

**Parental alienation: A qualitative investigation of the experience of targeted  
adult children**

Caitlin Reed

BAppSc(Psych)(Hons)

A report submitted in partial requirement for the degree of Master of Psychology

(Clinical) at the University of Tasmania

Word count: 13512

**Statement**

I declare that this research report is my own work and that, to the best of my knowledge and belief, it does not contain material from published sources without proper acknowledgement, nor does it contain material which has been accepted for the award of any other higher degree or graduate diploma in any university.

### **Acknowledgements**

I would like to acknowledge my supervisor, Dr Mandy Matthewson, who provided such invaluable encouragement and support. I would also like to acknowledge the warmth and care of my fellow Masters colleagues. I would like to thank my family and Matthew, for their loving support, and all those who have encouraged and believed in me during this journey. Most importantly, I would like to thank the participants, who so generously shared their stories. I hope that this research can contribute to healing and hope for you, and all affected by parental alienation.

## **List of Figures**

Figure 1. Alienating Behaviour and Impact.....	16
Figure 2. Conceptual map of Mental Health.....	22
Figure 3. Conceptual map of Learning and Development.....	24
Figure 4. Conceptual map of Relationships.....	27
Figure 5. Conceptual map of Grief and Loss.....	33
Figure 6. Conceptual map of Disconnection and Dysfunction.....	36
Figure 7. Conceptual map of Coping and Healing. ....	38

## List of Tables

Table 1 .....	73
Table 2 .....	13
Table 3 .....	42

## Table of Contents

Acknowledgements.....	iii
List of Figures.....	iv
List of Tables .....	v
Abstract.....	1
Method.....	10
Data Analysis.....	12
Results.....	15
Discussion.....	40
Study Implications.....	53
Study Limitations.....	56
Conclusion .....	57
References.....	59
Appendix A.....	71
Appendix C .....	0
Appendix D.....	1
Appendix E .....	3
Appendix F .....	5

### **Abstract**

This study was conducted to investigate the lived experience of targeted adult children who have experienced parental alienation. The aim of the study was to develop an understanding of the meaning they ascribe to their experience of parental alienation. Ten targeted adult children provided comments, reflections and narratives during a 60 to 90-minute semi-structured, qualitative interview about their experience, how they coped with it, the impact it has had on their lives and the meaning they make from their experience. Braun and Clarke's (2006) framework of thematic analysis was used to identify themes within the data. Seven themes were identified illustrating targeted adult children's experience of parental alienation. Findings indicated that targeted adult children had been severely impacted by their experience of parental alienation. Specifically, they reported experiencing anxiety and depression, low self-worth, guilt, attachment problems, difficulty with forming and maintaining healthy relationships, and reduced or delayed educational and career attainment. Participants also described the intergenerational transmission of alienation and trauma. However, targeted adult children also demonstrated great resilience. These results demonstrate that children's exposure to parental alienation can have life-long ramifications for their psychological well-being, and highlights a need for pro-active early identification and intervention with children who are at risk of experiencing parental alienation. It was concluded that further research is required to facilitate the development of such interventions.

*Keywords:* Parental alienation, targeted adult child/children, targeted child/children, targeted parent, alienating parent, child abuse

Separation and divorce have long been known to adversely impact child well-being. It is exposure to the high conflict that may accompany divorce that leads to poor outcomes for children (Amato, Loomis, & Booth 1995; Johnston, 1994). Children aged 18 years or below were involved in 47.5% of Australian divorces in 2015, with Tasmania having one of the highest rates (50.7%) of divorces involving children in the country (Australian Bureau of Statistics, 2016). Following separation, a couple must transition to a separated family structure which is united by their shared parental roles and bonds of affection with their child (Epstein, Bishop, & Levin, 1978; Haines, Matthewson, & Turnbull, in press).

Around one-third of couples who divorce do not demonstrate effective co-parenting, and some of these parents will go on to parental alienation (Campbell, 2005). Parental alienation (PA) is said to occur when a child rejects a parent and resists contact with them, without reasonable cause (Blank & Ney, 2006). An alienated child expresses unjustified negative emotions regarding the alienated parent (Kelly & Johnston, 2001). This alienation is purportedly triggered by the alienating parent (AP), who consciously or unconsciously, engages in behaviours that damage the relationship between the child and the targeted parent (TP), such as demeaning them in front of the child, corroding the child's faith in and love for the other parent (Kelly & Johnston, 2001; Warshak, 2015). Importantly, the breakdown of the child's relationship with the TP contrasts with its former positive or at least acceptable nature (Fidler & Bala, 2010). Typically, PA is associated with family separation, however it may also occur in high-conflict intact families (Baker, 2006; Gerber Mone & Biringen, 2006).



For some time, the assumption has been that the separation process is the low point in family relationships; and that once dysfunctional marital relationships end, parents and children will be happier and more functional. However, this view may be more optimistic than the prevalence data suggests. Conflict and manipulation can continue and even escalate, for example if parents commit to new partners, and when half-siblings are born (Harman, Leder-Elder, & Biringen, 2016). There is no formal data indicating the prevalence of parental alienation. Prevalence estimates vary depending on whether researchers focus on alienating behaviours or PA, and the sampling methodology used (Harman et al., 2016). In a poll conducted by Harman et al., (2016) 13.4% of 410 parents (or 9.03% of the whole sample) had been alienated from their child, indicating that potentially millions of children are affected by PA (Harman et al., 2016). To date, there is no prevalence data regarding PA in Australia, indicating that PA remains under-researched. Attempts to develop an understanding of the prevalence of the PA are further limited by the absence of a commonly accepted definition of this complex phenomenon.

### **Parental Alienation Syndrome**

Gardner (2004) created the term parental alienation syndrome (PAS), from his clinical experiences of families embroiled in high-conflict custody disputes. Gardner contended that there are eight symptoms of PAS, including: a campaign of denigration undertaken by the AP against the TP, the AP providing a frivolous, weak or absurd rationale for the alienation, the targeted child (TC) exhibiting a lack of ambivalence towards the AP and the TP, the TC's lack of guilt or remorse for their behaviour towards the TP, the TC telling stories about the TP that were given to them by the AP (borrowed scenarios), the TC insisting that their views of the TP are independent of the AP's influence (independent thinker phenomenon), the TC taking

the AP's side in the conflict, and the spread of alienation to the extended family of the TP. Although Gardner's eight symptoms of PAS have been criticised as being anecdotally derived, they have been used in the American courts for the past two decades (Rand, 1997; Meier, 2009; Walsh & Bone, 1997).

There has been a considerable amount of debate around whether the eight behaviours of PAS have a psychopathological basis, and can be understood as a syndrome. Although the proposed behaviours comprising PAS have been found in children who are alienated from a parent, this does not validate it as a construct (Baker & Darnall, 2007). However, thus far there is little evidence supporting PAS beyond Gardner and other proponents' clinical experience, therefore PAS cannot be said to be validated as a disorder diagnosed in children (Kelly & Johnston, 2001, Walker & Shapiro, 2010). Further, Gardner's formulation of PAS has been rejected on the basis of its victimisation of women (Walker & Shapiro, 2010). PAS has been used as a defence by divorcing men against domestic violence and sexual abuse allegations (Johnston, 2003). In addition, the literature indicates a diagnosis of PAS is given to the TC, but not the AP, which is problematic when one considers the role of the AP in inducing the TC to reject a parent (Gardner, 1998, 2002a, 2002b, 2003; Rand, 1997).

Childress (2015) coined the term attachment based parental alienation, proposing that the pathological aspect of PAS was better understood as originating from the AP. Childress argued that PAS was weakened by not being conceptualised alongside existing psychological constructs. Childress contended that alienation was always underpinned by personality psychopathology, specifically narcissistic and borderline, within the AP, and that children's motivation to maintain a strong

attachment to the AP ensues in their alienation from the TP. However, Childress's ideas have not yet been validated by research.

More recently, it has been recognised that there are a number of factors that can lead to the unwarranted rejection of a parent by a child (Meier, 2009). Kelly and Johnston (2001) have critiqued PAS's reduction of the phenomenon of PA as being caused solely by the behaviour of the AP, and reformulated Gardner's model, centring on the TC. The current study recognises that the AP, TP, and TC can all be understood as having a role to play in parental alienation (Meier, 2009; Templer, Matthewson, Haines, & Cox, 2017). Previously, it was thought that most APs were mothers, an assumption that was perpetuated by Gardner (Fidler & Bala, 2010; Rand, Rand, & Kopetski, 2005). However, examination of the PA literature shows that in most studies, the TP sample is predominantly made up of fathers, and that the more balanced research indicates that the AP is about as equally likely to be the father as the mother (Berns, 2001; Balmer, Matthewson, & Haines, 2018).

### **The Alienating Parent**

Several researchers have attempted to understand the motivation of APs, frequently finding psychological disturbances present, such as borderline and narcissistic personality disorders (Baker, 2006; Warshak, 2015). A parent with these personality traits controls their child and demeans the other parent in an endeavour to cope with their narcissistic injury, which is how they have experienced the marital conflict or divorce (Kelly & Johnston, 2001). The parent may tell their child that "they don't love you, because they left us" (Baker, 2005). The AP may have poor interpersonal boundaries and unfulfilled needs, leading to the corruption of the healthy parent-child dynamic (Garber, 2011).

The AP moves between parentification, adultification, and infantilisation as it suits them. In parentification, the AP uses the child to meet their need to be cared for, for example, when a parent is impoverished, a migrant, critically ill, depressed, or substance dependent (Garber, 2011). Adultification is characterised by the development of a peer or partner like relationship between the AP and their child, and the early promotion of the child to a friend and confidante. The AP willingly mistakes the child's eager desire for acceptance and/or fear of rejection as super mature insight (Garber, 2011). The infantilising parent wants to be needed, and consequently blocks the child's growth toward healthy independence and isolates them. The child is implicitly conscious that their dependency meets the alienating parent's needs (Garber, 2011).

### **The Targeted Parent**

Despite parents negatively evaluating each other, most children want a loving relationship with both parents (Fidler & Bala, 2010). In a number of studies, appropriately supported TCs swiftly reconciled with their TP, without any alteration in that parent's behaviour, indicating that their behaviour is not a major factor in the child's alienation (Darnall & Steinberg, 2008a, 2008b; Warshak, 2010). However, previous research indicates that even if the rejected parent previously was an adequate parent, they may react to the alienation in a counter-productive fashion. For example, they may feel distressed, and not understand why the child is resisting them, and may distance themselves from the painful and confusing situation (Fidler & Bala, 2010; Kelly & Johnston, 2001).

Alienated children may perceive the TPs withdrawal as confirming the APs message that the TP does not care about the child. In addition, it has been suggested that whilst many TPs have adequate parenting skills, some have skills deficits that

make them vulnerable to exacerbating their situation or to being targeted in the first place (Kelly & Johnston, 2001). Some TPs can be considered to have an overly harsh parenting style, and may struggle to regulate their emotions, or alternatively, a passive parenting style lacking interpersonal warmth (Baker & Andre, 2008; Friedlander & Walters, 2010; Johnston, 2003; Kelly & Johnston, 2001). However, as the behaviours of the TP and the AP do not necessarily result in the child being alienated, it is important to examine why some children do become alienated.

### **The Targeted Child**

Children can be pre-disposed to becoming alienated by their poorer psychological well-being, and may reject a parent to end the intolerable psychological distress their conflicted loyalty brings (Kelly & Johnston, 2001). For example, a more resilient child is more able to resist the alienating behaviours, despite their painful situation, and maintain a bond with the TP (Kelly & Johnston, 2001). Some researchers have suggested that PA tactics constitute a form of child abuse (Kelly & Johnston, 2001). Essentially, TCs are implicitly or explicitly told by the AP that: they are the only parent who loves the child, that their other parent is harmful to them in some way, and also unforgivably absent, and that seeking a relationship with the TP threatens the child's relationship with the AP (Baker & Chambers, 2011). According to Baker and Chambers (2011), such emotional/psychological abuse can result in the child internalising a sense of worthlessness and conditional value. What has emerged from Baker's research with targeted adult children (TAC) , is that their experience of PA reverberates throughout their adult lives.

A number of researchers have reported an association between experiencing PA and poor psychological functioning (Baker, 2005; 2006, Baker & Verrochio,

2016; Godbout & Parent, 2012). Baker and Verrochio (2016) found adults who experienced the intrusive parenting of an AP as children had elevated anxiety and depression levels. Baker and Verrochio suggest that when adults who were alienated as children later realise how they were emotionally abused and manipulated, they may blame themselves and lose self-confidence in their own perceptions of other people, thus setting the stage for anxiety and depression. Additionally, being adultified or parentified as a child has been theorised to increase individuals' risk of psychopathology such as anxiety and depression, difficult relations with others, and reduced educational and career achievement (Burton, 2007; Hooper, DeCoster, White, & Voltz, 2011). It has also been proposed that disruptions to the attachment system explain the negative sequelae experienced by targeted children. Attachment theory explains that it is the quality of early parent-child interactions that lead to the ability to emotionally regulate, an integrated sense of self, and the capacity for fostering secure relationships in later life (Bowlby, 1982). It is important to understand the ramifications of experiencing PA in order to design suitable interventions. TAC can speak to these long-term effects, and offer valuable insight into PA.

