# Parental Alienation and Mental Health Issues Among Divorced Maldivian Parents

Mariyam Iba<sup>1</sup>, Fathimath Shauzan Ashfag<sup>2</sup>

## **Abstract**

Parental alienation primarily occurs following a high conflict divorce or separation, where one parent actively instills hatred in the child towards the other parent, so that the child rejects the other parent unjustifiably. The Maldives has the highest divorce rate worldwide, subsequently, the detrimental effects of purposeful alienation of a parent need to be understood and addressed. This quantitative study aimed to determine the correlation between parental alienation and mental health issues (depression, anxiety, and stress) among divorced Maldivian parents who have very little psychological or physical contact with their child or children. Using an online questionnaire, 93 alienated parents (35 mothers and 58 fathers) voluntarily self-reported their experiences of parental alienation and current mental health status. Results indicated a significant relationship between parental alienation and mental health issues among the participants. These findings have positive social change implications for policy makers, mental health professionals and court personnel. The findings could be used to help individuals better understand children's rejecting behaviours, the process of parental alienation, and tactics commonly used by Maldivian parents. This can help to identify next steps for healing the parentchild relationship through parent education and early therapeutic and legal interventions so that the child can keep in contact with both parents.

**Keywords:** high conflict divorce; targeted parent; alienated parent; parental alienation; parental alienation behaviours; mental health of divorced parents

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# Introduction

High-conflict divorces can have negative consequences causing parent-child estrangement and loyalty conflicts. When the parent-child relationship breakdown is due to extended psychological manipulation of a child by a primary care giver, with the intent to damage or destroy the child's previously positive relationship with the targeted parent or to hurt the targeted parent, this is described as parental alienation (Rowlands, 2018). It can result in the child freely and persistently expressing anger, hatred, rejection, fear, dislike, and other negative feelings towards the alienated parent and refusing to visit or communicate with the alienated parent resulting in long term emotional consequences for both the child and the parents (Bernet & Baker, 2013; Mercer, 2019; Garber, 2013).

Parental alienation is a long term process whereby the favoured parent persistently engage in alienating behaviours such as prevention of contact; undermining of the targeted parents' parental authority; withholding medical and educational information about the child; making false claims of abuse; changing the contact information and residential address of a child without informing the targeted parent; making demeaning and disparaging comments about the targeted parent and about their family in the child's presence; enlisting the child to keep secrets, withhold information, make false allegations and mislead the targeted parent; erasing or replacing the targeted parent; or making the child dependent on the preferred parent, thus intentionally, corroding a previously positive acceptable bond between the child and the targeted parent (Baker & Fine, 2014).

Alienating parents can also make the co-parent financially destitute through custody disputes, defending false accusations of abuse, and excessive demands on expenses on the children. They also can make the targeted parent socially isolated from teachers, friends, therapists, doctors, lawyers, and family members of the child through lies and false accusations of past events. The alienating parent can co-opt children as spies and confidants; withhold parenting time and be inflexible with scheduling contact time. The alienating parent may believe they have a right to engage in such harmful behaviours, and to support a child to decide to not ever see a parent. As a consequence, the targeted parent may feel incapacitated to pursue contact (Fidler & Bala, 2020).

Research shows that negative behaviours by a denigrating parent can ultimately cause rejection of the denigrating parent by the adult child. In some cases of alienating behaviours, the intent may not be to necessarily damage the

relationship, but the outcome can be the same, causing irreparable damage to the child's emotional, cognitive, and social wellbeing. Children can become manipulative, resist authority, and disregard social norms. They can continue to have relationship and attachment difficulties with significant others in adult life. Once the child has trauma informed therapy, it may be in the best interest of the child to resume contact with both parents (Fidler & Bala, 2020). This may not be possible, if the targeted parent has an untreated substance misuse concern, mental illness, or a personality disorder. Even in these cases, with treatment, there can be hope for future contact (Polak, Altobelli & Popierlarczyk, 2020).

While the Maldives has the world's highest divorce rate, with 10.97 divorces per 1000 inhabitants per year (Aboobakuru & Riyaz, 2021; Ibrahim & Sahoo, 2017), there are not many studies done on the impact of divorce on families. In 2019, there were 3550 divorce cases; with the majority of divorcees aged 26 to 39 (National Bureau of Statistics, 2021). Arboleda et al. (2008) suggest that parental alienation occurs in 25 percent of divorce cases. Clawar and Rivlin (1991) claim some element of parental alienation occurs in 80 percent of the cases, and Korner et al. (2002) identified parental alienation in 85 percent of the cases. If these statistics are applied to the annual divorce cases in the Maldives, parental alienation can be experienced by children in 800 to 3017 families, anew, each year, at various level of severity depending on the level of parental conflict before and after the divorce.

