



Targeted Parents Surviving Parental Alienation: Consequences of the Alienation and Coping Strategies

Saulyn Lee-Maturana¹ · Mandy L. Matthewson ¹ · Corinna Dwan¹

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Abstract

The aim of this study was to describe the consequences of being alienated from a child and to identify the coping strategies used by targeted parents to deal with the alienation. Using a qualitative descriptive design, 54 self-referred targeted parents alienated from their children participated in an in-depth interview. Narratives were analyzed through thematic analysis and commonalities in targeted parents' consequences and coping strategies were identified. Six subthemes emerged describing different consequences experienced by targeted parents due to parental alienation: emotional, behavioral, finances-work, cognitive, physical, and social. Also, eight different types of coping strategies were identified and classified according to the activities reported by the targeted parents. Parental alienation has serious consequences for targeted parents affecting various aspects of their lives. Targeted parents need more understanding, support and orientation to cope with their experience.

Keywords Targeted parents · Alienated parents · Consequences of parental alienation · Qualitative description · Coping strategies

Highlights

- Twenty-three percent of targeted parents in this study reported that they have attempted suicide.
- Practitioners should assess targeted parent's suicide risk when working with them.
- Targeted parents experience distress as a genuine response to their predicament, but this distress can be perpetuated by negative automatic thoughts.
- Targeted parents may benefit from learning coping skills including cognitive restructuring techniques.
- When targeted parents lose contact with their children, they suffer ambiguous loss, which can lead to disenfranchised grief.

Parental alienation is a phenomenon in which a parent, the targeted parent, is rejected by his or her child without legitimate justification. The child refuses to have contact or any relationship with the targeted parent as a result of a series of alienating behaviors made by the other parent, the alienating parent (Bernet and Baker 2013; Garber 2011).

Parental alienation can occur prior to, during or after separation, especially when the custody of children is in dispute. Parental alienation has been seen in divorced

families, intact families and unmarried families from all around the world (Baker and Verrocchio 2015; Balmer et al. 2017; Hands and Warshak 2011; Harman and Biringen 2016; Lorandos et al. 2013). It is important to note that children rejecting a parent for legitimate reasons and for reasons not duly influenced by another parent is not parental alienation. These circumstances can be considered estrangement (Garber 2011; Tjaden and Thoennes 2000).

The consequences to targeted parents of being alienated from their children are devastating. Baker and Sauber (2013) explained that being a targeted parent is one of the most painful experiences a parent can face, often without the support and understanding of family and friends. Targeted parents experience pain and loss (Baker and Andre 2008; Reay 2011), and suffer immense grief for their children who are alive yet lost to them (Gardner 2001).

✉ Mandy L. Matthewson
Mandy.Matthewson@utas.edu.au

¹ Division of Psychology, School of Medicine, University of Tasmania, Private Bag 30, Hobart, TAS 7001, Australia

As a consequence of being alienated from a child, targeted parents suffer depression, anxiety, posttraumatic stress disorder, sleeping problems, loss of self-esteem and engage in self-blame (Baker 2010; Baker and Andre 2008; Baker and Darnall 2006; Baker and Fine 2014a; Balmer et al. 2017; Giancarlo and Rottmann 2015; Goldberg and Goldberg 2013; Kopetski 1998; Vassiliou and Cartwright 2001).

The literature also reports targeted parents' feeling maltreated by the alienating parent (Goldberg and Goldberg 2013), and feeling shocked desperate, confused, alone (Baker and Fine 2014a) frustrated, angry and fearful (Baker 2010; Baker and Andre 2008; Baker and Darnall 2006; Vassiliou and Cartwright 2001) in response to the alienation. Some authors have reported that targeted parents suffer emotional and financial costs jeopardizing their well-being (Balmer et al. 2017; Poustie et al. 2018). Moreover, targeted parents have been described as survivors of family violence perpetrated by the alienating parent (Harman et al. 2018; Poustie et al. 2018). These descriptions of targeted parents are an important development in the literature because earlier studies regarding parental alienation have focused on conceptualizing parental alienation or have focused on alienated children (Baker 2005a, 2005b, 2005c, 2007; Baker et al. 2012; Baker and Darnall 2006, 2007; Bernet et al. 2015; Darnall 1998; Garber 2013; Gardner 1992, 1998; Johnston 2005; Johnston et al. 1985; Kelly and Johnston 2001). Much of the academic literature on parental alienation has been from the United States and Canada. Research about targeted parents has been extracted from informants other than targeted parents, such as alienated children and practitioners (Lee-Maturana et al. 2018). Further, the literature includes commentary on clinical experience and observation that are sometimes published in text books as well as self-help book formats (Baker and Fine 2014a, 2014b; Baker and Sauber 2013; Warshak 2010; Woodall and Woodall 2017). The current academic literature focusing on targeted parents is growing and brings valuable information to the research field.