There appears to be a scarcity of research focusing on the experience of the TC and the long-term impact of the alienation. Much of the literature in this area consists of case series and summaries of practitioner opinions on how to work with this client population. To date there are two studies exploring the TAC's experience of PA. Baker's (2005) qualitative study on the impact of PA on TAC with 38 participants identified several themes pertaining to the alienation experience, including low self-esteem, depression, substance abuse, trust issues, alienation from their own children, divorce, and lack of identity and sense of belonging. Notably,

Baker also found that half of the sample who were parents had become alienated from their own children.

Another study conducted by Baker (2006) also employed qualitative methodology, examining patterns in the processes of alienation from the view of TAC. Baker reported three major patterns among the 40 participants: narcissistic alienating mothers in divorced families, narcissistic alienating mothers in intact families, and abusive/rejecting mothers and fathers. Baker's (2005) study is limited in that it does not articulate the ontological perspective underpinning the qualitative analysis, or details of the analysis process sufficient for replication. Although Baker's (2006) research does state the use of content analysis, referring to inductive grounded theory, insufficient details are given about the theoretical assumptions guiding the analysis. Additionally Baker's studies make no acknowledgement of the researcher's own role in interpreting the findings, a common flaw in qualitative studies (Braun & Clarke, 2006; Javadi & Zarea, 2016). Therefore Baker's (2005; 2006) studies are limited by the lack of transparency around the theoretical framework and the methodology used. Further, these studies were conducted by Baker in a purely American context. The American legal system is different to the Australian system. One such relevant difference is that the standard of evidence required by the Australian courts for evidence to be admissible in court are less stringent (Lorandos, Bernet, & Sauber, 2013). Thus, further research is warranted, using transparent, evidence-based qualitative methods with a more diverse sample. The aim of the present study is to qualitatively investigate the lived experience of PA for TAC. What meaning do they give to their experience of PA? Due to the exploratory nature of the study and type of analysis to be used, hypothesis testing will not be conducted (Patton, 1990).

## Method

### Participants

Ten individuals participated in a semi-structured interview focused on their experience of PA. Both females and males aged 18 years and over who have been alienated from a parent as children or adolescents were recruited internationally and in Australia, through global social media platforms such as Facebook and international PA support groups. Eligibility to participate in the study was based on the individual identifying as having experienced PA as a child or adolescent. Prospective participants were screened to determine their eligibility through the Baker Strategy Questionnaire (BSQ; see Appendix A), a 20-item measure asking TAC to rate the frequency of their exposure to alienating behaviours ranging from 0 (*never*) to 5 (*always*) (Baker & Chambers, 2011). Baker and Chambers (2011) report the BSQ to have good internal consistency,  $\alpha = .93$ . Participants were interviewed via video-conferencing. Prior to the interview, participants were informed about the nature and purpose of the interview. All interviews have been recorded for data accuracy. Participants were between 26 and 54 years of age ( $M = 35.1$  ( $SD = 9.85$ ); eight were female and two were male. In half of the cases the AP was identified as the father, and in the remainder, the mother. See Table 1, Appendix B for a summary of the sample.

### Materials

**Socio-demographics.** Socio-demographics collected included age, gender, country of birth, current place of residence, current relationship status, education level and employment status, length of time alienated from their parent and reunification status (see Appendix C). This information was collected to provide a broader understanding of the participants' lives as adults.



### **Information sheet, consent form and screening questionnaire.**

Participants were given with an information sheet that provided the details of the study (See Appendix D). Prior to the interview, all participants were provided with a consent form that specified the limits of confidentiality, which they were required to sign and return to the researchers before the commencement of the interview (See Appendix E).

**Voice Recorder.** All interviews were recorded on a Sony 4GB USB Notetaker (ICDPX470).

### **Procedure**

This study was approved by the Tasmanian Social Science Human Research Ethics Committee (reference number H0016616, see Appendix F). Qualitative data was gathered during semi-structured interviews of approximately 60 to 90 minutes (See Appendix C) that aimed to understand the lived experience of PA for TAC. Semi-structured interviews were used to allow for individual differences that emerged during interview based on the unique situation and concerns of individual participants. Confidentiality and its limits were discussed prior to beginning the interview, and the participants' right to withdraw from the study at any time was reiterated. Participants were invited to talk about their experience of PA (see Appendix C for the interview question stems). At the end of the interview, participants were debriefed as to the purpose of the study and provided with the opportunity to ask questions. The recorded data was subsequently transcribed verbatim and served as the raw data for the study. Participants were provided with a copy of the transcription, which they were free to edit for clarity and accuracy if they desired to. Qualitative data was then coded and analysed with NVivo-11 according to the principles of thematic analysis.

## **Data Analysis**

The methodology and data analysis of the current study was theoretically based on the ontological position of realism, and the epistemological paradigm of pragmatism (Brinkman, 2017). In contrast to positivism and constructivism, pragmatism rejects the distinction between realism and anti-realism (Schwandt, 2000). Pragmatism centres on human experience and the usefulness of our actions rather than abstract concerns about the nature of reality (Morgan, 2014). The pragmatic approach involves using whichever method appears to be best suited to answering the research question. The present study used thematic analysis to examine TAC's experience of PA.

Thematic analysis is consistent with a realist perspective, where researchers focus on external reality, such as processes, experiences and events (Hansen, 2006). Thematic analysis is a flexible, recursive process, involving examining the data set for recurring patterns of meaning (Braun & Clarke, 2006). In thematic analysis, the researcher analyses the data in an inductive fashion, without attempting to mould it to pre-conceived ideas (Braun & Clarke, 2006; Hansen, 2006). The data itself guides the analysis, rather than hypotheses. However, thematic analysis acknowledges the inherently interpretive nature of the process (Hansen, 2006). The researcher is active in identifying themes or patterns of meaning.

Two different researchers independently coded the data set, in order to minimise the influence of individual researcher assumptions and bias. The unit of thematic analysis was the total interview text for each participant. Based on these, codes were developed, which were later merged into themes. NVivo-11 (QSR International, 2015) was used to generate and apply codes to the qualitative data, and to identify and extract themes.

**Braun and Clarke's Six Phase Thematic Analysis.** As shown in Table 2, Braun and Clarke's (2006) six phase thematic analysis framework was used.

Table 2

Braun and Clarke's Six Phase Thematic Analysis

Phase	Procedure
One	Familiarisation with data
Two	Generate initial codes
Three	Search for themes
Four	Create thematic map
Five	Define and name themes
Six	Relate data to research question

**Phase 1: Familiarisation with data.**

This phase began with the transcription process, which facilitated the initial immersion in the data. Each participants' data was then saved onto a document, and read and re-read several times to ensure familiarity with the data set. During this phase, the researcher aimed to give equal consideration to each without weighting one more than another. Notes were taken during reading of initial ideas about the data.

**Phase 2: Generate initial codes.**

In this step data is organised into meaningful groups (Tuckett, 2005). Working methodically through the data set, the researcher identified salient qualities of the data. Individual data extracts were coded into as many themes as were applicable.

**Phase 3: Search for themes.**

Next, the researcher examined the initial codes and collated those that appeared similar and grouped them into themes. This was a relatively unstructured process, where the initial themes were interpreted through reading and re-reading the data set, in addition to consulting colleagues (Hansen, 2006). This unstructured process was underpinned by the researchers' inductive and data-driven analytic approach (Hansen, 2006). Themes were searched for using a semantic rather than latent basis (Braun & Clarke, 2006).

**Phase 4: Create thematic map.**

Using the thematic mapping component of N-Vivo, the researcher created visual representations of the data to explore the relationships within the data patterns, and to classify and define themes (Braun & Clarke, 2006).

**Phase 5: Define and name themes.**

When overarching themes were identified, they were amalgamated into subordinate themes. These themes were reviewed and finalised through a process involving re-reading, reflecting, combining, separating and discarding (Braun & Clarke, 2006; Hansen, 2006). Additionally, these themes were checked for internal consistency and variability.

**Phase 6: Relate data to the research question.**

The researcher determined the importance of the chosen themes in reference to the research question. Relevance was determined by the centrality of the theme to the TAC's experience of parental alienation, rather than surface judgements such as the size of the identified theme (Braun & Clarke, 2006). Thus, although NVivo was a vital data analysis tool, the

interpretation and decision making around the significance and meaning of the data patterns is reliant on the judgement of the researcher (Hansen, 2006).

## **Results**

The findings are presented using data extracts that exemplify the TAC's view. The researcher identified seven themes that describe their alienation experience: 1) Alienating Behaviour and Impact, 2) Mental Health, 3) Relationship Difficulties, 4) Learning and Development, 5) Grief and Loss, 6), Disconnection and Dysfunction, and 7) Coping and Healing. Themes were defined, analysed, broken into subthemes, and are represented here using extracts that exemplify the pattern seen in the data. Figure 1 shows a thematic map of the identified themes and subthemes.

**Alienating Behaviour and Impact.** TAC referred to experiencing numerous alienating behaviours that served to damage their relationship with the TP and negatively impact their psychological wellbeing. There were a total of 146 references across the data set. Seven subthemes were identified within the Alienating Parent Behaviours and Impact theme (See Figure 1). Each subtheme will be described below.

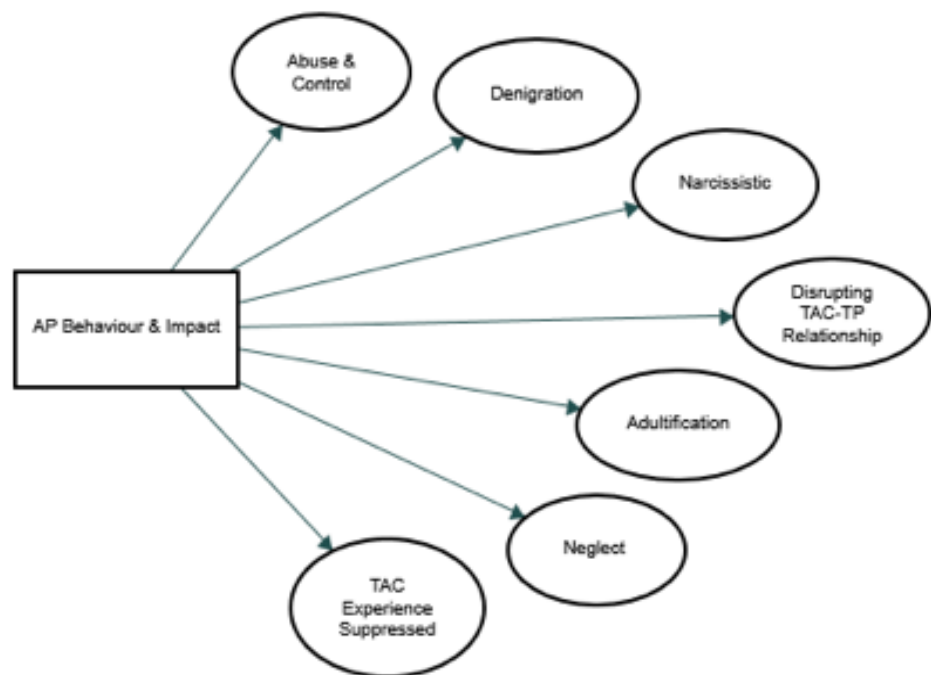


Figure 1. Alienating Behaviour and Impact.

**Abuse and Control.** TAC shared their experiences of being psychologically abused and manipulated by the AP. The data set included examples where the AP elicited guilt or fear in the child and withdrew their affection when the child showed any sign of not complying with their views of the TP.

*“It’s I love you, but you have to do this, this, and this. Without it being.. like my mother never actually said, you know, I won’t love you if you love your father, it wasn’t like that, but it was so, it was just disapproval if I spoke about him, and you know if we’d have fun when we were on holidays, it was made, we were made to feel guilty for it, so it was this conditional love”.*

In addition, this abuse extended to any perceived infraction committed by the child, resulting in the child's needing to monitor and regulate the AP's emotional state. Some APs also continued to attempt to manipulate and control their children well into adulthood.

*"I just always, I just wanted to keep the peace, because he was quite, a difficult character, you really never knew where he was going to go. So I used to have to be like super hyper-aware, all the time, just to try to, keep the peace. But sometimes it didn't matter what I did, like if I would load the dishwasher in the wrong way or something, it would be an explosion of craziness".*

***Denigration of the Targeted Parent.*** Targeted adult children frequently related that the character of the targeted parent was repeatedly defamed to them.

*"I mean she would, literally ram horrible stuff about him down my throat. Like every day, she would pound my brain what he did to her".*

TAC reported that this denigration impeded their bond with the TP and resulted in conflicting feelings toward them.

*"So in the beginning I wouldn't trust my father because I was told all these bad things about him, and I was even scared of him".*

**Adultification.** TAC commonly stated that their parent made inappropriate disclosures to them and enlisted their support.