This study also hypothesizes that since mental illness is on the rise among young people in the Maldives, alienated parents may also have underlying mental health concerns which may be exacerbated by the parental alienation. This study aimed to investigate both the level of parental alienation experienced by divorced targeted parents, and to explore the mental health concerns, specifically depression, stress, and anxiety in divorced Maldivian parents, who have very little or no contact with their children. It hypothesized that there is a significant correlation between parental alienation and depression, stress, and anxiety in divorced Maldivian parents.

# Literature review

Some consider strategic, intentional behaviours to alienate a child from the targeted parent as a form of family violence, whereby a primary caregiver gains exclusive possession and affection of a child to the detriment of both the child and the targeted parent (Bond, 2007; Harman et al. 2019). Brazil and Australia legally recognize parental alienation (PA) as an act of family violence. There is ongoing debate whether parental alienation is a useful or meaningful construct since parental alienation is described by some as a contrived concept created by fathers who are perpetrators of intimate partner violence to further victimize their former partners (Fidler et al., 2013). There is an ongoing case about the Brazilian law urging them to repeal the parental alienation law, due to gender inequality and discrimination against mothers in custody litigation, using parental alienation law to win custody battles. Moreover, Meier et al. (2019) claim that perpetrators misuse parental alienation in custody disputes to divert attention away from allegations of child abuse. Consequently, the child is placed into the care of potential abusers. This denotes the sensitivity of the topic of parental alienation and that some may misuse it to conceal their offenses. Critics also refute the presence of a quantifiable amount of empirical research and reliable data validating the existence and prevalence of parental alienation (Bowles et al., 2008; Meier, 2013). It is argued that the controversy and debate divert legal and health professionals' attention from providing effective treatment and case management to help the children and their families. Increased knowledge and awareness can play a critical role in early legal intervention, case management, decision making and monitoring of progress in parent-child contact interventions (Fidler & Bala, 2020).

There are several factors causing parent-child estrangement, not all of which will be due to parental alienation. A child may have an affinity to one parent due to: age, cognitive capacity, temperament, vulnerability, special needs and resilience of a child; parent conflict before and after the separation; sibling relationships; favoured parent factors (parenting style and capacity, negative beliefs and behaviors, mental health, and personality, including responsiveness and willingness to change); rejected parent factors (parenting style and capacity, negative reactions, beliefs and behaviours, mental health, and personality, including willingness to change); the adversarial process/litigation; third parties such as aligned professionals and extended family; and lack of functional coparenting, and poor or conflictual parental communication. These same factors can be identified case by case and harnessed for risk identification and repair of family dysfunction (Fidler & Bala, 2020, p.579).

Gardner (1985) proposed eight indicators of parental alienation (PA) to establish the presence and severity of PA. These include (1) a campaign of denigration directed at the alienated parent, (2) absurd rationalizations provided by alienated children for their behavior, (3) a lack of ambivalence about the alienating parent, (4) the 'independent thinker' phenomenon, (5) reflexive support for the alienating parent, (6) absence of guilt about how the alienated parent is treated, (7) presence of borrowed scenarios, and (8) rejection of friends and extended family of the alienated parent (Baker & Darnall, 2008; Bond, 2007; Gardner, 1985). Gardner (1998) highlights that four to six of these indicators may be used by children against alienated parents.

#### Parental Alienation and Mental Health

According to Lowenstein (2010) and Sher (2015), the devastating repercussions of parental alienation have been well-documented regarding its effect on children and parents. These include mental health issues, increased risk of substance abuse, and poor self-esteem (Baker & Ben-Ami, 2011; Balmer, 2015; Godbout & Parent, 2012; Krill-Reiter, 2019; Lee-Maturana et al., 2020). Gibson (2021) states that alienated parents assert that their voice is not heard in the courts and the judicial system. Their participants expressed how difficult it was for them to prove they were worthy of a place in their child's life. Baker and Sauber (2013) indicate that being a targeted parent is one of the most agonizing situations a parent may go through. Taken all together, these studies suggest that parental alienation certainly affects the mental well-being of targeted parents since it is identified as a painful and distressing experience.

According to Lee-Maturana et al. (2020), targeted parents experienced social, behavioral, work/finance, cognitive, physical, and emotional consequences. They further reported that the affected parents experienced depression, stress, and anxiety, accounting for 33%, 23%, and 21%, respectively. More than half of their participants also reported having cognitive problems, such as inability to concentrate, overthinking, and mental stress. Their participants also stated that they no longer felt joy or pleasure in life, felt guilty, had decreased energy, and had a diminished ability to think. According to the DSM-V, these are symptoms of depression (American Psychiatric Association, 2013). These findings are backed by others that targeted parents experience hopelessness, guilt, excessive worry, and sadness (Vassiliou and Cartwright, 2001); impedes their psychological well-being, with some reporting anxiety, severe stress, and depression (Poustie et al., 2018; Balmer, et al., 2018) and they may also experience financial and emotional difficulties, which may damage their mental health even further (Tavares et al., 2021). Trying to maintain the parentchild relationship or accepting that there is no hope of ever repairing that relationship can lead to emotional distress (Whitcombe, 2014) and parental alienation has long-lasting effects on alienated parents, such as depression and post-traumatic stress disorder (Sher, 2015). Therefore, based on the reviewed literature findings it is fair to assert that parental alienation causes adverse mental health issues on the targeted parent, particularly, depression, anxiety, and stress are marked to be more frequent.