Nevertheless, more research is needed from around the world to strengthen the existing knowledge of targeted parents. Reporting the consequences of the alienation on targeted parents and their coping mechanisms may contribute to decision-making processes for psychological and legal interventions. Additionally, it will contribute to a better understanding of the phenomenon within the scholarly literature. Hence, this study aims to describe the consequences of parental alienation on targeted parents from their perspective by identifying the coping strategies used by them to deal with the alienation. This study also offers suggestions for working with targeted parents in clinical practice.

The findings reported in this study are part of a larger research project. This article focuses on the consequences and coping strategies used by the targeted parents who have experienced parental alienation

Methods

Participants

A total of 54 self-referred targeted parents participated voluntarily in a semi-structured interview. The inclusion criterion for the study was being a parent alienated from at least one child. This sample consisted of 28 targeted fathers (52%) and 26 targeted mothers (48%). Most of the sample were from Australia (70%), whilst the remaining participants were from New Zealand (9%), United Kingdom (6%), Canada (4%), United States (4%), Europe (4%), Middle East (2%), and South America (2%). The majority of the targeted parents were aged between 41 and 50 years old (54%); some of the participants had re-partnered (43%). In addition, most of the targeted parents were alienated from their child/ren between 1 and 3 years and they were separated from the alienating parent for more than 5 years. Targeted mothers were alienated from their child/ren for longer than were targeted fathers in this sample.

Design and Procedure

A qualitative descriptive design was chosen (Sandelowski 2000). Qualitative description allows researchers to describe a phenomenon, often of an understudied topic, directly from the participant's voice (Bradshaw et al. 2017; Sullivan-Bolyai et al. 2005). It also allows researchers to code participants' responses into themes looking for commonalities and differences across the transcripts (Willis et al. 2016). This results in rich description of those themes into the development of pragmatic educational, therapeutic or behavioral interventions (Sullivan-Bolyai et al. 2005).

Ethics approval was obtained from the University of Tasmania's Social Sciences Human Research Ethics Committee (Ethics Ref No: H0015333). Participants were recruited from advertisements in the media, online support groups and psychology and legal practices.

The interviews lasted for approximately one hour, were semi-structured and contained open-ended questions regarding how the targeted parents have experienced the alienation and how they have coped with it. Also, participants were asked to provide further information that they thought was important for the research. Prior to the interviews, participants were presented with information about the nature of the study and were asked to respond to a parental alienation screening tool developed by the researchers to ascertain eligibility for the interview. This screening tool consisted on a 5-point Likert scale, which involves participants rating their level of exposure to 13 alienating tactics identified in the literature, to confirm if they were indeed targeted parents; if they were eligible, they were asked to sign a consent form. Participants also

completed a demographics survey based on gender, age, place of birth, relation status, time alienated, and time separated from the alienating parent. All interviews were audio recorded and then transcribed. The transcripts were double checked by participants for data accuracy purposes.

Data Analysis

The transcripts were thematically and inductively analyzed (Braun and Clarke 2006; Braun et al. 2014) and clustered by codes using NVivo-11 (QSR International 2015). Based on qualitative descriptive methods (Sandelowski 2000), a description of the codes and an analysis of the frequencies of the themes and sub-themes were made. Rigorous criteria to judge trustworthiness were adopted based on: credibility, using member check and peer debriefing; transferability, through purposive sampling; dependability, utilizing inquiry audit, peer examination and code-recoding; and confirmability, through audit trail and reflexivity (Guba 1981; Lincoln and Guba 1985).

The Appraisal Theory of Emotions (Roseman 1996, 2011, 2013; Roseman and Edvokas 2004; Roseman et al. 1990; Roseman et al. 1994) and Beck's Cognitive Model (Beck 1976; Burns 1999; Knapp and Beck 2008) was used to analyze the element '*emotions displayed by targeted parents due to alienation*' in the subtheme Emotional Consequences and the thoughts of targeted parents reported in the subtheme Cognitive Consequences respectively. This allowed for the data to be analyzed within a theoretical framework facilitating the understanding of targeted parents' experience and how they have been affected by the alienation.

Results

Two themes emerged from the participants' narratives: (1) consequences of parental alienation on targeted parents and (2) coping strategies used by targeted parents to deal with the alienation. Each of the themes contains different sub-themes which are explained below (See Fig. 1). It is important to note that the findings are shown in percentages. The percentages of the themes were calculated according to the total sample ($n = 54$); and the percentages reporting the sub-themes and elements of the subtheme were calculated according to the total number of participants commenting on the theme.

Consequences of the Alienation in Targeted Parents

Consequences of the alienation refers to any negative issue targeted parents experienced as a direct result of being alienated from their children. The data were organized around six sub-themes that represent six types of

consequences: emotional, behavioral, finances/work, cognitive, physical, and social (See Table 1).

Emotional

Eighty-nine percent of the total sample of targeted parents reported being affected emotionally by the alienation. Emotions described by the participants were classified in terms of psychological difficulties, emotions they have shown while experiencing the alienation, and a description of how they feel about the alienation.

