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To Turn a Child Against a Parent Is To Turn a Child Against Himself: The Direct and Indirect Effects of Exposure to Parental Alienation Strategies on Self-Esteem and Well-Being

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Direct and indirect effects of exposure to 19 parental alienation strategies in 118 adult children of divorce were examined via a confidential and anonymous computer survey. We investigated the nature and prevalence of alienation strategies to which this sample was exposed as well as associations between exposure and self-esteem and self-sufficiency. In turn, we examined and found associations between self-esteem and higher rates of depression and insecure attachment styles and a trend for an association with alcohol abuse. All effects were found even after controlling for histories of physical abuse, sexual abuse, and psychological maltreatment. These findings add to the growing body of evidence regarding the long-term consequences of experiencing parental alienation and indicate that in general, exposure to more alienation behaviors leads to more negative outcomes in children of divorce, which can be seen across the life span.

KEYWORDS adult children of divorce, divorce, parental alienation

Although many children of divorce demonstrate resilience, some suffer in their well-being and functioning (Amato, 1994). Children's exposure to and involvement in parental conflict has been identified as the single best

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predictor of outcomes for children after divorce (Pruett, Williams, Isabella, & Little, 2003; Schick, 2002), especially the degree to which children are drawn into the parental conflict (Buchanan, Maccoby, & Dornbusch, 1991). In this study this concept was explored from the lens of parental alienation strategies, defined as a series of parental behaviors that intentionally or otherwise interfere with and undermine the child's relationship with the other parent. A series of empirical studies, both quantitative and qualitative, have led to the identification of the primary parental alienation strategies that parents can exhibit (Baker 2007; Baker & Chambers, 2011; Baker & Darnall, 2006; Baker & Fine, 2008). This study set out to explore these strategies in relation to psychological maltreatment, self-esteem, self-sufficiency, and three measures of adult functioning: alcohol abuse, depression, and attachment style.

PARENTAL ALIENATION STRATEGIES AND PSYCHOLOGICAL MALTREATMENT

Parents who exhibit parental alienation strategies can be considered to be psychologically maltreating their children because the expression of the strategies inevitably and directly results in children feeling “worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs,” a commonly accepted definition of psychological maltreatment (Binggeli, Hart, & Brassard, 2001, p. 6), and because parents who exhibit parental alienation strategies are likely to behave in other ways that result in the child feeling psychologically maltreated. The psychological foundation of parental alienation—lack of empathy and inability to tolerate the child's separate needs and perceptions—is also the foundation of psychological maltreatment and other forms of child maltreatment more generally. The link between alienation and psychological maltreatment has been described in the clinical literature (Gardner, 1998; Rand, 1997a, 1997b) and qualitative research (Baker, 2007).

PARENTAL ALIENATION STRATEGIES AND SELF-ESTEEM

Individually and combined the identified parental alienation strategies are likely to result in diminished self-esteem in child victims. The most commonly cited parental alienation strategy is denigration by one parent (“alienating parent”) of the other parent (“targeted parent”) in a consistent and total expression of negativity. Every aspect of the targeted parent's personality and characteristics is portrayed as worthy of criticism and critique. Even characteristics that are not inherently negative are depicted as problematic and worthy of concern if not outright contempt. Because

every parent is imperfect, there is usually a kernel of truth to some of the complaints, lending veracity to the overall message that the alienating parent is conveying to the child. Although there are nearly limitless negative statements one parent can say about the other, Baker (2007) argued that it always involves the message that the targeted parent is unsafe, unloving, and unavailable. The other strategies serve to reinforce this message to the child by limiting the opportunities for the targeted parent to counter the message, creating the appearance that the targeted parent has rejected the child, inciting conflict between the child and the targeted parent, psychologically cementing the child to the parent exhibiting these behaviors, and creating an unhealthy dependency in that relationship.