It is worth noting that the eleventh revision of the International Classification of Diseases (ICD-11) includes the category 'caregiver-child relationship problem' instead of the terminology 'parental alienation' due to their understanding that alienation is more fitting to be used in legal contexts than in health care (World Health Organisation, 2020). Furthermore, Bernet and Baker (2013) stress that there has been considerable interest among mental health practitioners to include parental alienation in the next editions of DSM-IV since alienation causes significant long term emotional and relational difficulties for the child. There is yet not enough research on instruments for assessment of alienation nor on outcomes of interventions for treatment though there is an increased interest in understanding the phenomenon of parental alienation, and to support the child to have a healthy attachment to both parents (Fidler & Bala, 2020).

## Research Method

#### Measurement and Instrument

This study employed two survey instruments: Rowland's Parental Alienation Scale (RPAS) and Depression Anxiety Stress Scale (DASS-21). RPAS was developed by Rowlands (2018) to capture the eight indicators of parental alienation developed by Gardner (1985). In the RPAS response form, which uses a Likert-type scale, participants have to rate items on a 5-point scale, ranging from 0 points to 4 points (never, rarely, sometimes, often, and almost always). The greater the number of indicators, the greater the severity of PA. In this study the first six domains identified by Gardener was only used, as these were the most applicable to the Maldivian context. These six domains were (1) Campaign of denigration, (2) Absurd Rationalizations, (3) Lack of ambivalence, (4) Independent Thinker Phenomenon, (5) Reflexive Support, and (6) Absence of guilt. Hence, only 33 items were included (see Table 2). The internal consistency of the factors was evaluated using Cronbach's alpha, with alpha coefficients ranging from .78 to .93, suggesting moderate to strong reliability.

The second instrument used in this study was the DASS-21 developed by the Psychology Foundation of Australia (2014). It is a simplified version of the DASS-42, which Lovibond and Lovibond (1995) developed to assess symptoms of depression, anxiety, and stress in adults. It has a set of three self-report scales to measure the aforementioned mental health issues. It has 21 statements that the participants have to rate from 0 to 3 (did not apply to me at all, applied to me to some of the time, applied to me to a good part of the time, and applied to me most of the time). The scores for each mental health issue were calculated by adding all the scores of all the items in each sub-scale, then multiplying by two to calculate the final score. The cut-off scores for DASS-21 are categorized as normal, mild, moderate, severe, and extremely severe (Psychology Foundation of Australia, 2014).

Severity	Depression	Anxiety	Stress
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	34+

Table 1: Cut-off Scores for DASS-21

A pilot study was conducted to evaluate the adequacy of the planned methods and procedures of this study. Although it does not fully guarantee the success of the full-scale study, it revealed that both instruments (RPAS and DASS-21) are reliable. RPAS has strong internal consistency reliability with Cronbach's Alpha value of .851 and DASS-21 has a Cronbach's Alpha value of .920.

## **Participants**

Both convenience and snowball sampling were used for data collection. The two survey questionnaires were sent online using a google form to participants recruited through several social media platforms and online parent groups including Facebook Messenger, Viber, WhatsApp and Instagram. The study population consisted of targeted parents between the age of 26 and 39, living in the Greater Male' area at the time of the study and during the marriage, who have been divorced for at least a year, and had a young child under the age of seven, from whom they were estranged. Data was collected over four weeks between August and September of 2022. After data cleaning to ensure that the sample consisted of the identified population, 93 sets of data from 35 women (38%) and 58 men (62%) were used in the analysis.

The first section of the survey questionnaire contained information about the study, the rights of the participants, and a request for consent. The next section consisted of a demographics questionnaire to confirm their participation eligibility. The following sections were allocated for the instruments: RPAS (Rowlands, 2020) and DASS-21 (Psychology Foundation of Australia, 2014). The last window of the questionnaire reminded participants that they can withdraw from the study at any time and the responses were only viewable by the participating researchers. It also contained an option for the participants to provide their email addresses if they wish to receive the study's findings. The acquired data was stored safely whilst maintaining privacy of data.

# **Data Analysis**

Data was analyzed using Statistical Package for the Social Sciences (SPSS) version 23. The data analysis included several steps. The first step was to identify participants that met the inclusion criteria based on their responses to the questionnaire's demographics information section. Descriptive statistics generated from both questionnaires were analyzed by number (N), percentage (%), mean (M) and standard deviation (SD).