Psychological difficulties Depression (33%), stress (23%), anxiety disorders (21%), and posttraumatic stress disorder (15%) were reported by targeted parents as consequences of the alienation. Targeted parents also mentioned having been affected by an adjustment disorder (4%), panic attacks (2%), low self-esteem (2%), lack of confidence (2%), and loss of identity (2%). It is important to note that some of these psychological difficulties were mentioned as clinical diagnoses by targeted parents during the interviews. Some of them said they had been diagnosed by a medical or mental health professional; however, it is unclear if they all were diagnosed or if they were self-diagnosed. For example, Participant no. 24 stated that their doctor made the diagnosis: '*My doctor ended up having to put me on a medication to help me with my anxiety and my depression.*'; whilst Participant no.25 did not specify where their diagnosis came from: '*I've got issues with anxiety and—well, particularly posttraumatic stress disorder with depression and an adjustment disorder.*' It is important for future research to make this distinction. The internet provides individuals access to an abundance of resources including medical information. This can lead to self-diagnosis. Self-diagnosis can be dangerous because it can increase anxiety (Ahmed and Stephen 2017; White and Horvitz 2009) and it has the potential to escalate medical concerns (White and Horvitz 2009). In addition, self-diagnosis can give rise to inaccurate diagnostic labels (Pillay 2010); can create a self-perception of abnormality and morbidity; increase physical and emotional distress (Ahmed and Stephen 2017); and prevent access to appropriate treatments or interventions (White and Horvitz 2009).

Emotions that targeted parents have experienced In their own words, targeted parents described experiencing several negative emotions due to being alienated from their children, such as feeling frustrated, upset, sad or overwhelmed. They no longer felt joy or pleasure in life, they felt rejected, embarrassed, drained, guilty, confused, broken, angry, isolated and disempowered. Other words mentioned by the participants to describe how they felt were exhausted, ganged up on, embarrassed, hurt, insecure, daunted,

Fig. 1 Themes and subthemes of the targeted parents' experiences of parental alienation

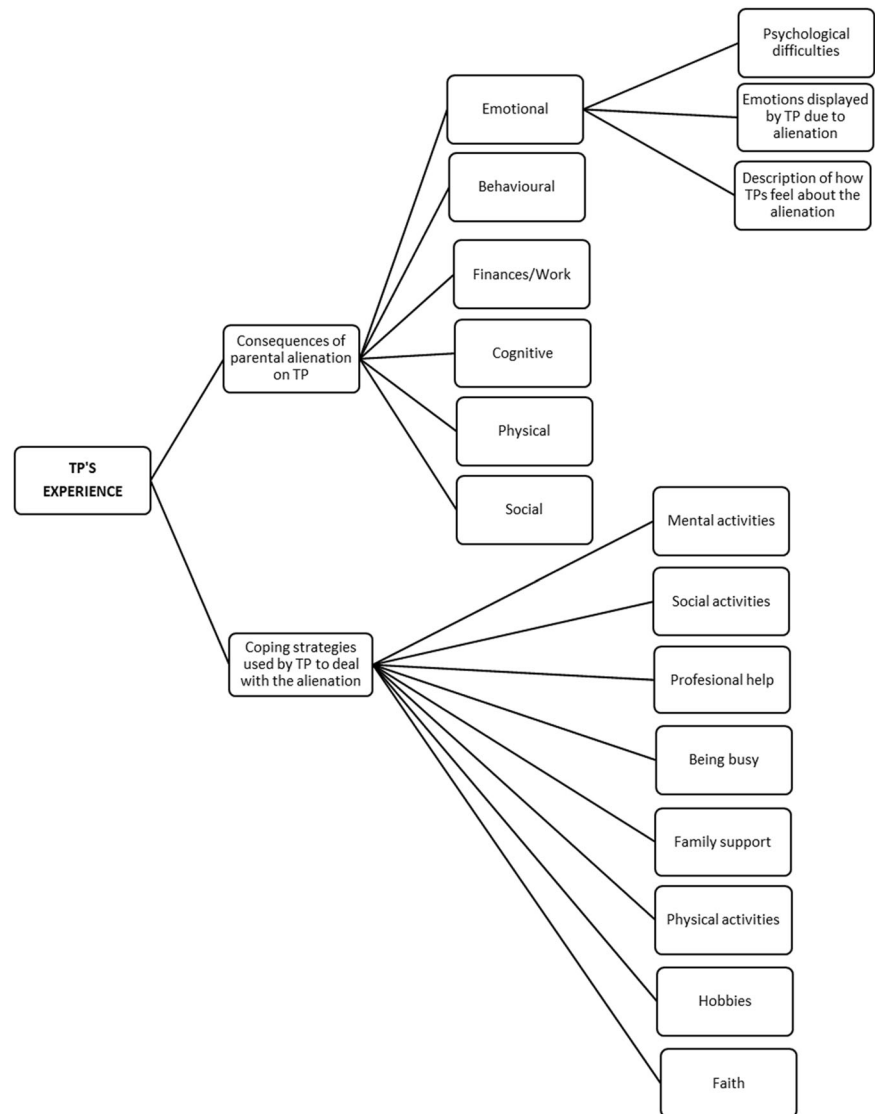


Table 1 Consequences of the alienation in targeted parents

Subtheme	% TP mentioning the elements of the subtheme	No. of references ^a
Emotional	89%	179
Behavioral	74%	58
Finances/work	59%	71
Cognitive	57%	48
Physical	33%	28
Social	22%	13

^aNumber of times the consequence was mentioned

pressured and powerless. Also, they felt powerful emotions, sorry for themselves, in so much pain and on a mountain of emotions. Some targeted parents reported trying to avoid their emotional responses.

