomfortable answer, however.
- It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

**ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?** There are no known benefits for participating in this study. We hope that this account of experiences will inform professionals and the public about the extent of parental alienation as a problem, and open up a conversation about how this problem can be lessened so that more children can enjoy good experiences with both parents.

**DO I HAVE TO TAKE PART IN THE STUDY?** Your participation in this research is voluntary. If you decide to participate in the study, you may withdraw your consent and stop participating at any time without penalty or loss of benefits to which you are otherwise entitled.

**WHO WILL SEE THE INFORMATION THAT I GIVE?** We will keep private all research records that identify you, to the extent allowed by law. **Your interview will be ensured confidentiality at all times:** All identifiable information (names, location, occupation) will be removed from the transcript of your interview. Only the research staff will have

access to a master list linking the identifiable information with the original audio in the early phases of the project and both the audio and the master list will be destroyed simultaneously once you approve the written transcript sent to you, as noted above.

You should know, however, that there are some circumstances in which we may have to show your information to other people. For example, we may be asked to share the research files for audit purposes with the CSU Institutional Review Board ethics committee. The law may require us to show your information to a court OR *to tell authorities if we believe you have abused a child, or you pose a danger to yourself or someone else.*

When we write about the study to share with other researchers, we will write about the combined information we have gathered. You will not be identified in these written materials. We may publish the results of this study; however, we will keep your name and other identifying information private.

### **WHAT IF I HAVE QUESTIONS?**

Before you decide whether to accept this invitation to take part in the study, please ask any questions that might come to mind now. Later, if you have questions about the study, you can contact the investigator, Dr. Jennifer Harman at [Jennifer.harman@colostate.edu](mailto:Jennifer.harman@colostate.edu) ; 970-491-1529. If you have any questions about your rights as a volunteer in this research, contact the IRB Coordinator at: the CSU IRB at: [RICRO\\_IRB@mail.colostate.edu](mailto:RICRO_IRB@mail.colostate.edu); 970-491-1553. You should keep a copy of this consent form for your records.

**WHAT ELSE DO I NEED TO KNOW?** By agreeing to participate, we also ask that you indicate agreement to participate in each step of the research study. Please check off each step of the research process that you agree to participate in.

Please initial by each research activity listed below that you are volunteering to participate in.

- Participate in initial 60-90 minute interview \_\_\_\_ (initials)
- Approve use of transcript from interview for research \_\_\_\_ (initials)
- Approve use of transcript from interview for book on parental alienation \_\_\_\_ (initials)

*Permission to re-contact:*

Do you give permission for the researchers to contact you again in the future to follow-up on this study or to participate in new research projects? Please initial next to your choice below.

- Yes \_\_\_\_\_ (initials)
- No \_\_\_\_\_ (initials)

*Permission to audiotape/videotape interviews or interventions:*

The researchers would like to audiotape your interview to be sure that your comments are accurately recorded. Only our research team will have access to the audiotapes, and they will be destroyed when they have been transcribed

Do you give the researchers permission to audiotape your interview? Please initial next to your choice below.

- Yes, I agree to be digitally recorded \_\_\_\_\_ (initials)
- No, do not audiotape my interview \_\_\_\_\_ (initials)

*Permission to use direct quotes:*

Please let us know if give us permission to use direct quotes from your interview. Please initial next to your choice below.

- I give permission for comments I have made to be shared using my exact words and not my name/position/title. \_\_\_\_\_ (initials)
- You can use my data for research and publishing, but do NOT using any direct quotes from my interview. \_\_\_\_\_ (initials)

Your signature acknowledges that you have read the information stated and willingly sign this consent form. After signing this form, please scan it electronically and email: [parentalalienationstudy@gmail.com](mailto:parentalalienationstudy@gmail.com)

\_\_\_\_\_  
Signature of person agreeing to take part in the study

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of person agreeing to take part in the study

## Appendix B

### 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 (need a transition statement)

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?

