

Summary of the study: Causes and long-term
consequences of separation and alienation
experiences in childhood.
A quantitative/qualitative study

Jorge Guerra González
December 2024

[Zusammenfassung der Studie: Ursachen und langfristige Folgen von
Trennungs- und Entfremdungserfahrungen in der Kindheit. Eine
quantitative / qualitative Studie]

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Summary of the study: Causes and long-term consequences of separation and alienation experiences in childhood. A quantitative/qualitative study¹

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Summary:

[The study examines the effects of parental separation and parent-child alienation (PCE) on children, especially on their later adult life. The aim is to draw attention to this phenomenon and its victims, to provide feedback on the effectiveness of the family support system (FSS) and to develop solutions for affected families. ECEC, where one parent alienates the child from the other, poses a significant risk to the child's welfare, with potential consequences such as attachment disorders, developmental problems and long-term mental health problems. It is estimated that at least 20,000 cases occur every year, with those affected often remaining invisible. From a psychological perspective, secure attachments play a central role in healthy development and later life stability, while insecure attachments increase the risk of psychological and social problems. The interdisciplinary study of law and psychology shows that a better understanding and targeted measures are needed to protect the welfare of children and prevent long-term damage].

Keywords: [child welfare, family support system, parent-child alienation, consequences in adult life]

Zusammenfassung:

[Die Studie untersucht die Auswirkungen von elterlichen Trennungen und Eltern-Kind-Entfremdungen (EKE) auf Kinder, insbesondere auf deren späteres Erwachsenenleben. Ziel ist es, Aufmerksamkeit auf dieses Phänomen und dessen Opfer zu lenken, Feedback zur Wirksamkeit des Familienhelfersystems (FHS) zu geben und Lösungsansätze für betroffene Familien zu entwickeln. EKE, bei der ein Elternteil das Kind vom anderen entfremdet, stellt eine erhebliche Gefährdung des Kindeswohls dar, mit potenziellen Folgen wie Bindungsstörungen, Entwicklungsproblemen und langfristigen psychischen Beeinträchtigungen. Jährlich werden mindestens 20.000 Fälle geschätzt, wobei die Betroffenen oft unsichtbar bleiben. Psychologisch betrachtet spielen sichere Bindungen eine zentrale Rolle für die gesunde Entwicklung und spätere Lebensstabilität, während unsichere Bindungen das Risiko für psychische und soziale Probleme erhöhen. Die interdisziplinäre Untersuchung von Recht und Psychologie zeigt, dass ein besseres Verständnis und gezielte Maßnahmen notwendig sind, um das Kindeswohl zu schützen und langfristige Schäden zu verhindern].

Schlüsselwörter: [Kindeswohl, Familienhelfersystem, Eltern-Kind-Entfremdung, Folgen im Erwachsenenleben]

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¹ Complete version of the study can be found in the Leuphana publication series Sustainability & Law No. 28/ Complete study to be found in Leuphana Paper Series in Sustainability and Law No. 28: <http://www.leuphana.de/professuren/energie-und-umweltrecht/publikationen/schriftenreihe-nachhaltigkeit-recht.html>. ISSN 2195-3317

1 Abstract

In Germany, little is known about the long-term consequences of parental separation and, in particular, parent-child alienation (PCE) for the children affected. A current study on adults is dedicated to this topic in order to gain insights into the effects of PCE. It has three objectives: to illustrate the consequences of PCE in adulthood, to raise awareness of this phenomenon in society and to provide feedback on the effectiveness of the family support system (FSS), which is used in cases of parental conflict. This system, consisting of institutions such as family courts, youth welfare offices and guardians ad litem, is intended to make decisions in the best interests of the child, even if the term is not clearly defined in law.

The study focussed on parent-child alienation, as it frequently occurs in FSS and can significantly endanger the child's welfare. In this case, a caring parent causes the child to reject contact with the other parent, which would be classified as a risk to the child's welfare. It is estimated that at least 20,000 children are affected by such alienation every year in Germany, although exact figures are lacking and those affected often remain invisible to society. The study shows that PCA often leads to an originally closely connected and competent parent being deliberately excluded from the child's life, often by instrumentalising the child and the FSS.

The psychological consequences for children are serious: in addition to the traumatic experience of separation, there can be a breakdown in bonding, developmental disorders and the reversal of positive feelings towards the absent parent into negative ones. In the long term, this stress can cause serious psychological problems in adulthood. Secure attachments in childhood are essential for stable mental health and personality, while insecure or disorganised attachments can lead to instability and mental health problems.

However, the effects vary from individual to individual and depend on factors such as resilience, age, attachment strength and the duration of exposure to conflict. At the same time, there are intergenerational effects, as parents pass on their attachment patterns to the next generation. Legally, both children's attachment to their parents and their welfare enjoy special protection rights, which emphasises the close connection between law and psychology. With its findings, the study aims to make a contribution to better protecting the welfare of children and to orientate the actions of all those involved more consciously towards this.

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3 List of abbreviations

AF - ZW	Affection; Zuwendung
BGB	Bürgerliches Gesetzbuch: German Civil Code
BVerfG	German Constitutional Court
CC - AK	Current contact (CRP); Aktueller Kontakt (BP)
CE - KE	Conflict Exposure; Konfliktextposition
CP - KO	Conflict Protection; Konfliktschutz
CRP - BP	Close-related Persons; Bezugspersonen
CSPH - KSE	Conflict Situations in Parental Home; Konfliktsituationen im Elternhaus
DV - AV	Dependent Variable; Abhängige Variable
ES - ER	Emotional Support (PH); Emotionaler Rückhalt (ER)
FI - FB	Functional Impairment; Funktionelle Beeinträchtigungen
FSS - FHS	Family Support System; Familienhelfersystem
FT - FamBin	Family Ties/Bonds; Familiäre Bindung
GG	Grundgesetz: German Constitution
ICD	International Classification of Diseases
ICPC - IEK	Involvement of Children in Parental Conflict; Involvierung der Kinder in den Elternkonflikt
IE	Intergenerational Effect
IV - UA	Independent Variable; Unabhängige Variable
LS - LZ	Life Satisfaction; Lebenszufriedenheit
MH - PsychG	Mental Health; Psychische Gesundheit
PA	Parental Alienation
PAS	Parental Alienation Syndrome
PCA - EKE	Parent-Child-Alienation; Eltern-Kind-Entfremdung
PH - EH	Parental Home; Elternhaus
PhysH - PhysG	Physical Health; Physische Gesundheit
PSC - PB	Psychosomatic Complaints; Psychosomatische Beschwerden
SD - SA	Standard Deviation; Standardabweichung
SES - SÖS	Social-Economical-Status; Sozio-Ökonomischer Status
StGB	Strafgesetzbuch: German Criminal Code
SWLS	Satisfaction with Life Scale
WFIRS-S	Weiss Functional Impairment Rating Scale - Self-Report

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6 Introduction

There is relatively little research, at least in Germany, into the consequences that parental separations, especially parent-child estrangement, can have for the children concerned. This study on adults is intended to provide insights into these consequences.

The study has three objectives, which have hardly been the focus of scientific attention in the German-speaking world: To illustrate the consequences for adulthood of so-called parent-child alienation (PCE) experienced in childhood; to draw attention to this phenomenon and its victims; and to enable feedback on the impact of the family support system (FSS) and its approach to finding solutions to parental conflicts that can be used for future families and children.