*“My father would send me down to the town centre where all the bars and nightclubs were at about 10 on my own, a 9 year child, to go and look for my mother to see if she was coming out of nightclubs with other men, to see if she was cheating”.*

*“In essence my mother treated me like an adult, she requested adult responsibilities like taking care of my siblings, being her secret agent, messenger and gatherer of information, she told me things that I now realise were not for children to know – like things about their sex life”.*

**Disrupting Targeted Adult Child and Targeted Parent Relationship.** APs employed varied means to disrupt the bond between the TAC and the TP. Some APs removed the child from the TP interstate or overseas, or otherwise disrupted them from communicating or having a relationship.

*“When I was 9 my mother took us out of the state of New South Wales without telling my father, packed us up, put us on a plane and sent us down to Tasmania”.*

This disruption and damage of the relationship included inciting the child to misbehave when visiting the TP.



*“She would say things like “but you know if you don’t want to go to your father, you just have to make it clear, you go on the weekend, you know what you can do you can put toothpaste down the drain, you can mess up with his furniture”, she was really tipping us on how we could make his life, for the time, for the limited time we were there, difficult”.*

It also involved the AP telling or implying that the TP did not love the child. The AP would use any spurious evidence they could to do this, including the financial contributions of the TP.

*“Like there’d be a school, a school trip, and she would say that “oh you’ll have to ask your dad if he’ll pay for it”. And my mum had a reasonable income, she stayed in our house which I think is worth, it would be worth over half a million now. She had a decent job as well. And like I said, if my dad turned around and said no, your mother needs to fund that out of the money that I give her, it’s then turned around that he’s denying us money. And that he doesn’t care about you”.*

***Alienating Parent Narcissistic.*** Most participants described their parent as narcissistic, and lacking in empathy.

*“She truly is, has, a personality disorder like narcissistic.. she has no empathy”.*

APs were described as lacking insight into the impact of their behaviour even when confronted by their child. Some TAC felt unable to discuss their grievances due to fearing that the parent would cut them out of their lives as they did others. TAC also observed that their AP was self-absorbed and critical, and that this affected their relationship in the present day.

*“Once I tried to engage in a conversation with her, and then she says “yeah but you know I never jeopardized you guys from having contact with your father”, she literally says that and I know she believes that. And then I should be able to speak up and say look, my view is differently, that was not my choice. But you know, I do not have the energy to have these discussions with her. And I’m also fearful that she would break with me”.*

**Neglect.** Participants related being neglected and abandoned by the AP, and the impact of this neglect on their lives.

*“I lived with that through my whole life, and same with the vision thing, and same with the breathing thing, but those things, important things that most parents would listen to their child and go oh I’ll get your eyes tested, I’ll get your ears tested, you know were just completely disregarded as being a hypochondriac”.*

This increased vulnerability was also attributed to the absence of the TP and dysfunction of the family.

*“When I was about 17 I had a really abusive relationship and I fell into that because I didn’t have protection from my family”.*

**Targeted Adult Child Experience Suppressed.** There were numerous examples of participants feeling compelled, consciously or unconsciously, to suppress their own thoughts, emotions and even memories, particularly in regards to the TP.

*“I stopped talking about Mum and all the memories and all the good things and stuff, so all the good things were just put away, they were just stored, completely stored, it was like as if, it got to the point I almost couldn’t remember them, just so distant”.*

*“I knew underneath if I did have any or show her any feelings about my father she would start to attack me. So I used to have to pretend that “oh yeah, I only go and see him because I don’t know, maybe because one day he’ll leave an inheritance and blah blah”. I used to lie to her, I used to have fabricate all this stuff”.*

**Mental Health.** TAC referred to mental health issues experienced both during childhood and adolescence and in the present. There were a total of 70 references across the data set. Three sub-themes were identified. See Figure 2 for a summary of the subthemes. Each subtheme of Mental health will be described below.



Figure 2. Conceptual map of Mental Health.

***Mental Health Difficulties.*** The majority of participants discussed mental health problems including anxiety, panic attacks, depression, emotion dysregulation, attention problems, post-traumatic stress disorder, disassociation, eating disorders, suicide ideation and self-harm. These difficulties occurred both during the more active alienation period, and later in adulthood.

*“So anyway, I’ve had very bad anxiety, and yeah, I don’t know to what extent this comes from having been denied the attention of a primary caregiver for some of my formative years”.*

TAC reflected that at the time, they struggled to understand what they were experiencing.

*“The impact, I think for instance, one of the things I find, is that throughout my life, starting from the age of 17 or less, I suffered from depression, but I don’t think I was really aware, that you know it wasn’t like I was seeing anybody or that I was conscious of the fact that the way I was feeling was not really normal. So I wouldn’t be thinking of that time of as a depression I was suffering. But I could have really very emotional moments, and I felt lonely. Also, like, I often had suicidal thoughts that was throughout my twenties”.*

**Self-Esteem.** Participants spoke about having low self-esteem and low confidence in themselves and their abilities.

*“I never had any self-esteem, I never believed in myself. And I spent too many years trying to put myself back together rather than create a future for myself. Because I didn’t think I actually think I had a future”.*

*“Like, so I’m doing this course, and my self-talk is just absolutely ridiculous, it’s just so bad, it’s so bad, I would never speak to anybody like this”.*

**Substance Use.** TAC related using alcohol and drugs, for some at an early age.

*“I smoked weed pretty much since I was 15, first tried when I was 13. Again, it’s a bit of a young age to be trying recreational drugs but my father basically was absent he wasn’t there he was at the pub, I was living alone”.*

*“I don’t know I took quite a lot of time off school. I actually stole vodka and started drinking at school. But.. yeah, just, like everyone else had these perfect little families and for me I was at the school, and I don’t know..”*

**Learning and Development.** Responses referred to how the alienation had impacted TAC’s development. There were a total of 37 references across the data set. Two subthemes were identified examining the specific impact on their sense of identity, and education and employment (See Figure 3). Each subtheme will be described below.

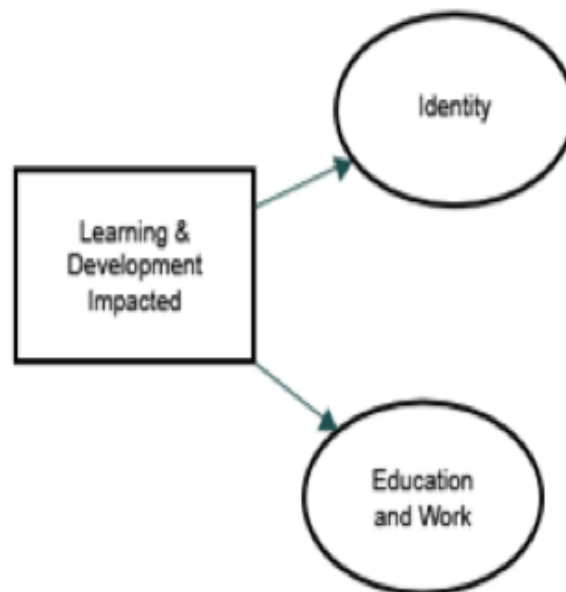


Figure 3. Conceptual map of Learning and Development.

**Identity.** TAC described the process of developing their identity and sense of self, and that this was complicated by their parents’ behaviour and denigration of the TP. For example, they were conscious of how they were like the TP and felt shame about this, having internalized the AP’s view of their parent as ‘bad’.

*“I integrated it a little bit in my self-image as well, because you know part of you is not good, comes forth from that father who is really very bad”.*

This connected back to APs telling them that they were just like their father or mother as an attack.

*“So that should actually be an endearment, oh you’re just like your father, that should be like, something that they love about their children. The thing is it’s an attack on the parent, right, it’s an attack on the other parent but it’s also a, it’s a non-specific attack on the child as well”.*

*“I remember standing in front of the mirror after speaking to my dad cause my dad said oh you’re exactly like your mother because I didn’t agree with something he said. I remember looking in the mirror, and I could see myself starting to look like my mum, but I was starting to think that it was a bad thing, to look like my mum. And so I went and got some hair dye, and I went and dyed my hair, and I left it on too long and I dyed it strawberry blonde, and it was just the most hideous colour, but I remember it was, you know, trying to change the way I looked..”*

For some, the development of their sense of self also involved rejection of the APs behaviour and the conscious desire to live differently to them. Responses also illustrated how the demands of the AP suppressed the developmental needs of the TC to find their own self-identity.

***Education and Employment.*** The majority of TAC faced obstacles to their learning which impacted their life trajectories. These included difficulties focusing and achieving at school due to conflict, anxiety, and the stress of disruptions.

*“As soon as I got old enough to leave the school, every lunch hour I would jump on my pushbike and I would ride it home and lie down because I was so stressed out and then take a, like a 20 minute sleep before I would get back on the bike and rode back to school again. Just so I could destress..”*

*“Well I actually sat my exams, I ran away from home.. because I was in the Army cadets when I was sort of 14 or 15, and things got so bad I can’t remember exactly what led up to it, but I just thought fuck this, you know, sorry, I thought I’d had enough, and so.. I went and I packed a bag, and I ended up finding like a local field that was near my high school. So I was going to school, for like study practice, cause this was like the two weeks leading up to my final exams, and I was revising under like a tarp, and it rains quite a lot in England”.*

Responses highlighted that TAC felt that they were blocked from fulfilling their potential at school. Participants also referred to difficulties with employment and further education, in some cases stating that their mental health was an ongoing barrier to their career.



**Relationships.** TAC referred to difficulties across friendships and romantic relationships. There were a total of 64 references across the data set. Five subthemes were identified and will be detailed below (See Figure 4).



Figure 4. Conceptual map of Relationships.

***Difficulty Relating to Peers.*** Responses highlighted that participants felt unable to relate to their peers. This often involved a sense of being different to other children and feeling unable to share their experiences with them.

*“I felt different than everybody else, I felt really quite lonely and I found it difficult to sort of you know settle in with friendships. If I even talked about anything I’d experienced, they thought I was a liar, so it was really hard because no one understands..”*

Such difficulties pertained to a perceived lack of social skills, due to reduced opportunities to socialize and isolation. The abusive behaviour of the AP also impacted on typical friendship activities such as being able to invite friends over after school.

*“Because I didn’t have, I didn’t interact with other kids at school, and I didn’t grow up the normal way that kids do, because I had social problems, because of the mental abuse that she was inflicting upon on me with my father. So I didn’t have any other kids that I could relate to my own age and by the time I got to school the only people I’d been relating to were, well the person was her, and she was an adult. I couldn’t relate to other children and then I had this shit floating around in my head about, single mothers and broken marriages and all that kind of stuff, so I didn’t know how to relate to other children. And then that affected my social skills and I didn’t talk to another kid at school until I was about 12 years old. The first friend I had at school was when I was 12”.*

A number of TAC described difficulty relating to peers on the basis of a lack of exposure to role models, for example a male participant who lost their relationship with the targeted father.

*“I often find that I don’t have many male friends, you know I, I’m single and I’m quite active on the dating scene, I find that quite easy, I find women quite easy to understand and to talk to. But I actually find it quite hard to make male friendships. I don’t really feel like I really understand men very well”.*

***Fear of Loss.*** The majority of TAC reported a preoccupation with loss within relationships. This involved fear of losing a relationship, which might inhibit them entering relationships, fear of entering into conflicts, and also being very sensitive to any signs of rejection within relationships or friendships.

*“I fear rejection a lot, I find the whole ordeal of having to navigate the minefield of trying to impress somebody and then the fear of losing them..”*

When relationships came to an end, TAC reported finding this particularly painful.

*“If I have a boyfriend, like I, I don’t know how to say. I am afraid to lose him, like, or.. Like if I have a boyfriend, I don’t want to get away from him. For example on Christmas Eve, with my ex-boyfriend, it was nice to be with his family, and it was like a kind of family for me too, so it’s like hard, if they break up. Well for me it’s more hard, because friends of mine are like “ok I don’t care”, like “maybe I’m a little bit sad, but it’s ok, I don’t care about that”. And for me it takes a really long time, to, to get over this person, like one year or something like that. Hard”.*

***Difficulty trusting.*** Most TAC described finding it difficult to trust people. They expressed disbelief that someone would truly be there for them if they were open and showed their vulnerability, and a tendency to conceal the difficulties they were experiencing.

*“Yeah, look, it definitely.. I think you have trust issues, and I don't mean like, it's not like trust as in, oh they're going to have an affair or.. it's just trust issues as in, really trusting someone to begin with, is the hardest part”.*

*“When I'm not happy or if I'm sad I will going to.. to hide myself a little bit from the others.. So, I don't know. But in general, I always try to like make a happy face to everything”.*

One participant commented that they also have difficulty trusting in their own judgement, as a result of the alienation. Others spoke about trying to get back in touch with their instincts about people following their experience of manipulation, and that it was difficult not to feel suspicious of others' motives.