Score	1	2	3
Label	Unhealthy Boundaries	Moderately Healthy Boundaries	Healthy Boundaries
Behavioral Description	<p>Parent cannot discern between own needs and child's needs to an extreme extent (Examples: parent believes that what is best for them is inherently best for the child)</p> <p>Parent and child are inappropriately close (Examples: sleep in the same bed beyond cultural norms; child is difficult to gain access to due to over-control by parent)</p> <p>Child takes on caretaking and/or spousal roles (Examples: children take care of themselves, do laundry, cook)</p> <p>Child takes care of a parent and/or interacts closely with that parent at the expense of independent actions and thoughts (Examples: child is the only one parent can turn to, child is all the parent claims to have)</p> <p>Child is people-pleasing, worried about parent's welfare (Examples: what would mom do?; very concerned about the parent's well-being)</p>	<p>Parent at times may have difficulty viewing own needs as separate from child's needs (Examples: parent sometimes uses child as a spy, but does not put own needs ahead all of the time)</p> <p>Child at times may have difficulty discerning own feelings and emotions from parent's (Examples: when parent is sad, child is sad; child may not trust parent)</p> <p>Parent sometimes may encourage child to support his/her emotional and instrumental needs (Examples: parent sometimes confides in child; parent encourages too much housework)</p> <p>Child exhibits some level of age-appropriate independent thinking and behaviors (Examples: child asks to do things without parent but may worry about their reaction; makes contact with targeted parent when alienating parent is not around)</p>	<p>If child takes on parental responsibilities, the parent acknowledges that the child is doing more than is expected of them (Examples: parent acknowledges child's sacrifices, child shows that they know they are appreciated by family)</p> <p>Parent allows child to decide things for themselves (Examples: parent encourages contact with other parent)</p> <p>Parent allows child to do things s/he enjoys (Examples: parent encourages extracurriculars, child allowed to play and have fun and has time to do so)</p> <p>Child acts independently in the interest of his/her own needs (to a culturally appropriate extent) (Examples: child stands up for him/herself when they feel they are not being treated fairly)</p> <p>Parent encourages healthy boundaries (e.g. not confiding in the child, caring but maintaining the parent-child hierarchy) (Examples: parent understands importance of not involving the child (e.g., "she would never tell the kids things"))</p> <p>Parent encourages child's independent thinking (Examples: parent encourages individual therapy, parent asks child's opinions on things and does not try to change their mind)</p>

## Appendix D

### Coding Scheme for Mental Health Status

Score	1	2	3
<b>Label</b>	No evidence of mental illness	Evidence of mental illness with no threats of harm to self or others	Evidence of mental illness with threats of harm to self or others
<b>Description</b>	<p>Interviewed parent says that the other parent has not received a diagnosis, or there is no indication based on behavioral descriptions that the other parent is experiencing a mental disorder</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>● nothing wrong mentally</li> <li>● parent behaves unfairly but not “crazy”</li> <li>● caught up in the divorce but not “unstable”</li> </ul>	<p>Interviewed parent says there is a diagnosis for the other parent of a mental disorders, or described behaviors suggest the possibility of mental disorders, but there is no indication of harm to self or others.</p> <p>Examples:</p> <p>**none of these things are comorbid with violent behavior</p> <ul style="list-style-type: none"> <li>● I think she’s crazy</li> <li>● she/he is narcissistic</li> <li>● has serious issues</li> <li>● TBI</li> <li>● family history</li> <li>● power and control</li> </ul>	<p>Interviewed parent says that there is a diagnosis for the other parent and/or reports that there have been threats of or acts of physical violence by the other parent, or there is an indication based on behavioral descriptions that the other parent may have a mental disorder that may explain their violent threats or behavior</p> <p>Examples:</p> <p>**these things have to be comorbid with violent behavior</p> <ul style="list-style-type: none"> <li>● something’s wrong that’s making them do this</li> <li>● family history</li> <li>● concerned about kids’ safety because of disordered behavior</li> <li>● history of domestic violence</li> <li>● hurting child to hurt the targeted parent</li> <li>● no empathy</li> </ul>