In the context of a (serious) parental conflict, especially when children are involved, the family has a range of supportive professionals and institutions at its disposal: the family support system (FSS). There is talk of: Family court, youth welfare office, lawyers, guardians ad litem, contact carers, educational advisors, experts, social assistants, etc. They must all base their decisions and actions directly and indirectly on the premises of the best interests of the child (Section 1697a BGB). The undefined legal concept of the best interests of the child can be equated with the interests of the children. Children thus become the centre of the family support system and their position as legal subjects is increasingly strengthened. As a result, attitudes towards children are increasingly moving away from their former status as partial legal objects (particularly in the case of divorce/separation of parents). "Child welfare" is nevertheless not defined by law - in order to facilitate general application or due to the diversity of its dimensions - but its endangerment is (Section 1666 BGB (German Civil Code); see Section 8a SGB VIII; BGH, 06.02.2019 - XII ZB 408/18).

To the author's knowledge, there are hardly any (if any) relevant studies to determine whether and to what extent decisions and resolutions of the family support system have come closer to their legally prescribed goal, so that lessons could be learnt from these studies. Certainly, the broad interpretation of the term "best interests of the child" is also not helpful ("To what extent could the best interests of the child be achieved with family X... or not?").

In this respect, the present research project can be seen as a contribution to providing feedback to the family support system, but also to parents or society as a whole, as to whether and how the welfare of our children could be achieved. Within the chosen framework, it could provide approaches so that the above-mentioned actors become more aware of which of their actions and in what form they correspond to and promote the welfare of the children concerned, and which do not.

Criteria for child welfare and its assessment could be applied to an enormous range of situations. In order to make the spectrum of possible situations tangible, the study focussed on parent-child alienation. These are situations in which children become so extremely involved in the parental conflict that they are (usually) persuaded by the caring parent to refuse contact with the other parent. Some arguments justify the choice of this focus: the relative frequency of its occurrence in the family support system and the potentially serious harm to the child's welfare and its social relevance as a consequence. Parent-child alienation would have an impact on the four traditional child welfare criteria mentioned above: it could easily be categorised as a child welfare risk.

It is not easy to determine a reliable number of estranged children. According to experts, there are at least 20,000 new cases every year (around 55 children would be added every day). However, the number can only be estimated. This inaccuracy is part of a shortcoming that the present study is intended to indirectly counteract: alienated children are "invisible" to the rest of society - which emphasises their role as victims.

As a result of parent-child alienation, a parent who, in principle, had an existing and resilient bond or relationship with the children and was considered competent, is (deliberately) torn out of their children's lives without a comprehensible motive, due to the other parent's intolerance of attachment. In such cases, it is not uncommon for a double instrumentalisation to occur: firstly, of the family support system due to, secondly, the influence on the will or the words of the children concerned. In this respect, it is/will be essential in the interests of the child's welfare to make a thorough distinction between the two cases. By wanting to show respect for the child's subjectivity and personality, it is possible that, among other things,

the child's "objectification" for external (and contrary to the child's best interests) purposes could be unintentionally approved.

From the perspective of child welfare and psychology, the experience of alienation for those affected and the process of alienation should be viewed very critically. In addition to the potentially traumatic experience of parental separation, the child's attachment to the absent parent would be disrupted and developmental disorders would result from the absence of the parent. It is possible that the continuity of the child's familiar environment could be disrupted or that positive feelings towards the absent parent could turn into (very) negative ones. The potential for serious psychological disorders to develop in adulthood would be obvious.

It is well known that family bonding plays a key role in the healthy psychological development of children. Secure attachments are associated with a future stable personality and robust mental health in adulthood. Insecure (ambivalent, avoidant) or disorganised attachments, on the other hand, cause unstable personalities and unstable mental health in adulthood. This leads to differences in terms of mental health problems, criminality, substance abuse, education, socio-economic status (SES), etc. compared to children who grew up with secure attachments. In addition, intergenerational effects (IE) should not be ignored, e.g. because parents actively (consciously or unconsciously) pass on the patterns they passively experienced as children to their children through their parenting skills and parenting style. But also because they themselves were unable to experience a secure attachment style as children.

The effect of the break in attachment on the children can vary from person to person. The moderating factors can include: Personality, resilience resources, age at separation, degree and duration of exposure or involvement in the parental conflict, the affection experienced, strength of attachment and contact with both parents or other caregivers, etc.

The aforementioned aspects, which are psychologically underpinned, are covered by the law. Children's attachment to their parents as well as their own well-being (life, personality development, health, etc.) enjoy special protection as fundamental legal interests in the form of basic rights (Art. 1 I, 2 I, 6 II GG (German Constitution)). All of these comments emphasise the close relationship between the disciplines (especially law and psychology) as well as the differences in their respective approaches, but also their mutual dependence.

7 Hypotheses

The following research questions can be derived from the theoretical and factual background outlined above:

1. What effects does parent-child alienation have on children's mental and physical health and on their life satisfaction?
2. What effects does the separation of the parents have on the mental and physical health of the children and on their life satisfaction?

This results in the plausibility of the following hypotheses, which this study is dedicated to confirming (or rejecting).

1. Estranged/alienated children have poorer (mental and physical) health and lower life satisfaction than separated children in general or children who grew up in a household with both parents. And:
2. Separated children² show poorer (mental and physical) health and lower life satisfaction than children who grew up in a household with both parents.

8 Research project

The study was conducted quantitatively *and* qualitatively. This is intended to achieve objectives such as generalisation, objectivity and replicability, among others, wherever possible.

Quantitatively, the most reliable operationalisable dimensions possible are to be obtained from the information about the respondents collected through questionnaires, which should prove correlations and causalities between the researched constructs.

² When we continue to talk about children of separation (here also: separated children), we are referring to children of divorce and separation.

The qualitative approach is necessary to gain insights into areas that scientific research has not yet fully explored - as is the case here with parent-child alienation. This can lead to hypotheses that can then be tested quantitatively. In this case, a qualitative look at the concrete reality of the participants behind the statistical variables is also to be taken in order to maximise scientific knowledge about the situation. By focussing on these test subjects, who represent an unknown quantity, their reality should be better understood.

An initial categorisation of the groups was carried out on the basis of a short interview at the time of enrolment. A pre-test was carried out in order to be able to make any corrections to the procedure in good time. The consent of all test subjects was obtained before each individual participation. All data protection regulations were complied with. No information is disclosed externally that could lead to the identification of the participants. Where it appears necessary for scientific or pedagogical reasons, such information is hidden, pseudonymised or anonymised.

The language of the study - both the questionnaires and the interview - was German. On the one hand, because growing up in German culture is a prerequisite for the standardisation of the test subjects, and on the other hand because the primary addressees of the study (parents, family support system, etc.) are located in German-speaking countries (especially Germany).

In order to achieve a certain comparability of the study conditions, all interviews were held in the same room at Leuphana University Lüneburg, with the same seating arrangement and following the same procedure, always under the direction of the author. Since on-site presence could have been too inconvenient or cost-intensive for some respondents, participation via Zoom or WhatsApp was made possible.