***Dysfunctional and Abusive Relationships.*** Participants spoke about feeling trapped in unhealthy relationships, and that their alienation experience influenced these relationships. Some of these involved domestic violence. For some this meant staying longer in dysfunctional or abusive relationships due to ‘never ever wanting to get divorced’ for others, they imagined what life could have been like had their parents remained together and worked it out.

*“There are some times I've stayed in relationships when I really shouldn't have. I let myself be a part of some pretty awful domestic violence, because I just thought, you know what if mum and dad just stayed together, what if they let that punch happen and move on, and keep kind of parenting on..”*

Some participants described being insecure and feeling desperate for love, and having no safe place so entering into unsuitable relationships early in life.

*“It was like being in a river full of crocodiles and I was just hopping from rock to rock to rock trying to find safety, to find a safety net because I didn’t have one”.*

Others related that their partner choice was influenced by the alienation, either by choosing a partner similar to the AP, or trying to fulfil a relationship need that was never met by their parents.

*“I chose what I was familiar with. Didn't think I was, of course. I chose someone who was saying, I'll look after the family, that's what I wanted, I wanted to be parented, I wanted to be fathered”.*

***Struggle to Maintain Healthy Relationships.*** Participants related difficulties with forming and maintaining positive relationships, related to a lack of role models on how to relate to a partner in a healthy way, mental health issues, and inadequate relationship skills, such as communication skills and resolving conflict. Participants also believed their lack of self-esteem impacted their relationship functioning. For one participant who did have a good long term relationship with her husband, she related feeling dependant on his insight and had sought therapy to help maintain their relationship.

*“I couldn’t give anyone normal love in the state that I was in, because I*

*couldn't feel anything. I was like, it was like I was in a perpetual state of anxiety behind a glass wall".*

*"I have a very needy vibe in relationships where I'm capable of if I'm getting everything I need, possibly a borderline narcissistic way, that maybe I've taken from my dad I don't know, I feel like there needs to just constant intensity to the relationship to my own validation and I don't know it seems like I need to be given positive stuff from them all the time".*

**Grief and Loss.** Participants expressed a pervasive sense of grief and loss which was strongly linked to their relationship or lack thereof with the TP, and the broader impact of the alienation perpetrated by the AP. There were a total of 79 references across the data set. The five subthemes identified within Grief and Loss are explained below (See Figure 5).



Figure 5. Conceptual map of Grief and Loss.

***Anger and Emotional Pain.*** Many participants were angry at the AP. They expressed anger that they continued to have to deal with ‘the mess’ made by their parents, and that it never really went away for them. They expressed resentment at the injustice of what had happened to them. In essence, the alienation attempts rebounded on to the relationship with the TAC in adulthood.

*“I don’t have any respect for that woman. Quite frankly if there’s a heaven and a hell, I hope she winds up in hell”.*

*“Yeah, very angry, for a long time. And just frustration with not being, you know not being heard. Feeling like you’re not, can’t make yourself understood..”*

**Missed out on a Childhood.** TAC felt as though they had lost the time to simply be a child and focus on themselves. This extended to feeling as though they had missed out on learning basic skills such as cooking, or playing sports and doing family activities. Participants also referred to an early loss of innocence.

*“I was about 18, 19, but inside I was more like 15, 16. Maybe even still 14 from when I stopped growing”.*

*“I didn't have the nurturing, I was the mum, I felt like I've always been the adult, and sometimes it's just such a burden”.*

**Guilt.** The majority of TAC experience guilt induced by the alienating parent, and also in relation to their own treatment of the TP. They regretted their behaviour.

*“My mum never really had any authority over me and it made me quite sad about this when I heard about parental alienation, that it is a typical symptom that alienated children will then show a lot of disobedience..”*

*“After three years, I was - during the three years speaking to her on Christmas day only. Looking back on it, it seems really stupid, seems pretty selfish as well”.*

They also spoke about ongoing guilt towards the AP (or attempts to induce this guilt), if they had resumed a relationship with the TP. For some, this sense of being torn persisted long past childhood. Some internalized a sense of blame and guilt for



the breakdown of the family despite logically knowing it was not their fault. This was exacerbated by the ongoing manipulations of the AP.

*“But emotionally, it’s still, I really have a lot of guilt, and not just towards my father, but also towards my mum now. Because somehow I know she sees me as a betrayer..”*

***Grieving the Loss of Relationship with the Targeted Parent.*** Most TAC described a deep sense of loss regarding the time they lost with the TP and relationship they wished they had had with them.

*“Most of my childhood memories are just, oh God, even up until the age of 40, I just want my dad, I just want my dad”.*

*“That was the hardest part, was that, I think we’d both been grieving, grieving for each other..”*

***Disappointment with their Relationship with the Targeted Parent.*** However, it is notable that some TAC expressed sadness and dissatisfaction with their relationship with their TP. Some felt the TP had moved on with a new relationship or family, given up on the TC too soon, or was uninterested in them.

*“I made excuses for my dad forever, my dad wasn’t nasty though he just didn’t come back, until I realised, he actually, he’s making a choice, it’s not*

*that he can't come see me and I can't see him. He's choosing, he's choosing that family over me..”*

*“I think he’d fought as much as he could, and then.. I don’t know, he then he just gave up”.*

**Disconnection and Dysfunction.** Participants described family lives characterised by segregation and that these often appeared to be intergenerational patterns. There were a total of 76 references across the data set. This was broken into two subthemes, which are explained below (See Figure 6).

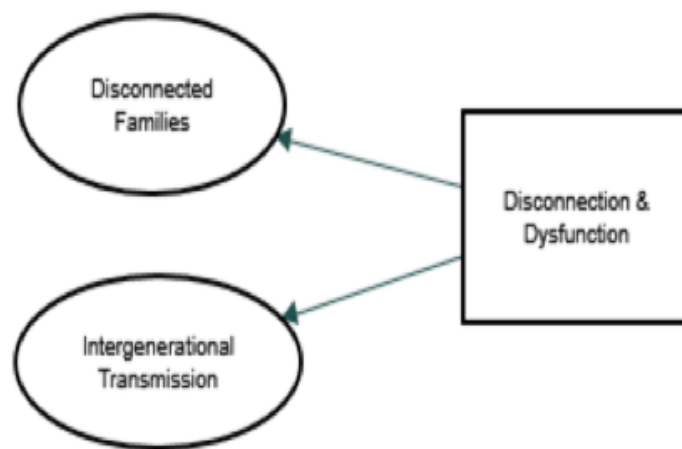


Figure 6. Conceptual map of Disconnection and Dysfunction.

**Disconnection.** TAC spoke about lacking normal family lives and the reverberation of the alienation in the present day. For some, the entire family was were hostile or disconnected, and participants expressed sadness and loneliness around this lack of normality that was especially felt during holidays. Other TAC had chosen to cut out the AP from their lives. Still others had been alienated from their siblings due to the actions of the AP. Some described that their decision to reunite with the TP had

caused friction with their siblings who had chosen not to. TAC also talked about isolated childhoods with limited and irregular contact with extended family.

*“The entire family is segregated, I don't have any normality as in family life, I don't have anyone contacting me.”*

***Intergenerational Transmission of Trauma.*** TAC discussed their parents' dysfunctional relationships with grandparents, and experiencing family violence. They theorised as to how their parents had learnt their behaviour. Notably, two individuals became TPs as adults. For these participants, their insight and knowledge from being once being a TC themselves helped them understand their children's perspective, but was also a source of great suffering.

*“Because she was illegitimate, and then she wasn't raised by her own mother she was raised by her great grandmother and she didn't know that her own mother was her mother until she was about 14..”*

*“Well she, she kept telling me I can forgive but I don't have to forget,, oh, he didn't rape you, you know, he only just had his hands up in my shirt, and.. maybe he'd done that to her, I don't know.. Something's gone on in the previous generation..”*

**Coping and Healing.** Participants related how they had coped and got through the alienation, and the healing process. There were a total of 91 references across the data set. Four subthemes were identified and are explored below (See

Figure 7).



Figure 7. Conceptual map of Coping and Healing.

***Coping and Resilience.*** TAC described how they coped with their experience. Some relied on their own resources.

*“I found rescue in music, because music is something that has always been part of my life”.*

For some the TP offered support, or they developed a bond with an alternative caring and protective person.

*“When I was a teenager, there was many times I was about to kill myself, and at the last minute I’d remember that my dad loves me, you know. And I would phone him in Melbourne, and he was nothing but loving..”*

**Reunification Attempts.** At some point, TAC tried to reunite with their TP. Most of these decisions were self-initiated, but some participants were encouraged by other people in their lives. For some this was part of the healing process, whilst others were ambivalent.

*“When I was 14, the girlfriend of my dad, she sent me to a kind of psychological, to a establishment.. there I had therapy, and they tried to connect me to my mum again. And I’d been there for like 8 or 10 months, then I started to talk to my mum again”.*

*“When I met him it was as if there hadn’t been 25 years passed. And, it was like, so many of the things, and feelings I had, the bad feelings disappeared as snow under the sun”.*

*“I saw him again when I was 16 but he wasn’t interested in helping me”.*

**The Healing Process.** Participants reflected on the past, attempting to make sense of it. Several had sought therapy to help them process their experiences. Some expressed hope for improving the quality of their parental relationships, whilst others felt they had to accept them as perpetually disappointing. In this process, participants expressed realisations they had come to in adulthood about the past and their parents’ human limitations. For several participants, discovering that their experience was PA helped in the healing process. However, some participants felt unable to progress in the healing process, being locked out of family relationships and experiencing other life stressors.

*“As I got a bit older I decided to go see a therapist and that started to put things in place, and break the normalisation.. Yeah, when you start to realise that what you’ve gone through was abuse”.*

*“I’ve had it out with her, about everything, but you can’t get through to a brick wall. She said, I did the best I could do. So I thought, I’m never going to get you to admit anything, this is how you are, this is how you’re always going to be, I’ve got to accept that..”*

**Parental Alienation Awareness.** TAC expressed the desire to contribute to increasing awareness of PA. They spoke about wishing that there had been intervention at the time or some way to improve outcomes.

*“I think it’s really important, that also the people, the judges and so on, they know what’s going on, when children are telling their stories, they are fake stories sometimes and they don’t want to see”.*

*“I just think it’s so important that the children in these situations, when their parents separate, get taught how to put down healthy boundaries..”*

## **Discussion**

This study explored the lived experiences of TAC in order to further our understanding of both the nature and impact of the alienation in their lives, and the meaning they ascribe to these experiences. The data set ( $n = 10$ ) was drawn from an

international sample, and analysed using thematic analysis, in contrast to the small body of existing literature that is typically purely descriptive in focus and conducted within an American context. The present study builds on the existing research through a contribution of depth and richness.

Close reading of the transcripts and reflection resulted in the identification of seven themes in the TAC: the alienating behaviours used by the AP and their impact, mental health concerns, difficulties with relationships, the impact of the alienation on learning and development, experiences of grief and loss, disconnection and dysfunction, and attempts to cope and heal.

### **Alienating Behaviour and Impact.**

The controlling tactics employed by the AP were evidently prominent in TAC's experiences. Such behaviours are relatively well-researched within the PA literature, however the impact of these behaviours on the TAC has not yet been clearly identified. From the perspective of the TAC, the alienating behaviours used included psychological abuse and control, denigration of the TP, adultification/parentification, and disrupting the TAC and TP relationship. TACs also experienced their AP as narcissistic, consistent with previous research (Baker, 2006). In addition, the emotional and physical needs of the child were neglected by the AP. The behaviours of the AP also restricted the TAC's autonomy. They felt compelled to suppress their own internal experiences in order to survive. Further to the AP's behaviours disrupting the relationship between the TAC and the TP, some TACs reported being physically removed from the TP's home state or country.