When a parent exhibits parental alienation strategies, the child's self-esteem is likely to suffer for four related reasons. First, the essence of the bad-mouthing message is that the targeted parent does not love the child, from which the child extrapolates that he or she is not lovable. This association has been borne out in cross-cultural research that has established that a feeling of being unloved by one's parent is one of the hallmark experiences for predicting lower self-esteem in children (Khalique & Rohner, 2002). Because children are inherently egocentric and because they want to believe that their parents are fair, they assume that it is their fault when a parent is unkind or unloving toward them (as they are told that the targeted parent is being; Briere, 1992). Attachment theory is also a useful framework for understanding the links between early caregiver acceptance or rejection and subsequent beliefs about the self (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969). In this framework, interactions with caregivers are viewed as forming the template from which the individual creates representational structures (internal working models) about the worthiness and "lovableness" of the self (Bretherton, Ridgeway, & Cassidy, 1990). In this way, believing that one is unloved by a parent is transformed in the child's mind into believing that one is unlovable.

A second way in which parental alienation strategies can impact a child's self-esteem is through the child's internalization of the negative messages about the targeted parent (i.e., that he or she is fundamentally damaged, flawed, and contemptible). That is, the child concludes that if one parent is "no good" that he or she is also, at least in part, "no good." This process is referred to by object relations theorists as the "bad object" being taken in as an "introject" (e.g., Greenberg & Mitchell, 1983). Baker (2007) found this to be the case with the adults interviewed. Because as children they felt that the "bad" parent was part of them (genetically as well as through the relationship) they felt that they must also be bad. In this way, the alienating parent's denigration and rejection of the targeted parent is experienced by the child as a rejection of that part of himself or herself that is associated with the targeted parent.

A third way in which exposure to parental alienation strategies can be associated with self-esteem problems is that the parent who exhibits these behaviors is conveying to the child (intentionally or otherwise) that his or her love for the child is contingent on the child's acceptance of the bad-mouthing message and rejection of the targeted parent. That is, the child experiences that the alienating parent hates the targeted parent more than the parent loves him or her, a message that is also internalized by the child as "I am not lovable."

A fourth pathway is reflected in the excessive dependency cultivated between the alienating parent and the child. Earlier Baker (2005b, 2007) reported that alienating parents use many of the same thought reform and emotional manipulation techniques that cult leaders use to undermine the critical thinking skills of members and indoctrinate them into a cult. The child exposed to alienation strategies is similarly encouraged to believe that the alienating parent knows the child's thoughts, feelings, and needs better than the child himself or herself. The child is encouraged to rely exclusively on the opinions and guidance from that parent in such a way as to reduce the child's trust and respect in others, including himself or herself.

Taken together, these four dynamics explain how exposure to parental alienation strategies can result in compromised self-esteem, an association that was found in the qualitative study of 40 adults who had this experience as children (Baker, 2007), but has not yet been validated with standardized measures in quantitative analysis.

PARENTAL ALIENATION, SELF-ESTEEM, AND SELF-SUFFICIENCY

Individuals interviewed by Baker (2007) reported struggling with becoming self-sufficient, floundering as young adults and beyond, and not quite making their way in the world. Thus, in this study exposure to parental alienation is hypothesized to directly negatively influence long-term self-sufficiency. The underlying logic is that parents who enforce a worldview on a child (i.e., promote the parental alienation message) do not want that child to think for himself or herself because that could lead to the child questioning assumptions about the targeted parent and the unraveling of the alienation efforts. Thus, alienating parents are likely to reinforce compliance, obedience, and adherence to their worldview rather than promote independent thinking and self-determination, necessary skills for adult functioning (Siegel, 1988). A further impetus for alienating parents to undermine their child's self-sufficiency is the desire to prolong the child's dependency on the parent, gratifying that parent's ego as the preferred, needed, and beloved parent (Baker, 2005a; Summer & Summer, 2006). In addition, because self-esteem is required for an individual to strive for achievements (to believe that one deserves to achieve) and to persevere in the face of initial difficulties (to believe that one

can solve problems and ultimately succeed; e.g., McFarlin, 1985), it is proposed that self-esteem will also be directly associated with self-sufficiency. Aspects of self-esteem are three of the seven essential ingredients identified by Glenn and Nelsen (1989) for self-sufficiency.

