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Exposure to Parental Alienation and Subsequent Anxiety and Depression in Italian Adults

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ABSTRACT

This study examined associations between exposure to parental alienation behaviors (PA) and anxiety and depression in a community sample of Italian adults. Data were examined by the gender of the alienating parent and the gender of the respondent/adult child. Five hundred nine adults were administered the Baker Strategy Questionnaire (BSQ), the State-Trait Anxiety Inventory (STAI-Y); and the Beck Depression Inventory (BDI-II). Results revealed that exposure to PA was associated with higher ratings of anxiety and depression. The data add to the growing body of knowledge regarding the long-term negative impact of exposure to parental alienation.

In the United States, the lifetime prevalence of anxiety disorders is 15% (World Health Organization, 2008), resulting in an annual cost of 42 million dollars (Greenberg et al., 1999). International prevalence data are comparable. For example, in Italy about 10% of the population report lifetime anxiety (de Girolamo et al., 2006). Likewise, depression is widespread, affecting about five percent of the global population (Marcus, Yasamy, van Ommeren, Chisholm, & Saxena, 2012). Both anxiety and depression are associated with significant public health outcomes (Cassano, & Fava, 2002; Lieb, Becker, & Altamura, 2005).

Anxiety and depression are complex disorders that result from genetic, environmental, psychological, and developmental factors. For instance, although twin studies suggest genetics play a role, anxiety can also be triggered by stressful experiences (Kendler, Walters, Truett et al., 1995). Stressful family relationships, especially parental conflict, have long been implicated in poor outcomes, including anxiety and depression, in children and adults (Amato, 2010; Amato & Afifi, 2006; Cummings, George, McCoy & Davies, 2012; Emery, Otto, & O’Donohue, 2005; Fabricius, & Luecken, 2007). In fact, research on the impact of divorce consistently finds that it is marital conflict (even before the divorce) that is associated with poor outcomes for children (e.g., Kelly, 2000).

The association between parental conflict and child problems has been determined to have a consistent albeit moderate effect on child well-being (Fincham, Grych, & Osborne, 1994) although a few studies did not find such effects (e.g., Beckmeyer, Coleman, & Ganong, 2014). According to Fosco and Grych (2008), efforts to understand the impact of inter-parental conflict on children have resulted in the identification of several explanatory factors. Specifically, parental conflict that is frequent, intense, poorly resolved, and child-related is particularly salient for children and have been implicated in adverse effects (Buehler & Welsh, 2009; Fincham, et al 1994). For example, children's experience of the threat involved and the degree to which they blame themselves for the conflict have been found to be associated with both internalizing and externalizing problems (Grych, Seid, & Fincham, 1992; Vaeza, Indrana, Abdollahib, Juharia, & Mansora, 2015).

Research in the field of parental alienation (PA) supports this linkage and extends the knowledge base by identifying the specific parental conflict behaviors likely to be associated with anxiety and depression in children. PA is the term employed to describe a family dynamic in which one parent (the alienating parent, AP) engages in the use of specific behaviors which could result in a child's unjustified rejection of the other parent (the targeted parent, TP). There is no implication that the parent engaging in these behaviors is intentionally trying to turn the child against the other parent, although that could be the result. Seventeen PA behaviors have been identified which may induce in the child the false belief that the other parent is unloving, unavailable, and unsafe (Baker & Fine, 2013; Baker & Chambers, 2011). They are just the kinds of parental conflict behaviors that could result in the child experiencing threat and self-blame and hence, be associated with subsequent anxiety and depression. Table 1 describes how these 17 PA strategies could result in a child experiencing anxiety and depression.

Prior research has established associations between PA and depression in adults or children (Baker & Brassard, 2013; Baker & Verrocchio, 2013). These findings are consistent with the robust literature on the association between intrusive parenting (which many of the 17 PA behaviors are) and depression in children and adolescents (Barber, 2002; Soenens et al., 2008).