It is contended that the behaviours enacted by APs constitute child abuse, specifically emotional or psychological abuse. Under the *Family Law Act 1975* (Cth), child abuse can include any physical or sexual assault against a child, causing

a child to suffer serious psychological harm (including harm caused by the child being subject to, or exposed to family violence), and serious neglect of a child. In Australia, emotional abuse of a child refers to “a parent or caregiver’s inappropriate verbal or symbolic acts toward a child and/or a pattern of failure over time to provide a child with adequate non-physical nurturing and emotional availability” (Australian Institute of Family Studies, AIFS, 2018). The abuse involves a “substantial risk of causing physical or emotional harm to a child or young person”, and may be intentional or unintentional in nature (AIFS, 2018). Findings reveal that APs engaged in a pattern of inappropriate emotional responses, leading to the child feeling conditionally valued (O’Hagan, 1993). As shown in Table 3, these behaviours can be seen to match a number of subtypes of emotional abuse as stated by AIFS (2018):

Table 3

*Subtypes of Emotional Abuse Corresponding with Alienating Behaviour and Impact Subthemes*

Subtypes of Emotional Abuse	Subthemes of Alienating Behaviour and Impact
Rejecting: the parent refuses to acknowledge the child’s inherent worth as a human being, and invalidates their needs as a unique individual	1.1 Abuse and control 1.5 Adultification 1.7 TAC experience suppressed
Isolating: the parent deprives the child of appropriate social and recreational interactions, and limits the child’s ability to have normal familial relationships	1.4 Disrupting TAC-TP relationship 1.5 Adultification



Terrorising: the parent is verbally abusive and punitive, creates a threatening atmosphere and induces fear in the child, and makes the child feel that the world is unsafe	1.1 Abuse and control
	1.2 Denigration of the targeted parent
	1.3 Alienating parent narcissistic
Ignoring: the parent or caregiver is psychologically unavailable to the child and is unresponsive to their emotional needs	1.3 Alienating parent narcissistic
	1.7 TAC experience suppressed
Corrupting: the parent ‘mis-socialises’ the child, fostering antisocial or deviant behaviour	1.4 Disrupting TAC-TP relationship
	1.5 Adulthoodification

---

Furthermore, there is growing evidence showing that many abused children experience multiple forms of abuse, which is borne out in the current study (Price-Robertson, Rush, Wall, & Higgins, 2013). Some participants were also subject to child maltreatment in the form of physical abuse, neglect, and sexual abuse, whilst others were exposed to family violence, in that they lived in an environment where “a primary caregiver sustained violence” (AIFS, 2018). In this study, the majority of participants, of their own volition, described their experiences as abuse. These findings are consistent with prior research, and also serve to clarify how the AP’s behaviours are emotionally abusive towards their children (Baker, 2006; Harman, Hines, & Kruk, 2018). Such abuse has been shown to be related to the development of the child’s attachment system (Muller, Thornback, & Bedi, 2012). The parenting experienced by TAC was described variously as unpredictable, intrusive, rejecting, self-referential, role-reversing, or otherwise frightening and neglectful, all of which

can result in insecure attachments (Bowlby, 1982). Emotional abuse involves the invalidation of the child's needs in favour of the parents; therefore being emotionally abused by a parent or caregiver has been proposed to contribute to the development of an insecure attachment style in children (Riggs, 2010). Insecure attachment, characterised by disorganisation or high levels of attachment anxiety and/or avoidance, has been posited to be an antecedent of multiple negative psychosocial outcomes in later life (Bakermans-Kranenburg & van IJzendoorn, 2009; Groh, Fearon, van IJzendoorn, Bakermans-Kranenburg, & Roisman, 2017).

### **Mental Health.**

The current study identified mental health as an important aspect of participants' experience of PA. TACs indicated that their mental health was impacted by their experience of PA, both during the time of the alienation and in the present day. These findings align with previous research reporting mental health difficulties in TAC (Baker, 2005, Baker & Verocchio, 2016, Ben-Ami & Baker, 2011, Ben-Ami & Baker, 2012, Godbout & Parent, 2012, Johnston, 2003). TACs experienced significant psychological distress, relating numerous mental health issues including anxiety, depression, panic attacks, emotional dysregulation, attentional difficulties, post-traumatic stress disorder, disassociation, eating disorders, self-harm and suicide ideation. TAC also related having low self-esteem and a lack of belief in themselves and their abilities. Many participants also used substances as a maladaptive coping strategy, for some at an early age.

The building blocks for positive mental health are created in childhood, through the quality of interactions between a child and their caregiver (Ainsworth, 1989). Through the parents' consistently attuned responses to the child's signals, ideally, the child learns to identify and regulate their own emotions, and eventually

to cope with distress on their own (Bretherton 1985). Emotionally abusive parenting, however, results in chronic arousal in the child that is not soothed by the parent, and thus they do not learn to regulate emotion successfully (Lyons-Ruth, Melnick, Bronfman, Sherry, & Llanas, 2004). They may use numerous regulation strategies that compound their distress, including rumination, avoidance, and suppression, whilst finding it difficult to engage more adaptive strategies such as acceptance, reappraisal, and problem-solving (Aldao, Nolen-Hoeksema, & Schweizer, 2010). Difficulties with emotion regulation have been shown to be relevant to the development, maintenance, and treatment of psychopathology (Aldao et al., 2010; Berkin & Wupperman, 2012).

Moreover, children are theorised to develop internal working models of the self and others through early dyadic relations (Bowlby, 1982). These models involve mental representations enabling understanding of the self and others. Secure attachment is typified by the development of positive internal working models of the self and others, where the self is perceived as capable of effectively interacting with others and the environment, being valuable and deserving of care, and others are seen as trustworthy and supportive (Bartholomew & Horowitz, 1991). Alternatively, insecure attachments may foster the development of negative internal working models, where the self is deemed to be inept and worthless, and others unreliable, insensitive, and rejecting (Liem, & Boudewyn, 1999; Reyome, Ward, & Witkiewitz, 2010). The development of these negative models may result in low self-worth, low self-efficacy and subsequent reduced exploration (Riggs, 2010).

Poor self-esteem has long been theorised to be a vulnerability factor involved in the onset of depression (Beck, 1967; Orth & Robins, 2013). Other risk factors include perceived parental rejection and psychological control (MacPhee &

Andrews, 2006; Magaro & Weisz, 2006). As suggested by Ben-Ami and Baker (2012), APs attempt to persuade their child that the TP does not love them, resulting in the child's belief that they have been rejected, and are undeserving of love. Further, the AP's abusive and extremely psychologically controlling behaviours communicate their rejection of the child's inherent worth. The psychological intrusion and manipulation exerted by APs may lead to the development of a highly critical self-representation, and the sense of being valued only for what they can provide to another (Baker, 2005; Ben-Ami & Baker, 2012; Soenens, Vansteenkiste, Luyten, Duriez, & Goossens, 2005). Consistent with the idea that emotional abuse has a negative, cascading influence on TACs mental health, it is unsurprising that experiencing PA is also associated with problematic relationships throughout life.

### **Relationship Difficulties.**

The current study recognised pervasive difficulties across friendships and romantic relationships as an important component of the TAC experience. Their difficulties were characterised by a sense of being different to others and socially isolated, and a deep fear of losing relationships, coupled with an inability to trust people. Participants were commonly involved in dysfunctional and abusive relationships, and found it extremely challenging to form and maintain healthy relationships, citing a relationship skills deficit. These findings correspond to and build on those of Baker (2005). The relationship difficulties of TAC appeared to begin in childhood through their isolation, and extend through to romantic relationships and friendships in adolescence and adulthood. The experience of being emotionally maltreated may directly impact children's interpretation of relationships, later affecting their adult attachments (Muller et al., 2012).

Numerous studies have linked attachment insecurity to later relationship problems (Simpson & Rholes, 2017). Early attachment interactions are theorised to provide a template for organising new experiences with others (Bowlby, 1982). The child interprets others' behaviour in ways that are consistent with past experiences, and responds and engages in ways that are consistent with these expectancies (Simpson & Rholes, 2017). Importantly, TAC indicated profound difficulty with trusting others, and a fear of abandonment. Such difficulties are consistent with insecure attachment styles. Participants tended to describe either avoidant approaches such as avoiding entering relationships, and disengaging from others emotionally, or an intense drive to be in a relationship, and hypervigilance to the threat of abandonment. Both these approaches are maladaptive in that they do not promote a healthy relationship that meets both members' needs.

Negative internal working models of others interfere with an individual's capacity to trust others enough to seek their support (Liem & Boudewyn, 1999), making it difficult to obtain their desired level of closeness. When they do attempt to seek it, they may do so in a maladaptive way, such as requiring excessive reassurance. Social learning theory suggests that individuals acquire maladaptive behaviours such as reassurance seeking through exposure to the behaviour of models, and classical and operant conditioning (Bandura & Walters, 1977). For example, in childhood, a TC's reassurance seeking behaviours may have been intermittently reinforced by the AP. APs can also be powerful models for their child, displaying a variety of maladaptive emotional responses (Bandura & Walters, 1977).

TAC's difficulties with relationships commonly began during childhood with their peers, however in contrast to adult attachments, this was mainly perceived as a consequence of social isolation, loneliness, and a sense of being different from their

peers. It was difficult for some TAC to form satisfying peer bonds, in that they could not be open with them about the realities of their lives. Difficulties with developing friendships in childhood has been linked to experiencing emotional abuse and neglect (Maguire et al., 2015). TACs' experiences can be understood as a part of child abuse, in that the parent isolates them and deprives the child of entering into normal social and recreational activities, and has created a climate of fear, so that they are reluctant to bring a friend home in case the alienating parent rages and abuses them.

In addition, the poor mental health of TAC is connected to their social isolation. Numerous participants reflected on the stress, depression, and anxiety experienced during childhood and adolescence as reducing their ability to engage with their peers. This withdrawal can be argued to limit TAC's opportunities to develop social competence (Katz, Conway, Hammen, Brennan, & Najman, 2011). Furthermore, social learning theorists contend social competence develops through exposure to positive parent-child interactions (Bandura & Walters, 1977; Cui, Conger, Bryant, & Elder, 2002). TAC have reduced opportunities to learn supportive and pro-social behaviours from both their parents. These interpersonal problems appeared to extend into TAC's friendships in adulthood, where they found it difficult to trust friends enough to disclose what they perceived as unacceptable weaknesses.

### **Learning and Development.**

This study identified that TACs viewed their learning and identity development as being impacted by their lived experience of PA. Their ability to achieve the developmental task of identity formation was also impeded by the alienation. Many TACs described dissatisfaction with their level of educational and career achievement, attributing this to factors such as diminished mental health. Childhood

abuse and neglect have been shown to be related to poorer school adjustment, learning problems, poor academic achievement and low skilled employment (Gilbert, Widom, Browne, Fergusson, Wedd, & Janson, 2009; Currie & Widom, 2010). TAC who were abducted by the AP interstate or internationally faced the additional stress of sudden disruption to familiar patterns, people and environments (Gibbs et al., 2013).

The development of autonomy and self-sufficiency is necessary to build an individual's sense of competence in the world, and their ability to set and achieve goals. Children preoccupied by parental intrusiveness and hostility have a reduced capacity to freely attend to their environment and pursue intrinsically rewarding activities (Bowlby, 2012; Moss & St-Laurent, 2001). Children develop competence and intrinsic motivation when they are supported, encouraged, and valued in their exploration of the world (Ben-Ami & Baker, 2012; La Guardia, Ryan, Couchman, & Deci, 2000). Research supports the importance of parental involvement and support in the development of autonomy (Joussemet, Landry, & Koestner, 2008). Parenting in a manner that is autonomy-supportive rather than psychologically controlling or intrusive is associated with better social and academic adjustment at school (Joussemet et al., 2008; Ratelle, Duchesne, & Guay, 2017). As indicated by the findings, APs typically invalidate their child's need for autonomy and self-determination by prioritising their own agenda, to the detriment of the child's interests. APs obstruct the normal development of interpersonal boundaries, moving between parentification, adultification, and infantilisation (Garber, 2011). Most parentified and adultified young people experience higher levels of stress due to increased responsibilities, placing them at risk for poor educational and career achievement, whereas infantilised TAC are kept in a prolonged state of dependence

(Burton, 2007; Garber, 2011). TAC experience enormous pressure to act in ways that satisfy their parent and meet their emotional needs. APs frequently provide children with contingent, rather than non-contingent positive regard (La Guardia et al., 2000). Parental psychological control prevents autonomy development by stifling intrinsic motivation (Barber, Stolz, & Olsen, 2005; Ojanen & Perry, 2007). The interplay between these factors is complex; as previously mentioned, high parental psychological control is related to low self-worth and subsequent poor mental health (Barber, et al., 2005; Ojanen & Perry, 2007; Soenens et al., 2005).

Additionally, TAC were subject to similar disadvantages to those of children from separated families in that they were deprived of the full support and involvement of both parents (Potter, 2010). This lost support may be financial in nature, or access to a different perspective regarding the child's future, for example, encouraging and supporting the child to access further education. In regards to identity development, natural identity formation processes are compromised when young people are adultified, parentified and infantilised. Another factor impinging on TAC's identity formation is the ambivalence or discomfort they feel with the part of themselves that springs from the targeted parent (Baker, 2005). This complicates their identity formation process. The alienating parent maligns them as being like the targeted parent in appearance, habit, or trait, thus causing them to reject this part of their identity.

### **Grief and Loss.**

The present study recognised a theme of grief and loss permeating TACs lives, related to the state of their current and past relationship with the TP and the wider impact of the alienation across their lives. Participants presented with emotional pain, including intense anger toward their parents, particularly the AP, and



an ongoing sense of injustice regarding loss of a ‘normal’ childhood. TACs also described sorrow, self-blame and guilt, with some continuing to experience divided loyalties into adulthood.

Considering the significant losses of TAC, it is unsurprising that grief is characteristic of their experience. TAC can be said to experience nonfinite loss, in that their loss is ongoing and ambiguous in nature (Bruce & Schulz, 2002; Boss, 2007). Chronic sorrow refers to a unique form of grieving where an individual has a pervasive grief response as a result of the significant loss or absence of a living person to whom there is a deep attachment. It involves a distressing discrepancy between one’s hopes and the reality of life (Roos, 2002). TAC lose a still living person, the TP, whom they are attached to, and in a sense, can also lose a childhood (Clawar & Rivlin, 2013). They are confronted with this loss during the alienation period and in adulthood, where the milestones of adult life serve as triggers of grief. Additionally, they are faced with the potential loss of the AP, if they defy them in adulthood (Clawar & Rivlin, 2013).