PARENTAL ALIENATION, SELF-ESTEEM, AND WELL-BEING: DEPRESSION, ALCOHOLISM, AND ATTACHMENT

Parental alienation is expected to have an indirect effect on depression, alcohol abuse, and attachment via the reduced self-esteem noted previously. Low self-esteem is likely to be associated with subsequent depression in light of the negative beliefs the child internalizes about himself or herself and his or her worthiness of love (Beck, 1983). Low self-esteem might drive the child to constantly and negatively compare himself or herself to other people, contributing to depressogenic thinking (Alloy et al., 1999). It can also drive the child to rely excessively on the alienating parent for guidance and approval. This excessive need to please others has been found to be a risk factor for depression (Clark, Beck, & Brown, 1992; Sato & McCann, 2000) and is likely due to a heightened sensitivity toward disapproval and strong reactivity to threats of abandonment (Beck, 1983). Similarly, studies have found higher rates of maladaptive interpersonal dependency, specifically neediness and codependence, to be related (Carson & Baker, 1994; Rude & Burnham, 1995) and predictive of depression (Cogswell, Alloy, & Spasojevic, 2006). According to these findings, it seems likely that the relationship dynamic stipulated by the alienating parent—and mediated through lowered self-esteem—might create vulnerability for depression in the adult child later in life.

The self-medication model of addiction proposes that substance abusers utilize drugs or alcohol as a method of coping with painful affective states such as self-hatred and low self-esteem (Khantzian, 1985). Substance use can compensate for poor emotional regulation and can alleviate or soothe negative affect. This perspective has been supported via research associating depression (Sihvola et al., 2008), trauma (Kessler, Sonnega, Bromet, & Nelson, 1995), and low self-esteem (Mann, Hosman, Schaalma, & de Vries, 2004) with the use of substances. Although the etiology of problematic drinking is complex (Minugh & Harlow, 1994), pathological family relationships and dynamics impact the adjustment of children (Menees & Segrin, 2000) and can be factors in this population's observed vulnerability to problematic drinking (Hope, Power, & Rodgers, 1998).

As attachment theory proposes, early parent-child relational patterns form the blueprint for later styles of interpersonal interaction (Ainsworth, 1982). Parental relationships help form beliefs about one's worthiness of love and determine the nature of future attachments. A caregiver's ability

to provide attentive and sensitive responses creates a secure attachment in the child, whereas inconsistent or negligent parenting can result in insecure attachment (Bowlby, 1969). Children of divorce might be vulnerable to relationship difficulties in general (Crowell, Treboux, & Brockmeyer, 2009; Sager, 2009), but children exposed to parental alienation strategies are likely to be at particular risk, because the alienating parent might be more concerned with his or her own needs than effectively meeting the emotional needs of the child. Additionally, these parents cultivate relationships that involve dependency and are imbued with psychological control and manipulative behaviors. Such attachment patterns result in low self-esteem and subsequent insecure attachments later in life, as the early blueprint is used to guide future relationships.

Because prior childhood maltreatment is associated with all of these outcomes of interest (Cicchetti & Toth, 2000; Kelley, Thornberry, & Smith, 1997), they were used as control variables in all analyses. Thus, we were able to ask whether parental alienation strategies *per se*—controlling for physical abuse, sexual abuse, and psychological maltreatment—were associated directly and indirectly via self-esteem on the identified outcomes.

RESEARCH QUESTIONS

The following research questions are addressed in this study:

1. How frequent is exposure to the 19 parental alienation strategies?
2. Is degree of exposure to these strategies related to psychological maltreatment?
3. Is degree of exposure to these strategies related to self-sufficiency (controlling for childhood maltreatment)?
4. Is degree of exposure to these strategies related to self-esteem (controlling for childhood maltreatment)?
5. Is self-esteem associated with depression, alcohol problems, and attachment (controlling for childhood maltreatment)?

METHOD

Sample

Participants were recruited from flyers and postings on various Internet support groups related to divorce and children of divorce. Inclusion criteria were described as “Subjects who are above 18 years old and whose parents divorced before they were 15 years old.” Surveys were completed between September 2009 and January 2010. Participants were not asked any identifying information to ensure confidentiality and all were provided with

emergency resources in the case of emotional distress as a result of participation. The Albert Einstein College of Medicine Committee on Clinical Investigations approved all study procedures.