However, to date, no study has examined the association between PA and depression alone and in conjunction with anxiety by gender of the parent and gender of respondent. The current analyses allow for an examination of the question of whether exposure to PA has differential effects based on the gender of the parties. Such gender effects, should they exist would be important information in the development of prevention and intervention programs for alienated children and their parents. The specific research question in this study was: Is exposure to parental alienation strategies by each parent associated with anxiety and depression and was the pattern of associations dependent on the gender of the parent and/or gender of the child? Thus, we examined the association between PA and the three outcomes by gender of the child and gender of the parent.

Table 1. Description of the 17 parental alienation strategies links to anxiety and depression.

Strategy	Explanation	Possible link to anxiety and/or depression
Denigration	Negative statements that cast the TP as unsafe, unloving, and unavailable.	The child is exposed to ideas about the value of the TP, which may contradict the child's own experiences, causing confusion and sadness as the child is being led to believe that the TP is not a worthy person who loves the child. The child may also feel anger and shame that the TP is unworthy or damaged.
Limiting contact	Failing to produce the child for parenting time.	The child experiences unnecessary and unexplained separations from an attachment figure, which may result in feelings of loss, sadness, and confusion.
Interfering with communication	Not allowing the TP to be able to connect and communicate with the child during periods of separation (not sharing messages, not sharing phone numbers, blocking e-mails).	The child is denied the opportunity to experience closeness and emotional connection with an attachment figure, which may result in loss and sadness.
Interfering with symbolic communication	Denying the child opportunities to look at pictures of, think about, and talk about the TP.	The child is given the message that his thoughts and feelings are unacceptable and must be banished and denied, which may result in anxiety about following the rules and sadness at the inability to process the separation from a parent.
Withholding love And approval	Becoming cold and distant when the child shows interest or affection for TP.	The child may feel uncertainty and anxiety regarding being loved and accepted by a primary attachment figure.
Allowing the child to choose	Offering alternatives, creating perception that parenting time is optional.	The child may feel conflicted when asked to choose between parents, knowing that one or the other parent will be hurt and disappointed no matter what the choice is.
Forcing the child to reject the TP	Having the child disinvite or exclude the TP from important events in the child's life.	The child may feel that s/he has to act against his or her values and beliefs in order to maintain the love and approval of the AP.
Asking the child to spy on the TP	Asking the child to look through the mail, phone, or files of the TP and report back to the AP.	The child is forced to betray the trust of one parent in order to avoid rejection of the other. Once the child spied, s/he may experience cognitive dissonance since the behavior is not consistent with the desired self-image of being an honest person, resulting in confusion, doubt, and anxiety. The child may experience stress and worry about whether s/he will get caught and invoke the anger of one or both parents.

(Continued on next page)

Table 1. (Continued)

Strategy	Explanation	Possible link to anxiety and/or depression
Asking child to keep secrets from the TP	Sharing information with the child and forbidding the child to convey to TP even though it effects the TP in some way.	The child is forced to betray the trust of one parent in order to avoid rejection of the other. Once the child has kept the secret, s/he may experience cognitive dissonance since the behavior is not consistent with the desired self-image of being an honest person, resulting in confusion, doubt, and anxiety. The child may experience stress and worry about whether s/he will get caught and invoke the anger of one or both parents.
Confiding in the child	Sharing private and personal information about the TP and about court documents.	The child may become overwhelmed with information that s/he does not have the emotional maturity to process and cope with. The child may be flooded with thoughts and feelings that are emotionally taxing. The child may experience pressure to share the beliefs and attitudes of the AP even when they are not consistent with the child's own experiences. This can result in sadness over the loss of the idealized parent as well as anxiety about the mismatch between the information and the child's experiences.
Referring to the TP by first name and expecting child to do so as well.	When speaking to the child, using the TP's first name rather than saying "Mom" or "Dad."	The child is being pressured to be disrespectful towards the TP, knowing that his or her behavior will most likely hurt and anger that parent. This may result in anticipatory anxiety as well as guilt and shame, possibly leading to sadness and depression that the child has betrayed his/her own values.
Referring to Step-Parent as "Mom" or "Dad" and expecting Child to do the same.	When speaking to the child referring to the stepparent or other significant other as "Mom" or "Dad" instead of using that person's first name.	The child is being pressured to be disrespectful towards the TP, knowing that his or her behavior will most likely hurt and anger that parent. This may result in anticipatory anger as well as guilt and shame, possibly leading to sadness and depression that the child has betrayed his/her own values.
Saying that the TP is dangerous.	Exaggerating if not fabricating events to create appearance that TP has or will hurt the child.	Believing that the TP has or will hurt him/her may lead the child to feel hurt/anger at the TP. The child may also experience cognitive dissonance because the message is not consistent with his/her own experiences.