For the quantitative analysis, the SPSS software (version 20.0.1.1.14) was used to obtain information from the respondents on their current life situation and quality of life, as well as on the circumstances in their parental home. Quality of life is understood as a combination of several aspects, in particular life satisfaction (LS), health and other aspects (life skills, attitude, situation, etc.). In order to distinguish the terms more clearly from one another, the term "*life satisfaction*" was used instead of "quality of life" and only this term was targeted as the objective of the study. This should make it easier to distinguish it from other terms (mental and physical health), which are also the objectives of the study. They can certainly influence life satisfaction, but they would not be part of it - unlike quality of life.

These three dimensions were determined in several ways. Firstly, three freely accessible validated instruments were available:

- *SWLS: German version of the "Satisfaction with Life Scale"*: The five-item scale is used to measure life satisfaction (Diener et al., 1985). This represents a multifactorial construct with affective and cognitive-evaluative components. The affective components are characterised by the presence of positive and the absence of negative emotions. The cognitive-evaluative components are made up of global and domain-specific satisfaction in various areas of life.

- *WFIRS-S*: The Weiss Functional Impairment Rating Scale is measured in seven subscales: Family, Work, School, Life Skills, Self-Concept, Social, and Risk Behaviour. The scale can be used free of charge by clinicians and researchers and can be sent or copied via the Internet as needed. Recommended additional permission for this study has been obtained.

- *Psychosomatic complaints in a non-clinical context*: Mental health impairments and psychosomatic complaints correspond to the cognitive-emotional experience of a reduced quality of life as a long-term consequence of everyday and persistent stressors. The theoretical basis for the scale documented here is the transactional, cognitive stress model by Lazarus (1966). The scale was developed for use in occupational health psychology research and practice.

With regard to the procedure, the respondents first completed the three questionnaires. The reason for this is to prevent the immediate influence of the semi-structured procedure with its highly agitating potential. At the same time, the questionnaires are intended to cognitively and emotionally prepare them for the interview. The order is determined by the length of the questionnaires (1-3-2).

In the semi-structured interview, some demographic dimensions are also collected, as well as others on the respondents' current condition, living situation and experiences at home.

With regard to the *qualitative analysis*, all respondents were asked the same pre-formulated questions using a semi-structured procedure. Additional questions were added in order to better understand an issue. The interviews were recorded to enable them to be transcribed. The interviews were transcribed according to the rules of Dresing/Pehl (simple transcription). The transcriptions were then coded and analysed using MAXQDA software (version 2022).

Some *interrater dimensions* were also obtained from the interview information, which have a direct link to the explanation of the hypothesis-related dimensions. These dimensions were determined and defined in detail before the evaluation so that two raters could determine and evaluate these dimensions independently of each other. This procedure ensured transparency, quality and reliability.

9 Results

All the results of the quantitative and qualitative analyses can be found in detail in the original study. Here a selection of the most important ones are presented and commented, beginning by a brief presentation of the demographic participants' demographics.

9.1 Demographics

Of the N=55 respondents (63.6%), N=35 felt they belonged to the female gender (weiblich), 20 to the male gender (36.4%) (männlich) and none to a diverse gender (0%). Their age (Alter) varied between 18 and 58 years (mean 33.31; SD 12.24).

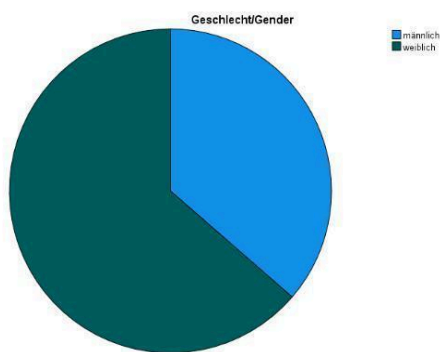


Figure 1: Demographic information about the test subjects - gender/sex

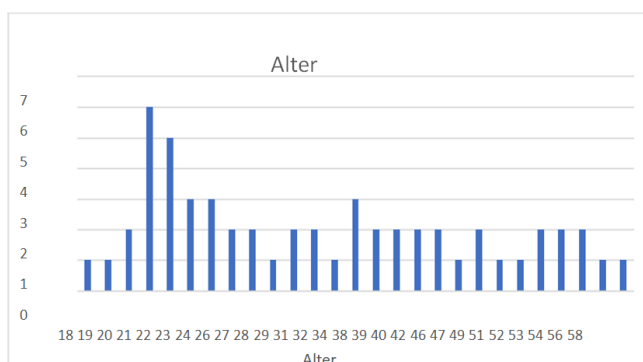


Figure 2: Demographic information about the test subjects – age (Alter)

9.2 Graphical representation of the most relevant results in brief

Life satisfaction

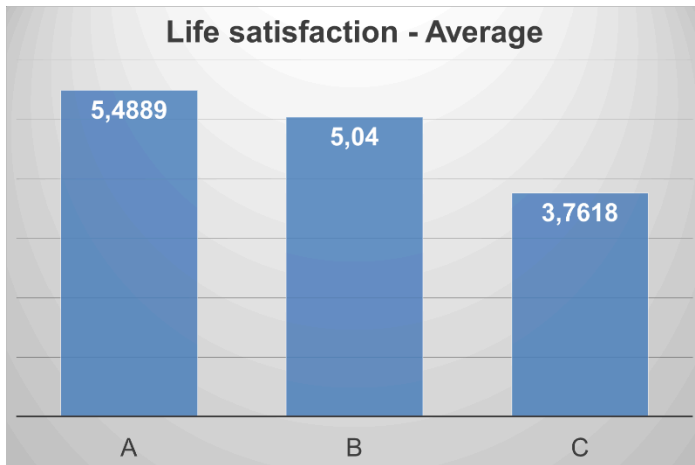


Figure 3 Life satisfaction by group

In terms of life satisfaction (LS), it can be seen that there is a notable difference in average scores - relatively small from A to B, but important between B and C (where C would de facto be a subgroup of B) and between A and C.

Health (mental, physical)

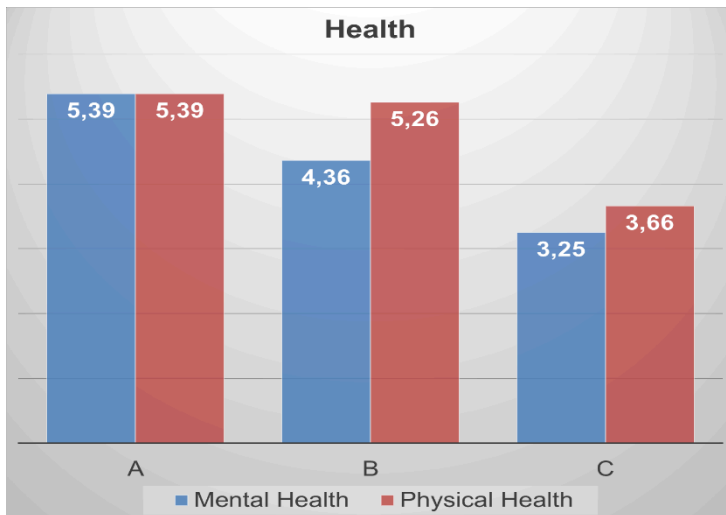


Figure 4: Health (mental, physical) by group

With regard to physical health (PhysG), similar statements can be made as for the LS. However, the gap of almost two points between A and C would indicate psychosomatic effects of the essentially emotion-based PA. As far as mental health (MH) is concerned, it can be seen that it is a whole point lower between A and B, as well as between B and C (i.e. two between A and C).