One hundred and fifty-five individuals responded to the survey, 118 of whom completed it sufficiently to be included in the data analysis. The final sample was one third male (33.1%), primarily Caucasian (84.7%), ranging in age from 18 to 66 years ($M = 30.3$, $SD = 8.9$), and 68 (58%) of the participants were either currently married or had been married at some point in their lives. Prior physical and sexual abuse was reported by 16% and 11% of the sample, respectively. Psychological maltreatment was reported by 55.5% of the sample.

Measures

The Web survey consisted of 125 questions. Missing data were imputed for scales with no more than 10% missing per scale per respondent, in accordance with standards in the field (Shrive, Stuart, Quan, & Ghali, 2006).

EXPOSURE TO PARENTAL ALIENATION STRATEGIES

The Baker Strategy Questionnaire (BSQ) is based on research and theory with “adult children of parental alienation syndrome” as well as parents involved in custody disputes (Baker 2007; Baker & Chambers, 2011; Baker & Darnall, 2006; Baker & Fine, 2008) regarding the most common parental alienation strategies. The BSQ assesses the perception of the frequency of 17 alienation tactics while the subject was growing up (with a few being represented in more than one item). Respondents rated each item on a 5-point Likert scale ranging from 0 (*never*) to 4 (*very often*). Each item is presented here as it appeared on the survey:

One or both of my parents . . . (1) Made comments to me that fabricated or exaggerated the other parent’s negative qualities while rarely saying anything positive about that parent; (2) Limited or interfered with my contact with the other parent such that I spent less time with him/her than I was supposed to or could have; (3) Withheld or blocked phone messages, letters, cards, or gifts from the other parent meant for me; (4) Made it difficult for me and the other parent to reach and communicate with each other; (5) Indicated discomfort/displeasure when I spoke/asked about or had pictures of the other parent; (6) Became upset, cold, or detached when I showed affection for or spoke positively about the other parent; (7) Said and/or implied that the other parent did not really love me; (8) Created situations in which it was likely or expected that I choose him/her and reject the other parent; (9) Said things that indicated that the other parent was dangerous or unsafe; (10) Confided

in me about “adult matters” that I probably should not have been told about (such as marital concerns or financial disputes), which led me to feel protective of him/her or angry at the other parent; (11) Created situations in which I felt obligated to show favoritism toward him/her and reject or rebuff/ignore the other parent; (12) Asked me to spy on or secretly obtain information from or about the other parent and report back to him/her; (13) Asked me to keep secrets from the other parent about things the other parent should have been informed about (e.g., upcoming plans, my whereabouts, etc.); (14) Referred to the other parent by his/her first name and appeared to want me to do the same; (15) Referred to his/her new spouse as Mom/Dad and appeared to want me to do the same; (16) Encouraged me to rely on his/her opinion and approval above all else; (17) Encouraged me to disregard/think less of the other parent’s rules, values, and authority; (18) Made it hard for me or made me feel bad about spending time with the other parent’s extended family; and (19) Created situations in which it was likely that I would be angry with or hurt by the other parent.

Scores on the 19 items were summed to create a total score, which could range from 0 to 76, with higher scores indicating greater exposure to alienation strategies. Internal consistency of the summary score was determined with a Cronbach’s alpha of .96.

PSYCHOLOGICAL MALTREATMENT

The five-item scale developed by Baker and Festinger (in press) was used, which contains one item per each type of psychological maltreatment included in the definition endorsed by American Professional Society on the Abuse of Children (APSAC; Bingseli et al., 2001). The item description presented to the participants was taken directly from the APSAC handbook (Bingseli et al. 2001):

1. Spurning: Was hostile, rejecting, degrading or humiliating; belittled you, or singled you out for unfair treatment.
2. Terrorizing: Behaved in a way that threatened or was likely to harm you or loved ones, placed you in dangerous situations, threatened punishment for not meeting unrealistic expectations.
3. Isolating: Restricted social interactions without good reason, confined you, or placed unreasonable limitations on freedom of movement.
4. Exploited/corrupted, encouraged/modeled, or permitted you to be self-destructive, antisocial, criminal, deviant, or much older or younger than your age; was overinvolved, intrusive, or domineering.
5. Denying emotional responsiveness: Ignored your needs to interact; was detached, uninvolved, and interacted only when necessary; failed to express affection.