(Continued on next page)

Table 1. (Continued)

Strategy	Explanation	Possible link to anxiety and/or depression
Saying the TP does not love the child.	Responding to normative parenting situations as proof TP doesn't care about the child.	The child may experience him or herself as unlovable and damaged, which may result in feelings of shame and worry about his/her worth as a person.
Withholding Information from the TP about the child's daily life.	Not putting the TP's contact information on forms, not providing the TP with schedules and forms.	The child may feel rejected when the TP is not involved in his/her daily life, and could feel sad at being abandoned by the parent.
Changing child's name to remove the association with TP.	Creating a new nickname for child or using only part of child's name to eliminate connection with TP.	The child may feel worried about TP's reaction, that it will be hurtful for TP to know that child is distancing him or herself from the TP.
Undermining the authority of TP.	Making up rules about how the child can behave even at the TP's home, belittling the values and rules of the TP.	The child may feel anxious about not following the rules of the AP and invoking the anger and rejection of that parent. The child may also know that it could hurt or anger the TP when the child treats the authority of the AP as greater than that of TP.

Method

Participants and procedures

Participants were 509 individuals recruited in Southern Italy by psychology students who promoted the study to colleagues, friends, and family, who then identified additional people via snowball sampling. After giving informed consent, the subjects completed a written questionnaire. In all, 570 people were invited, 531 agreed to participate (93.15% response rate), all of whom completed the survey. Out of the 531, 22 were excluded because they did not have two parents alive during childhood or had missing data. Of the remaining sample of 509, 302 were females and 207 were males. The mean age was 33.4 years ($SD = 13.87$). With respect to education, 21% had not completed high school, 51% had a high school level of education, and 28% had post-secondary education. Thirty-eight percent of the participants were employed, about 40 percent were students, and the remaining participants were unemployed.

Measures

The paper and pencil survey consisted of demographic questions (age, gender, level of education, employment, parents divorced or remarried) and several measures, three of which were examined for this study.

Baker Strategy Questionnaire (BSQ)

The BSQ is a 20-item measure comprised of a list of 19 specific behaviors and one general behavior that parents might engage in as behaviors consistent with parental

alienation (Baker & Chambers, 2011). Reliability and validity of the measure has been found in a series of other studies. For example, Cronbach's alpha over .90 has consistently been found with this measure (Baker & Ben Ami, 2011; Baker & Eichler, 2014; Baker & Verrocchio, 2013; Baker & Verrocchio, 2015; Verrocchio, Baker, & Bernet, 2016). The high coefficients indicate that all of the items on the BSQ are measuring the same underlying construct.

With respect to validity, both total scores on the BSQ as well as dichotomous scores have been found to be statistically significantly associated with various standardized measures of well-being, as hypothesized by the theory regarding the negative impact of exposure to parental alienation and negative outcomes for children. For example, Ben Ami and Baker (2012) found associations between dichotomous scores on the BSQ and the Rosenberg Self Esteem scale (Rosenberg, 1965), The Relationship Questionnaire (Bartholomew & Horowitz, 1991), and the Inventory to Diagnose Depression (Zimmerman & Coryell, 1987). Bernet, Baker, and Verrocchio (2015) found associations between the BSQ as a dichotomous score and all 9 scales on the Symptom Checklist-90-R (Derogatis, 1983). Baker and Brassard (2013) found a 7-item version of the BSQ was statistically significantly associated with psychological maltreatment and the 12-item depression scale on the BASC measure (Reynolds & Kamphaus, 1992). The BSQ was cited in a recent review of parental alienation research as contributing to a "remarkably concordant set of findings" about parental alienation behaviors (Saini, Johnston, Fidler, & Bala, 2016).