Mental health - treatment/diagnosis

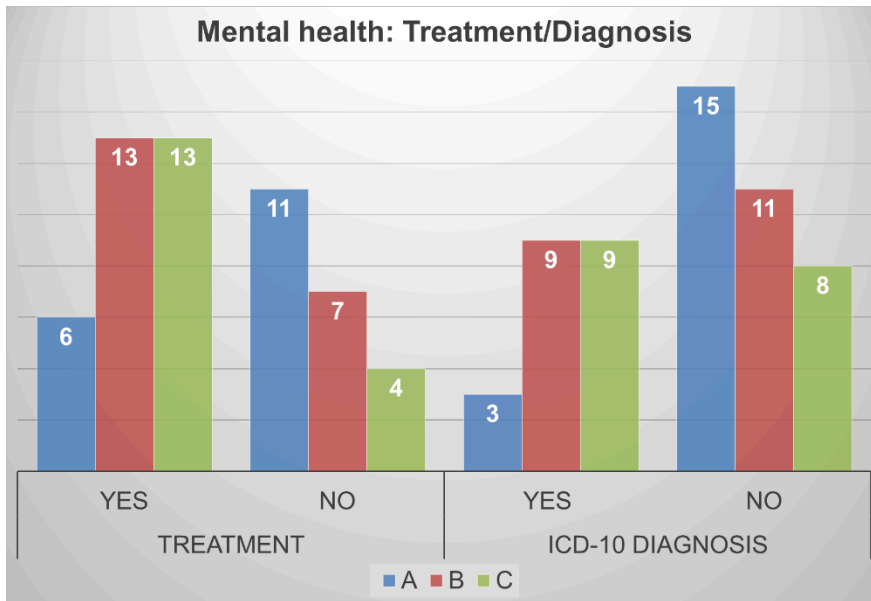


Figure 5: Health (mental) by group (treatment/ICD-10 diagnosis)

This figure uses external, objectifiable indicators - psychological treatment/ICD 10 diagnosis (i.e. not according to the scale of the question about one's own well-being as in the previous graph) to illustrate the burden on the test subjects depending on the group classification.

Emotional protection in the family

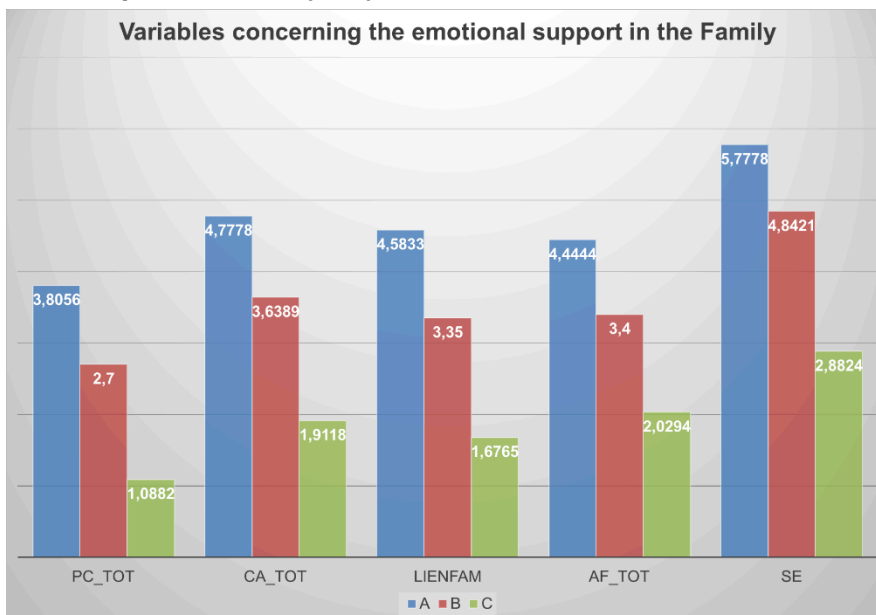


Figure 6: Emotional protection in the family (by group)

This figure illustrates that emotionally protective factors (protection from conflict, current contact with attachment figures, strength of the family bond, experienced affection, experienced emotional support) decrease significantly from A to B and from B to C. Finally, it should be noted that the Likert scales for the first 4 factors were 1-5, while for emotional support it was 1-7.

Experienced exposure of the children to the parental conflict

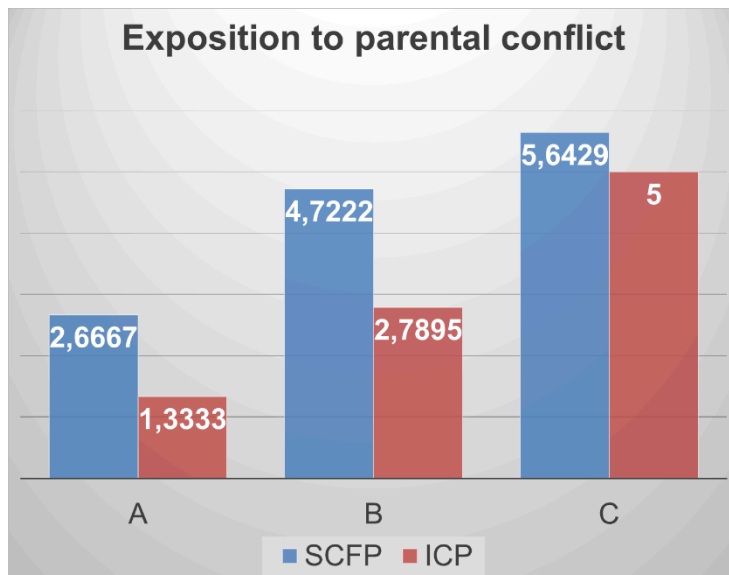


Figure 7: Children's exposure to conflict at home (by group)

This graph also illustrates a significant variation in the groups with regard to the children's exposure to parental conflict when moving from A to B and from B to C. Two variables were recorded: the conflict situations experienced at home (SCFP) and the children's involvement in the parental conflict (ICP). They increase immensely from A to B, but also from B to C.

Qualitative analysis: Mental stress

Hypothesis' confirmation

Consequences:

- Depression/Bipolar Disorder (0-9-9);
- Alcohol or substance abuse (0-3-5);
- Negative self-image/social rejection(0-6-9);
- Drop in performance (0-5-12);
- Criminality (0-0-6).

Figure 8: Qualitative analysis (by group): psychological stress

This graph also illustrates a considerable variation in the groups with regard to the respondents' exposure to certain adverse circumstances and experiences in adulthood depending on group affiliation (A-B-C).

Qualitative analysis: Role of attachment/rootedness

„Yes, the photos—they were in my grandma's photo album. I knew, I knew what my dad looked like, but I never knew what kind of character he had. Where I got my personality from. That was always kind of... yeah, during puberty, you look for anchor points in the family. You try to make comparisons, and you wonder: Where do you actually belong? Which side of the family are you more like—your mother's side or your father's side? And if you never really get to know your biological father, you always somehow feel like something is missing“

(C17 „Natalia“ Pos. 102)

It is not the aim of qualitative research to ensure representativeness, even if certain anomalies can be regarded in this sense. Its aim is to point out phenomena that should then be analysed more specifically and, if possible, quantitatively. The respondent "Natalia" refers to a consequence of alienation, "uprooting" and her longing for roots and belonging.