All of the terms describing the emotions displayed by the participants were classified as synonyms or as the meaning they gave to the situation according to a negative emotion extracted from Roseman's Emotion System (Roseman 1996, 2011, 2013; Roseman and Edvokas 2004; Roseman et al. 1990). According to Roseman (2013), emotions are guided by appraisal of people's response to crisis situations and opportunities. Emotions can be understood as a coherent, integrated systems of general-purpose coping strategies. Roseman's model identifies twelve negative emotions and offers a functional explanation for the presence of particular emotions in the emotion repertoire, and their elicitation by appraisal combinations. The twelve emotions include fear, sadness, distress, frustration, disgust, dislike, anger, contempt, regret, guilt, shame, and surprise. Surprise can be considered negative or positive depending of the person's appraisal.

Table 2 Negative emotions displayed by targeted parents experiencing the alienation using Roseman's emotion system

Negative emotions				
Motive inconsistent				
Circumstance/ cause	Appetitive (absent)	Aversive (present)	Control/ potential	
Unexpected	Surprise		Low	
Not unexpected/ uncertain	Fear		Low	
Certain	<i>Sadness</i> <i>Exhausted, sad, broken,</i> <i>no feeling pleasure in life</i>	<i>Distress</i> <i>Hurt, overwhelmed, drained, rejected,</i> <i>insecure, ganged up on, daunted, in so</i> <i>much pain, feeling powerful emotion or in</i> <i>a mountain of emotions</i>	Low	
Uncertain/certain	<i>Frustration</i> <i>Frustrated, confused,</i> <i>disempowered, powerless</i>	Disgust	High	
Other cause Uncertain/certain	Dislike		Low	
Uncertain/certain	<i>Anger</i> <i>Upset, angry</i>	Contempt	High	
Self-caused Uncertain/certain	Regret		Low	
Uncertain/certain	<i>Guilt</i> <i>Guilty</i>	<i>Shame</i> <i>Embarrassed, isolated, sorry for</i> <i>themselves</i>	High	
	Instrumental problem	Intrinsic problem		

Adapted from Roseman (2011; p. 438)

When considering Roseman's Emotion System model, targeted parents feel sadness, distress, frustration, anger, guilt and shame as a consequence of the alienation. These emotions are elicited by the interaction of seven appraisal determinants: unexpectedness (not unexpected-unexpected), situational state (motive inconsistent-motive consistent), motivational state (aversive-appetitive), probability (uncertain-certain), agency (circumstances-other person-self), control potential (low-high), and potential type (instrumental-intrinsic).

All of these negative emotions are motive inconsistent (situational state) and not unexpected (unexpectedness), which means that the event, in this case the alienation, is unwanted by the targeted parent and their emotions are expected according to the situation. Sadness, frustration, anger, and guilt are emotions related to an absence of reward (motivational state) and are considered an instrumental problem (potential type); whilst distress and shame are emotions related to the presence of punishment (motivational state) and are considered an intrinsic problem (potential type). When sadness and distress are elicited in targeted parents, the occurrence of the alienation aspects are definite and certain (probability); eliciting frustration, anger, guilt, and shame (see Table 2).

These negative emotions are related to the appraisal of what or who caused the event (agency); in this context, the emotions relate to what or who caused the alienation.

Feeling sadness, distress, or frustration is related to circumstantial causes; feeling angry is related to causes external to the person, Roseman (2011) called it 'other cause'; and feeling guilty and shame is related to self-caused. In addition, the appraisal of high or low control regarding the event (control potential) can be interpreted from these negative emotions as well. Hence, targeted parents feeling sadness and distress might think there is nothing they can do about their situation (low control). On the contrary, those who feel frustration, anger, guilt, or shame might think they can do something about their situation to change it (high control).

According to Roseman (2011), these emotions form strategies (contacting, distancing, rejection, and attack) for coping with a particular situation when various responses, characteristic of a particular emotion, are interrelated. These may be helpful in understanding targeted parents' feelings and how these feelings interact in response to the alienation. For example, when people feel sadness and distress, they tend to distance themselves from the stimuli by reducing contact with it as a way of coping with the situation (distancing strategy). People feeling frustration, anger or guilt tend to move against the objects and events in general, against other people, or against the self (attack strategy). When people feel shame, they tend to move the stimuli away from them (rejection strategy).