Each item was rated on a scale ranging from 0 (*never*) to 4 (*very often*). The measure has been found to have excellent reliability and high correlations with other measures of psychological maltreatment (Baker & Festinger, in press). In this study a summary score was created that ranged from 0 to 15 with an internal consistency coefficient of .79.

SELF-ESTEEM

Self-esteem was assessed with the Rosenberg Self-Esteem Scale (RSE; Rosenberg, 1965), a 10-item self-report questionnaire on which each item is rated on a 4-point Likert scale ranging from 0 (*strongly disagree*) to 4 (*strongly agree*). Summing the 10 items after reverse coding creates the total score. The RSE has demonstrated strong internal consistency, with a Guttman scale coefficient of .92. In this study the RSE was used as a continuous variable that ranged from 15.56 to 40.00. Internal reliability was established with an alpha of .91 after recoding the reverse scored items.

SELF-SUFFICIENCY

To assess educational attainment, a demographic item was recoded into a dichotomous variable, with participants who reported that their highest educational degree attained was less than 4 years of college coded as 0 and those who reported at least 4 years of college coded as 1 (5 participants were excluded because they were under 22 and still in school). To assess current self-sufficiency status, two items from the demographics portion of the survey were recoded into a single item indicating whether the person was currently in school or working (score of 1) or neither in school nor working (score of 0).

The 15-item Daily Sufficiency Skills Questionnaire self-report was created for the purpose of this study, based on the Ansell–Casey Life Skills Assessment (Nollan et al., 2000), in which respondents rated their ability to take care of their daily living needs such as doing laundry and going food shopping on a 5-point Likert scale ranging from 0 (*never*) to 4 (*regularly*). The alpha was .85 in this sample. Due to skewness of the data, summary scores were recoded to reflect placement in the bottom third of the sample (score of 0) or placement in the top two thirds of the sample (score of 1).

ALCOHOL ABUSE

To assess alcohol abuse, the 4-item CAGE Questionnaire was administered (Ewing, 1984). Each item is rated by self-report as present (1) or absent (0). Two or more positive responses have been shown to correlate significantly with other standardized criteria for alcohol dependence (Poulin, Webster, &

Single, 1997) with a sensitivity of 84% to 91% and specificity of 77% to 96% (Ewing, 1984; Poulin et al., 1997). In this study, a dichotomous variable was created to reflect an alcohol problem (1) or not (0) based on a summary score above or below the cutoff of 2.

DEPRESSION

To assess major depressive disorder, the Inventory to Diagnose Depression, Lifetime Version (IDDL) was administered. The IDDL is a 22-item self-report questionnaire that assesses lifetime history of major depressive disorder according to the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed. [DSM-III]; American Psychiatric Association, 1980) but can also be used to assess major depressive disorder according to the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [DSM-IV]; American Psychiatric Association, 1994) because criteria between the two versions are congruent. Each participant was coded as meeting the criteria (1) or not (0), following the guidelines developed by Zimmerman and Coryell (1987).

ATTACHMENT STYLE

Attachment style was assessed with the Relationship Questionnaire (RQ; Bartholomew & Horowitz, 1991). The RQ is comprised of a single item presenting four short paragraphs describing prototypical adult attachment patterns, from which the respondent selects the one that he or she thinks best describes his or her interpersonal relationship style. In this study, a score of 0 indicated absence of a secure attachment style and a score of 1 indicated the presence of a secure attachment style. Table 1 presents the intercorrelations among the variables as well as means and standard deviations.

RESULTS

To address the first question, frequency distributions of each of the items on the Baker Strategies Questionnaire were calculated. These data are presented in Table 2. As can be seen, 90% of the sample endorsed bad-mouthing, 80% of the sample endorsed confiding, 70% of the sample endorsed made communication difficult and required favoritism, 60% of the sample endorsed six items (limited contact, appeared upset when child was positive about the other parent, made the child choose, encouraged reliance on himself or herself, encouraged disregard of the other parent, and made it hard to be with the extended family of the other parent). Further, 50% of the sample endorsed said other parent was unsafe and fostered anger at the