Qualitative analysis: intergenerational effect

"I see the connection between my mother's personality and my ex-husband's. So, this topic—my psychologist brought it up. I had described things my ex-husband said or did, and then he said he sees pathological narcissism behind my ex-husband's behavior." (C12 „Erika“. Pos 6)

As above, we can say as much about the aims and limitations of a qualitative analysis. The respondent "Erika" was estranged from her father by her mother as a child and then from her children by her husband. Alienation is not such a common phenomenon. It is then striking that she hit them twice - especially if she had a passive role in both cases (she *was* alienated, so she could at least not have consciously taken on a role that she then actively exercised). She is trying to find an explanation for her fate.

Conclusion:

The study shows that adults who were alienated as children are exposed to potentially enormous stress that has a lasting impact on their adult lives. This burden must be distinguished from the average burden of former separated children (of whom alienated children are a particularly affected subgroup), whose level of stress is apparently significantly higher. One could assume that the dimensions would be even more negative if one considers that respondents who are most deeply affected could possibly not be reached - for example due to the stress itself, the lack of trust towards unknown researchers or the still incomplete internal processing of the consequences.

Although the study identifies this burden, it remains unclear what role the possible causes play (e.g. in comparison to the other groups of test subjects: higher exposure to conflict, less attention or conflict protection, break-ups, etc.). These questions should be investigated in further research projects.

The role of the family support system

The family support system (FHS) here includes all professionals who support parents in conflict resolution, including the family court, experts, guardians ad litem, youth welfare offices, contact carers or parenting advice centres. The present study can serve these professionals at least indirectly as an evaluation tool in addition to gaining knowledge, as they otherwise have no way of systematically reviewing the effectiveness of their work - whether it is effective or not. Without such feedback, they miss out on valuable opportunities to learn from successes and mistakes. The results of the study are sobering.


Effect of the FSS on the variables Hypothesis variables (LZ, PhysG and PsychG)

		LF Ø	MentalH	PhysH	FSS total
Life satisfaction - Average	Correlation (Pearson)	1	,742**	,693**	0,144
	Signif. (2 sided)		<,001	<,001	0,441
How do you feel psychologically?	Correlation (Pearson)	,742**	1	,631**	0,092
	Signif. (2 sided)	<,001		<,001	0,636
How do you feel physically?	Correlation (Pearson)	,693**	,631**	1	0,225
	Signif. (2 sided)	<,001	<,001		0,24
Family Support System - total	Correlation (Pearson)	0,144	0,092	0,225	1
	Signif. (2 sided)	0,441	0,636	0,24	

Figure 9: Quantitative analysis - effect of the family support system on the three hypothesis variables

This graph shows that the contribution of professionals to the hypothesis variables (LS, MH, PhysH) is hardly statistically irrelevant (although not significant).

Effect of the family support system on selected variables

 2) Psychological study and results

		FSS total	IE total	Af total	CP total	CC total	FamBonds
Family Support System - total	Correlation (Pearson)	1	-,414*	0,09	0,198	0,183	0,073
	Signif. (2 sided)		0,05	0,63	0,285	0,343	0,698
Intergenerational effect - total	Correlation (Pearson)	-,414*	1	-0,218	-0,177	-0,355	-0,323
	Signif. (2 sided)	0,05		0,24	0,341	0,054	0,077
Affection total	Correlation (Pearson)	0,09	-0,218	1	,812**	,812**	,942**
	Signif. (2 sided)	0,63	0,24		<,001	<,001	<,001
Conflict protection	Correlation (Pearson)	0,198	-0,177	,812**	1	,726**	,838**
	Signif. (2 sided)	0,285	0,341	<,001		<,001	<,001
Current contact - total	Correlation (Pearson)	0,183	-0,355	,812**	,726**	1	,887**
	Signif. (2 sided)	0,343	0,054	<,001	<,001		<,001
Family bonds	Correlation (Pearson)	0,073	-0,323	,942**	,838**	,887**	1
	Signif. (2 sided)	0,698	0,077	<,001	<,001	<,001	

Figure 10: Quantitative analysis - impact of the family support system on selected variables

Here, too, it can be seen that the effect of the FSS on variables that should at least protect the LS and the health of the minors is hardly relevant (although not statistically significant). We are talking about the affection and conflict protection experienced in childhood, as well as the current contacts and bonds with close relatives. In this respect, it may be interesting to see what the respondents think about this in qualitative terms.

Perception of the family support system according to the respondents

Valid		Frequency	%	% valid	% cumultd
(very) negative	rather negative	18	32,1	58,1	58,1
	rather negative	7	12,5	22,6	80,6
	Average rather positive	5	8,9	16,1	96,8
	rather positive	1	1,8	3,2	100,0
	Total	31	55,4	100,0	

Valid		Frequency	%	% valid	% cumultd
(very) negative	rather negative	22	39,3	71,0	71,0
	rather negative	7	12,5	22,6	93,5
	Average rather positive	2	3,6	6,5	100,0
	Total	31	55,4	100,0	

Figure 11: Qualitative analysis - respondents' perception of the family support system

The qualitative evaluation is clear, but not in the sense that one would expect from a family support system. In the perception of the respondents, estimated by two raters independently of each other, the opinion of the FSS is 80.6% and 93.5% negative and very negative respectively.

9.3 Hypothesis testing

9.3.1 Hypothesis 1

Reminder. Estranged children show poorer (mental and physical) health and lower life satisfaction than separated children in general or children who grew up in a household with both parents. The first hypothesis consists of two sub-hypotheses (B v C; A v C), which are then tested one after the other.

9.3.1.1 Sub-hypothesis A

In order to test the first sub-hypothesis, a t-test (test for equality of means) was first carried out for groups B and C. Firstly, the hypothesis-related variables are considered in relation to both groups. The results are highly significant for life satisfaction ($p=.003$) and physical health ($p=.004$) and marginally significant for mental health ($p=.069$). The effect size for life satisfaction is $d=1.047$, for mental health $d=.632$ and for physical health $d=1.072$.

Table 1: Comparison of the mean values of groups B and C (hypothesis-related variables)

	VP group	N	Mean value	Std. deviation	Standard error of the mean
Life satisfaction average	B	20	5,0400	,84754	,18951
	C	17	3,7618	1,55197	,37641
How do you feel mentally in terms of health?	B	19	4,3684	1,86221	,42722
	C	16	3,2500	1,65328	,41332
How do you feel physically in terms of health?	B	19	5,2632	,99119	,22739
	C	15	3,6667	1,95180	,50395

The t-test (test for equality of means) also shows a significant difference in own socio-economic status ($p=.015$), but a marginally significant difference in socio-economic status at home ($p=.091$). The mean difference in children's involvement in parental conflict is highly significant ($p=.003$), but at most marginally relevant for children's exposure to parental conflict ($p=.131$).