Since the third objective of the study was to assess the relationship between the independent variable (PA) and each of the dependent variables (depression, anxiety, and stress), a correlational analysis was performed.

A normality test was performed prior to conducting the correlational analysis to determine the type of correlational analysis required for this study. The Kolmogorov-Smirnov test indicates that data do not follow a normal distribution, D(93) = 0.150, p = 0.001. Similarly, a Shapiro-Wilk test showed that the data is not normally distributed, W(93) = .949, p = .001.

## Results

# **Parental Alienation**

The distribution of indicators of alienation as perceived by the respondents of the study is given below in Table 2. These behaviours are based on RPAS (Rowlands, 2018). The data shows that for approximately 80% of the respondents, perceptions of children's behaviour are severely rejecting, in refusing to follow directions, being mean and rude, acting embarrassingly, and believing the targeted parent is a bad person, who can do no right. A similar percentage of children were reported by the targeted parent to believe that

the alienating parent was the victim, expressed unconditional support of the other parent and repeated mean things said by the other parent, whilst acting emotionally cold towards the targeted parent often or almost always.

Table 2: Participants Responses (in %) to Rowlands Parental Alienation Scale Items

		Item description	Percentage of Total Responses			S	
Item #	Gardner's Domains	Does your child?	Never	Rarely	Sometimes	Often	Almost Always
1	1	Call you names	10	12	18	25	35
2	1	Refuse to follow your directions	0	4	15	42	39
3	1	Belittle or make fun of you	4	10	22	28	36
4	1	Says mean things to you	1	3	17	35	45
5	1	Says positive or complimentary things about you	56	21	5	10	7
6	1	Refuse to spend time with you	3	7	14	36	40
7	2	Act rudely towards you	0	3	11	35	52
8	2	Express an interest to tell a court judge about how s/he feels about you	28	15	15	18	24
9	2	Are you embarrassed by the way your child treats/treated you?	2	5	7	21	65
10	2	Gives you weak or absurd reasons for rejecting you	2	6	15	36	40
11	2	Gives you absurd or weak reasons for being mean to you	4	7	8	35	45
12	2	Expresses s/he is afraid of you with no legitimate reason	5	7	19	28	40
13	2	Give good reasons for rejecting you	79	6	3	6	5
14	3	Idealise the other parent	7	13	33	47	0
15	3	Express the belief that you are a bad person	0	2	19	35	45
16	3	Identify any positive aspects of you	62	22	8	5	4

17	3	Identify any negative aspects of the other parent	61	15	7	7	10
18	3	Believe that the other parent can do no wrong	0	5	10	34	51
19	3	Believe that you can't do anything right	3	3	10	36	48
20	3	Describe the other parent as the victim	2	2	13	27	56
21	4	Says mean things to you the other parent has also said	2	4	15	33	47
22	4	Insist that his/her decision to be mean to you is his own decision and not influenced by the other parent	1	5	7	35	51
23	4	Deny that the other parent is influencing his/her beliefs about you	1	5	9	33	53
24	4	Admit that his or her beliefs are influenced by the other parent?	76	10	4	2	8
25	5	Take your side when you and the other parent don't agree	52	10	5	8	25
26	5	Express unconditional support of the other parent?	2	0	9	38	51
27	5	Support the opinions expressed by the other parent	1	3	9	31	56
28	5	Support the opinions you have expressed	60	15	5	11	8
29	5	Speak in a robotic fashion when describing negative events about you?	5	3	17	23	53
30	6	Express gratitude towards you	66	15	6	3	9
31	6	Act emotionally cold towards you	1	1	11	35	53
32	6	Express love and affection towards you	62	15	9	5	8
33	6	Express guilt for their behaviour towards you	64	13	7	9	7

The data reported shows a wide distribution of children's behaviours, indicating parental alienation occurs among separated Maldivian families in all of the six domains explored in this study.

Table 3: Frequencies for RPAS

Item	Gardner's	Item description		D. 47:			
#	Domains	Does your child?	n	Min.	Max.	Mean	SD
1	1	Call you names	93	0	4	2.63	1.333
2	1	Refuse to follow your directions	93	1	4	3.16	0.819
3	1	Belittle or make fun of you	93	0	4	2.84	1.138
4	1	Says mean things to you	93	0	4	3.19	0.883
5	1	Says positive or complimentary things about you	93	0	4	0.91	1.296
6	1	Refuse to spend time with you	93	0	4	3.04	1.04
7	2	Act rudely towards you	93	1	4	3.35	0.785
8	2	Express an interest to tell a court judge about how s/he feels about you	93	0	4	1.95	1.555
9	2	Are you embarrassed by the way your child treats/ treated you?	93	0	4	3.41	0.97
10	2	Gives you weak or absurd reasons for rejecting you	93	0	4	3.06	0.989
11	2	Gives you absurd or weak reasons for being mean to you	93	0	4	3.12	1.073
12	2	Expresses s/he is afraid of you with no legitimate reason	93	0	4	2.9	1.173
13	2	Give good reasons for rejecting you	93	0	4	0.53	1.163
14	3	Idealise the other parent	93	1	4	3.2	0.927
15	3	Express the belief that you are a bad person	93	1	4	3.22	0.817
16	3	Identify any positive aspects of you	93	0	4	0.66	1.052