TABLE 1 Intercorrelations Among Study Variables

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|----|---|-----|-------|------|-------|-------|--------|--------|--------|---------|---------|
| 1 | | .07 | .24** | .12 | -.18* | .13 | .18* | -.06 | .00 | -.12 | -.25** |
| 2 | | | .12 | .12 | -.19* | .18 | .40*** | -.21* | -.22* | -.36*** | -.34*** |
| 3 | | | | -.06 | -.07 | .20* | .27** | -.15 | -.01 | -.10 | -.10 |
| 4 | | | | | -.06 | .02 | -.15 | -.01 | .06 | -.01 | -.06 |
| 5 | | | | | | -.24* | -.30** | .16 | .14 | .21* | .16 |
| 6 | | | | | | | .30** | -.22* | -.17 | -.17 | -.13 |
| 7 | | | | | | | | -.33** | -.34** | -.33*** | -.36 |
| 8 | | | | | | | | | -.27* | .47*** | .24** |
| 9 | | | | | | | | | | .21* | .24** |
| 10 | | | | | | | | | | | .46*** |

Note. 1 = Employment/education (0 = not in school or working, 1 = in school or working); 2 = Educational attainment (0 = less than 4 years of college, 1 = 4 or more years of college); 3 = Self-sufficiency scale (0 = below score of 51, 1 = score of 51 or above); 4 = Alcohol abuse (0 = fewer than two items endorsed on the CAGE, 1 = 2 or more items); 5 = Depression (0 = does not meet the DSM criteria on the Inventory to Diagnose Depression, Lifetime version, 1 = does meet criteria); 6 = Secure attachment (0 = not secure style on relational questionnaire, 1 = secure style); 7 = Self-esteem (continuous score on Rosenberg Self Esteem); 8 = History of physical abuse (0 = not self-reported history, 1 = self-reported history); 9 = History of sexual abuse (0 = not self-reported history, 1 = self-reported history); 10 = History of psychological maltreatment (continuous score on psychological maltreatment measure); 11 = Exposure to parental alienation strategies (continuous score on Baker Strategies Questionnaire).

* $p < .05$. ** $p < .01$. *** $p < .001$.

TABLE 2 Frequency of Endorsement of the Items on the Baker Strategies Questionnaire

| Strategy | 0 | 1 or 2 | 3 or 4 |
|--------------------------------------|------|--------|--------|
| Made negative comments | 10.3 | 38.1 | 51.3 |
| Limited contact | 33.3 | 35.9 | 30.7 |
| Withheld or blocked messages | 74.3 | 13.4 | 12.4 |
| Made communication difficult | 53.5 | 25.4 | 21.1 |
| Discomfort at other parent | 30.8 | 31.6 | 37.6 |
| Upset child affection w/other parent | 31.0 | 28.4 | 40.5 |
| Said parent was unloving | 58.1 | 19.7 | 22.2 |
| Made child choose | 40.2 | 28.1 | 31.7 |
| Said parent was unsafe | 47.5 | 34.8 | 17.8 |
| Confided in child | 19.5 | 37.3 | 28.8 |
| Required favoritism of child | 29.9 | 40.1 | 29.1 |
| Asked child to spy | 61.4 | 23.6 | 14.9 |
| Asked child to keep secrets | 52.2 | 29.6 | 18.2 |
| Called other parent by first name | 78.9 | 11.4 | 09.7 |
| Referred to new spouse Mom/Dad | 74.8 | 16.8 | 08.4 |
| Encouraged reliance on him/herself | 33.6 | 35.4 | 31.0 |
| Encouraged disregard of other parent | 34.8 | 37.4 | 27.8 |
| Hard to be with extended family | 40.9 | 34.8 | 24.4 |
| Fostered anger/hurt at other parent | 44.0 | 32.7 | 23.3 |
| Tried to turn against other parent | 39.3 | 29.9 | 30.8 |

Note. $N = 118$.

other parent; 40% of the sample endorsed three items (made communication difficult, said other parent was unloving, and asked child to keep secrets); and 30% or fewer endorsed the remaining items, including withheld or blocked messages, asked child to spy on the other parent, called other parent by first name, and referred to new spouse as Mom/Dad). These data are remarkably similar to the adult children of divorce sample in the Baker and Chambers (2011) study. A summary score of the 19 items ranged from 0 to 72, with 96% of the sample endorsing at least one item and 67% of the sample endorsing at least one item at the *often* or *very often* frequency levels.