In nonfinite or ambiguous loss, resolution of the trauma is impossible. Importantly, numerous TAC reported ongoing difficulties with their relationships with the TP in adulthood. Even following reunification, when there is potential for a truly fulfilling parent-child bond, TAC felt disappointed by the relationship. The machinations of the AP also typically continued into adulthood so that attempts to re-establish a connection with the TP were clouded by guilt. Compounding the impact of the TAC’s grief is the fact that it is completely disenfranchised. Their anger, sadness, despair, and frustration in relation to their family of origin remain unacknowledged. They must cope with the loss of the TP alone, because the AP has indicated that it is unacceptable to love the TP (Ben-Ami & Baker, 2012).

Research suggests that the negative impact of abuse is worsened when a person experiences self-blame, shame or stigmatisation in relation to it (AIFS, 2018). TAC differed in their level of guilt and self-blame around the TP; although all indicated their awareness that the AP induced their behaviour, some were unable to forgive themselves. This guilt is yet another way that their loss remains unresolved.

### **Disconnection and Dysfunction.**

Another theme identified in this study was disconnection and dysfunction. TAC's families were typically distinguished by segregation and dysfunction, and these patterns were intergenerational. PA affects family ties at every level, including grandparents, siblings, and TAC's own children.

Some TAC felt forced to continue such patterns through rejecting contact with the AP (Hetherington & Kelly, 2002), and were subsequently punished by being alienated from their siblings and other relatives. Even if TAC tried to maintain a connection with the AP, they were unsatisfied with its quality, supporting the concept of a backfiring effect of the alienation in adulthood (Gerber & Biringen, 2006). Importantly, two TAC became alienated from their own children, corroborating Baker's (2005) research. Experiencing PA may be a risk factor for becoming alienated from one's own children. Alienation appears to be transmitted intergenerationally, along with family violence (Haines, Matthewson, & Turnbull, in press). Harman, Hines, & Kruk, 2018). APs may be more likely to have dysfunctional relationships with one or both of their own parents (Warshak, 2001). These disturbed relationships interfered with TAC having contact with their extended families in childhood, adolescence and adulthood, contributing to their social isolation. Parental insecure attachment and unresolved trauma could contribute to another cycle of problematic parenting in a process of intergenerational

transmission of emotional abuse through romantic dysfunction or psychopathology (Riggs, 2010).

### **Coping and Healing.**

The final theme identified in the current study was one of coping and healing. Although coping and healing are present in many of the themes already discussed, these aspects of the TAC's experience presented as meaningful and worthy of highlighting. TAC discussed how they had coped with the alienation, drawing on their own resilience. Healing from the alienation and its aftermath appeared to be a lifelong endeavour, and TAC differed in their perceived ability to do so. However, despite these challenges, many TAC were able to grow and develop and take pride in their achievements in life. Meaning-making seemed to be an important aspect to healing, with some TAC having sought therapy at some point to process their past experiences. Reunification attempts also formed part of this healing process, although again, outcomes differed. Protective factors according to TAC included intelligence, talents and interests, and other supportive adults in their lives. Additionally, some TAC were able to develop a more secure attachment within romantic relationships over time and effort, or actively aspired to have a different relationship to those modelled to them (Riggs, 2010). Significantly, TAC also diverged in the degree that they perceived themselves to have internalised the alienation. For some, the alienation process was incomplete and they were able to internally resist, holding on to the possibility that the TP still loved them (Baker, 2006). Being able to label their experience as PA was helpful for TAC in making sense of the past.

## **Study Implications**

### **Regarding Alienating Behaviour and Impact.**

It is contended that PA is a form of child abuse, and as such, is rightly a child protection matter. Formal recognition of PA as child abuse would inform an appropriate response to its occurrence. As identified by Poustie, Matthewson, and Balmer (2018) and Templer et al. (2017), taking no action is likely to aggravate the alienation. The results provide support for reconceptualising PA as a criminal act. Indeed, one nation has already criminalised PA (e.g. *Brazilian Law 12 318* cited in Soares, 2010). The best interest of the child demands that they be protected from their abuser, and their right to the love of both parents enforced. A systematic review by Templer et al. (2017) indicates that giving primary parental responsibility to the TP is the most efficient way to overcome PA. Currently, the *Australian Family Law Act 1975* (Cth, Sect 61DA) presumes shared care, however this legal right is not enforced.

Appropriate interventions should be developed by mental health and legal professionals in a collaborative manner (Kruk, 2018). High risk families might be identified during the separation process and involved in mandatory parenting education programs. Specialised family therapy interventions should be provided to all members of the family together, incorporating cognitive components to challenge distorted thinking (Templer et al., 2017). Given that APs are described as having personality vulnerabilities, they are likely to benefit from personal psychological intervention and support in order to facilitate lasting change. Another setting that may be an appropriate avenue for intervention is school. School based psycho-education programs incorporating current PA research may be useful in improving awareness.

**Regarding Mental Health, Relationship Difficulties, and Learning and Development, and Grief and Loss, Disconnection and Dysfunction, and Coping and Healing.**

Considering that the majority of participants experienced mental health difficulties, it is important that psychologists and other mental health professionals possess an appropriate understanding of PA and its impact in order to work effectively with this population. As reported in previous research by Poustie et al. (2018), mental health professionals are inconsistently equipped to support individuals coping with PA. Psychologists or other mental health professionals providing individual or family therapy to adults who may have been alienated as child should consider whether they are competent to practise in this complex area. To be able to make such a judgement, they will need to be aware of PA in the first place. Psychologists who have a good understanding of child development and the sequelae of PA will be best suited to work within this speciality. The ideal components of therapy for TAC will vary by their specific presentation, however attachment related concerns are likely to be a key target area. Conscious examination of internal working models and repairing and reorganising these will be an essential task of therapy and changing attachment patterns (Bowlby, 1982; Riggs, 2010). Any therapeutic approach addressing emotion regulation is also likely to be beneficial, such as distress tolerance (Templer et al., 2017).

Given the numerous difficulties TAC experience within their relationships, and the intergenerational nature of parental alienation, therapy addressing these issues may prove useful. Skills training may assist TAC's self-identified relationships skills deficit. One such approach involves group therapy for adult children of divorce incorporating self-esteem, trust, assertiveness, communication

skills, intimacy, commitment and enduring significant relationships (Hage & Nosanow, 2000).

The present study's findings also have important implications for children who are currently being alienated from a parent. The study has clearly identified the toll the alienation takes on children's ability to focus and learn at school, therefore professionals involved with these children should consider how best to support them with their education. TAC who had a person they could rely on, or a talent or hobby they could enjoy, drew on these to survive the alienation. Children who are being alienated are typically suffering from isolation. They need support and positive connections at the time of the alienation, including social programs that involve them in their community, potentially skills-based, providing them with opportunities to play sport, learn how to cook, or enjoy music.

### **Study Limitations**

Despite the notable and rich findings, this study is limited by several factors. Firstly, due this study drew upon self-reports, and these may have limited accuracy, in that they provide a single, unverifiable perspective of a complex event (Nisbett & Wilson, 1978; Haefel & Howard, 2010). A limitation of qualitative analysis is that it relies upon the validity of one individual's narrative as a true and accurate account. Bearing this in mind, the richness of the data obtained is valuable and not easily obtainable (if at all) through other means. Secondly, the data cannot be generalised. Although the sample comprised of individuals from several different nations, these were all developed countries. The experience and sequelae of PA is likely to include unique elements when occurring in less developed nations. Additionally, simply because the participants in this study reported that the PA seriously impacted their mental health does not equate to the universality of this experience for TAC. It is

also not possible to unravel the contributions of divorce and parental psychopathology to the outcomes of PA for TAC, as these factors are inextricably linked. Further, it is conceivable that distressed TAC were more motivated to participate in the study. Indeed, as suggested by Baker (2005), some individuals may not recognise that they were alienated from a parent, and as such, cannot share their specific experience. In addition, this study had a small sample size, which further limits its generalisability. Lastly, as with all qualitative studies, the researcher's own bias (involving their own experiences and subjective worldview) is present to some extent despite attempts to neutralise it by employing an inductive approach (Hansen, 2006).

### **Future Directions**

Altogether, these findings provide a rationale for future investigation into this area in order to effect change. In order to support the evidence in the field, future research should seek to be generalisable. There should be a large-scale study which examines the prevalence of parental alienation and its outcomes. Given that the current evidence indicates that the impact of PA reverberates throughout TAC's lives, research may also address designing suitable family therapy interventions for TAC and their parents.

### **Conclusion**

These results demonstrate that children's exposure to PA can have life-long ramifications for their psychological well-being. The experiences that the participants describe appear to constitute a form of child emotional abuse, and the ramifications of experiencing PA persist into education, which provides a foundation for employment. Findings highlight the need for pro-active early identification and intervention with children who are at risk of experiencing PA. This is especially

important considering the intergenerational nature of disconnected and dysfunctional families, in order to break cyclical patterns. Finally, in the words of a TAC, *“I don’t want other families to be ripped apart. I want people to find ways to come back together”*.



## References

- Ainsworth, M. S. (1989). Attachments beyond infancy. *American Psychologist*, 44(4), 709.
- Aldao, A., Nolen-Hoeksema, S., & Schweizer, S. (2010). Emotion-regulation strategies across psychopathology: A meta-analytic review. *Clinical Psychology Review*, 30(2), 217-237.
- Amato, P., Loomis, L., & Booth, A. (1995). Parental divorce, parental marital conflict, and offspring well being during early adulthood. *Social Forces*, 73, 895-916.
- Australian Bureau of Statistics. (2016). Marriages and divorces, Australia. Retrieved from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/3310.0>
- Baker, A. J. L. (2005). The long-term effects of parental alienation on adult children: A qualitative research study. *The American Journal of Family Therapy*, 33, 289-302. doi: 10.1080/01926180590962129
- Baker, A. J. L. (2006). 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. J., & Andre, K. (2008). Working with alienated children & their targeted parents: Suggestions for sound practices for mental health professionals. *Annals of the American Psychotherapy Association*, 11(2), 10-18.
- Baker, A. J., & 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 & Remarriage*, 52(7), 472-489.

- Baker, A. J. L., & Chambers, J. (2011). Adult recall of childhood exposure to parental conflict: Unpacking the black box of parental alienation. *Journal of Divorce and Remarriage*, 52(1), 55-76, doi: 10.1080/10502556.2011.534396
- Baker, A. J., & Darnall, D. C. (2007). A construct study of the eight symptoms of severe parental alienation syndrome: A survey of parental experiences. *Journal of Divorce & Remarriage*, 47(1-2), 55-75.
- Baker, A. J. L., & Eichler, A. (2016). The linkage between parental alienation behaviors and child alienation. *Journal of Divorce & Remarriage*, 57(7), 475-484. doi:10.1080/10502556.2016.1220285
- Baker, A. J. L., & Verrocchio, M. C. (2016) Exposure to parental alienation and subsequent anxiety and depression in Italian adults. *The American Journal of Family Therapy*, 44(5), 255-271. doi: 10.1080/01926187.2016.1230480
- Bakermans-Kranenburg, M. J., & van IJzendoorn, M. H. (2009). The first 10,000 adult attachment interviews: Distributions of adult attachment representations in clinical and non-clinical groups. *Attachment & Human Development*, 11(3), 223-263.
- Balmer, S., Matthewson, M., & Haines, J. (2018). Parental alienation: Targeted parent perspective. *Australian Journal of Psychology*, 70(1), 91-99.
- Bandura, A., & Walters, R. H. (1977). *Social learning theory* (Vol. 1). Englewood Cliffs, NJ: Prentice-hall.
- Barber, B. K., Stolz, H. E., Olsen, J. A., Collins, W. A., & Burchinal, M. (2005). Parental support, psychological control, and behavioral control: Assessing relevance across time, culture, and method. *Monographs of the Society for Research in Child Development*, i-147.