						1	
17	3	Identify any negative aspects of the other parent	93	0	4	0.91	1.372
18	3	Believe that the other parent can do no wrong	93	1	4	3.3	0.863
19	3	Believe that you can't do anything right	93	0	4	3.25	0.94
20	3	Describe the other parent as the victim	93	0	4	3.35	0.903
21	4	Says mean things to you the other parent has also said	93	0	4	3.2	0.946
22	4	Insist that his/her decision to be mean to you is his own decision and not influenced by the other parent	93	0	4	3.3	0.894
23	4	Deny that the other parent is influencing his/her beliefs about you	93	0	4	3.32	0.888
24	4	Admit that his or her beliefs are influenced by the other parent?	93	0	4	0.55	1.193
25	5	Take your side when you and the other parent don't agree	93	0	4	1.45	1.733
26	5	Express unconditional support of the other parent?	93	0	4	3.36	0.798
27	5	Support the opinions expressed by the other parent	93	0	4	3.39	0.836
28	5	Support the opinions you have expressed	93	0	4	0.92	1.355
29	5	Speak in a robotic fashion when describing negative events about you?	93	0	4	3.16	1.097
30	6	Express gratitude towards you	93	0	4	0.73	1.263
31	6	Act emotionally cold towards you	93	0	4	3.37	0.788
32	6	Express love and affection towards you	93	0	4	0.83	1.284
33	6	Express guilt for their behaviour towards you	93	0	4	0.84	1.31

The descriptive statistics of the RPAS items show that the mean scores are between 0.53 and 3.41, with a standard deviation of less than 1.7 for each item. The data shows alienated children demonstrate strongly rejecting behaviours towards the alienated parent while demonstrating strong accepting behaviours towards the alienating parent.

# Severity of Parental Alienation Experienced by the Participants

Parental alienation is broken down into three levels: mild, moderate, and severe. Children in the mild category are receptive to visitation and demonstrate affection towards both parents in each other's presence, while moderately alienated children will stop their rejecting behaviours when the alienating parent is absent while severely alienated children can be hostile and fearful of the targeted parent. Alienating behaviours for this study were grouped: mild (34-66 points), moderate (67-99 points), and severe (100-132 points). Amongst these participants, there was one participant (n = 1, 1.1%) in the mild range, thirty-six participants in the moderate range (n = 36, 38.7%), and 56 participants (n = 56, 60.2%) in the severe range (see Figure 1).

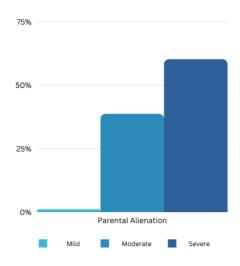


Figure 1: Severity of PA in Percentages

#### Mental Health Issues

The mean and standard deviation for mental health issues are as follows: depression (M = 26.13, SD = +5.859), anxiety (M = 30.47, SD = +5.859) and stress (M = 30.22, SD = +6.590).

# **Descriptive Statistics of DASS-21 Subscales**

The DASS-21 items have been scored on average the same since the mean scores are between 2 and 2.28. The third item (positive feelings) received the highest scoring (M = 2.28, SD = 0.826) from the depression subscale. Next, from the anxiety subscale, the seventh item (trembling) received the highest scoring (M = 2.28, SD = 0.799). As for the stress subscale, there were two items that had the highest scoring, which are overreacting (M = 2.28, SD = 0.889), and difficulty to relax (M = 2.28, SD = 0.799). This difference in SD is due to a higher variance in raw scores for item six than for item twelve in the survey questionnaire. Survey results are shared below in Table 4.

Table 4: Descriptive Statistics of DASS-21 Items

Subscale, (item number), and item name	n	Min.	Max.	Mean	SD				
Depression subscale									
(3) Positive feelings	93	0	3	2.28	0.826				
(5) Initiative	93	0	3	2.18	0.846				
(10) Nothing to look forward to	93	0	3	2.12	0.87				
(13) Downhearted and blue	93	0	3	2.3	0.777				
(16) Enthusiastic	93	0	3	2.25	0.816				
(17) Self-worth	93	0	3	2.04	0.966				
(21) Life was meaningless	93	0	3	2.19	0.992				
Anxiety subscale									
(2) Dryness of my mouth	93	0	3	2.04	0.955				
(4) Breathing difficulty	93	0	3	2.1	0.885				
(7) Trembling	93	0	3	2.28	0.799				
(9) Worried about panic	93	0	3	2.24	0.877				
(15) Close to panic	93	0	3	2.15	0.82				
(19) Action of my heart	93	0	3	2.25	0.747				
(20) Scared	93	0	3	2.18	0.846				
Stress subscale									

(1) Wind down	93	0	3	2.25	0.789
(6) Over-react	93	0	3	2.28	0.889
(8) Nervous energy	93	0	3	2.16	0.838
(11) Agitated	93	0	3	2	0.967
(12) Difficult to relax	93	0	3	2.28	0.799
(14) Intolerant	93	0	3	2.04	0.92
(18) Touchy	93	0	3	2.1	1.012

Note. Item names have been shortened to fit the table.