In this study, the respondents answered separately for mother and father on a 5-point scale from 0 (*never*) to 4 (*always*). Two dichotomous scores were created: PA_Mother (0 = no exposure to PA by mother, 1 = any exposure to PA by mother) and PA_Father (0 = no exposure to PA by father, 1 = any exposure to PA by father). This approach has been found to be meaningful in prior studies (Ben Ami & Baker, 2012; Bernet, Baker, and Verrocchio, 2015) and can be helpful for identifying the impact of even the smallest doses of parental alienation. In this study, 180 respondents reported no exposure to PA while the remaining 329 reported at least some exposure. In the subsample of adults whose parents were divorced, the breakdown of exposure to non exposure was quite different, with only 6 reporting no exposure to PA and the remaining 100 reporting at least some exposure. These proportions are consistent with other studies using the BSQ (Bernet, Baker, and Verrocchio, 2015).

State-Trait Anxiety Inventory – Form Y (STAI-Y)

The STAI-Y contains 20 items designed to assess state anxiety defined as a transient, momentary emotional status that results in situational stress (Pedrabissi & Santinello, 1996; Spielberger, Gorsuch, & Lushene, 1970). Each item is rated from 1 (*not at all*) to 4 (*very much so*) to reflect the level of each affective statement. The STAI-Y also contains 20 items designed to assess participants' trait anxiety that represents a predisposition to react with anxiety in stressful situations. Each item

is also rated from 1 (*almost never*) to 4 (*almost always*) to reflect participants' general affective tendencies. Total scores could range from 20 to 80 for each scale with higher scores indicating higher anxiety. In this study the Cronbach's alpha was .94 for state version and .92 for trait version. Total scores were dichotomized as 0–39 = 0 and 40 and above = 1 (Glozman, 2004).

Beck Depression Inventory – II (BDI-II)

The BDI-II is a 21-item measure of severity of depression during the past two weeks (Beck, Steer, & Brown, 1996; Ghisi, Flebus, Montano, Sanavio, & Sica, 2006). It was developed to assess symptoms corresponding to diagnostic criteria of depressive disorders in the *Diagnostic and Statistical Manual of Mental Disorder*, Fourth Edition (DSM-IV) (American Psychiatric Association, 1994). The questionnaire consists of 21 groups of affirmations about symptoms and depressive attitudes. For each group of affirmations the subject is invited to respond by choosing the statement that best describes how they felt “in the last two weeks (including today)” and each group is followed by 4 response options, from 0 to 3, with higher scores reflecting greater depressive symptomatology. Total scores could range from 0 to 63. In this study reliability was established with a Cronbach's alpha of .90. The BDI was dichotomized using the proposed cut off of scores of 20 and above indicating, at a minimum, moderate depression (Beck, Steer, & Carbin, 1988).

Results

We tested the hypothesis that exposure to PA was associated with increased anxiety and depression a number of ways. First, we conducted 12 independent t-tests with exposure to PA (any vs. none) as the independent variable and continuous scores on the three outcome scales. Separate analyses were conducted for male participants and female participants and for PA by mother and for PA by father. Results are presented in Table 2.