Description of how targeted parents feel about the alienation Parental alienation is described by targeted parents as the worst thing that ever happened to them. It was described as grieving for a child who is still alive. They described grieving with no help or understanding from others. Targeted parents described experiencing disenfranchised grief. Disenfranchised grief is where a person feels a loss, but they are unable to express that grief because it is not socially acknowledged (Doka 2008).

It's like he's murdered my children... but the only thing is I can't grieve. I can't go to a grave. I can't say anything that I want to say (Participant no. 20).

Behavioral

Seventy-four percent of targeted parents described engaging in different types of behaviors as a direct consequence of the alienation. The most common behavioral problem affecting targeted parents were sleep disturbances (43%) and suicide attempts (23%). Some participants said they had attempted suicide on multiple occasions.

I attempted suicide 3 times last year, I spent a week in hospital essentially in a catatonic state (Participant no. 47).

Finances/work

Fifty-nine percent of the total sample of targeted parents mentioned that parental alienation had affected their finances and their capacity to work. Mainly, in their own words, they referred to being destroyed financially because of the excessive amounts of money spent on parental alienation matters such as lawyers, court procedures or child support. They also reported having lost their jobs either because of the stress of maintaining employment or because of the time spent in court. In addition, targeted parents said they were unable to afford solicitors, or counselors or were unable to afford rent; some had lost their houses or assets. Some of them had more than one job to cover the expenses because there is no financial help for them.

I still have \$20,000 of debt to pay off from legal fees, even though I represented myself for the majority of the case. The debt was over \$50,000. It doesn't take into consideration that it was probably another \$80,000 I already paid in cash at the time. It's crazy that I had to spend so much money to not see my children (Participant no. 43).

Cognitive

Fifty-seven percent of the total sample reported having problems that can be organized as cognitive consequences. Targeted parents described overthinking, being unable to concentrate or articulate thoughts and having mental stress. In addition, some targeted parents reported some thoughts emerging from their experiences, which have been classified as negative automatic thoughts (NAT) such as: all or nothing thinking, overgeneralization, mind reading, catastrophizing, labeling and personalization (Burns 1999; Knapp and Beck 2008). See Table 3 for a summary of cognitive distortions.

Physical

It was found that 33% of participants mentioned being affected physically by the alienation. The most common issues were physical health problems in general, weight-loss, weight-gain, and headaches. Some other physical or health-related conditions were described by the participants as consequences of the alienation. However, although they attributed them directly to the alienation, these conditions or physical problems could have manifested with or without the presence of it. For example, chest pain, arrhythmia, tuberculosis, haemangioma, breast lumps, heart attack, and fibromyalgia.

Social

The social life of 22% of targeted parents has been affected directly by the alienation. Self-isolation was found to be the most common form of social consequence. Targeted parents decided to be by themselves, rejecting friends and people around them. Also, they reported having decided not to be involved in any kind of romantic relationship. They want to be alone because people do not understand, or people have hurt them in the past. Parental alienation has destroyed some of the targeted parents' relationships and have caused the loss of friendships.

It's probably why I'm still single you know, because when you meet someone and talk about things, you get a bit more open with each other, and then you know, and talk about things. This has been a big factor in not having another stable relationship, because there's this baggage still there (Participant no. 28).

In summary, the findings show that parental alienation has negatively and seriously impacted targeted parents. They experience sadness, distress, frustration, anger, guilt and shame. Parental alienation has affected their lives, their routines, the way they think, feel and behave. To endure this experience, some targeted parents have found ways to

Table 3 Cognitive consequences of parental alienation reported by targeted parents