The second study question pertained to the association between the exposure to alienation strategies and psychological maltreatment. This was examined by conducting correlations between the BSQ total score and the five items and summary score of the psychological maltreatment measure, resulting in statistically significant correlations (range = .27–.50) at the .001 level of significance. Higher scores on the BSQ were associated with higher scores on the five items and the summary score of the psychological maltreatment measure.

Next we examined the direct association between parental alienation strategies and the three self-sufficiency variables, controlling for all three abuse types (physical abuse, sexual abuse, and psychological maltreatment). These data are presented in Table 3.

Higher scores on the BSQ were associated with lower degrees of current self-sufficiency reflected in not currently working or going to school.

The fourth research question pertained to the association between parental alienation strategies and self-esteem, which was examined with a linear regression analysis controlling for all three forms of prior abuse. Results revealed that entering BSQ total score resulted in an R^2 change of .02, which was statistically significant $p < .05$.

The final set of research questions pertained to the indirect effects of alienation on self-sufficiency and well-being measures via self-esteem. These were examined with logistic regressions, controlling for the three forms of childhood maltreatment. Results are presented in Table 4 and Table 5.

Table 4 reveals that self-esteem was associated with two of the three self-sufficiency measures (educational attainment and self-sufficiency skills)

TABLE 3 Logistic Regression Analyses Predicting Self-Sufficiency From Exposure to Parental Alienation (Baker Strategies Questionnaire Scores), Controlling for Physical Abuse, Sexual Abuse, and Psychological Maltreatment

| Variable | <i>B</i> | <i>SE</i> | Wald | <i>df</i> | Significance | Exp(b) |
|------------------------------|----------|-----------|------|-----------|--------------|--------|
| Educational attainment | -.02 | .01 | 2.3 | 1 | .13 | .98 |
| Current employment/education | -.03 | .02 | 4.8 | 1 | .03 | .97 |
| Self-sufficiency skills | .00 | .01 | .06 | 1 | .80 | .99 |

TABLE 4 Logistic Regression Analyses Predicting Self-Sufficiency From Self-Esteem Controlling for Physical Abuse, Sexual Abuse, and Psychological Maltreatment

| Variable | <i>B</i> | <i>SE</i> | Wald | <i>df</i> | Significance | Exp(b) |
|------------------------------|----------|-----------|------|-----------|--------------|--------|
| Educational attainment | .13 | .05 | 6.7 | 1 | .01 | 1.10 |
| Current employment/education | .08 | .05 | 2.5 | 1 | .11 | 1.08 |
| Self-sufficiency skills | .09 | .04 | 5.8 | 1 | .02 | 1.10 |

TABLE 5 Logistic Regression Analyses Predicting Alcohol Abuse, Depression, and Attachment From Self-Esteem Controlling for Physical Abuse, Sexual Abuse, and Psychological Maltreatment

| Variable | <i>B</i> | <i>SE</i> | Wald | <i>df</i> | Significance | Exp(b) |
|---------------|----------|-----------|------|-----------|--------------|--------|
| Alcohol abuse | -.07 | .04 | 3.0 | 1 | .08 | 0.94 |
| Depression | -.10 | .05 | 4.1 | 1 | .04 | 0.91 |
| Attachment | .08 | .04 | 4.1 | 1 | .04 | 1.10 |

and Table 5 reveals that self-esteem was associated with two of the three (with a trend for the third) of the well-being measures: depression and attachment. Thus, all but a few of the hypothesized associations were borne out in our analyses.

DISCUSSION

This research investigated some of the ways that the lives of adult children of divorce have been affected by their exposure to parental alienation strategies, defined as 19 behaviors that one parent can exhibit that can lead a child to reject one parent to please the other.

Among the alienation strategies assessed, all were endorsed by the sample at least to some degree, with many endorsed by over half the sample.

The proposed hypotheses about the association between exposure to alienation strategies and poor outcomes were primarily supported by the data. The summary score reflecting the degree of exposure was directly associated with current educational or employment status, psychological maltreatment, and self-esteem. The score was also associated indirectly via self-esteem with depression and attachment style, with a trend of an association with alcohol abuse. For the most part the data confirm and extend the qualitative study conducted by Baker (2007). Because we controlled for prior physical abuse and sexual abuse histories as well as psychological maltreatment, we consider these analyses to represent a very stringent test of the study hypotheses.