As can be seen, 10 of the 12 independent t-tests were statistically significant. For male participants, those who reported exposure to PA by their mothers had higher trait anxiety scores (Mean = 40.9, SD = 9.8) than those who reported no PA by mothers (Mean = 37.1, SD = 10.5), $t(205) = 2.6$, $p < .01$, $d = .36$). Likewise they reported higher depression scores (Mean = 7.8, SD = 7.5) than those who reported no PA by mothers (Mean = 5.6, SD = 6.9), $t(205) = 2.3$, $p < .05$, $d = .32$). With respect to male participant reports of exposure to PA by their fathers, we found that those who reported exposure to PA by their fathers had higher state anxiety scores (Mean = 39.9, SD = 10.4) than those who reported no PA by fathers (Mean = 36.4, SD = 10.1), $t(205) = 2.4$, $p < .05$, $d = .33$). Likewise they reported higher trait anxiety (Mean = 41.8, SD = 9.6) than those who did not report PA by their fathers (Mean = 36.5, SD = 10.0), $t(205) = 3.8$, $p < .001$, $d = .53$); as well

Table 2. Mean scores on state and trait anxiety and depression scales by gender of parent and gender of participant.

	Mothers			Fathers		
	No_PA	PA	d	No_PA	PA	d
<i>Male participants</i>	(n = 91)	(n = 116)		(n = 101)	(n = 106)	
State Anxiety	36.8 (10.6)	39.4 (10.2)+	.24	36.4 (10.1)	39.9 (10.4)*	.33
Trait Anxiety	37.1 (10.5)	40.9 (9.8)**	.36	36.5 (10.0)	41.8 (9.6)***	.53
BDI	05.6 (6.9)	07.8 (7.5)*	.32	05.0 (6.5)	08.6 (7.6)***	.49
<i>Female participants</i>	(n = 106)	(n = 196)		(n = 140)	(n = 162)	
State Anxiety	39.7 (11.1)	43.2 (12.4)**	.29	40.2 (11.3)	43.5 (12.6)*	.28
Trait Anxiety	40.8 (10.4)	44.5 (10.3)**	.36	44.9 (10.1)	45.3 (10.6)*	.23
BDI	08.5 (7.8)	10.5 (9.0)*	.23	09.1 (8.0)	10.3 (9.4)	.12

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

as higher depression scores (Mean = 8.6, SD = 7.6) compared to (Mean = 5.0, SD = 6.5), $t(202.8) = 3.5$, $p < .001$, $d = .49$). Effects sizes ranged from .24 to .53.

For female participants, those who reported exposure to PA by their mothers had higher state anxiety scores (Mean = 43.2, SD = 12.4) than those who did not report exposure to PA by their mothers (Mean = 39.7, SD = 11.1), $t(300) = 2.4$, $p < .01$, $d = .29$. They also reported higher trait anxiety scores (Mean = 44.5, SD = 10.3) than those who reported no PA by mothers (Mean = 40.8, SD = 10.4), $t(300) = 3.0$, $p < .001$, $d = .36$. Likewise they reported higher depression scores (Mean = 10.5, SD = 9.0) than those who reported no PA by mothers (Mean = 8.5, SD = 7.8), $t(300) = 1.9$, $p < .05$, $d = .23$. With respect to female participant reports of exposure to PA by their fathers, we found that those who reported exposure to PA by their fathers had higher state anxiety scores (Mean = 43.5, SD = 12.6) than those who reported no PA by fathers (Mean = 40.2, SD = 11.3), $t(300) = 2.4$, $p < .05$, $d = .28$. Likewise they reported higher trait anxiety (Mean = 45.3, SD = 10.6) than those who did not report PA by their fathers (Mean = 44.9, SD = 10.1), $t(300) = 2.0$, $p < .05$, $d = .23$. Effects sizes ranged from .23 to .36.

Next we examined the association between exposure to PA and the three well-being scales measured dichotomously (above or below the cut-off). Results are presented in Table 3.

For males, exposure to PA by mothers was associated with greater likelihood of being above the clinical cut-off on trait anxiety (51.7% vs. 38.5%), chi-square ($n = 1, 207$) = 3.6, $p < .01$, $d = .26$ but not depression. There was also a trend of an association with state anxiety (44.8% vs. 34.1%), chi-square ($n = 1, 207$) = 3.6, $p < .05$, $d = .22$.