Cognitive consequences	% of TP	Participants quotation
Overthinking	45%	'... and the worry and all that, that goes with it, the, over thinking stuff, now I overthink everything, ok?, what's going to happen if I do this, or do that, how do I keep this from turning into a huge argument, rather than just being able to speak my mind and say look, this is right, stop.' (Participant no.31)
Hard to concentrate	45%	'I couldn't focus anything more than a half an hour and I just needed my mind to stop, because as soon as I turned off the TV my mind was 100%, million miles an hour going, going.' (Participant no.6)
They think people might think they should have done something very bad or wrong to be rejected by their children. (NAT: <i>overgeneralization, mind reading and personalization</i>)	41%	'The alienated parent does not talk about it because when you do, people may think "What did you do to your daughter for her not to even talk to you?" But it comes to a point where, I didn't do anything to my daughter.' (Participant no.18)
They think people don't understand. (NAT: <i>all or nothing thinking, mind reading and labeling</i>)	41%	'And having to justify to this psychologist that I'm a normal person, I'm a loving mother. I care for my daughter, I felt that I was constantly having to justify to people, that people wouldn't understand, 'oh, God, what has she done to her daughter for her to not live with her, not to be with her; is she some sort of abusive, horrible person'. (Participant no.51)
Suicidal thoughts	27%	'Sometimes I'd look at a car and feel like throwing myself under it, just ending it all. And it's only talk, you know, sometimes if you're hurting, that's what goes through your head, but that's it.' (Participant no.44)
Mental stress	22%	'I just wanted to get help, but I was basically locked out and I became very, very sick. I think it's because of my mental stress, you know.' (Participant no.30)
They think there's nothing they can do, or they don't know what to do. (NAT: <i>overgeneralization and catastrophizing</i>)	18%	'I had absolutely nothing I could do. Once I found out what it was, went and talked to my solicitor, and my solicitor said that there's literally nothing she can do, because she can only bring up in court things that are covered by the law.' (Participant no.14)
They think they have lost time being with their children, time that never will come back.	14%	'The hardest thing for me has been the time I've lost.' (Participant no.45)
Unable to articulate thoughts	11%	'This is time with my kids that I'll never ever, ever get back.' (Participant no.25)
They think people get tired of hearing their story. (NAT: <i>mind reading and labeling</i>)	9%	'I couldn't articulate my thoughts; I couldn't really speak.' (Participant no.25)
They think people don't believe what they are experiencing. (NAT: <i>mind reading</i>)	9%	'Umm, because I'm sure some people get sick of hearing my story, new friends, old friends, they don't really understand.' (Participant no.13)
They think their kids someday will seek for them	9%	'People don't want to know. They don't believe you. They don't think it's possible.' (Participant no.19)
They don't know what their kids are told at home. (NAT: <i>mind reading</i>)	5%	'I do think, at some point, my girls are going to seek me out. And they have to learn who their father is. This is the only way they're going to.' (Participant no.21)
	5%	'So, aside from the denial of contact, there's not much I can say because I don't know what happens in that household. I don't know what they tell her about me. I don't know whether they've told her that I'm dead. They might have said 'Oh your father's dead'. They might say that I hate, that I don't love her. They might say that I'm the nasty man. They might say that I'm in jail. They can say whatever they like about me, and I have no way of countering that.' (Participant no.3)

survive the alienation. The following section will provide the coping strategies used by some participants that were described during the interviews.

Coping Strategies Used by Targeted Parents

Fifty-six percent of the total of participants in this study shared what they have been doing to cope with the alienation. The data is organized around eight themes that include descriptions of the activities they do to face the alienation: social, mental and physical activities, seeking professional help, work or keep themselves busy, family support, finding hobbies and faith. On the other hand, 44% of the total sample reported not coping well or not coping at all.

Mental activities

Thirty-five percent of participants mentioned engaging in activities to keep their mind occupied. Some of those activities include: studying, either by themselves or at universities; spending time researching about parental alienation or another topic; spending time reading; and writing a book about their experiences of parental alienation.

I did a lot of research, trying to figure it out (Participant no. 21).

I've started studying again to try and get some qualifications which I've never had (Participant no. 46).

Social activities

As part of seeking wellbeing, 33% of targeted parents found that being social helped them to feel better. The activities reported by participants included meeting with friends, talking and sharing their grief with others, seeking help in online support groups and helping or volunteering.

Probably the friends more than anything. Being able to talk to your mates about things and stuff, just having their support to hang in there, so, it was pretty good (Participant no. 28).

Professional help

Seeking professional assistance is another way that 33% of targeted parents cope with the alienation. Professional help included therapies or consultations with psychologists, psychiatrists or going to counseling.

I went to see a psychologist to be able to help guide me through it, also be able to advise me in terms of how best to deal with the children and their comments, and specific comments that they come back and how best to react to that (Participant no. 17).

Being busy

Thirty percent of participants mentioned that keeping themselves busy was a good way to cope with the alienation. Targeted parents spend most of their time working, focused on their careers, or just occupied or busy in any activity they can be involved in.

I work. I work extremely long hours (Participant no. 5).

Work saves me, I go to work, have a laugh, but that's the thing that saved me (Participant no. 44).

Family support

Twenty percent of the total sample of targeted parents stated that their family's emotional support was their way of coping with the alienation. Family included their parents, either mothers or fathers; spouses or partners; and any children they were not alienated from.

I've got a very close family, if I didn't have them, I'd be washed away (Participant no. 17).

Physical activities

Keeping a healthy exercise routine was the coping mechanism described by 13% of the targeted parents. Physical activities such as running, exercise in general, cycling, going to the gym, walking, and rock climbing helped targeted parents to feel better about themselves.

I've decided to start getting into exercise, and getting outdoors, and stuff like that, and so, yeah, to make me feel a bit better about myself. And it was amazing like when I first, you know, started exercising, I actually started feeling better (Participant no. 2).

Hobbies

Thirteen percent of targeted parents reported having a hobby as a coping strategy to deal with the alienation. The

hobbies were: having and posting on a blog, painting and coloring, building, playing music, coaching a team and renovating or decorating the house.

Coloring in with my littlest daughter, it became obsessive. I started painting, then beading, then woodwork, but excessively. I'd stay up until I am doing it. Anything to occupy my mind (Participant no. 45).

Faith

Nine percent of the participants referred to believing in something superior, having faith, praying and attending church was the way to feel better and cope with the alienation.

I pray. Like I said, I'm a Christian. So, I pray a lot. And I get mad a lot at God, why are you doing this? But I really do believe it's a walk of faith, and there's a reason it's happening this way (Participant no. 21).