## Severity of Mental Health Issues Experienced by the Participants

Many of the participants demonstrated moderate to extremely severe mental health issues, which are discussed in detail below.

**Depression.** The highest number of participants were in the extremely severe group with forty-seven participants (n = 47, 50.5%). The second highest was the severe category with twenty-eight participants (n = 28, 30.1). This was followed by the moderate category with sixteen participants (n = 16, 17.2%). Lastly, there was only one participant (n = 1, 1.1%) with normal depression and one participant (n = 1, 1.1%) with mild depression (see Figure 2).

**Anxiety.** According to the anxiety subscale, a significant proportion of individuals suffer extremely severe anxiety, with eighty-six participants (n = 86, 92.5%). While four participants experience severe anxiety (n = 4, 4.3%), three others experience moderate anxiety (n = 3, 3.2%). There were no clients in the normal and mild anxiety categories.

**Stress.** The majority of the participants (n = 43, 46.2%) are in the severe category, while the second highest is the extremely severe category (n = 32, 34.4%). Following that is the moderate category with twelve participants (n = 12, 12.9%). Finally, the lowest severity levels are normal and mild, with three people in each category (n = 3, 3.2%).

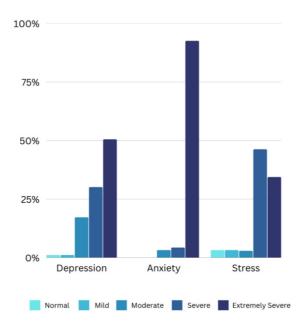


Figure 2: Severity of Mental Health Issues

# Correlational Analysis Between PA and Mental Health Issues

Depression, stress, and anxiety were combined to assess the relationship between mental health issues and PA. Correlation is considered significant at the 0.05 level. Spearman's correlation coefficient revealed a weak positive relationship between PA and mental health issues. Since p-value is below 0.05, it is a statistically significant relationship (r = .241, p = 0.020).

The correlation between PA and each mental health issue was also analyzed. A Spearman's correlation coefficient demonstrated that there is a weak positive and statistically significant relationship (r = .250, p = 0.16) between PA and depression. Spearman's correlation coefficient showed that there is a weak positive and statistically significant relationship (r = .259, p = 0.12) between PA and anxiety. Between PA and stress, a Spearman's correlation coefficient revealed a weak positive and not significant relationship (r = .173, p = 0.98).

Severity	Mental Health Issues	Depression	Anxiety	Stress
Correlation Coefficient	.241*	.250*	.259*	.173
Sig. (2-tailed)	.020	.016	.012	.098
N	93	93	93	93

Table 5: Correlational Analysis between PA and Mental Health Issues

The scatter plots below (Figure 3 to Figure 6) demonstrate that there is a weak positive linear relationship between PA and all three mental health issues. Even though the points on the scatter plot are spread out, they form a line that slants up from left to right.

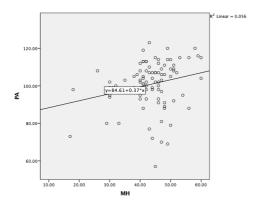


Figure 6: Scatterplot for Correlational Analysis of PA and Mental Health Issues

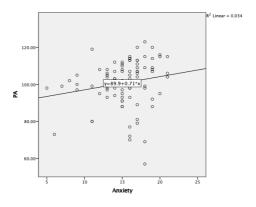


Figure 7: Scatterplot for Correlational Analysis of PA and Depression

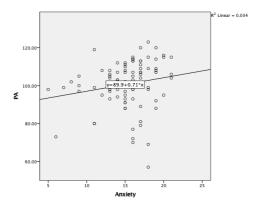


Figure 8: Scatterplot for Correlational Analysis of PA and Anxiety

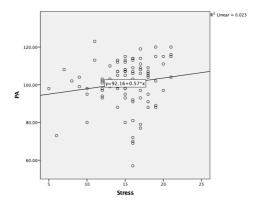


Figure 9: Scatterplot for Correlational Analysis of PA and Stress

#### Discussion

It is recognized that not all high conflict divorces cause rejection of a parent by a child. The primary characteristic of alienation is one parent indoctrinating unfavorable thoughts about the other parent that they are bad, wrong, or dangerous, when they are not, to control their children and to make them elicit animosity towards the alienated parent, without legitimate justification (Bernet & Baker, 2013). Previous research also shows that alienated children tend to perceive the preferred parent very positively while perceiving the alienated parent very negatively. This negative perception is stronger than for neglected and abused children who have ambivalent attitudes towards the estranged parent that there is hope for reconciliation between the child and the parent (Bernet, et al., 2020). The results of this study also showed extremely accepting

views of the alienating parent with extremely rejecting views of the targeted parent, in about 80% of the respondents' perceptions, with very strong indicators of lack of ambivalence towards the rejected parent.