The findings reveal just how powerful an influence parental alienation strategies can have on children and suggest that for many reasons, alienation should be prevented as much as possible. To begin with, the data support

the notion that to turn a child against the other parent is to turn a child against himself or herself. The greater number and frequency of alienation strategies children are exposed to, the lower their self-esteem. When children are told that a parent is not a good person, does not love them, and does not care about them, children appear to conclude that the cause lies within themselves. Thus, although the parents engaging in these behaviors might justify their behavior as telling the truth, or protecting the child from the other parent, they are in fact doing something that can harm the child. In light of how few of the participants were actually abused it seems likely that in many instances the alienation strategies were not warranted (i.e., the child did not need to be exposed to such negative ideas about the other parent). In such cases, what is done in the name of protecting the child could be causing more harm than whatever it is the parent thinks he or she is protecting the child from. The irony is that although the alienating parents might view their behaviors as loving and themselves as the caring parents, they are engaging in behaviors likely to damage the self-esteem of their children.

The negative effects extended beyond self-esteem to include reduced self-sufficiency and higher rates of depression and insecure attachments. These data mirror the qualitative findings from the Baker (2007) study and lend further support to them via use of multiple methods across the two studies. The ways in which exposure to parental alienation strategies play out over the life of adult children of divorce begins to be clearer when these data are considered. Children who are told that a parent does not love them and that one parent is not a worthy person internalize these messages in the only way that makes sense to a child: by concluding that there is something fundamentally wrong with himself or herself. This compromised self-esteem then affects every aspects of the child's life, including feelings of well-being and ability to form and maintain healthy and secure adult relationships.

These data can be used to urgently impress on divorcing parents the importance of not engaging in these behaviors. This could be accomplished through divorce education efforts that specifically describe the primary alienation strategies assessed here to alert parents what not to do themselves and what to be concerned about regarding the behavior of their child's other parent. Mental health and legal professionals should also be provided with training in the specific forms of parental alienation so that they can be better informed when interacting with divorced families. Parents who believe that the other parent is engaged in these behaviors need concrete ideas and suggestions for how to respond, such as those offered by Baker and Fine (2008) and Warshak (2001). Simply taking the high road, as many targeted parents are counseled to do, might not be sufficient to counter the negative messages the children are receiving.

A second way that these data could be applied is in the development and implementation of psychoeducational materials for children. Because

it is very hard to legislate morality (i.e., what parents do and say to their children in the privacy of their home) what is required is a way to give children the tools and resources to help them resist the influence of the alienating strategies. Andre and Baker (2009) have developed one such book and others should be developed and field tested as well.

Several limitations in the design of the study bear mentioning. First, results are based on a sample of convenience and therefore cannot easily be generalized. The participants were all individuals who elected to participate based on their exposure to an announcement that itself was posted on Web sites that people self-select to visit. It is unclear whether those who participated differed in some ways from those who chose not to participate. Second, reliance on retrospective self-report data makes these data subject to memory lapses and distortions. There was no independent check on the validity of what respondents recalled about their past experiences. Third, the correlational design of this study limited inferences of a causal nature. Finally, it was not possible given the study design to tease apart those participants for whom the alienation strategies were effective (i.e., the child became turned against the other parent) and those for whom the strategies were not effective (the child maintained a relationship with both parents). It is possible that it is actually the loss of the other parent that is the causal factor associated with the poor outcomes, as opposed to extent of exposure to alienation strategies. This is an important area for future research.

Additional directions for future research include looking more deeply at the pathways from parental alienation strategies to poor outcomes including measuring process variables such as depressogenic thinking styles and early maladaptive schemas (Young, Klosko, & Weishaar, 2003). It would also be helpful to examine whether participation in therapy as well as other resiliency factors mediated the experience and explained why some of the participants who were exposed to the strategies did well. Understanding the conditions under which parental alienation strategies were not associated with poor outcomes could perhaps shed additional light on avenues for prevention and intervention for this vulnerable population of children.

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