Not coping well or not coping at all

Forty-four percent of participants found they were coping in an inadequate way, with difficulties or not coping at all. For example, smoking and drinking, hiding or blocking their emotions or isolating themselves.

How have I coped? Not very well [laughs], well look, to answer that, I don't know, I don't know how I'm still here really, to be honest (Participant no. 3).

So, you cope with difficulties. You don't live, you exist (Participant no. 10).

Coping with the alienation it has been hard for targeted parents, however, some of them have found a way to deal with it. These findings highlight the need for support, guidance and understanding for targeted parents.

Discussion

This study aimed to describe the consequences of parental alienation on targeted parents, to identify the coping strategies used by them to deal with the alienation and to make recommendations for support programs for targeted parents. The findings of this study provide valuable information from the voices of targeted parents. They describe in detail

what it feels like being alienated from their child, how they have been affected by the alienation and what they have done to endure this experience.

Disenfranchised Grief, Ambiguous Loss and Psychological Sequelae

This study shows that targeted parents experience serious emotional consequences from being alienated from their child but also from the experience of trying to maintain a relationship with that child. Targeted parents appear to experience symptoms of depression, anxiety, stress, posttraumatic stress and adjustment difficulties. Similar findings were reported by Baker and Fine (2014a), Harman and Biringer (2016) and Poustie et al. (2018). It is important to note that some targeted parents reported having physical health symptoms that they attributed to the alienation. Although it is beyond the scope of this study to determine cause and effect, it should be noted that targeted parents appear to be under considerable psychological distress. Research has shown that chronic stress, distress and psychological illnesses, especially affective disorders are associated with immunosuppression in humans (Khansari et al. 1990; Segerstrom and Miller 2004). Furthermore, stress, immunity and disease can affect each other in reciprocal ways (Morey et al. 2015).

Targeted parents experience the loss of their child's affection. The pain and heartache they suffer, being unable to have contact or a relationship with their children, has been compared to suffering the grief of a death of a child but with no support for this grief (Baker and Fine 2014a; Gardner 2001). When a loss is the result of an unclear situation and remains unverified without resolution it is called ambiguous loss (Boss 1999, 2007). Targeted parents losing contact with their children may suffer physical ambiguous loss (Boss 2016): their children are physically absent yet psychologically present. Ambiguous loss is the most stressful type of loss because it lacks resolution, there is no official verification of loss, therefore, no finality with rituals of support (Boss 2016). According to Boss (1999, 2006, 2007), people suffering ambiguous loss are criticized and left on their own to cope, isolated and confined between hope and despair.

Ambiguous loss can lead to what has been defined as disenfranchised grief (Doka, 1989, 2002). People suffer disenfranchised grief when their loss is ignored, minimized, or unacknowledged; their feelings in response to the loss are dismissed, criticized, or misunderstood by others; they receive minimal or no support; their opportunities to grieve are absent or discouraged; the reactions of others convey in disbelief, reproach, or condemnation; and the loss and/or the individual's reactions occur in a context of stigma (Knight and Gitterman 2019). The narratives of the targeted parents of this study regarding their feelings are consistent with the characteristics of a disenfranchised grief.

The lack of resolution places targeted parents in limbo and unable to move forward (Knight and Gitterman 2019). Their feelings of hopelessness and helplessness may lead to depression, guilt, anxiety or immobilization (Boss 2016). In addition, targeted parents experiencing disenfranchised grief may experience an exacerbation of their natural emotional reactions associated with grief, such as sadness, guilt, anger and loneliness (Doka 2002) because their grief is not recognized and often repressed. In this context, targeted parents' bereavement experience often follows without social support. This lack of support denies them the opportunity to openly discuss their feelings and leaves them without expressions of sympathy and support from others (Doka 2002). This, in turn, prevents targeted parents from engaging in the grieving process that is needed to facilitate coping and healing (Lenhardt 1997).

In addition, targeted parents described experiencing sadness, distress, frustration, anger, guilt and shame as a consequence of being alienated from their children. Using Roseman's Emotions Model (Roseman 2011), we have been able to consider how targeted parents may cope depending on their expressed emotions. For example, when targeted parents self-isolate (coded as a social consequence and as not coping well or not coping at all), it may be a manifestation of their sadness, distress and shame. They may be choosing to distance themselves from the stimuli that triggers or perpetuates their distress. However, some avoidance may indeed compound their distress.

Parental alienation is extremely hard for targeted parents. The lack of understanding and scarcity of support for them result in serious costs including significant financial costs, social, and relationship costs. Confusion, desolation, and isolation make targeted parents vulnerable to poor mental health outcomes. They appear to be fighting a battle with limited armory. If the experience of targeted parents is considered a form of family violence (Haines et al. 2020), the findings of this study suggest that targeted parents are suffering this form of abuse and its sequelae silently. For some, their suffering is too great, and suicide is considered an option to resolve their ordeal. This is consistent with Baker and Fine (2014a), Balmer et al. (2017) and Poustie et al. (2018). The finding that 23% of targeted parents in this study have attempted suicide and 44% of the sample describe not coping well is alarming and of concern. This finding signals the urgency for the experience of targeted parents to be better understood and the necessity for mental health and legal practitioners to be alert to the needs of targeted parents.