The data also showed that the majority of the participants are also struggling with extremely severe depression and anxiety, and severe stress. Based on these findings, it can be interpreted that 98% of divorced Maldivian parents, who reside in the Greater Male' area experience moderate to severe PA, with 60% experiencing severe parental alienation, along with severe to extremely severe mental health issues among all of the divorced parents. The explanation for this can be drawn from the scoring participants provided for the indicators of PA. It was found that all participants experienced the six indicators of PA. As explained in the literature review, all of these indicators are extremely ruthless and mentally taxing for alienated parents (Baker, 2008). These indicators range from the children having little to no positive feelings towards the alienated parent, supporting the alienating parent in all situations, showing no remorse for their bad behavior, to only exhibiting anger towards the alienating parent (Bond, 2007; Cartwright, 1993; Waldron & Joanis, 1996; Smith, 2016). Additionally, these children give irrational reasons for their behavior and claim that the decision to behave with hostility is not influenced by the alienating parent (Baker & Sauber, 2013; Jager, 2008).

In line with the hypothesis, it was found that there is a significant relationship between PA and mental health issues. Furthermore, the correlation analysis revealed that there is a positive relationship between the variables studied. Since the relationship is positive, it implies that as PA increases, so do mental health issues. An explanation of this relationship can be derived from the study by Baker (2010) and Lee-Maturana et al. (2020), which showed PA causes alienated parents to face multiple challenges in many parts of their lives, including their mental health. This view is also shared by Vassiliou and Cartwright (2001) and Poustie et al. (2018) who argued that PA can take a toll on the mental well-being of alienated parents, eventually leading to depression, anxiety, and stress.

Given the large number of divorces in the Maldives, it is concerning the level and severity of parental alienation experienced by the participants of this study, who had very little or no contact with their children. The findings of this research are consistent with the studies by Baker and Verrocchio (2015) and Hands and Warshak (2011), which stated that PA almost always occurs following a separation or divorce. Moreover, an explanation of this can also be derived from Arboleda et al. (2008)'s research which demonstrated that if divorce

cases are high, PA cases would also be significant. Similarly, Koerner et al. (2002) identified PA in 85 percent of divorce cases. Since the study comprised of self-identified alienated parents, it explains why the majority of participants experience severe PA.

The correlation between PA and depression, anxiety, and stress is weak but positive. This indicates that even though both PA and mental health issues tend to rise in response to each other, the correlation is not very strong. The reason for this could be because this study solely focused on three specific mental health issues, whereas prior studies looked at a variety of psychological difficulties. For instance, Lee-Maturana et al. (2020) focused on six different consequences experienced by alienated parents, such as emotional, behavioral, cognitive, physical, and social difficulties. Likewise, Miralles et al. (2021) studied several emotional and psychological consequences of PA. As a result, it is difficult to give a precise justification for this weak correlation. Nevertheless, it indicates that there are psychological difficulties that can be strongly associated with PA, which can explain why the participants are suffering from such severe mental health problems.

In light of the above discussions, it can be concluded that the findings of this research support the existing literature (Arboleda et al., 2008; Baker & Verrocchio, 2015; Hands & Warshak, 2011; Lee-Maturana et al., 2020; Miralles et al., 2021; Poustie et al., 2018; Vassiliou & Cartwright, 2001) in terms of the positive and significant association between PA and mental health issues among divorced Maldivian parents; particularly, for those who reside in the Greater Male' area.

## **Implications**

Since the findings of this research are centered on parental alienation and three common mental health issues, experienced by divorced parents, the results can be valuable for mental health professionals and the larger health care and legal community that provide therapeutic and legal support to both parent and child victims of parental alienation.

Moreover, knowing that there is a significant correlation between PA and these mental health issues, can aid psychotherapists and marriage counsellors in segueing an intervention that necessitates accountability on all sides to work toward family reunification, and in divorce cases to work out child-centered coparenting practices. As Braver and Lamb (2018) demonstrated, it is crucial to provide therapy tailored according to the needs of alienated parents. He stated

that the most ideal way to deal with PA would be to work with the family as a cohesive unit. To be able to offer such therapies, they have to be aware of PA in the first place. Thus, the findings can add to their knowledge and enable them to be best suited to work within this specialty.