For males, exposure to PA by fathers was associated with greater likelihood of being above the clinical cut-off on trait anxiety (54.7% vs. 36.6%), chi-square ($n = 1, 207$) = 6.8, $p < .01$, $d = .37$ and depression (12.3% vs. 4.0%), chi-square ($n = 1, 207$) = 4.7, $p < .05$, $d = .30$. Effect sizes ranged from .30 to .37. There was also a trend for an association with state anxiety (45.3% vs. 34.7%).

Table 3. Percentage of participants above the cut-off on the state and trait anxiety and depression scales by gender of parent and gender of participant.

	Mothers			Fathers		
	No_PA	PA	d	No_PA	PA	d
<i>Male participants</i>	(n = 91)	(n = 116)		(n = 101)	(n = 106)	
State anxiety	34.1%	44.8%+	.22	34.7%	45.3%+	.22
Trait anxiety	38.5%	51.7%**	.26	36.6%	54.7%**	.37
BDI	05.5%	10.3%	.18	04.0%	12.3%*	.30
<i>Female participants</i>	(n = 106)	(n = 196)		(n = 140)	(n = 162)	
State anxiety	46.2%	54.6%+	.16	47.9%	54.9%	.14
Trait anxiety	50.2%	63.3%**	.26	53.6%	53.0%+	.19
BDI	07.5%	16.8%*	.26	10.7%	16.0%	.15

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

For female participants, exposure to PA by mothers was associated with greater likelihood of being above the clinical cut-off on trait anxiety (63.3% vs. 50.2%), chi-square ($n = 1, 302$) = 4.9, $p < .01$, $d = .26$ and depression (16.8% vs. 7.5%), chi-square ($n = 1, 302$) = 5.1, $p < .01$, $d = .26$. There was also a trend for an association with state anxiety (54.6% vs. 46.2%).

For female participants, exposure to PA by fathers was associated with a trend for a greater likelihood of being above the clinical cut-off on trait anxiety (63.0% vs. 53.6%), chi-square ($n = 1, 302$) = 2.7, $p < .06$, $d = .20$. Effect sizes ranged from .20 to .26.

Next, we examined the association of PA with anxiety and depression taking into account whether the marriage of the participants' parents was intact. That is, we controlled for the impact of divorce per se on the participants in order to assess the impact of PA. To do this, six linear stepwise regressions were conducted: three for male participants and three for female participants. Each regression involved one continuous outcome: state anxiety, trait anxiety, or depression. Each regression involved two steps. In the first step, parental marital status was entered. In the second step a dichotomous "exposure to parental alienation" variable was entered in which 0 indicated no exposure by either parent and 1 indicated exposure by either parent. These data are presented in Table 4.

For male participants, the second step (exposure to PA) had a statistically significant percent of variance accounted for in state anxiety (change in $R^2 = .02$, $F = 3.7$, $p < .05$), trait anxiety (change in $R^2 = .04$, $F = 8.7$, $p < .004$), and depression (change in $R^2 = .04$, $F = 9.0$, $p < .003$). For female participants, the second step (exposure to PA) had a statistically significant percent of variance accounted for in state anxiety (change in $R^2 = .02$, $F = 4.1$, $p < .01$) and trait anxiety (change in $R^2 = .02$, $F = 6.4$, $p < .01$), but not depression.

A final analysis examined the association between exposure to PA and anxiety and depression combined for the sample as a whole. The cross-tabulation revealed that 35% of the PA exposure group was above the cut-off on both depression and

Table 4. Linear regressions of PA on anxiety and depression controlling for marital status.