Table 2: t-test, socioeconomic status, conflict exposure (comparison of groups B and C)

	VP group	N	Mean value	Std. deviation	Standard error of the mean
SES - PH	B	20	4,6500	1,18210	,26433
	C	17	3,8824	1,45269	,35233
SES-Own	B	19	4,8947	,93659	,21487
	C	17	3,7647	1,56243	,37894
CSPH	B	18	4,7222	1,90373	,44871
	C	14	5,6429	1,44686	,38669
ICPC	B	19	2,7895	1,96013	,44968
	C	16	5,0000	2,09762	,52440

The mean comparison between groups B and C is clearer for the inter-rater dimensions and emotional support. Overall, the test subjects from group C experienced less affection, attachment or protection at home than those in group B.

This results in remarkable differences in the mean values (emotional support: 4.84 v 2.88; affection 3.40 v 2.02; protection from conflict: 2.70 v 1.08; current contacts: 3.63 v 1.91; family ties 3.35 v 1.67). The t-test (for equality of means) shows that the relevant differences between groups B and C (2-sided) are highly significant: Emotional support, affection, conflict protection (total), family attachment (total), current contact with attachment figures and attachment to mother. Marginally significant are: Role of FSS, conflict protection as an adult. Marginally relevant are: Intergenerational effect, possibly conflict protection as an adult, attachment to father and attachment to siblings.

Table 3: t-test - interrater dimensions and emotional support (comparison of groups B and C)

	VP group	N	Mean value	Std. deviation	Standard error of the mean
ES	B	19	4,8421	1,53707	,35263
	C	17	2,8824	1,69124	,41019
IE_total	B	11	3,7727	1,27208	,38355
	C	13	4,5769	1,11516	,30929
FSS_total	B	12	1,8750	,85613	,24714
	C	15	1,3000	,45513	,11751
AF_total	B	20	3,4000	1,07115	,23952
	C	17	2,0294	,67246	,16310
CP_total	B	20	2,7000	1,16303	,26006
	C	17	1,0882	,26430	,06410
CC_total	B	18	3,6389	1,05448	,24854
	C	17	1,9118	,79521	,19287
FT	B	20	3,3500	,87509	,19568
	C	17	1,6765	,46574	,11296
CP_PH	B	19	2,6579	1,29156	,29630
	C	17	1,3235	,43088	,10450
CP_	B	10	2,2500	1,16070	,36705
Adult	C	13	1,5000	,79057	,21926
Attachment_Mother	B	20	3,5500	1,63755	,36617
	C	17	1,8529	,87971	,21336
Attachment_Father	B	20	2,7000	1,48146	,33127
	C	16	1,9688	1,29703	,32426
Bonding_siblings	B	13	3,6538	1,19695	,33197
	C	12	2,8750	1,36723	,39469

In this respect, it can be assumed that the partial hypothesis is confirmed with regard to children of separation and alienation. With regard to the three hypothesis-related variables, the null hypothesis can therefore be rejected. The marginal significance of mental health could be compensated for by the (in some cases highly) significant stress and complaints. The comparison also provides important information about the causes of the hypothesis-related phenomena described - in relation to the exposure to conflict or the lack of affection and attachment, and the lack of emotional support or contact with attachment figures.

9.3.1.2 Sub-hypothesis B

As far as the hypothesis-related variables are concerned, all three mean differences are not only strikingly remarkable, but also highly significant. The effect size is (very) high for all three variables.

Table 4: t-test - hypothesis-related variables (comparison of groups A and C)

	VP group	N	Mean value	Std. deviation	Standard error of the mean value
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Life satisfaction	A	18	5,4889	,80942	,19078
average	C	17	3,7618	1,55197	,37641
How do you feel mentally	A	18	5,3889	,84984	,20031
in terms of health?	C	16	3,2500	1,65328	,41332
How do you feel physically	A	18	5,3889	1,03690	,24440
in terms of health?	C	15	3,6667	1,95180	,50395

Table 5: *t*-test socioeconomic status, exposure to conflict (comparison of groups A and C)

	VP group	N	Mean value	Std. deviation	Standard error of the mean
SES-PH	A	18	5,1111	,67640	,15943
	C	17	3,8824	1,45269	,35233
Own SES	A	18	4,7222	1,07406	,25316
	C	17	3,7647	1,56243	,37894
CSPH	A	18	2,6667	1,32842	,31311
	C	14	5,6429	1,44686	,38669
ICPC	A	18	1,3333	,97014	,22866
	C	16	5,0000	2,09762	,52440

Finally, the comparison of groups A and C shows important differences in the interrater dimensions and in emotional support (emotional support: 5.78 v 2.88; affection: 4.44 v 2.02; protection from conflict: 3.81 v 1.08; current contact: 4.77 v 1.91 or family bond: 4.58 v 1.68). The *t*-test (for equality of means) shows that the difference between groups A and C is highly significant for most of these dimensions (2-sided). Except for conflict protection (adult), it is significant ($p=.049$), marginally relevant for attachment to siblings ($p=.147$), as well as for the role of the family support system ($p=.167$) and the intergenerational effect ($p=.128$).

Table 6: *t*-test - Emotional support and interrater dimensions (comparison of groups A and C)

	VP group	N	Mean value	Std. deviation	Standard error of the mean
ES	A	18	5,7778	1,35280	,31886
	C	17	2,8824	1,69124	,41019
IE_total	A	7	3,7857	1,52362	,57588
	C	13	4,5769	1,11516	,30929
FSS_total	A	4	1,1250	,25000	,12500
	C	15	1,3000	,45513	,11751
AF_total	A	18	4,4444	,82049	,19339
	C	17	2,0294	,67246	,16310
CP_total	A	18	3,8056	1,05912	,24964
	C	17	1,0882	,26430	,06410
CC_total	A	18	4,7778	,46089	,10863
	C	17	1,9118	,79521	,19287
FT	A	18	4,5833	,71229	,16789
	C	17	1,6765	,46574	,11296
CP_PH	A	18	3,9722	,96211	,22677
	C	17	1,3235	,43088	,10450
CP_Adult	A	10	2,6000	1,44914	,45826
	C	13	1,5000	,79057	,21926
Attachment_Mother	A	18	4,4167	,80896	,19067
	C	17	1,8529	,87971	,21336

Attachment_Father	A	18	4,4722	,62948	,14837
	C	16	1,9688	1,29703	,32426
Bonding_siblings	A	3	4,1667	1,04083	,60093
	C	12	2,8750	1,36723	,39469

This partial hypothesis with regard to adults who grew up in intact families or who were children of estrangement is thus confirmed.

9.3.2 Hypothesis 2

Separated children have poorer (mental and physical) health and less life satisfaction than children who grow up in a household with both parents.

The comparison of the mean values of both groups A and B produces a much less clear result with regard to the hypothesis-related variables. The differences in mean values are only significant for mental health and marginally relevant for life satisfaction. The effect size is medium for both variables. Neither significance nor effects are statistically relevant for physical health.

Table 7: Comparison of the mean values of groups A and B (hypothesis-related dimensions)

	VP group	N	Mean value	Std. deviation	Standard error of the mean
Life satisfaction average	A	18	5,4889	,80942	,19078
	B	20	5,0400	,84754	,18951
How do you feel mental health?	A	18	5,3889	,84984	,20031
	B	19	4,3684	1,86221	,42722
How do you feel physically healthy?	A	18	5,3889	1,03690	,24440
	B	19	5,2632	,99119	,22739

Finally, the comparison of groups A and B shows some mean differences for selected variables from the interviews and the interrater dimensions (emotional support: 5.78 v 4.84; affection: 4.44 v 3.40; protection from conflict: 3.81 v 2.70; current contact: 4.77 v 3.63 and family bond: 4.58 v 3.35). The t-test (for equality of means) is unambiguous (2-sided). The mean differences in affection, conflict protection, current contact with attachment figures, family attachment and attachment to the father are highly significant. The role of the family support system and attachment to the mother are significant. (Marginal) Finally, emotional support is significant ($p=.057$). This is the first time that the respondents' assessment of the family support system has been shown to have a significant influence on what happened according to both raters.