Greater awareness about PA in the Maldives can also eliminate the biases against alienated parents seeking joint custody of their children in family courts and for more sensitivity, empathy, and resourcefulness, in supporting both the alienating and the alienated parent to work together for the physical and emotional acceptance of both parents by the child. Recognition of the severity of parental alienation experienced by divorced Maldivian parents and the long-term sequelae of harm to the children and future generations, is needed to be further investigated together with improved communication among all parties (including mental health professionals, social workers, and court personnel) involved in the provision of services to foster reunification of the alienated child and parent.

#### Limitations

This study has several limitations. Firstly, the participants had self-reported their experience of alienation, thus reported severity of alienation may be inaccurate, in comparison to direct observations by professionals. Since alienation is an emotive topic, data can be influenced by selective memory, exaggeration, and inaccurate perceptions of events. Secondly, while the tool was designed keeping in mind parents undergoing custody litigation, the participants of this study were not actively engaged to gain legal access to their children, thus the severity of alienation may have been reported inaccurately. Thirdly, the motive of the participants for self-volunteering to participate and to complete the survey is unknown, perhaps these participants are more interested to find out about the two topics and are more self-aware than the general population. However, they may not have full knowledge of parental alienation behaviours, when rating their own perceptions.

This study focused only on three mental health issues. As a result, it was not able to capture other possible issues that the participants could be experiencing, such as personality disorders, childhood trauma, domestic violence, substance abuse and parental divorce. Similarly, since this research is quantitative, the data did not include in-depth information about the lived experiences of alienated parents. Thus, it did not provide a detailed description of what it is like being alienated from one's children, nor did it give a thorough account of what it feels like being alienated parents. A multiple

perspective study can capture the complexity and sensitivity of the topic more comprehensively (Rowlands, 2018). A longitudinal study regarding PA can be beneficial as it could show a clearer picture of alienation and delve deep into the experiences the alienated parents are undergoing. Moreover, it can help understand how PA evolves as well as help evaluate the stability of the participants' mental health.

There are not yet any assessment tools developed and tested that are socioculturally relevant for the Maldivian context, thus relevant aspects of parental alienation behaviours of children may have been excluded, in this study.

#### **Directions for Future Research**

The findings from the present study offer several potential routes for future investigations into this area. A large-scale investigation must be conducted to explore the prevalence and severity of parental alienation behaviours across the Maldives, and target to collect data from multiple perspectives of the alienating parents, alienated parents and the concerned child or children. The multiple perspective research perhaps can capture the complexity and sensitivity of the topic more comprehensively (Rowlands, 2018).

Alienated parents frequently express a sense of helplessness in their situation (Baker & Ben-Ami, 2011). That being the case, alienated parents must be approached with a degree of empathy and understanding. Moreover, alienated parents may be reluctant to provide real information about their lived experiences in one single sitting. Therefore, a longitudinal study regarding PA can be beneficial as it could show a clearer picture of alienation and delve deep into the experiences the alienated parents are undergoing. Moreover, it can help understand how PA evolves as well as help evaluate the stability of the participants' mental health.

Additionally, the findings revealed that there is a weak positive correlation between PA and depression, anxiety, and stress. This indicates that there can be other detrimental consequences of PA. This provides the avenue for future research to be conducted quantitatively to deeply explore the negative sequelae of PA. Such research would also allow researchers to conduct indepth interviews with the clients and describe PA directly from the participant's voice. Similarly, it also warrants a closer look at the signs and causal factors of PA. Having this knowledge help recognize the existence of PA in the Maldives and improve communication among all parties (including mental health professionals, social workers, and court personnel) involved in the provision of services to foster reunification of the alienated child and parent.

Another area that requires significant improvement is the development of assessment tools and therapeutic interventions that can help to reverse the detrimental effects of PA within the context of the Maldives. This is particularly important because, in addition to the results of this study, current research suggests that PA reverberates throughout the lives of alienated parents, (Baker, 2010; Goldberg & Goldberg, 2013) and it is likely for the negative impact of alienation to be felt across several generations of families. Therefore, more research is required to develop evidence-based treatments or empirically supported treatments that would effectively instigate the changes necessary in behavior and mindset in alienated parents, in the alienating parents and in the children forced to unjustifiably reject a parent, in high conflict divorces.

Lastly, the findings of this study revealed that both mothers and fathers experience PA, indicating that it does not affect a specific gender. This can be seen from the study by Gibson (2021), which demonstrated that alienated fathers suffer physical and psychological pain, ultimately leading to depression and suicidal ideation (Sher, 2015). Moreover, Finzi-Dottan et al. (2012) highlight the detrimental impacts of PA on mothers, stating that alienated mothers are traumatized and devastated. These women described themselves as paralyzed and deprived of motherhood. Therefore, future research needs to examine the differences in PA levels and mental health issues based on gender. Understanding both mothers' and fathers' perspectives of their experiences of PA can help to address PA better and promote fairness and justice for both parents.

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