- Bartholomew, K., & Horowitz, L. M. (1991). Attachment styles among young adults: A test of a four-category model. *Journal of Personality and Social Psychology*, 61(2), 226.
- Beck, A. T. (1967). *Depression: Clinical, experimental, and theoretical aspects*. Philadelphia: University of Pennsylvania Press.
- Ben-Ami, N., & Baker, A. J. (2012). The long-term correlates of childhood exposure to parental alienation on adult self-sufficiency and well-being. *The American Journal of Family Therapy*, 40(2), 169-183.
- Berns, S. S. (2001). Parents behaving badly: Parental alienation syndrome in the family court—Magic bullet or poisoned chalice. *Australian Journal of Family Law*, 15, 191–213.
- Berking, M., & Wupperman, P. (2012). Emotion regulation and mental health: Recent findings, current challenges, and future directions. *Current Opinion in Psychiatry*, 25(2), 128-134.
- Blank, G. J., & Ney, T. (2006). The (de)construction of conflict in divorce litigation: A discursive critique of “Parental Alienation Syndrome” and “The Alienated Child”. *Family Court Review*, 44(1), 135-148.
- Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners. *Family Relations*, 56(2), 105-111.
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, 52(4), 664.
- Bowlby, J. (2012). *A secure base*. Abingdon-on-Thames: Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

- Bretherton, I. (1985). Attachment theory: Retrospect and prospect. *Monographs of the Society for Research in Child Development*, 50(1-2), 3-35.
- Brinkmann, S. (2017). *Philosophies of Qualitative Research*. Oxford, England: Oxford University Press.
- Bruce, E., & Schultz, C. (2002). Non-finite loss and challenges to communication between parents and professionals. *British Journal of Special Education*, 29(1), 9-13.
- Burton, L. (2007). Childhood adultification in economically disadvantaged families: A conceptual model. *Family Relations*, 56(4), 329-345.
- Campbell, T. W. (2005). Why doesn't parental alienation occur more frequently? The significance of role discrimination. *The American Journal of Family Therapy*, 33(5), 365-377.
- Childress, C. A. (2015). *Foundations. An attachment-based model of parental alienation*. California: Oaksong Press.
- Clawar, S. S., & Rivlin, B. V. (2013). *Children held hostage: Identifying brainwashed children, presenting a case, and crafting solutions* (2<sup>nd</sup> ed.). Illinois: American Bar Association Publishing.
- Cui, M., Conger, R., Bryant, C., & Elder, G. (2002). Parental behavior and the quality of adolescent friendships: A social-contextual perspective. *Journal of Marriage and Family*, 64(3), 676-689.
- Currie, J., & Spatz Widom, C. (2010). Long-term consequences of child abuse and neglect on adult economic well-being. *Child Maltreatment*, 15(2), 111-120.
- Darnall, D., & Steinberg, B. F. (2008a). Motivational models for spontaneous reunification with the alienated child: Part I. *American Journal of Family Therapy*, 36, 107–115. <http://dx.doi.org/10.1080/01926180701643131>

- Darnall, D., & Steinberg, B. F. (2008b). Motivational models for spontaneous reunification with the alienated child: Part II. *American Journal of Family Therapy*, 36, 253–261. <http://dx.doi.org/10.1080/01926180701643230>
- Lorandos, D., Bernet, W., & Sauber, S. R. (2013). *Parental alienation: The handbook for mental health and legal professionals* (Vol. 1116). Illinois: Charles C Thomas Publisher.
- Epstein, N. B., Bishop D. S., & Levin, S. (1978). The McMaster model of family functioning. *Journal of Marriage and Family Counselling*, 4, 19-31. doi:10.1111/j.1752-0606.1978.tb00537.x
- Family Law Act 1975* (Cth). Available from [http://classic.austlii.edu.au/au/legis/cth/consol\\_act/fla1975114/](http://classic.austlii.edu.au/au/legis/cth/consol_act/fla1975114/)
- Fidler, B. J., & Bala, N. (2010). Children resisting postseparation contact with a parent: Concepts, controversies, and conundrums. *Family Court Review*, 48, 10-47.
- Friedlander, S., & Walters, M. G. (2010). When a child rejects a parent: Tailoring the intervention to fit the problem. *Family Court Review*, 48(1), 98-111.
- Garber, B. D. (2011). Parental alienation and the dynamics of the enmeshed parent-child dyad: Adultification, parentification, and infantilisation. *Family Court Review*, 49(2), 322-335. doi:10.1111/j.1744-1617.2011.01374.x
- Gardner, R. A. (1998). Recommendations for dealing with parents who induce parental alienation syndrome in their children. *Journal of Divorce & Remarriage*, 28(3), 1-21. doi:10.1300/J087v28n03\_01
- Gardner, R. A. (2002a). Parental alienation syndrome versus parental alienation: Which diagnosis should evaluators use in child-custody disputes? *American Journal of Family Therapy*, 30, 93-115. doi:10.1080/019261802753573821

- Gardner, R. A. (2002b). Denial of the parental alienation syndrome also harms women. *American Journal of Family Therapy*, 30, 91-202. doi:10.1080/019261802753577520
- Gardner, R. A. (2003). Does DSM-IV have equivalents for parental alienation syndrome (PAS) diagnosis? *American Journal of Family Therapy*, 31, 1-21. doi:10.1080/01926180390167025
- Gardner, R. A. (2004). The relationship between the parental alienation syndrome and the false memory syndrome. *The American Journal of Family Therapy*, 32, 79–99. doi:10.1080/01926180490424181
- Gerber Mone, J., & Biringen, Z. (2006). Perceived parent-child alienation. *Journal of Divorce & Remarriage*, 45(3-4), 131-156. doi: 10.1300/J087v45n03\_07
- Gibbs, M. J. L., Jones, W. P., Smith, S. D., Staples, P. A., & Weeks, G. R. (2013). The consequences of parental abduction: A pilot study with a retrospective view from the victim. *The Family Journal: Counseling and Therapy for Couples and Families*, 21(3), 313 – 317. doi: 10.1177/1066480713476842
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68-81.
- Godbout, E., & Parent, C. (2012). The life paths and lived experiences of adults who have experienced parental alienation: A retrospective study. *Journal of Divorce & Remarriage*, 53(1), 34-54. doi: 10.1080/10502556.2012.635967
- Groh, A. M., Fearon, R. P., van IJzendoorn, M. H., Bakermans-Kranenburg, M. J., & Roisman, G. I. (2017). Attachment in the early life course: Meta-analytic evidence for its role in socioemotional development. *Child Development Perspectives*, 11(1), 70-76.

- Hage, S. M., & Nosanow, M. (2000). Becoming stronger at broken places: A model for group work with young adults from divorced families. *Journal for Specialists in Group Work*, 25(1), 50-66.
- Hansen, E. (2006). *Successful qualitative health research: A practical introduction*. Crows Nest NSW: Allen & Unwin.
- Haefffel. G. T., & Howard, G. H. (2010). Self-report: Psychology's four-letter word. *American Journal of Psychology*, 123(2), 181-188.
- Haines, J., Matthewson, M. L., & Turnbull, M. In press. *Understanding and managing parental alienation: A guide to assessment and intervention*. Abingdon, England: Routledge.
- Harman, J. J., Kruk, E., & Hines, D. A. (2018). Parental alienating behaviors: An unacknowledged form of family violence. *Psychological Bulletin*, 144(12), 1275.
- Harman, J. J., Leder-Elder, S., & Biringen, Z. (2016). Prevalence of parental alienation drawn from a representative poll. *Children and Youth Services Review*, 66, 62-66.
- Hetherington, E. M., & Kelly, J. (2002). *For better or for worse: Divorce reconsidered*. London: WW Norton & Company.
- Hooper, L. M., DeCoster, J., White, N., & Voltz, M. L. (2011). Characterizing the magnitude of the relation between self-reported childhood parentification and adult psychopathology: A meta-analysis. *Journal of Clinical Psychology*, 67(10), 1028-1043.
- Javadi, M., & Zarea, K. (2016). Understanding thematic analysis and its pitfall. *Journal of Client Care*, 1(1), 33-39.
- Johnston, J. R. (1994). High conflict divorce. *Future of Children*, 4, 165–182.

- Johnston, J. R. (2003). Parental alignments and rejection: An empirical study of alienation in children of divorce. *Journal of the American Academy of Psychiatry and the Law Online*, 31(2), 158-170.
- Joussemet, M., Landry, R., & Koestner, R. (2008). A self-determination theory perspective on parenting. *Canadian Psychology / Canadian Psychology*, 49 (3), 194.
- Katz, S. J., Conway, C. C., Hammen, C. L., Brennan, P. A., & Najman, J. M. (2011). Childhood social withdrawal, interpersonal impairment, and young adult depression: a mediational model. *Journal of Abnormal Child Psychology*, 39(8), 1227.
- Kelly, J. B., & Johnston, J. R. (2001). The alienated child: A reformulation of parental alienation syndrome. *Family Court Review*, 39, 249-266.
- Kruk, E. (2018). Parental Alienation as a form of emotional child abuse: Current state of knowledge and future directions for research. *Family Science Review*, 22(4).
- La Guardia, J. G., Ryan, R. M., Couchman, C. E., & Deci, E. L. (2000). Within-person variation in security of attachment: a self-determination theory perspective on attachment, need fulfillment, and well-being. *Journal of Personality and Social Psychology*, 79(3), 367.
- Liem, J. H., & Boudewyn, A. C. (1999). Contextualizing the effects of childhood sexual abuse on adult self-and social functioning: An attachment theory perspective. *Child Abuse & Neglect*, 23(11), 1141-1157.
- Lyons-Ruth, K., Melnick, S., Bronfman, E., Sherry, S., & Llanas, L. (2004). Hostile-helpless relational models and disorganized attachment patterns between



- parents and their young children: Review of research and implications for clinical work. *Attachment Issues in Psychopathology and Intervention*, 65-94.
- MacPhee, A. R., & Andrews, J. J. (2006). Risk factors for depression in early adolescence. *Adolescence*, 41(163), 435-467.
- Magaro, M. M., & Weisz, J. R. (2006). Perceived control mediates the relation between parental rejection and youth depression. *Journal of Abnormal Child Psychology*, 34(6), 863-872.
- Maguire, S. A., Williams, B., Naughton, A. M., Cowley, L. E., Tempest, V., Mann, M. K., ... & Kemp, A. M. (2015). A systematic review of the emotional, behavioural and cognitive features exhibited by school-aged children experiencing neglect or emotional abuse. *Child: Care, Health and Development*, 41(5), 641-653.
- Meier, J. S. (2009). A historical perspective on parental alienation syndrome and parental alienation. *Journal of Child Custody*, 6(3-4), 232-257.
- Morgan, D. L. (2014). Pragmatism as a paradigm for social research. *Qualitative Inquiry*, 20(8), 1045-1053.
- Moss, E., & St-Laurent, D. (2001). Attachment at school age and academic performance. *Developmental Psychology*, 37(6), 863.
- Muller, R. T., Thornback, K., & Bedi, R. (2012). Attachment as a mediator between childhood maltreatment and adult symptomatology. *Journal of Family Violence*, 27(3), 243-255.
- Nisbett, R. E., & Wilson, T. D. (1977). Telling more than we can know: Verbal reports on mental processes. *Psychological Review*, 84, 231-259.
- O'Hagan, K. (1993). *Emotional and psychological abuse of children*. Milton Keynes: Open University Press.

- Ojanen, T., & Perry, D. G. (2007). Relational schemas and the developing self: Perceptions of mother and of self as joint predictors of early adolescents' self-esteem. *Developmental Psychology*, 43(6), 1474.
- Orth, U., & Robins, R. W. (2013). Understanding the link between low self-esteem and depression. *Current Directions in Psychological Science*, 22(6), 455-460.
- Patton, M. Q. (1990). *Qualitative evaluation and research methods*. Newbury Park: SAGE Publications, inc.
- Potter, D. (2010). Psychosocial well-being and the relationship between divorce and children's academic achievement. *Journal of Marriage and Family*, 72(4), 933-946.
- Poustie, C., Matthewson, M., & Balmer, S. (2018). The forgotten parent: The targeted parent perspective of parental alienation. *Journal of Family Issues*, 39(12), 3298-3323.
- Price-Robertson, R., Rush, P., Wall, L., & Higgins, D. (2013). *Rarely an isolated incident: Acknowledging the interrelatedness of child maltreatment, victimisation and trauma* (CFCA Paper No. 15). Melbourne: Australian Institute of Family Studies. Retrieved from: <https://pdfs.semanticscholar.org/9a5c/709b27a1b650bc6b0f5a243ac9e8e697020a.pdf>
- Rand, D. C. (1997). The spectrum of parent alienation. Part 1. *American Journal of Forensic Psychology*, 15, 23-52.
- Rand, D. C., & Rand, R. (2005). The spectrum of parental alienation syndrome: Part III: The Kopetski follow-up study. *American Journal of Forensic Psychology*, 23(1), 15-43.

- Ratelle, C. F., Duchesne, S., & Guay, F. (2017). Predicting school adjustment from multiple perspectives on parental behaviors. *Journal of Adolescence*, 54, 60-72.
- Reyome, N. D., Ward, K. S., & Witkiewitz, K. (2010). Psychosocial variables as mediators of the relationship between childhood history of emotional maltreatment, codependency, and self-silencing. *Journal of Aggression, Maltreatment & Trauma*, 19(2), 159-179.
- Riggs, S. A. (2010). Childhood emotional abuse and the attachment system across the life cycle: What theory and research tell us. *Journal of Aggression, Maltreatment & Trauma*, 19(1), 5-51.
- Roos, S. (2002). *Chronic sorrow*. New York: Brunner Routledge.
- Schwandt, T. A. (2000). Three epistemological stances for qualitative inquiry: Interpretivism, hermeneutics, and social constructionism. *Handbook of Qualitative Research*, 2, 189-213.
- Simpson, J. A., & Rholes, W. S. (2017). Adult attachment, stress, and romantic relationships. *Current Opinion in Psychology*, 13, 19-24.
- Soares, E. (2010). Brazil: Parental Alienation criminalised. *Global Legal Monitor*. Retrieved from The Law Library of Congress  
<http://www.loc.gov/law/foreign-news/article/brazil-parental-alienation-criminalized/>
- Soenens, B., Vansteenkiste, M., Luyten, P., Duriez, B., & Goossens, L. (2005). Maladaptive perfectionistic self-representations: The mediational link between psychological control and adjustment. *Personality and Individual Differences*, 38(2), 487-498.