Table 8: t-test - interrater dimensions and emotional support (comparison of groups A and B)

	VP group	N	Mean value	Std. deviation	Standard error of the mean
ES	A	18	5,7778	1,35280	,31886
	B	19	4,8421	1,53707	,35263
IE_total	A	7	3,7857	1,52362	,57588
	B	11	3,7727	1,27208	,38355
FSS_total	A	4	1,1250	,25000	,12500
	B	12	1,8750	,85613	,24714
AF_total	A	18	4,4444	,82049	,19339
	B	20	3,4000	1,07115	,23952
CP_total	A	18	3,8056	1,05912	,24964
	B	20	2,7000	1,16303	,26006
CC_total	A	18	4,7778	,46089	,10863

	B	18	3,6389	1,05448	,24854
FT	A	18	4,5833	,71229	,16789
	B	20	3,3500	,87509	,19568
CP_PH	A	18	3,9722	,96211	,22677
	B	19	2,6579	1,29156	,29630
CP_	A	10	2,6000	1,44914	,45826
	B	10	2,2500	1,16070	,36705
Attachment_Mother	A	18	4,4167	,80896	,19067
	B	20	3,5500	1,63755	,36617
Attachment_Father	A	18	4,4722	,62948	,14837
	B	20	2,7000	1,48146	,33127
Bonding_siblings	A	3	4,1667	1,04083	,60093
	B	13	3,6538	1,19695	,33197

The difference in mental health is significant - but not in physical health or life satisfaction. The 2nd hypothesis is therefore only partially confirmed.

Nevertheless, groups A and B show important differences with regard to variables such as the children's involvement in the parental conflict, but also affection, conflict protection, current contact with close contacts, family ties and attachment to the father. These offer the opportunity to look behind the results achieved.

9.4 Relevant results with regard to the research objectives of the study

9.4.1 ANOVA: Effect of the conflict at home on the hypothesis-related dimensions

9.4.1.1 Life satisfaction

The extent to which the conflict situation at home had an impact on the respondents' life satisfaction was analysed. The model is highly significant, explaining 42.7% and 37.2% of the variance respectively. Also highly significant is the predictor emotional support ($p < .001$) and significant is the conflict situation at home ($p = .040$) and the involvement of the children in the parental conflict ($p = .033$). This means that the conflict situation at home and the protection experienced have a statistically significant effect on life satisfaction as an adult.

Table 9:

Table 9: Life satisfaction as a function of the conflict situation at home

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,653 ^a	,427	,372	1,03960

a. Independent variables: (constant), CP_PH, ES, ICPC, CSPH

ANOVA ^a						
Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	33,805	4	8,451	7,820	<,001 ^b
	Non-standardised residuals	45,392	42	1,081		
	Total	79,197	46			

a. Dependent variable: Life satisfaction Average

b. Independent variables: (constant), CP_PH, ES, ICPC, CSPH

Model	Non-standardised coefficients		Standardised coefficients	T	Sig.
	Regression coefficient	B	Beta		
1	(constant)	3,622	1,040	3,481	,001

ES	,395	,104	,580	3,786	<,001
CSPH	-,271	,128	-,418	-2,123	,040
ICPC	,224	,102	,380	2,203	,033
CP_PH	-,030	,214	-,034	-,141	,888

a. Dependent variable: Life satisfaction Average

9.4.1.2 Mental health

The model is also highly significant with regard to mental health. It also explains .463 and .409 of the variance. Equally highly significant is the predictor emotional support ($p<.001$) as well as the conflict situation at home ($p=.045$) and the involvement of the children in the parental conflict ($p=.024$). In other words, the conflict situation in the parental home as well as the protection experienced have a statistically significant effect on mental health as adults.

Table 10: Mental health as a function of conflict protection at home, emotional support and exposure to conflict

Model	R	R-squared	Corrected R-squared	Standard error of the estimator
1	,680 ^a	,463	,409	1,30733

a. Independent variables: (constant), CP_PH, ES, ICPC, CSPH

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	58,880	4	14,720	8,613	<,001 ^b
	Non-standardised residuals	68,364	40	1,709		
	Total	127,244	44			

a. Dependent variable: How do you feel about your mental health?

b. Independent variables: (constant), CP_PH, ES, ICPC, CSPH

Model		Non-standardised coefficients		Standardised coefficients	T	Sig.
		Regression coefficientB	Std. error	Beta		
1	(constant)	2,626	1,332		1,972	,056
	ES	,509	,132	,577	3,844	<,001
	CSPH	-,342	,165	-,395	-2,068	,045
	ICPC	,300	,128	,390	2,340	,024
	CP_PH	,036	,271	,031	,131	,896

a. Dependent variable: How do you feel about your mental health?

9.4.1.3 Physical health

The model is also highly significant with regard to physical health. However, it explains slightly less of the variance than the other hypothesis-related variables .371 and .310. The predictor emotional support is equally highly significant ($p<.001$) and only the involvement of the children in the parental conflict is significant ($p=.043$). This means that the conflict situation at home as well as the protection experienced have a statistically significant effect on physical health as an adult.

Table 11: Physical health as a function of conflict protection at home, emotional support and exposure to conflict

Model	R	R-squared	Corrected R-squared	Standard error of the estimator
1	,609 ^a	,371	,310	1,26812

a. Independent variables: (constant), CP_PH, ES, ICPC, CSPH

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	38,871	4	9,718	6,043	<,001 ^b
	Non-standardised residuals	65,933	41	1,608		
	Total	104,804	45			

a. Dependent variable: How do you feel in terms of your physical health?

b. Independent variables: (constant), CP_PH, ES, ICPC, CSPH

Model		Non-standardised coefficients		Standardised coefficients	T	Sig.
		Regression coefficientB	Std. error	Beta		
1	(constant)	2,618	1,270		2,062	,046
	ES	,470	,128	,599	3,684	<,001
	CSPH	-,170	,157	-,227	-1,081	,286
	ICPC	,264	,126	,380	2,087	,043
	CP_PH	,043	,262	,041	,164	,871

a. Dependent variable: How do you feel in terms of your physical health?

9.4.2 ANOVA: Effect of the attachment aspects on the hypothesis-related dimensions

9.4.2.1 Life satisfaction

The attachment aspects - from the interrater dimensions of current contact with attachment figures and family attachment - have an effect on life satisfaction. The model is highly significant. It explains 34.2% and 31.6% of the variance respectively. The predictor "family attachment" is almost highly significant. Ergo, the bond with attachment figures and contact with them have a statistically significant effect on life satisfaction as an adult.