	R	Adjusted R ²	Change in R ²	F change	Sig.
<i>Male participants</i>					
State anxiety					
Step 1	.12	.01	.01	2.9	.09
Step 2	.18	.03	.02	3.7	.05
Trait anxiety					
Step 1	.18	.03	.03	6.9	.009
Step 2	.27	.06	.04	8.7	.004
Depression					
Step 1	.09	.004	.009	1.8	ns
Step 2	.23	.04	.04	9.0	.003
<i>Female participants</i>					
State anxiety					
Step 1	.06	.00	.00	0.9	ns
Step 2	.13	.02	.02	4.1	.01
Trait anxiety					
Step 1	.07	.01	.01	1.6	ns
Step 2	.16	.02	.02	6.4	.01
Depression					
Step 1	.07	.00	.00	1.6	ns
Step 2	.10	.00	.00	1.2	ns

anxiety as compared to only 21% of the no PA exposure group, a difference which was statistically significant, chi-square ($n = 1,509$) = 11.5, $p < .001$, $d = .30$.

Discussion

The present study assessed the associations between childhood exposure to any of the 17 primary parental alienation strategies and concurrent anxiety and depressive symptomatology in Italian adults. These results add to the growing body of knowledge about the impact of PA on children's well-being and social-emotional development. The current study extended these findings by examining the association between PA and depression and anxiety by gender of the parent and gender of the respondent.

Limitations

It is important to acknowledge that there are some methodological limitations of the design. First, the study was conducted with adults in a single community. Ideally, the study can be replicated in additional settings in order to establish generalizability to other cultures and locations. In addition, the study employed self-report data. This is appropriate for assessing experienced mental health symptoms. However, ideally studies can establish independent verification of the exposure to PA, with data from siblings or parents' views and/or by prospective observational studies. Until then, it must be acknowledged that it is possible that those who were more depressed or more anxious had more negative views of their parents. Thus, rather than the PA causing the depression and anxiety, it was the depression and anxiety that resulted in inflated recollections of greater exposure to PA. Moreover, the BSQ does not contain a lie scale or validity scale in order to detect error in the

responses of individual respondents. There was a significant portion of the sample that reported no exposure to any of the PA behaviors by either parent, which is somewhat surprising given how ubiquitous some of these behaviors might be. However, very few respondents in the subsample whose parents were separated or divorced reported no exposure to PA. Thus, there may have been some underreporting in the sample from intact families. For this reason, the results will be discussed as suggestive and tentative rather than conclusive. And, finally, the effect sizes were small to moderate indicating that there are other variables not included in this study that account for respondent's experience of anxiety and depression. Ideally, a future study can include both parental alienation as well as some of the other variables (genetic predisposition, more proximate negative experiences, and the like) in order to ascertain the combined influences.

We found that 10 of the 12 independent t-tests were statistically significant for assessing the association between PA on continuous scores of anxiety and depression, when examined by gender of the participant and gender of the parent. Effect sizes were small to moderate. We also found that PA was associated with greater likelihood of participants being above the clinical cut-off for anxiety and depression, with small to moderate effects. These associations held up even after controlling for the marital status of the participants' parents, thus taking into account the negative effects of separation and divorce per se. The current data demonstrate that exposure to PA on the part of either parent may increase a child's risk of anxiety and depression. This association could be true for several reasons.

First, PA behaviors are likely to induce children to believe that their other parent is psychologically unavailable and unloving, which in turn can result in an insecure attachment to that parent, itself a risk factor for anxiety and depression (Bowlby, 1982). A recent meta-analysis revealed an overall effect size of $r = .30$ between insecure attachment and anxiety (Colonna et al., 2011). When children feel uncertain of a parent's love and acceptance, they are more likely to internalize a state of uncertainty about themselves as unworthy of love and the world as unable to provide security and safety.

Second, PA behaviors are likely to induce fear in children, also a causal agent in anxiety disorders. Although closely linked, fear and anxiety are not the same. Although both involve warnings of danger, they appear to function differently. Specifically, anxiety is a general response to an unknown threat or internal conflict, whereas fear is focused on known external danger (Steimer, 2002). According to Barlow (2000), anxiety reflects the experience of uncontrollability focused on possible future threats, while fear is a response to a present or imminent danger. Thus, when a parent induces a child to fear a parent—for example, by telling the child that the parent has or will harm him—the child may internalize that fear and generalize it into subsequent anxiety in future intimate and dependency relationships.

Third, PA behaviors are likely to induce confusion, worry, and cognitive dissonance, also causative of anxiety. When a parent creates the impression about the other parent's beliefs, actions, and worthiness that are not consistent with the

child's actual experience, the child may feel confused as to what is real and what isn't. Moreover, PA behaviors cause moral dilemmas for children who are asked to go against their values and beliefs (i.e., spy on or keep secrets from the other parent) which can also result in heightened worry, which is predictive of anxiety directly and depression indirectly (Gana, Martin, & Canouet, 2001).

Fourth, certain of the PA behaviors (asking the child to choose, forcing the child to reject) could result in the child experiencing shame and guilt, especially once the child realizes the extent to which his or her behavior has caused grievous harm to the other parent (Baker, 2007).

And, finally, for the subset of children exposed to PA strategies who become alienated, there are many possible avenues to anxiety and depression as described in Baker (2007). For example, when former alienated children realize that they were misled, duped, and manipulated they may doubt their ability to make good decisions and to discern truth from deception. This uncertainty about themselves and others is a likely link to subsequent anxiety.

These data add to the growing body of knowledge regarding the negative impact of exposure to PA strategies and lend further support for the need to increase public awareness, training for legal and mental health professionals, and support and assistance for separating and divorcing parents. The study also specifically addressed whether the effects of exposure to PA on anxiety and depression was effected by the gender of the parent engaging in the behavior or the gender of the adult child respondent. For the most part, the pattern of effects was identical. The one exception was the gender-specific pattern of effects between exposure to PA and being above the cut-off on the Beck Depression Inventory. For male respondents, exposure to PA by either parent was associated with depression while for females only exposure to PA by mothers was associated with depression. These data highlight some of the ways in which gender may moderate the impact of marital conflict on children. Our findings go beyond the differential reactivity model in which effects are deemed to be gender-specific (i.e., Davies & Lindsay, 2001) and suggest that the differential response to marital conflict may be mediated by both the gender of the child as well as the gender of the parent. Possible explanations for this finding could be tested in future studies, should the pattern be replicated. These data are a first step in a much-needed ongoing body of research on the gender-specific impact of parental alienation on children's well-being.

Implications for family therapy practice

Therapists providing individual and family therapy to adults who in their childhood may have been alienated from a parent can help their clients look at possible associations between current symptoms of anxiety and depression and their childhood exposure to the 17 primary parental alienation strategies. Understanding the source of their current experience of anxiety and depression may help them process their childhood experiences in a new way. This does not mean, of course, that

every adult in treatment who is depressed or anxious was exposed to parental alienation as a child, only that a therapist can consider as a working hypothesis whether alienation was a causative factor.

Therapists working with separating/divorcing couples could provide psycho-educational information regarding the potential long-term negative consequences of exposing children to the 17 primary parental alienation behaviors as a corrective action to motivate parents to exercise self-control during their difficult life transition. Some parents may be able to curb their desire to punish or humiliate the other parent by involving the children in their parental conflict once they understand the likely long-term negative effects of their behavior.

Directions for future research

Next steps include mounting large scale prospective studies using data collected from multiple sources. This will require a greater investment in the field of PA research than has currently been available. Ideally, research partnerships can be formed across multiple locations and involving multiple disciplines (ethnography, public health, child development) to conduct the kind of research that can answer the next wave of questions about the trajectory and impact of parental alienation.

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Appendix A: The Baker Strategy Questionnaire

The following questions ask about things that one or more of your parents /step-parents may have done. Please answer separately for mother (including her significant other) and father (and his significant other). Please use the following response options: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Always.

	Mother	Father
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 so 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 to feel protective of him/her or angry at the other parent. _____
- 11. Created situations in which I felt obligated to show favoritism towards 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 s/he 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. _____
- 19. Created situations in which it was likely that I would be angry with or hurt by the other parent. _____
- 20. Tried to turn me against the other parent. _____