- Templer, K., Matthewson, M., Haines, J., & Cox, G. (2017). Recommendations for best practice in response to parental alienation: Findings from a systematic review. *Journal of Family Therapy*, 39(1), 103-122.
- Tuckett, A. G. (2005). Applying thematic analysis theory to practice: A researcher's experience. *Contemporary Nurse*, 19(1-2), 75-87.
- Walker, L. E., & Shapiro, D. L. (2010). Parental alienation disorder: Why label children with a mental diagnosis? *Journal of Child Custody*, 7(4), 266-286.
- Walsh, M. R., & Bone, J. M. (1997). Parental Alienation Syndrome: An age-old custody problem. *The Florida Bar Journal*, 81(6), 93-96.
- Warshak, R. A. (2001). Current controversies regarding parental alienation syndrome. *American Journal of Forensic Psychology*, 19(3), 29-60.
- Warshak, R. A. (2010). Family bridges: Using insights from social science to reconnect parents and alienated children. *Family Court Review*, 48, 48-80.
- Warshak, R. A. (2015). Ten parental alienation fallacies that compromise decisions in court and in therapy. *Professional Psychology: Research and Practice*, 46, 235-249. doi:10.1037/pro000031

## Appendix A

### Screening Questionnaire

#### Baker Strategy Questionnaire (BSQ) (Baker & Chambers 2011)

The next questions are a list of things that one or more of your parents or stepparents might have done while you were growing up. Please rate how frequently you experienced these things.

Made comments to me that fabricated or exaggerated the other parent's negative qualities while rarely saying anything positive about that parent (made negative comments)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

2. Limited or interfered with my contact with the other parent such that I spent less time with him or her than I was supposed to or could have (limited contact)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

3. Withheld or blocked phone messages, letters, cards, or gifts from the other parent meant for me (withheld or blocked messages)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

4. Made it difficult for me and the other parent to reach and communicate with each other (made communication difficult)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

5. Indicated discomfort or displeasure when I spoke or asked about or had pictures of the other parent (indicated discomfort about other parent)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

6. Became upset, cold, or detached when I showed affection for or spoke positively about the other parent (upset child affectionate with other parent)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

7. Said or implied that the other parent did not really love me (said parent was unloving)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

8. Created situations in which it was likely or expected that I choose him or her and reject the other parent (made child choose)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

9. Said things that indicated that the other parent was dangerous or unsafe (said parent was unsafe)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

10. Confided in me about "adult matters" that I probably should not have been told about (such as marital concerns or legal issues) that led me to feel protective of him or her or angry at the other parent (confided in child)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

11. Created situations in which I felt obligated to show favoritism toward him or her and reject or rebuff/ignore the other parent (required favoritism of child)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

12. Asked me to spy on or secretly obtain information from or about the other parent and report back to him or her (asked child to spy)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

13. Asked me to keep secrets from the other parent about things the other parent should have been informed about (e.g., upcoming plans, my whereabouts, etc.; asked child to keep secrets)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

14. Referred to other parent by his or her first name and appeared to want me to do the same (called other parent by first name)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

15. Referred to his or her new partner as Mom or Dad and appeared to want me to do the same (referred to new partner as Mom or Dad)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

16. Encouraged me to rely on his or her opinion and approval above all else (encouraged reliance on him/herself)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

17. Encouraged me to disregard or think less of the other parent's rules, values, and authority (encouraged disregard of other parent)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

18. Made it hard for me or made me feel bad about spending time with the other parent's extended family (hard to be with extended family)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

19. Created situations in which it was likely that I would be angry with or hurt by the other parent (fostered anger/hurt at other parent)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

20. Tried to turn me against the other parent (tried to turn against other parent)

0 (never) 1 (rarely) 2 (sometimes) 3 (often) 4 (always)

Thank you for your time

## Appendix B

Table 1

### *Demographics of Targeted Adult Children*

ID	Gender	Current residence	Birth country	Current age	Age at separation	Alienating parent	Reunification status	Relationship status	Education level	Employment status
1	Female	Australia	Australia	47	2	Mother	Yes	Divorced	Tertiary	Employed
2	Female	Australia	Australia	54	3	Mother	Yes	Single	High School	Volunteer
3	Male	Thailand	UK	35	8	Father	Yes	Single	Tertiary	Employed
4	Female	Australia	Australia	44	10	Father	Yes	Divorced	Diploma	Student
5	Female	Australia	Australia	49	7	Mother	Yes	Married	Tertiary	Employed
6	Female	Australia	USA	26	13	Father	Yes	Single	High School	Casually employed
7	Female	Belgium	Belgium	44	7	Mother	Yes	Married	Tertiary	Employed
8	Male	Australia	UK	30	11	Mother	Yes	Single	TAFE	Casually employed
9	Female	Australia	UK	33	3	Father	Yes	Single	Tertiary	Student
10	Female	Germany	Germany	28	12	Father	Yes	In relationship	Tertiary	Student

## **Appendix C**

### **Demographics Questionnaire**

What is your age in years?  
What is your gender?  
What was your country of birth?  
What is your current location (e.g. country and state)?  
What is your marital or relationship status?  
What is your education level?  
Are you employed or studying?  
How old were you when you were alienated from your parent?  
Who were you alienated from?  
Have you reunified with whom you were alienated from?  
If yes, how long were you alienated from them?

### **Interview Question Stems**

1. "Tell me about your experience with parental alienation and what it means to you now?"
2. "What do you think triggered the alienation? What makes you think that?"
3. "What sorts of tactics has the alienating parent used to alienate you from your parent?"
4. "What impact has the parental alienation had on you?"
5. "How do you think your experience impacted your development as a child/adolescent?"
6. "Do you think the parental alienation has impacted on your past or current relationship functioning, or parenting?"
7. "What supports have you used to cope with the parental alienation?"
8. "Is there anything else you'd like to say about your experience?"



## Appendix D

### Targeted Adult Children's Experience of Parental Alienation

You are invited to participate in a study exploring the experiences of adults who have been targeted as children and alienated from a parent.

#### **What is the purpose of this study?**

The aim of this study is to examine the experiences of individuals who have been alienated from a parent, and the meaning they give to this experience.

#### **Who can participate?**

You have been invited to participate in this study because our research targets are individuals over the age of 18 in the general population, who were (or are) alienated from one of their parents. It is important to acknowledge that your participation is voluntary, whilst your involvement is appreciated, your right to decline this invitation is respected and this decision will have no consequences. Additionally, if you decide to withdraw your consent to participate at any stage during the study, you may do so without providing an explanation. Your information will be kept completely confidential, you will be identified by a unique code, and no names will be used in the publication of this research. All information will be kept in a locked storage compartment and a secure computer file.

#### **What will I be asked to do?**

You will be asked to attend an interview at the Psychology Research Centre at the University of Tasmania in Sandy Bay or via Skype or telephone. This interview will be conducted by Caitlin Reed and will involve being asked a range of questions about your experience with parental alienation and how you believe it has influenced your development and well-being. These interviews will be audio recorded for data accuracy purposes, and you will be provided with a copy of your interview transcript. You have the option to edit this transcript if you choose. Only the edited version of the transcript will be used in the research. The interview will take approximately 60 to 90 minutes.

#### **Are there any possible benefits from participation in this study?**

If you participate in this study you may gain a greater understanding of your own experiences of parental alienation. The results of the study may have implications for the development of improved therapeutic assistance and legal responses for children and adolescents struggling with similar alienated relationships.

Additionally, as a thank you for your participation in the interviews, you will be entered into a draw to win one of three \$50 gift vouchers.

**Are there any possible risks from participation in this study?**

There are no specific risks associated with participating in this study. However, if you do become concerned or stressed during or after the interview please inform Dr Mandy Matthewson who will provide you with information about free counselling services that may assist you or you can contact the free counselling services listed below:

Family Relationships Advice Line - Ph: 1800 050 321

Lifeline (Crisis Counselling) - Ph: 13 11 14

Family Violence Counselling and Support - Ph: 1800 608 122

Beyond Blue - Ph: 1300 22 4636

**What if I change my mind during or after the study?**

You are free to withdraw from this study at any time, and if you decide to do so, you may without providing an explanation. Also, you can withdraw your information provided to us up to three months after your interview.

**What will happen to the information when this study is over?**

The data from this study will be stored in a Division of Psychology locked storage compartment and a secure computer database. The data will be destroyed five years after the publication of the thesis via secure document disposal and deletion of files (November 2023). The data will be kept in a confidential manner and only the researchers involved in this study will have access to this data.

**How will the results of the study be published?** This study following completion will be accessible on the University of Tasmania website ([www.utas.edu.au](http://www.utas.edu.au)), and will be produced as publication in a journal. Participants will be non-identifiable in the publication of results. It is anticipated that results will be available by the end of 2018.

**What if I have questions about this study?**

Please direct any questions or concerns about this study to Dr Mandy Matthewson: [Mandy.Matthewson@utas.edu.au](mailto:Mandy.Matthewson@utas.edu.au)

“This study has been approved by the Tasmanian Social Sciences Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study, please contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479 or email [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au). The Executive Officer is the person nominated to receive complaints from research participants. Please quote ethics reference number [H0016616].”

## Appendix E

### Targeted Adult Children's Experience of Parental Alienation

#### Consent Form for Individuals:

1. I have read and understood the Information Sheet for this study.
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves examining the experiences of parental alienation, and how this might help the researchers better understand the phenomenon of parental alienation in an attempt to better assist people dealing with this issue.
4. I understand that participation involves no foreseeable risks.
5. I understand that all research data will be securely stored on the University of Tasmania secured server, and that all questionnaire hard copies will be securely stored in a locked filing cabinet on the University of Tasmania premises for five years from the publication of the study results, and will then be destroyed
6. Any questions that I have asked have been answered to my satisfaction.
7. I understand that participation in this study is voluntary and any information I provide will be will kept confidential.
8. I understand that the results of the study will be published so that I cannot be identified
9. I understand that participation is voluntary and that all individuals may withdraw at any time without any effect. I understand that I can withdraw any information I provide to the researchers up to three months after participation.
10. I agree to participate.

Participant's name:

---

Participant's signature:

---

Date: \_\_\_\_\_

#### **Statement by Investigator**

☐

I have explained the project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

If the Investigator has not had an opportunity to talk to participants prior to them participating, the following must be ticked.

☐

The participant has received the Information Sheet where my details have been provided so participants have had the opportunity to contact me prior to consenting to participate in this project.

Investigator's name:

---

Investigator's signature:

---

Date: \_\_\_\_\_

Please email this signed consent from to [Parental.Alienation@utas.edu.au](mailto:Parental.Alienation@utas.edu.au) or post it to:

Dr Mandy Matthewson  
University of Tasmania  
Private Bag 30  
Hobart, Tasmania  
Australia, 7001

## Appendix F

Social Science Ethics Officer  
Private Bag 01 Hobart  
Tasmania 7001 Australia  
Tel: (03) 6226 2763  
Fax: (03) 6226 7148  
Katherine.Shaw@utas.edu.au




---

HUMAN RESEARCH ETHICS COMMITTEE (TASMANIA) NETWORK

---

13 November 2017

Dr Mandy Matthewson  
Psychology  
University of Tasmania

*Sent via email*

Dear Dr Matthewson

Re: FULL ETHICS APPLICATION APPROVAL  
Ethics Ref: **H0016616 - Parental Alienation: A qualitative investigation of the experience of targeted adult children**

---

We are pleased to advise that the Tasmania Social Sciences Human Research Ethics Committee approved the above project on 03 July 2017.

This approval constitutes ethical clearance by the Tasmania Social Sciences Human Research Ethics Committee. The decision and authority to commence the associated research may be dependent on factors beyond the remit of the ethics review process. For example, your research may need ethics clearance from other organisations or review by your research governance coordinator or Head of Department. It is your responsibility to find out if the approval of other bodies or authorities is required. It is recommended that the proposed research should not commence until you have satisfied these requirements.

Please note that this approval is for four years and is conditional upon receipt of an annual Progress Report. Ethics approval for this project will lapse if a Progress Report is not submitted.

The following conditions apply to this approval. Failure to abide by these conditions may result in suspension or discontinuation of approval.

1. It is the responsibility of the Chief Investigator to ensure that all investigators are aware of the terms of approval, to ensure the project is conducted as approved by the Ethics Committee, and to notify the Committee if any investigators are added to, or cease involvement with, the project.

A PARTNERSHIP PROGRAM IN CONJUNCTION WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES