

ABSTRACT

EFFECTS OF PAST PARENTAL ALIENATION AND ONGOING ESTRANGEMENT FROM ADULT CHILDREN ON NON-CUSTODIAL PARENTS AS THEY AGE

By

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This study was designed to explore how the experience of past parental alienation and current estrangement from adult child(ren) affected aging alienated parents particularly in the domains of depression and life satisfaction. This study also explored the link between past parental alienation and late-life estrangement from adult child(ren). The sample of 65 participants responded to an online survey after responding to a recruitment flyer posted on Craig's List.

The results showed mild to moderate levels of depression and moderate dissatisfaction with life among the study participants. Higher levels of parental alienation were significantly associated with higher levels of depression and greater dissatisfaction with life. Participants also overwhelmingly reported that past parental alienation had contributed to their current estrangement from their adult child(ren).

Further research is needed on the impact of parental alienation on the well-being of aging parents.

EFFECTS OF PAST PARENTAL ALIENATION AND ONGOING ESTRANGEMENT
FROM ADULT CHILDREN ON NON-CUSTODIAL PARENTS AS THEY AGE

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TABLE OF CONTENTS

	Page
ACKNOWLEDGEMENTS	iii
LIST OF TABLES	vii
CHAPTER	
1. INTRODUCTION	1
Problem Statement	1
Purpose of the Study	2
Social Work and Multicultural Relevance	2
Definition of Terms	3
2. LITERATURE REVIEW	5
Theoretical and Developmental Foundations	5
Healthy Aging: Life Satisfaction and Integrity	7
Parental Alienation	8
What It Is and How It Changes the Parent/Child Relationship	8
Loss of Parenting and the Emotional Consequences	13
The Long-Term Effects of Parental Alienation on Children as They Reach Adulthood	14
Adult-Child Initiated Estrangement	15
How and Why It Happens	16
Generational Consequences	16
Ambiguous Loss, Rumination and Depression	17
Complicated and Disenfranchised Grief	18
Risks to Physical and Psychological Health and Well-Being	19
Elder Suicide	21
Interventions	21
Implications for Gender and Multicultural Issues	24
Summary	25

CHAPTER	Page
3. METHODS	27
Research Design.....	27
Sampling and Data Collection	27
Instrument	28
Data Analysis	30
4. RESULTS	31
Demographic Characteristics	31
Characteristics of Family Prior to Separation and after Separation.....	33
Parental Alienation Scale Responses	33
Geriatric Depression Scale (Short Form) Responses.....	37
Satisfaction with Life Scale Responses	38
Scale Creation	39
Comparison of Scales	40
Gender Differences	41
5. DISCUSSION	43
Summary of Findings.....	43
Limitations of the Study.....	46
Implications for Further Research	47
Implications for Social Work Practice	48
APPENDICES	51
A. SURVEY INSTRUMENT (SCALES)	52
B. ONLINE CONSENT FORM.....	59
C. RESOURCES FOR PARTICIPANTS.....	62
REFERENCES	64

LIST OF TABLES

TABLES	Page
1. Demographic Characteristics.....	32
2. Characteristics of Family Prior to Separation and after Separation.....	34
3. Parental Alienation Questions.....	36
4. Participants' Responses to the Geriatric Depression Scale.....	38
5. Satisfaction with Life Scale.....	39
6. Scales' Means, Standard Deviations and Cronbach's Alpha.....	39
7. Correlations Between Geriatric Depression and Satisfaction with Life	41
8. Correlations Between Parental Alienation, Geriatric Depression and Satisfaction with Life	41
9. Differences Between Parental Alienation, Geriatric Depression and Satisfaction with Life by Gender	42

CHAPTER 1

INTRODUCTION

Problem Statement

Parental alienation, as well as estrangement of aging parents by their adult child(ren), are two family issues that are under-reported, increasing in frequency, and devastating to parent-child relationships (Agllias, 2011). Parental alienation is a deliberate set of suggestions and behaviors that one parent uses to influence the child(ren) to cut off relationship and contact with the other parent, and most often occurs after acrimonious divorce and custody battles (Baker & Chambers, 2011). While the number of marriages is decreasing, the divorce rate is now about 53%, an increase of about 3% since 2008 (Center for Disease Control and Prevention [CDC], 2008, 2011). Bernet (2008) estimated that the prevalence rate of parental alienation was about .25%, which translates out today to roughly 529,500 American families.

Summers and Summers (2006b) contended that parental alienation is a form of psychological childhood abuse. This is because of the alienating parents' methods of psychological manipulation of the child, which are intended to rob the child of their other parent and align them totally with the alienating parent (Summers & Summers, 2006b). While there is growing recognition that parental alienation is affecting many families, there has not been much research conducted on the long-term effects of parental

alienation on the alienated parent. More research is needed on how parental alienation affects the health and psychological well-being of an aging parent.

Purpose of the Study

The purpose of this study is to explore the aging experiences of non-custodial parents who have experienced parental alienation. Additionally, this study sought to answer:

1. What is the impact of parental alienation on the aging parents?
2. What is the level of depression among aging parents who have experienced parental alienation?
3. What is the level of life satisfaction among aging parents who have experienced parental alienation?

Social Work and Multicultural Relevance

This research is important for social workers to understand how to work with elderly parents who are experiencing estrangement from their adult child(ren) in light of their former lived experience of being alienated from their child(ren) through parental alienation. Findings of this study may help to understand the complexity of the psychological distress these parents experience, as well as indicate predictive risks of later life estrangement, having experienced earlier parental alienation. It will also be important to explore any gender or cultural differences that may this study may reveal, and particularly sexual orientation information, since current literature has not discussed sexual orientation as a factor in either parental alienation or later life estrangement.

Definition of Terms

Ambiguous Loss: A loss that results from unclear or uncertain cause (Boss, 2007).

Ambivalence: Having conflicting feeling, both positive and negative, about someone (Lendon, Silverstein, & Giarrusso, 2014)

Complicated Grief: A set of behaviors surrounding a loss that can impair the functionality of the person. Behaviors can include obsessive preoccupation with the loss, survivor guilt, bitterness, loss or lack of trust in others, visual and auditory hallucinations, envy, and identifying with something from the lost person, otherwise known as identificatory phenomena (Bierhals, et al., 1995-96).

Disenfranchised Grief: The feeling of survivors of some loss that they are not entitled to grieve because their loss is outside the parameters of standard social norms or conventions (Attig, 2004).

Estrangement: The cessation of all contact and visitation, and loss of trust, intimacy and warmth between people who had previously been close (Agllias, 2013).

Older adult: A person aged 55 or older.

Parental Alienation: A deliberate and systematic brainwashing of a child by the custodial parent, poisoning the child against the non-custodial parent. A child may denigrate the non-custodial parent, have frivolous, absurd or weak rationalizations for the denigration, exhibit a lack of ambivalence, as well as the “independent thinker” phenomenon. They may automatically support the alienating parent and have a lack of guilt about their cruelty/exploitation/denigration of the alienated parent. They may use phrases or express borrowed scenarios from the alienating parent and seek to destroy

relationships between the alienated parent and extended family or friends (Gardner, 2002).

Stigma: An attribute about a person that marks a person as different, discounted, discredited and devalued because they do not meet the accepted social norms (Link & Phelan, 2001).

CHAPTER 2

LITERATURE REVIEW

Theoretical and Developmental Foundations

Discussion of dysfunctional family relationships necessitates revisiting the theoretical foundations of human development to gain a deeper understanding of how the problems may have started. Bowlby (1958) developed attachment theory, which holds that humans are genetically predisposed to attaching to their primary caregivers in the first year of life, and that, depending on the responsiveness of that caregiver, build an internal working model of relationships based on that primary relationship. Infants learn how much they can depend on their caregivers, and how they themselves can influence their caregiver's response. Parents who have undergone parental alienation and later estrangement, may have had unresponsive parenting themselves, or may have been unresponsive to their children's needs and desires. Marital discord can often make parents less responsive to children than they would normally be, and in the first year of life, according to Bowlby this can have profound and lasting effects on the nature of the relationship between that child and parent.

Building on Bowlby's (1958) work, Ainsworth and Bell (1970) identified the Strange Situation as the term to categorize the attachment styles of infants to their caregivers. In the Strange Situation, infants would undergo a prescribed series of experiences--introduction to an adult stranger, separation from their caregiver, and then

reunion with their caregiver. Depending on how the infant reacted to these experiences, Ainsworth and Bell saw four attachment styles, which they called (1) securely attached, (2) insecure-avoidant, (3) insecure-resistant, and (4) insecure-disorganized. As might be assumed, it is the latter three categories that bear noticing in problematic parent-child relationships. Ben-Ami and Baker (2012) assert that parental conflict, and parental alienation in particular, can create insecure attachment to both parents--to the alienating parent because he or she is too focused on his or her own needs to be attentive to the child; and to the alienated parent because he or she is absent from the child's life and denigrated by the other parent. Ben Ami and Baker contend that this establishes life-long distorted beliefs about relationships, making it difficult for them to develop healthy attachments and relationships.

Bowen (1978) theorized that differentiation is the ability of a person to successfully separate themselves mentally and physically from his or her family of origin and to become independent and emotionally mature in his or her own created family. Family Systems theorists contend that when there are low levels of differentiation between two people in a family, a third party is sometimes introduced as a way to ease the tension between them (Finzi-Dotan, Goldblatt, & Cohen-Masica, 2012). Sometimes that third party is a child and is definitely so when parental alienation occurs. With the introduction of a third party, the relationship has become triangulated in which there are always two insiders and an outsider. There can be more than one triangulated relationship in a family, becoming interlocking and complex. Bowen contended that those in the uncomfortable role of outsider strategize and manipulate their way into gaining an insider position; thus, the family triangle is always in flux and there are always

contentions of some kind to some extent. Triangulation offers an effective way to understand the effects of parental alienation and how changing affiliations and insider/outsider status can alter the dynamics of a once intact family. Family Systems theorists contend that emotional cut-offs are a way of coping in uncomfortable family relationships. Emotional cut-offs, however, do not offer a solution to an uncomfortable family relationship, but will only keep it dormant until the people involved can work on the relationship, or if one of them dies.

Both insecure parent-child attachments and family triangulation offer theoretical foundations for the development of parental alienation and later adult-child estrangement of their aging parent. Historically troubled parent-child relationships are associated with later detrimental mental and physical health effects for both parents and their grown children (Birditt, Rott, & Fingerman, 2009).

Healthy Aging: Life Satisfaction and Integrity

According to Erikson's (1966) theories of development, people in their later years of life enter the stage he referred to as "Integrity vs. Despair." In this stage people tend to reminisce about their life. If they have successfully accomplished the various stages of development to that point, they generally look back on their life with integrity, that is, they have satisfaction about their life roles, relationships and accomplishments. If, however, they did not successfully navigate earlier stages of development, then they may look back over their life experiences with regret and disappointment, leading to despair. For example, the early adulthood stage of "Intimacy vs. Isolation" is the normative period for adults to find mates and possibly start families. If they start on this path but something goes wrong, such as loss of custody of a child, or if the child cuts off relations

with the parent, the loss of being unable to parent or continue a parent-child relationship can become a barrier to their well-being in later life.

Whereas many psychological issues have criteria that are based on clinical observation of many individuals over time; satisfaction of life is an autonomous subjective judgment that each person makes regarding his or her own life (Pavot & Diener, 1993). Bishop, Martin, and Poon (2006) conducted a secondary analysis of data originally collected in the Georgia Centenarian Study (Poon, et al., 1992). This study consisted of 320 cognitively intact, community-dwelling older adults and examined how social support affected satisfaction with life. The findings revealed that along with socioeconomic status, social support was a primary factor in how elderly people felt about satisfaction with life, and that as social loss of relationships occur, satisfaction with life declines (Bishop et al., 2006).

Parental Alienation

Parental alienation is a phenomenon that typically occurs earlier in adult life, when children are being raised and parents go through divorce. Divorce is a common occurrence in our society and is sometimes used as an opportunity for a custodial parent to abuse, punish, or control the non-custodial parent through the act of parental alienation by: blocking communication or visitation between the non-custodial parent and his or her children and turning children against the non-custodial parent.

What It Is and How It Changes the Parent/Child Relationship

Gardner (2002) contended that parental alienation is the result of a set of behaviors by the alienating parent and of the brainwashed child(ren) toward the alienated

parent, which is referred to as Parental Alienation Syndrome (PAS). The set of behavior criteria exhibited by children include:

1) campaign of denigration (of the target parent); 2) weak, absurd, or frivolous rationalizations for the depreciation; 3) lack of ambivalence; 4) the “independent-thinker” phenomenon; 5) reflexive support of the alienating parent in the parental conflict; 6) absence of guilt over cruelty to and/or exploitation of the alienated parent; 7) the presence of borrowed scenarios; 8) spread of the animosity to the friends and/or extended family of the alienated parent. (Gardner, 2002, p. 193)

Gardner, a clinical professor of child psychiatry, based his criteria on a decade of observations of families going through acrimonious child custody litigation, where the set of problematic behaviors that children exhibited corresponded to behaviors initiating with the alienating parent.

One of the signature characteristics of parental alienation is lack of ambivalence, where a child is unable to see anything negative about the alienating parent, nor is he or she able to see anything positive in the alienated parent (Baker & Darnall, 2007). Among intact families, children may feel closer to one parent than another, and even after parents’ divorce, they may have ambivalence toward the less favored parent (Johnston, 2003). Ambivalence is the ability to have conflicting feelings about someone, so that some things about him or her are seen as good, while others are not. Parental alienation removes ambivalence from the child, making them feel as though they must choose one parent over the other (Baker & Chambers, 2011) and must furthermore hate the non-chosen parent (Baker, 2005b).

Alienating parents also typically act out a set of behaviors. Kopestki (1998a) found in a retroactive case review of over 600 custody disputes over a 20 year period, that (1) the alienating parent consistently presents the child with negative and distorted views of the target parent; (2) depending on the age of the child, he or she will begin to refuse visitation with the target parent; (3) the alienating parent will control, limit or deny communication between the child and the target parent; (4) the alienating parent will rationalize his or her behavior as being protective of the child, purporting to act in the child's best interest; and (5) the purpose of the alienating behaviors is to gain sole custody of the child by arguing for a corrupted form of justice. Weigel and Donovan (2006) reviewed recent research on parental alienation and found that the alienating parent usually denies that the child needs an ongoing relationship with both parents.

Literature has cited personality disorders--both, borderline and narcissistic--as underlying characteristics of a parent who alienates (Baker, 2005b; Bernet, 2008; Summers & Summers, 2006a, 2006b). Gordon, Stoffey, and Bottinelli (2008) conducted a study using the Minnesota Multiphasic Personality Inventory(MMPI-2) instrument on 158 parents undergoing court-ordered custody evaluations and found that parents who alienated had higher scores in primitive defenses, such as splitting, in which one parent is seen as all good and the other parent all bad, and for projective identification, in which all the faults of one parent are attributed to the other parent.

In a qualitative study ($n = 6$) of parents who had lost custody of their children, researchers Vassiliou and Cartwright (2001) noted there were some common themes such as reports that the children had been "enlisted" by their custodial parent to act as secondary alienators, which essentially gave the children power and control over the

alienated parent. They also found that alienated parents often felt a sense of powerlessness, as they were stripped of their role of parent, while the children were adultified and allied to the more powerful alienating parent. A literature review on parent-child roles in parental alienation based on Garber's (2011) work, noted that adultification of a child in cases of parental alienation is a form of role corruption that can lead to depression, anxiety, anger and later a character pathology for the child.

Summers and Summers (2006a) contended that the strongest alignments between alienating parents and their children occurred between the vulnerable ages of 9-12. They further contended that parental alienators encouraged the empowerment of their children against the target parent as a way of gaining their loyalty. At the same time, this served to inflict injury on the target parent through the child's seeming hatred toward him or her, accomplishing the alienating parent's revenge indirectly, but much more powerfully (Summers & Summers, 2006a). Ways of aligning their child(ren) to them included overt remarks about the alienated parent, but also more subtle comments and innuendoes, all of which created emotional confusion in the child and eventually eroded their desire for connection with their other parent (Kelly & Johnston, 2001). They also found that after the child has rejected their other parent, the alienating parent often professes that the child is free to choose to be with the other parent, knowing that the child will not choose to do so.

Baker (2005a) conducted a qualitative study of 42 adults who were raised by an alienating parent. Participants were interviewed with a structured set of questions about their experiences with parental alienation. From those interviews Baker (2006) found a similarity between parental alienation and cult indoctrination, based on mutual

characteristics such as: (1) a leader that demands absolute loyalty and devotion, (2) persuasion techniques and emotional manipulation to increase dependence on leader, (3) constant denigration of “the other,” (4) instilling fear of “the other” to cause them to be rejected, (5) lying about “the other’s” feelings and concerns to create distance from them, (6) withdrawing love and approval if affection is shown toward “the other,” (7) doing away with any need for “the other,” and (8) working toward needs and desires of the leader at the expense of everyone else. Although there may be a reluctance to use strong terms such as “brainwashing” in discussions about parents and their children, Summers and Summers (2006b) stated that parental alienation is brainwashing and is child abuse. Therapists who work with former cult members who were brainwashed reported that their clients had difficulties in decision-making, ego functioning, over-attachment to authority figures and childlike dependencies on them (Robinson, Frye, & Bradley, 1997), which are some of the same difficulties experienced by children raised by alienating parents. Other difficulties children often suffer being when raised by alienating parents are low self-esteem, guilt, depression and lack of trust (Baker, 2005b).

Parental alienation also shares characteristics with the Stockholm Syndrome, in which a hostage aligns with or identifies with the aggressor or hostage-taker. De Fabrique, Van Hasselt, Vecchi, and Romano (2007) stated that identification with the aggressor, first described by Anna Freud in the 1930s, is an automatic emotional response to coping with the anxiety of the trauma of being a hostage and avoiding punishment by the aggressor/hostage-taker. They further put forth that there are three factors necessary for Stockholm Syndrome to develop: (1) the hostage must be kept isolated away from others for a significant time period; (2) the aggressors/hostage takers must maintain

regular and persistent contact with their hostage; and (3) the aggressors must not harm or threaten the hostage, even behaving kindly toward him or her. Goddard and Stanley (1994) asserted that children will often take on a nurturing and protective role of their alienating parent.

Some cases of extreme parental alienation start with one parent abducting their child, so that their whereabouts are unknown, and the only parent contact the child has is with the parent who has abducted him or her away from the other parent. This sometimes occurs when one parent is from another country and takes the child back to that country hoping to make the cut off from the alienated parent permanent, although it also occurs domestically. Summers and Summers (2006a) stated that over 795,000 children were abducted in the United States in 1999, and nearly 204,000 children were abducted by a family member in this same year. Further, Summers and Summers (2006a) stated there were no records available from other countries on family abductions of children.

Loss of Parenting and the Emotional Consequences

While loss of custody is seldom easy for a parent, it may be especially difficult when mothers lose custody, particularly when they have been the child's primary caregiver and are not unfit parents. In a qualitative study (Finzi-Dotan, et al, 2012) of 10 non-custodial mothers, researchers found that the mothers often faced blame, ridicule as "bad mothers," unfair judgments, and social ostracization for not raising their own children. These attitudes toward them contributed to the already painful victimization by their ex-spouse and child(ren) in the alienating process.

The alienated parent becomes both stigmatized and discriminated against according to the definitions of those terms set in a position paper (Abbey, et al., 2011).

Using their definition of stigma as well as Link and Phelan's (2001) in conjunction with what has already been stated about Parental Alienation, both Parental Alienation and Stigma, (1) mark a person as different, discounted, and devalued because he or she no longer meets the common stereotype of the "good parent"; (2) the alienated parent is completely physically separated and cut off from his or her child(ren), unlike usual cases of divorced parents who share custody or have visitation, implying an "us versus them" scenario; (3) there is an emotional reaction, most often by the ex-spouse or child(ren) and secondarily from society, involving anger, disgust and judgment, but can also include fear, pity, guilt or feeling responsible; and (4) importantly, there is also a power differential or loss of status for the alienated parent, where the custodial alienating parent holds the bulk of the power and status, primarily socioeconomic, and the alienated parent has been stripped of equality.

The Long-Term Effects of Parental Alienation on Children as They Reach Adulthood

Baker (2005a) conducted a qualitative retrospective study of 40 adults who answered questions on an internet survey about their childhood experiences with parental alienation. The results showed that adult children who have been raised by an alienating parent have been found to also have low self-esteem, self-hatred, depression, problems with substance abuse and with identity and belonging, distrust of others, and relationship and intimacy difficulties--issues that Garber (2011) also found in children who had been adultified by an alienating parent. Baker (2005a) also found that the adult children of parental alienation who married often divorced, and many times were themselves alienated from their children. Some adult children of parental alienation could see in

retrospect that they had chosen spouses similar to their custodial alienating parent (Baker, 2005a).

In a later study of a convenience sample of social work students ($n = 133$), Baker and Chambers (2011) did not find a connection between parental alienation and later depression and loss of self esteem. However, the researchers only asked about singular behaviors that not only occur in parental alienation, but also in general marital conflict, and they asked if students had experienced symptoms only within the previous week. The researchers conceded that the study should be conducted again on a broader sample over a longer period of time, and also that a study be conducted to replicate Baker's (2005a, 2007) original findings.

Adult-Child Initiated Estrangement

The current body of research on adult-child initiated estrangement from one or both parents, shows it to be a problem that is under-reported by elderly parents in skilled nursing facilities, as they tend to give more positive reports of familial relations than do their adult children (Agllias, 2011). Some social workers who work with elderly residents in skilled nursing facilities have noted anecdotally that estrangements with adult children are not uncommon. Agllias (2011) asserted that many times, the elderly parent has been cut off with a short statement from their adult child, or sometimes with no warning at all. Based on a review of existing literature on estrangements in late-life, Agllias (2011) concluded that adult offspring initiated estrangements typically do not happen suddenly, but are the result of a history of relationship difficulties, and are often based on the adult-child's perception of unresolved animosity toward the estranged parent.

How and Why It Happens

Agllias (2013) described four ways in which adult children become estranged from their parents: (1) their parents' divorce initiated the estrangement in childhood and it continued; (2) adult children began to contact their parent less frequently, with visits becoming increasingly awkward; (3) adult children ceased all communication without explanation, usually after parents' divorce or other parent/child conflict; and (4) the adult child told his or her parent by letter, phone or in person that he or she wanted no more contact. The latter option seemed rare. Agllias (2011) also stated that estrangement can be a healthy result of an abusive relationship, or the adult child(ren) may seek to differentiate themselves from an over-involved parent. Furthermore, the estrangement may be a response to a real or perceived betrayal of a family belief system.

Datillio and Nichols (2011) agreed that a sense of betrayal may be an underlying cause in many family estrangements. They also posited that estrangements come out of feuds which are basically a quarrel that has grown out of reasonable bounds, and is strengthened through silence and distance. They furthermore surmised that those who cut off a family member have created "totalizing views" or biases about the estranged person, which in effect reduces the estranged person to a mere undesirable response.

Generational Consequences

Agllias (2011) posited that estrangement runs in families, as older members' methods of dealing with conflict are inadvertently handed down to the next generation, engaging even grandchildren in loyalty battles. Doyle, O'Dwyer, and Timonen (2010) contended that it is the middle generation that brokers the relationship between their aging parents and their own children. An estrangement between an adult child and

elderly parents have farther reaching implications, as it often results in a discontinuation in relationships between the elderly parent and their grandchildren (Sims & Rofail, 2013).

Ambiguous Loss, Rumination and Depression

It is often assumed that family relationships will last a lifetime, and when they do not, especially between parents and their children, the loss can be perceived as ambiguous because (1) there is no clarity, (2) the loss of relationship is traumatic, and (3) the person is not dead but merely choosing to not communicate (Boss, 2010).

Ambiguous loss can obstruct clear thinking and put the grieving process in a frozen state (Boss, 2007).

In a qualitative study of 25 elderly parents who were estranged from their adult child(ren), Agllias (2013) found that late-life estrangements from adult child(ren) cut off an important part of an elderly parent's social network and created a sense of isolation, and that high stress and anxiety, as well as rumination and depression, all contribute to loss of health and well-being in late-life.

Those who are grieving a loss may become so focused on ruminating possible causes of the loss that they are consumed by it and become functionally impaired (Boss, 2010). Lyubomirsky, Caldwell, and Nolen-Hoeksema (1998) ran four concurrent studies (study 1: $n = 72$, study 2: $n = 49$, study 3: $n = 72$, and study 4: $n = 40$) on the effects of rumination on depressed mood. General results of the four studies showed that those who were already depressed had a tendency to recall negative past memories, and that depression actually enhanced the ability to recall negative memories.

Schwarzer (1992) conducted a two study experiment on the association between bereavement, social support and anxiety among the elderly. Study 1 ($n = 248$) focused on

the association between life events and anxiety, while Study 2 ($n = 79$) focused on how bereavement and social support are associated with anxiety. Schwarzer found, not surprisingly, that anxiety, depression, and loneliness develop along with the increasing bereavements typical of late-life. When estrangements occur in late life, they add to the burden of loss and grief for the elderly person. That study also found an inverse relationship between family support and anxiety (Schwarzer, 1992).

Depression in the elderly is viewed as a complex problem because the symptoms are often indistinguishable from chronic health issues, dementia, normal aging, and even grief (Hedelin, 2001). In a qualitative study of elderly women ($n = 5$) who self-identified with depression, Hedelin (2001) noted a recurring narrative that their depression initiated from perceived personal insult or betrayal of a close relative, which left them feeling vulnerable, meaningless and hopeless. Depression has been linked to morbidity, mortality and cognitive decline, making it a significant factor in quality of life and life expectancy in elderly people in nursing homes (Miu & Chan, 2011).

Complicated and Disenfranchised Grief

Coping can seem impossible because the estrangement is traumatic and unfathomable, and can be experienced much like PTSD (Boss, 2010). An estrangement is a psychological death willfully activated by the child (Agllias, 2011) and can feel more tortuous to an aging parent than a physical death, which is, in contrast, usually naturally or externally caused and not an intentional act meant to punish. In a later qualitative study of 25 elderly parents who were estranged from their adult child(ren), Agllias (2013) found that some had described the feeling of estrangement initially as a shock and then as feeling numb, detached, and depersonalized, while some had described the loss of being

unable to fulfill their parenting role as excruciating and others felt as if they had been silenced and made powerless by the imposed estrangement.

Complicated grief may occur when there is no clarity about why the estrangement occurred which makes grieving the loss confusing and difficult (Gana & K'Delant, 2011). Elderly parents who exhibit an immature defense style tend to experience more severe complicated grief and the longer the loss continues without resolution, the more incessant the grief (Gana & K'Delant, 2011). The longer the grief continues because there is no clear closure, the more like malingering it may seem to observers (Boss, 2010). Those who are grieving may become functionally impaired, being so focused on the loss, that they are consumed by it.

Elderly parents going through estrangement may also experience disenfranchised grief. The elderly parent may internalize shame and guilt that may or may not be his or hers, and may fear being judged as a failed parent because of the estrangement (Agllias, 2013). Observers often fail to accept the severity and depth of their despair, because their loss is not a physical death-- so it is not culturally acceptable (Lenhardt, 1997). Lenhardt's (1997) study indicated that nearly 20 years ago there was a rising tendency toward life experiences that could result in disenfranchised grief and encouraged clinicians to take that into account. The same study indicated that those suffering disenfranchised grief may not recognize that they have the right to grieve or should grieve, as theirs was a symbolic loss not a physical death.

Risks to Physical and Psychological Health and Well Being

Besides both acute and chronic psychological distress, chronic estrangements can have detrimental effects on the physical health of the aging parent. Estrangements cut off

an important part of an elderly parent's social network and create a sense of isolation (Agllias, 2013). As social beings, humans feel threatened when excluded or rejected, and those feelings can activate physical defense mechanisms (Agllias, 2013), which release hormones throughout the body that can deteriorate health over time. High stress and anxiety, as well as rumination, and depression, all contribute to loss of health and well-being in late-life.

As parents age and have no financial ability to care for themselves, a question of filial responsibility arises. To date, 29 states have laws that support filial responsibility of adult children for care of their elderly parents (Pearson, 2013). States vary in their laws regarding filial responsibility, as well as enforcing them, with some states allowing civil action while others carry criminal penalties for non-compliance. Many elderly people do not know that filial responsibility laws exist, yet some may not use them even if they knew about them, as research (Jerrome, 1994) has shown many aging parents do not want to be a burden to their children particularly at the end of life (McPherson, Wilson & Murray, 2007).

Risk arises as an adult child who has negative feelings toward an aging parent and has been estranged from him or her, is obligated by law for the elder care of that parent. Stressful events, such as an elderly parent being cared for in the home of an formerly estranged adult child, may put elderly parents in a vulnerable position to be abused or neglected by their adult child who would really rather have nothing to do with him or her. This forced situation may further create detrimental psychological effects for both aging parent and the adult child. Some states however have legal recourse for adult children

based on their parent's abandonment of them as children, so that they bear no financial obligation for their parent's elder care (Pearson, 2013).

Elder Suicide

A life of chronic loss can become too much for some people facing old age and they may seek solution to their emotional pain through suicide (Gibbs, Dombrowski, Morse, Siegle, Houck, & Szanto, 2009). After experiencing loss of a marriage, loss of custody of their child(ren), loss of communication/visitation and relationship with their child(ren), social stigma and discrimination, age-related loss of health and independence, and loss of friends and relatives to death; estrangements from their adult children, particularly when unexplained, can influence the elderly parent to feel as though their life's efforts in the end were meaningless.

According to the Center for Disease Control (CDC: 2012), the suicide rates among males are 4 times those of females, or about 79% of all completed suicides. Also, the highest percentage of men who completed suicide were 75 or older, while the highest number of suicides among females was in the 45-54 year range. This implies that risk of suicide may be greatest for men in later life which is also when estrangements occur, whereas the risk of suicide is greatest for women at midlife, which is also the period of life when parental alienation or estrangement is most likely to occur.

Interventions

Effective strategies for reuniting estranged family members include traditional family therapy based on the cognitive-behavioral model, customized to the context of the situation and the members involved (Datillio & Nichols, 2011). In the initial session the tone is set by first asking family members to describe how the family was before the

problems occurred and secondly, for them to describe what was good and admirable about their family members and what similarities they shared. Datillio and Nichols, (2011) wrote that remaining focused on strengths, being non-judgmental, listening, and validating the loss are useful in the reunification of estranged families. This intervention relies on the willingness of the alienating adult child to participate, and secondly on the condition of the elderly parent to be able to go through the process which may be very difficult emotionally over the course of therapy.

For some families, illness or impending death is an event that may encourage family reunification; however when dire conditions fail to bring a child back to see the elderly parent, it is often a sign that reconciliation will not occur (Agllias, 2011). When reconciliation is not probable, working with clients to cope with their loss is the next best option.

Boss (2010) asserted that it is important for people to find meaning in loss in order to move forward. Like early psychiatrist Victor Frankl (1966), Boss (2010) concurred that meaning and hope are intertwined, and if a person cannot find meaning, he or she may feel hopeless and powerless and therefore be unable to heal. Boss (2010) suggested that the work of finding meaning is best done in peer groups where there is no authority figure. She also stated that there may not be any closure where there is ambiguous loss and meaning might be found in navigating that fact. Boss (2010) asserted, as did Agllias (2011), that more flexibility and less rigidity are important to promote resiliency.

An 8-week group intervention of mindfulness-based cognitive therapy (MBCT) was used effectively in a study ($n = 330$) conducted by O'Connor, Piet and Hougaard

(2013) of elderly bereaved people experiencing loss-related distress. The use of MBCT integrates cognitive-behavioral therapy with Kabat-Zinn's (2005) mindfulness training to create a systematic model that remains present-focused and aware, decreases emotional distress, depression and anxiety; and improves executive thinking and working memory. The elements of MBCT include mindfulness techniques such as gentle yoga, body scans and seated meditation. Participants were asked to do 40 minutes of mindfulness homework every day while listening to a CD that was given to them. Positive results of this study occurred 5 months post, and the researchers surmised that this may be due to (1) elderly participants taking more time than their younger counterparts to process change, and (2) most participants were dealing with losses that were over 4 years old, and working with chronic grief takes longer than more recent losses. The strength of this therapy lies in not only helping the participants to feel better emotionally, but also exercising the brain through mindfulness techniques to improve working memory. Clients who describe themselves as spiritual but not religious, or who are open to more esoteric ideas may find this therapy to be a good match for them. O'Connor et al. (2013) reported that drawbacks might include a resistance to mindfulness exercises by clients who keep to a conservative Abrahamic faith, as well as very ill or frail clients.

Dakin and Arean (2013) found that between problem-solving-therapy (PST) and supportive therapy (ST), PST was more effective in dealing with late-life depression, as it is more structured than ST. There were a variety of responses from the participants which seem to indicate that PST may be helpful to some but not others and that the difference may lie in personality and value systems. This therapy seems very well suited to pragmatic clients who like to solve problems. This may also be a weakness because it

may not necessarily describe the personality of clients who have been estranged. Furthermore, this study was only addressing late-life depression and not issues of grief, complicated or disenfranchised.

Agllias (2011) contended that it is important to assess clients for the specific effects they are experiencing due to estrangement and to base any therapeutic interventions and support on that knowledge. Agllias (2011) maintained that a non-judgmental approach, validation of their feelings of loss, and normalization of their experience are all key in their healing process. Agllias (2011) did not claim to use a specific intervention, but rather identified key factors that clinicians can use effectively when dealing with elderly estranged clients.

Implications for Gender and Multicultural Issues

Birditt, et al. (2009) posited that men and women cope differently based on their socioeconomic, cultural and racial stressors. Stratton and Moore (2007), in a qualitative study of 51 elderly estranged men, cited the *National Elder Abuse Incidence Study* (1998) which found that men have an increased risk for abuse or active neglect in fractured relationships in comparison to women. They cited that some causes may be that men are less likely to verbalize either needs or acts of abuse and are more likely to use alcohol to escape the situation. Another reason may be because men are rarely the kin-keepers in a family and may have always taken a less emotionally involved role in their children's upbringing.

In a study of secondary data on rural elderly, Stimpson, Tyler, and Hoyt (2005) found that elderly men were less likely to enjoy intergenerational affection than were women. On the other hand, living a life in which a series of losses occurs can feel

devastating to a woman. As a wife, a mother, kin-keeper, and the one who sets the tone and culture for the home (Jerrome, 1994), and managing the continuity of family tradition and history, not being able to fulfill those roles can feel devastating (Agllias, 2013). Extrapolating out stressors of poverty and discrimination may make the losses even worse for women of color and recently emigrated women.

Resiliency in coping with ambiguous loss can be mediated both positively and negatively by cultural norms, gender and religious beliefs (Boss, 2007). While there is yet a dearth of data on how parental alienation affects immigrant populations, there are vast bodies of research on how discrimination affects ethnic populations in the United States. It is important to explore how factors such as paternalistic family structures and collectivist societies impact the experience of aging for parents who have lived through parental alienation and late-life adult-child initiated estrangement, and to be able to add to the current body of knowledge on behalf of a multicultural population.

Summary

Currently, over half of marriages end in divorce (CDC, 2011). The stress of divorce can cause some parents to not be as attentive to their children as they were before the divorce, and this can cause attachment problems between the children and both parents (Ben-Ami & Baker, 2012). Children raised by an alienating parent may reject their non-custodial parent completely over time (Kelly & Johnston, 2001).

Parents who lose custody of their child(ren) through parental alienation, may experience isolation, rather than intimacy--as Erikson (1966) laid out in his stages of development--and this loss can affect their well-being over their lifespan. Isolation may begin with the physical distancing of the child and non-custodial parent (Baker, 2006),

but is then continued as the non-custodial parent, who is now alienated, may face social stigma and discrimination (Abbey et al., 2011; Link & Phelan, 2001) in the community, as he or she may be seen as a “bad” parent for not having custody. This is especially true for mothers, who have traditionally been the primary caretakers of their children (Finzi-Dotan et al., 2012).

Alienated parents also face the emotional distress of watching their once loving child turn against them (Vassilou & Cartwright, 2001), as well as watching the psychological damages that parental alienation causes to their child over time (Baker, 2005a). After children of parental alienation have grown into adulthood, it may be likely that even if they had attempted to reestablish a relationship with their alienated parent, they may become estranged from their aging parent, even withholding grandchildren from them (Agllias, 2011).

Aging estranged parents, particularly those who cannot understand why they have been estranged may experience ambiguous loss (Boss, 2010), complicated grief (Gana & K’Delant, 2011), or even disenfranchised grief (Agllias, 2013; Lenhardt, 1997). This second rejection from their children, happening in later life, may also be accompanied by other age-related losses such as death of friends and family members, declining health and abilities, and loss of career, income and independence. Rumination (Lyubomirsky et al, 1998), loneliness (Schwartz, 1992), and depression (Hedelin, 2001) can lead to physical and psychological declines in health and well-being, and may ultimately end in despair (Erikson, 1966) and suicidal ideation or completion (Gibbs et al., 2009).

CHAPTER 3

METHODS

Research Design

Since the four inclusion criteria for this study limited the number of qualified participants in an already rather small population of alienated parents, this exploratory, quantitative study was designed to use an online survey through surveymonkey.com to reach enough qualified participants across the country for a valid study. Although both parental alienation and late-life estrangement have been studied, no literature was found to link the two experiences. Since the questions were thought to possibly be triggering for the participants, the online survey method seem the most appropriate one, since participants could choose to participate at their convenience and could skip any questions they did not want to answer, without the added stress of facing a researcher in person. Additionally, use of an online survey reduces both demand characteristics, and experimenter expectancy effects since there is no contact between participant and researcher.

Sampling and Data Collection

Many alienated parents are linked to support through local or online parental alienation support groups. Craigslist.com and online survey engines such as surveymonkey.com have recently become popular methods for many university researchers to conduct research more quickly, cheaply, and efficiently than paper surveys, as the data from the survey program can be downloaded directly into a variety of

statistics programs used to analyze data. It was therefore thought that there would be enough of an audience on Craigslist volunteer section that sampling would snowball through word-of-mouth among parental alienation support group members, or university researchers associated with alienated parents. Also, courtesy emails sent to the professionals listed on the resource page at the end of the survey may have contributed to the snowball effect in obtaining participants for the study.

The survey utilized Craigslist to post free ads for participants in their volunteer section in major cities across the United States. These ads were reposted every 2 to 3 days for a period of about a month to assure getting enough participants for a valid study. The ads included the purpose of the study, qualifying criteria for participation, and a link to the survey on surveymonkey.com. The surveys were set up on surveymonkey so that no computer IP addresses were collected and no information could be used to identify individual participants. Resources were also given to the participants at the end of the study due to the possibility of psychological distress resulting from the nature of the questions on the survey.

Instrument

Eligibility criteria for participation in the study included, (1) participant must have been a non-custodial parent, (2) must be age 55 or over, (3) must have experienced parental alienation in the past, and (4) must have at least one adult child who is currently estranged from them. The survey was designed by the researcher and included a variety of demographic questions including sexual orientation, citizenship, and dual citizenship in an effort to gain a broader understanding of parental alienation across cultures and in non-traditional families. Other demographic questions included age, gender, marital

status, number of children, education level, religious affiliation, financial situation prior to alienation, health before and after alienation, and number of grandchildren. Questions were also asked about the nature of participants' parental alienation and estrangement experiences.

Two existing scales were used in the survey: the 15-item short form GDS, (Sheikh & Yesavage, 1986) and the 5-item Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen & Griffin, 1985), both of which are in the public domain. The Short Form of the GDS is the most commonly used screening tool used to assess geriatric depression. Reliability for the GDS has been reported to be moderate with a Cronbach's α of 0.749. Validity was also reported to be moderate; however sensitivity of the measure achieves a 92% success rate in identifying those with depression (Friedman, Heisel & Delavan, 2005). Developers (Deiner et al., 1985) of the SWLS reported the scale to have an high internal consistency, ($\alpha = 0.91$) among older adults. In a later review of the SWLS, Pavot & Diener (1993) suggested that the SWLS is a good tool to use in conjunction with other personality and psychological instruments, because it is an autonomous subjective judgment, rather than a diagnostic tool.

For purposes of this study, the researcher developed a scale for parental alienation based on factors that have been found in past research (Gardner, 2002); (Baker, 2005a, 2005b, 2006, 2007, 2008; Kopetski, 1998a, 1998b) to be common among alienated parents. The researcher-composed Parental Alienation Scale (PA-Scale) offers only face and content validity as reliability and validity of the new scale were untested and unknown at the time of posting the survey online. Cronbach's α on the PA-Scale was .64.

Data Analysis

Data were downloaded from surveymonkey directly into Microsoft Exel, saved, and then imported into SPSS for analysis. Frequencies were run on every item on the survey. Each of the three scales were tested for reliability and then correlated using Pearson's α . Because some data were showing interesting results, data were further split by gender and further yet by religious and non-religious to look for what could account for the confounding answers. All data that were open-ended were analyzed manually.

CHAPTER 4

RESULTS

After downloading the survey data from surveymonkey into Microsoft Excel, there were 121 attempts to access the survey; however, the number of qualified participants was 65. Since the survey was set up so that participants could skip any question they did not wish to answer, both valid and actual percentages are indicated on the demographic table. For the remaining tables, only valid percentages are reported.

Demographic Characteristics

The demographic characteristics of the sample are presented in Table 1. The sample was predominantly male (55.2%), and 98.2% identified as heterosexual. The average age of the sample was 57.86 years (*S.D.* = 3.27). Over half (61.8%) reported that they were currently in marital or partnered relationship. In terms of number of children, the most common response for number of children was two (35.4%). An overwhelming majority (85.5%) did not have children born of their current marriage. In regards to education, two-thirds (66.6%) of the sample reported that they had a bachelor's or master's degree. In regards to citizenship, 85.7% reported that they were U.S. citizens and 6.0% reported that they had dual citizenship with another country. Over two-thirds (71.7%) indicated that they considered themselves to be spiritual.

TABLE 1. Demographic Characteristics ($N=65$)

	<i>f</i>	<i>Valid %</i>
Gender		
Male	32	55.2
Female	26	44.8
Age ($M. = 57.86, S.D. = 3.27$)		
53-54	2	3.4
55 – 60	44	75.9
61 – 65	12	20.7
Sexual Orientation		
Heterosexual	55	98.2
Homosexual	1	1.8
Currently Married/Partnered		
No	21	38.2
Yes	34	61.8
Children Born of Current Marriage/Partnership		
No	47	85.5
Yes	8	14.5
Level of Education		
Completed High School	4	7.4
Some College	13	24.1
Bachelor's	18	33.3
Master's	18	33.3
Ph.D. or Equivalent	1	1.90
US Citizen		
No	7	14.3
Yes	42	85.7
Dual Citizenship		
No	47	94.0
Yes	3	6.0
Religious/Spiritual		
No	15	28.3
Yes	38	71.7

Note: There was some missing data on all demographic questions.

Characteristics of Family Prior to Separation and after Separation

Over half (51.9%) of the participants stated that they had been the primary caretaker for their child(ren) prior to divorce/separation (see Table 2). The majority of participants (59.3%) answered that their relationship with their child(ren) was excellent prior to divorce/separation and close to one-third (31.5%) stated it was good. Just over half (55.6%) of the participants stated that they were financially middle class prior to divorce/separation. The majority (60.4%) of participants reported their health to be excellent prior to divorce/separation, while only 9.8% claimed excellent health after divorce/separation.

Almost three-quarters (73.1%) of the participants stated that their adult child(ren) were not married and 78.8% reported that their adult children were not parents. Of those participants who knew they had grandchildren from their adult estranged child(ren), the average time they reported not seeing their grandchildren was 85.30 months or 7.11 years (*S.D.* = 70.25 months) . Over half (55.1%) of the participants stated that their adult child(ren) had told them they no longer wanted contact with them and 82.0% answered that they had not been told why their child(ren) no longer wanted contact with them. When participants were asked if they thought that past parental alienation had contributed to current estrangement from their child(ren), 98.1% answered “yes.”

Parental Alienation Scale Responses

The responses to the individual questions regarding Parental Alienation are summarized in Table 3. Over two-thirds (70.6%) agreed very much that the holidays were difficult for them. An overwhelming majority (96.1%) agreed very much that their children were happy to spend time with them prior to their separation/divorce from their

TABLE 2. Characteristics of Family Prior to Separation and After Separation (n = 65)

	<i>f</i>	%
Primary caretaker prior to divorce/separation		
Me	28	51.9
Ex-Spouse/Ex-Partner	6	11.1
Equal	20	
Relationship to children prior to divorce/separation		
Excellent	32	59.3
Good	17	31.5
Fair	2	3.7
Poor	3	5.6
	10	15.4
Financial situation prior to divorce/separation		
Well-off / affluent	12	22.2
Middle class	30	55.6
Struggling but not on State Aid	12	22.2
Your health prior to divorce/separation		
	53	
Excellent	32	60.4
Good	20	37.7
Fair	1	1.9
Your health after divorce/separation		
Excellent	5	9.8
Good	15	29.4
Fair	21	41.2
Poor	10	19.6
Adult child(ren) married?		
No	38	73.1
Yes	14	26.9
Adult child(ren) parents?		
No	41	78.8
Yes	11	21.2
Time since you saw grandchild(ren) (in months)		
1-12 months (up to 1 year)	7	13.5
13-36 months (1-3 years)	9	17.3
37-60 months (3- 5 years)	10	19.2
61-96 months (5-8 years)	7	13.5
97-156 months (8-13 years)	10	19.2
157-288 months (13-24 years)	9	17.3
	13	20.0
Adult child told you they don't want contact with you?		
No	22	44.9
Yes	27	55.1
	15	23.1

TABLE 2. continued

	<i>f</i>	%
Did they explain why?		
No	41	82.0
Yes	9	18.0
You think parental alienation contributed to estrangement?		
No	1	1.9
Yes	51	98.1

* Actual percentage

ex-spouse/ex-partner. Most (79.2%) participants felt that spending time regularly with their grandchildren was not applicable to them. Most (66.0%) also agreed very much that their ex-spouse/ex-partner had told lies about them to friends and family who have since distanced themselves from them. Most (86.0%) also participants agreed very much that their child(ren) have said things to them that sound like their ex-spouse/ex-partner talking. Two-thirds (67.3%) of participants agreed very much that their child(ren) never think much about how much they hurt them.

Nearly half (46.9%) of the participants agreed very much that their child(ren) seem to have either loved or hated them. Most (85.7%) of the participants agreed very much that their children felt they had to choose one parent over the other. A majority of the participants agreed very much that their ex-spouse/ex-partner demanded their child(ren)'s loyalty. An overwhelming number (98.1%) of the participants agreed very much that past parental alienation had contributed to current estrangement from their adult child(ren). Over a third (38.0%) of the participants agreed somewhat that their child(ren) never learned how to be independent. Less than a third of the participants were neutral or unsure about whether their child(ren) had gone to counseling. Only 34.0% were neutral or unsure about whether their child(ren) had cried to spend time with them after the divorce/separation.

TABLE 3. Parental Alienation Questions ($n = 58$)

		Disagree Very Much	Disagree Somewhat	Neutral or Unsure	Agree Somewhat	Agree Very Much	N/A
	<i>n</i>	%	%	%	%	%	%
1. Holidays are difficult for me.	51	5.9	5.9	3.9	13.7	70.6	0.0
2. Prior to divorce from my ex-spouse/ex-partner my children were happy to spend time with me.	51	0.0	0.0	0.0	3.9	96.1	0.0
3. I spend time regularly with my grandchild(ren)	48	12.5	0.00	2.10	4.20	2.10	79.2
4. My ex-spouse/ex-partner told lies about me to friends and family, who have since distanced themselves from me.	50	2.0	2.0	6.0	24.0	66.0	0.0
5. My child has said things to me that sound just like my ex-spouse/ex-partner talking.	50	0.0	0.0	4.0	10.0	86.0	0.0
6. My child(ren) never think(s) about how much they hurt my feelings	49	2.0	2.0	22.4	4.1	67.3	2.0
7. My child(ren) seem(s) to either have loved or hated me.	49	2.0	2.0	24.5	22.4	46.9	2.0
8. My child(ren) did not learn how to be independent.	50	2.0	10.0	18.0	38.0	32.0	0.0
9. My child(ren) felt that they had to choose one parent over the other.	49	0.0	0.0	6.1	8.2	85.7	0.0
10. My child(ren) have gone to counseling.	50	12.0	14.0	28.0	22.0	20.0	4.0
11. My ex-spouse/ex-partner demanded my child(ren)'s loyalty.	51	0.0	0.0	3.9	11.8	80.4	3.9

TABLE 3. continued

		Disagree Very Much	Disagree Somewhat	Neutral or Unsure	Agree Somewhat	Agree Very Much	N/A
	<i>n</i>	%	%	%	%	%	%
12. After the divorce/separation, my child(ren) used to cry to get to spend time with me.	50	12.0	14.0	34.0	16.0	18.0	6.0
13. After my divorce/separation my child(ren) wanted to spend less and less time with me.	51	7.8	7.8	9.8	13.7	60.8	0.0

Geriatric Depression Scale (Short Form) Responses

The responses to the individual items on the Geriatric Depression Scale (GDS) are presented in Table 4. Just over half (51.0%) reported “yes” that they are basically satisfied with their life. In regards to having dropped many activities and interests, 51.0% responded “yes” to this item. Slightly over half (56.0%) indicated “yes” that their life feels empty. In regards to being bored, 62.7% responded “no” to this item. More than half (58.8%) of the participants responded “yes” that they are in good spirits most of the time, while more than half (56.0%) responded “yes” that they often feel helpless. Again, more than half (52.0%) of the participants answered “yes” to preferring to stay at home rather than going out and doing new things and 58% chose “no” regarding feeling as if they have more problems with memory than most. More than half (58.0%) answered “yes” that they think it is wonderful to be alive right now and an large majority (79.6%) answered “no” to feeling worthless the way they are right now. Also, most (70.0%) answered “no” to feeling full of energy and a majority (60.0%) answered “no” that they

did not view their situation was hopeless. Over half (54%) of the participants also answered “no” to feeling that most people were better off than they were.

TABLE 4. Participants’ Responses to the Geriatric Depression Scale ($n = 58$)

Item	%	
	Yes	No
Are you basically satisfied with your life?	51.0	49.0
Have you dropped many of your activities and interests?	51.0	49.0
Do you feel that your life is empty?	56.0	44.0
Do you often get bored?	37.3	62.7
Are you in good spirits most of the time?	58.8	41.2
Are you afraid that something bad is going to happen to you?	44.0	56.0
Do you feel happy most of the time?	58.8	41.2
Do you often feel helpless?	56.0	44.0
Do you prefer to stay at home, rather than going out and doing new things?	52.0	48.0
Do you feel you have more problems with memory than most?	41.2	58.8
Do you think it is wonderful to be alive now?	58.0	42.0
Do you feel pretty worthless the way you are now?	20.4	79.6
Do you feel full of energy?	30.0	70.0
Do you feel that your situation is hopeless?	40.0	60.0
Do you think that most people are better off than you are?	46.0	54.0

Satisfaction with Life Scale Responses

The responses to the individual items on the GDS are presented in Table 5.

Almost half (49.0%) “disagreed” or “strongly disagreed” with the statement that their life is close to ideal, while those who disagreed or strongly disagreed about the conditions of their lives being excellent totaled 45.1% of participants. Just over a third (34.6%) disagreed or disagreed strongly that they were satisfied with their lives and nearly a third disagreed or strongly disagreed that they had gotten what they wanted out of life.

TABLE 5. Satisfaction with Life Scale

		Strongly Agree	Agree	Slightly Agree	Neither Agree nor Disagree	Slightly Disagree	Disagree	Strongly Disagree
	<i>n</i>	%						
In most ways my life is close to my ideal.	51	2.00	15.70	11.80	5.90	15.70	29.40	19.60
Missing	14							
The conditions of my life are excellent.	51	0.00	17.60	7.80	7.80	21.60	29.40	15.70
I am satisfied with my life.	49	0.00	28.60	8.20	8.20	20.40	12.20	22.40
So far I have gotten the important things I want in life.	51	3.90	13.70	23.50	13.70	13.70	17.60	13.70
If I could live my life over, I would change almost nothing.	51	0.00	5.90	11.80	7.80	19.60	27.50	27.50

TABLE 6. Scales' Means, Standard Deviations, and Cronbach's Alpha

Scale	Possible Score	Actual Score	<i>M</i>	<i>S.D.</i>	Cronbach's α
Parental Alienation ^a	0-20	0-20	17.31	3.09	.64
Geriatric Depression ^a	0-15	0-15	6.84	4.94	.91
Satisfaction with Life ^b	5-35	10-35	23.75	7.15	.87

^aHigher scores indicate greater alienation/depression.

^bIn this study higher scores indicate greater life dissatisfaction.

Scale Creation

The PA-Scale was scored by summing responses for each of the four items: (1) “My adult child has said things to me that sound just like my ex-spouse/ex-partner talking”; (2) “My adult child(ren) never think(s) about how much they hurt my feelings”; (3) “My adult child(ren) seem(s) to either have loved or hated me”; and (4) “My child(ren) felt they had to choose one parent over the other” (Table 6). The possible and

actual scores ranged from 0-20. The mean score for the sample was 17.31 (*S.D.* = 3.09), indicating a high level of parental alienation. Cronbach's α was .64.

The GDS (short form) is scored dichotomously with every "no" answer counting as one point and reversing the scores for questions 1, 5, 7, 11, and 13 (Sheikh & Yesavage, 1986). Both possible and actual scores ranged from 0-15. The mean score was 6.83 (*S.D.* = 4.94), indicating mild depression (Sheikh & Yesavage, 1986). Cronbach's α for the GDS was 0.91.

The SWLS contains five questions scored from 1-7 with a possible total score of 35 points and actual scores ranging from 5-35 (Pavot & Diener, 1993). In this study, a higher score on the SWLS indicated greater dissatisfaction with life, since response choices were in reverse order on the survey than in the actual SWLS. The mean score for participants was 23.75 (*S.D.* = 7.15), indicating a moderate level of dissatisfaction (Pavot & Diener, 1993). Cronbach's α for the SWLS was 0.87.

Comparison of Scales

The total score on the GDS was compared to the total score on the SWLS using a bivariate (Pearson's *r*) correlation (see Table 7). A significant relationship was found between the GDS and the SWLS ($r = .69, p = .001$). It is important to note that a higher score on the SWLS equals greater dissatisfaction with life in this study. Specifically, a higher level of depression was found to be significantly associated with greater dissatisfaction with life.

TABLE 7. Correlations Between Geriatric Depression and Satisfaction with Life ($n = 48$)

Scale	r	p
Satisfaction with Life	.69	.00**

** $p < .001$

The GDS and the SWLS were also compared to the PA Scale using bivariate (Pearson's r) correlations (see Table 8). The correlation between the PA Scale and the GDS was significant ($r = .30, p = .043$), indicating that a higher degree of parental alienation was associated with higher level of depression. The correlation between the PA Scale and the SWLC was significant ($r = .29, p = .046$), indicating a higher degree of parental alienation was associated with great life dissatisfaction.

TABLE 8. Correlations Between Parental Alienation, Geriatric Depression and Satisfaction with Life ($n = 48$)

Scale	Parental Alienation	
	r	p
Geriatric Depression	.30	.043*
Satisfaction with Life	.29	.046*

* $p < .05$

Gender Differences

To explore significant differences in Parental Alienation, Geriatric Depression and SWLS scores by gender, independent-samples t -tests were run (see Table 9). As seen in Table 8, no significant differences were found in regards to gender on any of the scales.

TABLE 9. Differences in Parental Alienation, Geriatric Depression and Satisfaction with Life by Gender

Variable	Males			Females			<i>t</i>	<i>p</i>
	<i>n</i>	<i>M</i>	<i>S.D.</i>	<i>n</i>	<i>M</i>	<i>S.D.</i>		
Parental Alienation	28	17.68	2.44	23	16.87	3.76	.93	.36
Satisfaction with Life	28	23.64	7.39	21	23.91	7.00	.13	.90
Geriatric Depression	27	6.56	4.90	20	7.20	5.10	.44	.66

CHAPTER 5

DISCUSSION

The purpose of this study was to examine how past parental alienation impacted the aging alienated parent, including how it affected their levels of depression and satisfaction with life. To explore these issues, a parental alienation scale was created and specifically tailored to the sample population of formerly alienated aging parents who were currently estranged from their adult child(ren). This study also used the short form of the GDS (Sheikh & Yesavage, 1986), as well as the SWLS (Diener et al., 1985) to assess levels of depression and life satisfaction. Using Craigslist, via the Internet, to recruit volunteer participants nationwide for the survey yielded 65 qualified participants.

Summary of Findings

The participants for this study were primarily heterosexual (98.2%), middle-aged to young-old ($M=57.8$ years), well-educated (66.6% BA or MA), middle-class (55.6%), currently married (61.8%) with no children born of their current marriage (85.5%), and religious or spiritual (71.7%). More than half (55.5%) of the sample was male. Women (92.0%) overwhelmingly claimed that they were primary caregivers to their children prior to the divorce/separation. Additionally, most participants claimed that their relationship with their children was either excellent (59.3%) or good (31.5%) prior to divorce/separation.

The majority (60.4%) of participants claimed excellent health prior to divorce/separation; however, after divorce/separation, only 9.8% reported excellent health. While divorce and separation can be emotionally and financially devastating, this self-reported dramatic decline in health may have been influenced by the loss of relationship with their child(ren) (Summers & Summers, 2006b), which can be experienced and grieved much like a death (Gardner, 2001). Loss of friends (Gardner, 2002), social stigma and discrimination (Abbey et al., 2001; Link and Phelan, 2001), as well as struggling with disenfranchised grief (Agllias, 2013) and prognosticating a future that may never include reunification with their child(ren), may all play a role in diminished health and well-being. All of these factors can have negative effects on the aging parent's quality of life (Agllias, 2011) and longevity (Kane, Yochim and Lichtenberg, 2010).

The finding that the average score for participants on the GDS lay in the mild range was unanticipated, as the expectation may be to find higher rates of depression among aging parents who had been alienated from their child(ren) and who are still estranged from at least one of their children. There are many factors that can impact depression. For example, lack of support systems (Agllias, 2013), trauma (Bowland, Edmond, and Fallot, 2012), losses (Boss, 2010) and genetic vulnerability to depression can actually worsen depression in the elderly. Also, depression may be under diagnosed and even underreported (Gatz & Fiske, 2003). This may be due to several factors, including symptoms that may not be included in the DSM as well as somatic manifestations of depression that may be overlooked as a medical condition (Gatz & Fiske, 2003).

Nearly three-quarters of the sample reported being religious or spiritual, which has been found to be a positive coping mechanism for people and particularly so as people age. This percentage is higher than in Koenig's (2006) study, which found that only 60% of the general population (between the ages of 50-64) identified as religious or spiritual. Bowland, Edmond, & Falot (2012) reported that traumatic life experiences and crises may lead to the development of personal spirituality as a way to cope and find meaning. Alienated parents may turn to religion or spirituality as a way to cope with the trauma of the loss of relationship with their adult children.

On average, participants were moderately dissatisfied with their lives. Hope has also been found to be a mitigating factor in greater satisfaction with life, and even though hope seems to be lower in the late middle-aged and young-old, being in a marital relationship increases both hope and satisfaction with life (Bailey & Snyder, 2007). However, our sample was 61.8% currently married and 60.0% responded that they did not feel that their situation was hopeless.

Further significant findings were discovered in regards to marital status and religiosity/spirituality. Participants who were not currently married were more likely to perceive their children's past emotions toward them as either love or hate. This may have something to do with marriage increasing satisfaction with life, which may negate ruminating on negative experiences with their alienated child(ren), thus being more likely to process such experiences in a healthier manner. Currently married participants were also more likely to perceive the conditions of their lives as being excellent. Additionally, participants who reported their ex-spouses/ex-partners as not religious or spiritual were more likely to feel that something bad was going to happen to them. While there is no

prior research to which to compare these findings, they do suggest that additional research on the impact of being remarried and spirituality on the well-being of an alienated parent is worthy of further investigation.

Almost all (or 98.1%) of participants felt that past parental alienation had contributed to current estrangement of their adult child(ren), supporting the link between parental alienation and estrangement. Agllias (2011) asserted that late-life estrangement of parents by adult children did not happen overnight, but was the result of historical family difficulties. Agllias (2011) also stated that when adult children estranged their parents, they typically gave no reason or explanation to them. The findings in this study supported this assertion, with 82.0% of the respondents indicating that no reason had been given to them by their adult child for the estrangement.

Limitations of the Study

The main limitation of the study was that it consisted of a small homogenous sample. Additionally, the lack of use of an experimental design means that no causal inferences can be made regarding the findings generated in this study. Also, the researcher accidentally omitted a question about the ethnic background of the respondents, so ethnic differences could not be examined in the data collected. Although more questions would have yielded greater breadth of the study, consideration for length of the questionnaire and the possible negative emotional impact on the participants were factors in the choice of items. Multiple-choice responses also limited the depth of responses, whereas open-ended responses would have added a deeper understanding of individual experiences. Direct questions related to complicated and disenfranchised grief should

have been asked in this study, since grief features prominently in both the experiences of parental alienation and later life estrangement.

It also would have been helpful to ask questions about the coping mechanisms used, including substance use and abuse, and to ask about what health conditions occurred after being alienated from their children. Further, it would have been helpful to know more about their current financial situation and how much they had spent in legal fees related to parental alienation. Additionally, it would be helpful to know how much stigma and discrimination they felt, if any, as well as if they were involved in support groups, personal therapy, and/or professional reunification therapy with their estranged child(ren). A Minnesota Multiphasic Personality Inventory (MMPI) administered to participants would have been very helpful in assessing any patterns of personality traits; however, the researcher was not qualified to administer such an assessment, nor was an online survey the appropriate venue.

Implications for Further Research

With 98.1% of the sample agreeing that they felt that past parental alienation had contributed to current estrangement, further parallel studies of parental alienation and estrangement should be done, including longitudinal studies. A valid parental alienation scale needs to be developed to assess for parental alienation in working with clients, particularly since the struggle to get Parental Alienation Syndrome into the DSM-V was not accomplished in spite of decades of validation of a common cluster of characteristics of parental alienation. Comparison studies between parents who had experienced parental alienation and were not reunited with their children and alienated parents who were reunited with their children should be done to assess the health and longevity differences

between the two groups. Further, studies should be done on suicide among the elderly who have experienced parental alienation and later-life estrangement initiated by their adult child(ren), as well as comparing their lifespan to the general aging population. International studies, particularly in paternalistic cultures, should be done. Studies on homosexual parents and their experiences with parental alienation and estrangement may add new dimensions to the knowledge of this issue, which will be important as more non-traditional families emerge. Studies should also be done on the stigma and discrimination of non-custodial alienated mothers in comparison to racial and ethnic stigma and discrimination and their effect on the health and longevity of the aging alienated/estranged parent. Studies of alienating and alienated parents would be very useful, as well as exploring links between personality (e.g., Type A and B) and alienation.

Implications for Social Work Practice

Understanding how past parental alienation affects the mental and physical health of aging parents, particularly if current estrangement from formerly alienated child(ren) is occurring, can give a great amount of insight to social workers assisting aging clients, including residents of long-term care facilities. Knowledge of past family dynamics can assist in possible strategies for reunification and healing. Advocating for family reunification wherever possible is important, not only for the health and well-being of the elderly parent but to future generations as well, as it has been found that estrangement runs in families (Agllias, 2011). Estrangements in late life were found to add to the burden of loss and grief of an elderly person (Schwarzer, 1992). Elderly estranged parents may carry burdens of guilt, shame and failure that they have internalized from

their experiences of rejection through parental alienation and estrangement. The social worker may need to work on helping these elderly parents re-develop self-esteem and validating their feelings of complicated or disenfranchised grief that they may not have been able to share with others.

Social workers should be aware that elderly men have a particularly elevated risk of suicide when they have experienced numerous losses in their lives, whereas the risk of suicide for women is greatest in midlife (CDC, 2012). Men also are less likely to verbalize their feelings and more likely to use substances to escape painful feelings.

Social workers should also be aware that those who have been through the bereavement of being estranged from their child(ren) without explanation tend to ruminate over past events, trying to find answers to justify what has happened to them (Agllias, 2011). Helping these clients to refocus attention away from rumination may be important to helping mitigate depression, as rumination and depression were found to enhance the ability to recall negative memories (Lyubomirsky et al., 1998).

Family reunification therapy can be effective in some cases using cognitive-behavioral models (Datillio & Nichols, 2011). Where there is no possibility of reunification, several types of therapy have been shown to be helpful to the elderly client. Peer-run reminiscence groups where there is no hierarchy, more flexibility and less rigidity have been shown to be helpful to some (Boss, 2010). For clients who define themselves as more spiritual than religious, Mindfulness-Based Cognitive Therapy (MBCT) has been shown to increase present-focused awareness, decrease emotional distress, depression and anxiety, and improve executive thinking and working memory (Kabat-Zinn, 2005). For clients who are not necessarily religious or spiritual, Problem-

Solving Therapy (PST) may be an appropriate choice to help them deal with depression, but has not been associated with resolving grief issues. Whatever approach is used to assist clients to cope and hopefully overcome their past experiences, it is important that the social worker maintain a non-judgmental approach, validate the client's feelings, and normalize his or her experiences.

APPENDICES

APPENDIX A
SURVEY INSTRUMENT (SCALES)

QUALIFYING CRITERIA & DEFINITIONS:

Defining the terms used in this questionnaire will help you to accurately complete the survey.

- PARENTAL ALIENATION is defined as a deliberate and systematic brainwashing of a child by the custodial parent, poisoning the child against the non-custodial parent.
- ESTRANGEMENT is defined as the cessation of all contact and visitation, and loss of trust, intimacy and warmth between people who had previously been close.
- A NON-CUSTODIAL PARENT is defined as the parent who does not have physical custody of their child(ren) after divorce.

The following questions are the qualifying criteria for the study. If you qualify, you may proceed with the survey. If you do not qualify, you will not be allowed to proceed with the survey.

- 1) Are you 55 years or older? Yes No
- 2) Have you been a non-custodial parent? Yes No
- 3) Have you experienced parental alienation in the past? Yes No
- 4) Are you now estranged from your adult child(ren)? Yes No

DEMOGRAPHIC QUESTIONS:

Tell us about yourself:

- 5) Age: _____
- 6) Age you were when you lost contact with your child(ren): _____
- 7) Your gender: Male Female
- 8) Sexual orientation:
 - a) Heterosexual
 - b) Homosexual
 - c) Bi-sexual
 - d) Other _____
- 9) How many times have you been married/partnered? _____
- 10) Are you currently married or partnered? Yes No
- 11) Do you have any children born of current marriage/partnership Yes No
How many children do you have in total? _____

YOUR ALIENATED CHILD(REN)

12) How long has it been since you have seen your alienated child(ren)?

13) Prior to your divorce/separation, who was the primary caretaker for your alienated child(ren)? Me Ex-spouse/partner

14) Describe the quality of your relationship with your alienated child(ren) prior to them no longer living with you.

- a) Excellent
- b) Good
- c) Fair
- d) Poor

FINANCES AND EDUCATION

15) When your children were still living with you, what was your family financial situation?