Financial Burden

If the experience of being alienated from a child is considered purely from a financial perspective, the financial

costs to the individual are significant. We saw in this study that some parents have spent hundreds of thousands of dollars alone just to maintain a relationship with their children. If the cost to society is considered, the estimated cost of parents being alienated from a child would also be substantial. Some targeted parents described experiencing job loss, homelessness and challenges accessing mental health services. Further, these financial losses appear to occur during mid-life, when most parents hope to be able to enjoy the assets and financial security that are normally achieved by that milestone. This is un-recoverable loss. When this is considered along with the public costs of maintaining a family court system, the cost of parents being alienated from their children for no justifiable reason would be vast. In this study, 59% of participants described being in financial difficulty or crisis. This is a large number of people needing financial support. When it is considered that the Australian population is over 25 million, this equates to over 15 million people needing financial support. If parental alienation was better responded to in the legal and mental health systems, this financial burden on individuals and society could be potentially reduced.

Coping with Alienation and Recommendations for Supporting Targeted Parents Better

Coping with parental alienation is not easy. The results of this study show that almost half of the participants described coping with significant difficulties or not coping at all. Hence, mental health and legal practitioners need to be aware of the psychological distress targeted parents experience. Their distress should not be ignored because to do so could increase some targeted parents' suicide risk. Practitioners who find themselves working with targeted parents should be aware of suicide risk factors. These include expressions or displays of psychological distress, feelings of worthlessness, sadness, grief, shame and social withdrawal. All practitioners working with targeted parents should know how to ask clients about suicidal thoughts and any plans to attempt suicide. This then necessitates the need for mental health and legal practitioners to work together (Haines et al. 2020).

Grief counseling for targeted parents' disenfranchised grief experience must be taken in account when working with targeted parents. Sometimes grief responses to ambiguous loss are mistaken for mental health problems, such as posttraumatic stress, anxiety, or depression (Leach et al. 2008; Malone et al. 2011; Mitchell 2017), when not all antecedents are included in a comprehensive and detailed evaluation.

Targeted parents experience a non-death loss, their children are both absent and present at the same time, therefore closure is not possible (Duggleby et al. 2013).

Counseling should be focused on promoting resilience by helping targeted parents to tolerate ambiguity rather than achieving closure (Boss 2010). In addition, when grief is disenfranchised, social support is absent (Meagher 1989; Thornton et al. 1991) because the society does not recognize the significance of the loss. Hence, a group modality type of counseling may be beneficial when dealing with ambiguous losses (Cheung and Hocking 2004; Duggleby et al. 2013; Hebert et al. 2013; Pillai-Friedman and Ashline 2014) because it can reduce isolation, stigma, and provide social acknowledgement.

This study also showed that targeted parents can experience distress as a genuine response to their predicament. However, some distress may be perpetuated by targeted parents engaging in negative automatic thoughts. Targeted parents may benefit from psychoeducation on the interrelation between thoughts, behavior and feelings. Targeted parents may benefit from learning cognitive restructuring techniques to help them to identify unhelpful self-talk.

Some targeted parents in this study found a way to manage their distress. It seems that being active either physically (doing exercises), mentally (studying or researching), or socially (spending time with friends) works well for some targeted parents. To this end, targeted parents may benefit from strategies such as behavioral activation or positive activity scheduling because these techniques promote well-being in a range of the population in both clinical and nonclinical settings (Mazzucchelli et al. 2010). Moreover, these techniques encourage people to approach activities that they have been avoiding, help them in analyzing the function of cognitive processes such as rumination and assist them in refocusing on their goals and valued directions in life (Veale 2008).

Limitations and Recommendation for Future Research

An inherent limitation of thematic analysis is researcher bias. However, this study was conducted within a purely inductive, data-driven manner and following the trustworthiness criteria to avoid bias. Also, as a qualitative descriptive research design, this study lacks statistical generalizability. Yet, it allows for theoretical generalization that can be compared and contrasted with other contexts and settings (Yin 2003), contributing to the knowledge base around targeted parents' experiences of parental alienation and giving them a voice to express and share those experiences. The sample of this study experienced parental alienation at different times; some targeted parents were experiencing the alienation, whilst others already have lost their children completely. It would be more appropriate to conduct prospective studies, following targeted parents' experiences in 'real-time', to avoid relying on memories.

From our findings, there is still a need for more research exploring targeted parents' experiences from their perspective. In particular, studies exploring targeted parents' experiencing the alienation of their children with a focus on their disenfranchised grief; on how parental alienation affects their well-being; and on how they address their feelings and their ability to cope. Finally, future research should focus on the development, implementation and evaluation of intervention programs for targeted parents in order to assist them in coping with the alienation. Specially how Cognitive Behavioral Therapy techniques can contribute to improve their well-being.

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Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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