- a) Well-off/affluent
- b) Middle class
- c) Struggling but not on any State aid
- d) Struggling and on State aid
- e) Homeless

16) What is your level of education?

- a) Did not complete high school
- b) Graduated high school
- c) Some college
- d) Bachelor's degree
- e) Masters degree
- f) PhD

17) What is your ex-spouse's/ex-partner's level of education?

- a) Did not complete high school
- b) Graduated high school
- c) Some college
- d) Bachelor's degree
- e) Masters degree
- f) PhD

YOUR HEALTH

18) How was your health prior to your children no longer living with you?

- a) Excellent
- b) Good

- c) Fair
 - d) poor
- 19) How has your health been after your children were no longer living with you?
- a) Excellent
 - b) Good
 - c) Fair
 - d) Poor

CULTURE AND RELIGION

- 20) Are either you or your ex-spouse from another country? No Yes

If yes, please indicate where from below. If no, please proceed to the next question.

- a) Africa Me My ex-spouse/partner
 - b) Asia Me My ex-spouse/partner
 - c) Australia / New Zealand Me My ex-spouse/partner
 - d) Europe
 - e) Canada / Mexico / Central America / South America Me My ex-spouse/partner
 - f) Middle East Me My ex-spouse/partner
 - g) Pacific Islands / Caribbean Islands Me My ex-spouse/partner
 - h) Other (Please specify) _____
- 21) Are you now a US citizen? Yes No
- 22) Is your ex-spouse/ex-partner now a US citizen? Yes No
- 23) Do you have dual-citizenship? Yes No
- 24) Does your ex-spouse/ex-partner have dual-citizenship? Yes No
- 25) Are you religious/spiritual? Yes No
- If yes, please indicate which religion/spiritual path
- _____
- 26) Is your ex-spouse/ex-partner religious/spiritual? Yes No
- If yes, please indicate which religion/spiritual path
- _____

ABOUT YOUR ESTRANGED ADULT CHILD(REN)

- 27) Are your estranged children married or partnered? Yes No
- 28) Are your estranged children parents? Yes No
- 29) How long has it been since you have seen these grandchild(ren)?
- a. Not applicable
 - b. Specify in years _____
- 30) Did your adult child tell you that they wanted no further contact with you? Yes No

31) Did they explain to you why they did not want further contact with you?
 Yes No

32) Do you feel that earlier parental alienation contributed to your current
 estrangement from your adult child?
 Yes No

REMEMBERING YOUR EXPERIENCE WITH PARENTAL ALIENATION

The following statements pertain to your past relationship with your alienated child(ren).

Please use the following key to indicate how each statement relates to your experience:

- a) Disagree very much
- b) Disagree somewhat
- c) Neutral or unsure
- d) Agree somewhat
- e) Agree very much
- f) Not applicable

Disagree Very Much	Disagree Somewhat	Neutral Or Unsure	Agree Somewhat	Agree Very Much	Not Applicable
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33) Holidays are difficult for me.

34) Prior to divorce from my ex-spouse/ex-partner my children were happy to spend
 time with me.

35) I spend time regularly with my grandchild(ren).

36) My ex-spouse/ex-partner told lies about me to friends and family, who have since
 distanced themselves from me.

37) My adult child has said things to me that sound just like my ex-spouse/ex-partner
 talking.

38) My adult child(ren) never think(s) about how much they hurt my feelings

39) My adult child(ren) seem(s) to either have loved or hated me.

40) My child(ren) did not learn how to be independent.

- 41) My child(ren) felt that they had to choose one parent over the other.
- 42) My child(ren) have gone to counseling.
- 43) My ex-spouse/ex-partner demanded my child(ren)'s loyalty.
- 44) After the divorce/separation, my child(ren) used to cry to get to spend time with me.
- 45) After my divorce/separation, my child(ren) wanted to spend less and less time with me.

YOUR EMOTIONS (Geriatric Depression Scale – short form)

- 46) Are you basically satisfied with your life? Yes No
- 47) Have you dropped many of your activities and interests? Yes No
- 48) Do you feel that your life is empty? Yes No
- 49) Do you often get bored? Yes No
- 50) Are you in good spirits most of the time? Yes No
- 51) Are you afraid that something bad is going to happen to you? Yes No
- 52) Do you feel happy most of the time? Yes No
- 53) Do you often feel helpless? Yes No
- 54) Do you prefer to stay at home, rather than going out and doing new things?
 Yes No
- 55) Do you feel you have more problems with memory than most? Yes No
- 56) Do you think it is wonderful to be alive now? Yes No
- 57) Do you feel pretty worthless the way you are now? Yes No
- 58) Do you feel full of energy? Yes No
- 59) Do you feel that your situation is hopeless? Yes No
- 60) Do you think that most people are better off than you are? Yes No

YOUR SATISFACTION WITH LIFE (Satisfaction with Life Scale)

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

- a) Strongly agree
- b) Agree
- c) Slightly agree
- d) Neither agree nor disagree
- e) Slightly disagree

- f) Disagree
- g) Strongly disagree

Strongly Agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree
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61) In most ways my life is close to my ideal.

62) The conditions of my life are excellent.

63) I am satisfied with my life.

64) So far I have gotten the important things I want in life.

65) If I could live my life over, I would change almost nothing.

APPENDIX B
ONLINE CONSENT FORM

INFORMED CONSENT STATEMENT

This survey is intended to gather information for research on how non-custodial parents who have experienced prior parental alienation and who are now estranged from their adult child(ren) experience aging.

Before proceeding with the survey, please read the following:

CONSENT TO PARTICIPATE IN RESEARCH

"Effects of Past Parental Alienation and Ongoing Estrangement from Adult Children on Non-custodial Parents as They Age"

You are asked to participate in a research study conducted by Sheila Taylor-Potter, a Masters student in the School of Social Work at California State University, Long Beach. You are participating because you have read the criteria of the study and believe that you meet the criteria of the study.

PURPOSE OF THE STUDY

The purpose of this study is to examine how parental alienation and ongoing estrangement impact the aging process of non-custodial parents. This study is also seeking to answer whether prior parental alienation is a higher risk factor for adult-child initiated estrangement in later life, and if there are gender and cultural differences.

PROCEDURES

If you volunteer to participate in this study, you will do the following things: Check a box indicating your willingness to participate in an on-line survey. You will then click on a link to the survey and complete the survey which will take approximately 20 minutes.

POTENTIAL RISKS AND DISCOMFORTS

There are slight risks of discomfort in this study. You may feel uncomfortable answering questions in the survey about parental alienation or estrangement. Emotional discomfort is a risk. You may choose not to answer the survey or any questions in the survey without any penalty to you. You also may stop the survey at any point and decide not to submit it. The information is sent directly to a data collection program with no personal identifiers.

There will be no counseling services provided to participants in case of emotional distress, however a list of contacts which can provide therapeutic services are provided at the end of the survey and can be accessed at any time during the survey regardless of how many questions have been answered.

POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There are no direct benefits for the participants in this study. The results may be used by Social Workers to understand any risks associated with parental alienation and estrangement on aging non-custodial parents.

CONFIDENTIALITY

Any information that is obtained in connection with this study will remain confidential. Your identity will not be known to the researcher. The researcher cannot guarantee confidentiality; confidentiality will be maintained to the degree permitted by the technology used; no guarantee can be made regarding the tracking or interception of responses by any third parties.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. Participation or non-participation will not affect you in any way. You may also refuse to answer any questions you do not want to answer and still remain in the study.

IDENTIFICATION OF INVESTIGATOR

If you have any questions or concerns about the research, please feel free to contact my advisor, Dr. Molly Ranney, Professor, at mranney@csulb.edu or the researcher at sheila.taylorpotter@student.csulb.edu.

RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact the Office of University Research, CSU Long Beach, 1250 Bellflower Blvd., Long Beach, CA 90840; Telephone: (562) 985-5314 or email to ORSP-Compliance@csulb.edu.

CONSENT OF RESEARCH SUBJECT

I understand the procedures and conditions of my participation described above. My questions have been answered to my satisfaction. I have printed a copy of this form if I wish to do so. By checking "I agree to participate in this study," I have read the statement of informed consent and agree to participate in this research.

- I agree to participate in this study

- I do not agree to participate in this study. (PLEASE EXIT THE SURVEY BY CLICKING ON THE "SURVEY EXIT LINK" ON TOP OF THE PAGE)

APPENDIX C
RESOURCES FOR PARTICIPANTS

Below are publicly available websites with information and resources for people affected by Parental Alienation. Please feel free to print this page out if you would like to access these publicly available websites.

DR. AMY BAKER: “Dr. Baker is a nationally recognized expert in parent child relationships, especially children of divorce, parental alienation syndrome, and emotional abuse of children.”

Website: <http://www.amyjbaker.com/>

INTERNATIONAL SUPPORT NETWORK FOR ALIENATED FAMILIES: “ISNAF is a support network for those suffering the pain and bewilderment of losing a child due to the dynamics of parental alienation.”

Website: <http://isnaf.info/>

DR. RICHARD WARSHAK: “Dr. Warshak is a clinical, research, and consulting psychologist, Clinical Professor of psychology at the University of Texas Southwestern Medical Center... Dr. Warshak was a White House consultant on child custody and one of 60 top experts invited to participate in an American Bar Association family law reform initiative.”

Website: <http://www.warshak.com/>

DR. JOSHUA COLEMAN: Psychologist, author and speaker in the San Francisco Bay area. Offers private therapy, webinars for estranged parents, and hosts a forum on his website: <http://www.drjoshuacoleman.com/>

DR. KATHLEEN RAEY: “Dr. Kathleen M. Reay is an internationally recognized and acclaimed sub-specialist (expert) in high-conflict divorce, parental alienation, estrangement, child psychological abuse and child-related trauma”.

Website: <http://kreaycounseling.com/>

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