Table 12: ANOVA: Effect of attachment aspects on life satisfaction

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,585 ^a	,342	,316	1,08795

a. Independent variables: (constant), FT, CC_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	30,802	2	15,401	13,012	<,001 ^b
	Non-standardised residuals	59,182	50	1,184		
	Total	89,983	52			

a. Dependent variable: Life satisfaction Average

b. Independent variables: (constant), FT, CC_total

Model		Non-standardised coefficients		Standardised coefficients	T	Sig.
		Regression coefficientB	Std. error	Beta		
1	(constant)	3,006	,401		7,499	<,001
	CC_total	-,056	,230	-,061	-,244	,808
	FT	,604	,235	,638	2,571	,013

a. Dependent variable: Life satisfaction Average

9.4.2.2 Mental health

The attachment aspects influence mental health. The model is also highly significant and even explains 38.7% or 36.2 of the variance. No other predictor is significant. This means that attachment to close relatives/contacts and contact with them have a statistically significant effect on mental health as an adult.

Table 13: ANOVA: Effect of attachment aspects on mental health

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,622 ^a	,387	,362	1,38806

a. Independent variables: (constant), FT, CC_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	59,649	2	29,825	15,480	<,001 ^b
	Non-standardised residuals	94,409	49	1,927		
	Total	154,058	51			

a. Dependent variable: How do you feel about your mental health?

b. Independent variables: (constant), FT, CC_total

Model		Non-standardised coefficients		Standardised coefficients		T	Sig.
		Regression coefficient	B	Std. error	Beta		
1	(constant)	1,718	,517			3,322	,002
	CC_total	,321	,293	,264		1,094	,279
	FT	,470	,301	,377		1,562	,125

a. Dependent variable: How do you feel about your mental health?

9.4.2.3 Physical health

With regard to physical health, the model for the causal clarification of physical health based on the attachment aspects would be equally highly significant, although its explanatory potential is lower: 23% and 19.8% respectively with no other significant predictor. As a result, attachment to attachment figures and contact with them have a statistically significant effect on mental health as an adult.

Table 14: ANOVA: Effect of attachment aspects on physical health

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,480 ^a	,230	,198	1,37393

a. Independent variables: (constant), FT, CC_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	26,558	2	13,279	7,035	,002 ^b
	Non-standardised residuals	88,722	47	1,888		
	Total	115,280	49			

a. Dependent variable: How do you feel in terms of your physical health?

b. Independent variables: (constant), FT, CC_total

Model		Non-standardised coefficients		Standardised coefficients		T	Sig.
		Regression coefficient	B	Std. error	Beta		
1	(constant)	3,012	,536			5,624	<,001
	CC_total	,309	,292	,285		1,060	,294
	FT	,233	,298	,210		,782	,438

a. Dependent variable: How do you feel in terms of your physical health?

9.4.3 ANOVA: Effect of the Family Support System on the hypothesis-related variables

9.4.3.1 Life satisfaction

The model of the effect of the family support system on the respondents' life satisfaction is not statistically significant and has little significance for explaining the variance.

Table 15: Effect of the family support system on life satisfaction

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,144 ^a	,021	-,013	1,27323

a. Independent variables: (constant), FSS_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	,991	1	,991	,611	,441 ^b
	Non-standardised residuals	47.013	29	1,621		
	Total	48,004	30			

a. Dependent variable: Life satisfaction Average

b. Independent variables: (constant), FSS_total

Model	Non-standardised coefficients		Standardised coefficients	T	Sig.
	Regression coefficientB	Std. error	Beta		
1 (constant)	4,044	,559		7,231	<,001
FSS_total	,266	,340	,144	,782	,441

a. Dependent variable: Life satisfaction Average

9.4.3.2 Mental health

The model of the effect of the family support system on mental health is also not statistically significant. It has even less significance as an explanation of variance.

Table 16: Impact of the family support system on mental health

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,092 ^a	,008	-,028	1,77933

a. Independent variables: (constant), FSS_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	,724	1	,724	,229	,636 ^b
	Non-standardised residuals	85.482	27	3,166		
	Total	86,207	28			

a. Dependent variable: How do you feel about your mental health?

b. Independent variables: (constant), FSS_total

Model	Non-standardised coefficients		Standardised coefficients	T	Sig.
	Regression coefficientB	Std. error	Beta		
1 (constant)	3,341	,800		4,178	<,001
FSS_total	,230	,480	,092	,478	,636

a. Dependent variable: How do you feel about your mental health?

9.4.3.3 Physical health

The same can be said of the model of the effect of the family support system on physical health. The model is not significant, nor does it have much value for explaining variance.

Table 17: Impact of the family support system on physical health

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,225 ^a	,051	,016	1,68932

a. Independent variables: (constant), FSS_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	4,120	1	4,120	1,444	,240 ^b
	Non-standardised residuals	77,052	27	2,854		
	Total	81,172	28			

a. Dependent variable: How do you feel in terms of your physical health?

b. Independent variables: (constant), FSS_total

Model		Non-standardised coefficients		Standardised coefficients ^T	Sig.
		Regression coefficient ^B	Std. error Beta		
1	(constant)	3,638	,744		4,889 <,001
	FSS_total	,553	,460	,225	1,202 ,240

a. Dependent variable: How do you feel in terms of your physical health?

9.4.4 Respondents' perception of the family support system

The perception of the family helper system is not neutral for the respondents, as the qualitative analysis shows. According to the assessment of both raters, it is rather (very) negative - according to the very low mean values (see below): 1.645 (SA: .88) and 1.355 (SA: .61) respectively, on a Likert scale from 1 (low) to 5 (high). For the first rater, 25 out of 31 evaluations were negative or very negative (i.e. 80.6%). For the second rater, the ratio is even more critical (29 out of 31 negative or very negative evaluations, i.e. 93.5%).

Table 18: Perception of the family support system (both raters)

		Family support system Rater 1	Family support system Rater 2
N	Valid	31	31
	Missing	25	25
Mean value		1,6452	1,3548
Std. deviation		,87744	,60819

Table 19: Perception of the family support system (Rater 1)

		Frequency	Per cent	Valid percentages	Cumulative percentages
Valid	(very) negative	18	32,1	58,1	58,1
	rather negative	7	12,5	22,6	80,6
	medium	5	8,9	16,1	96,8
	Rather positive	1	1,8	3,2	100,0
	Total	31	55,4	100,0	
Missing	99,00	24	42,9		
	System	1	1,8		
	Total	25	44,6		

Total	56	100,0
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Table 20: Perception of the family support system (Rater 2)

		Frequency	Per cent	Valid percentages	Cumulative percentages
Valid	(very) negative	22	39,3	71,0	71,0
	Rather negative	7	12,5	22,6	93,5
	medium	2	3,6	6,5	96,8
	Rather positive				100,0
	Total	31	55,4	100,0	
Missing	99,00	24	42,9		
	System	1	1,8		
	Total	25	44,6		
Total		56	100,0		

9.4.5 ANOVA: Impact of the intergenerational effect on the hypothesis-related dimensions

9.4.5.1 Life satisfaction

With regard to life satisfaction, the intergenerational effect shows a model that explains relatively little of the variance (20.6% and 17.8% respectively), but is highly significant. The regression value of -.474 is highly significant.

Table 21: Impact of the intergenerational effect on life satisfaction

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,454 ^a	,206	,178	1,22136

a. Influence variables: (constant), IE_total

ANOVA^a

Model		Sum of squares	df	Mean of the squares	F	Sig.
1	Regression	11,204	1	11,204	7,511	,010 ^b
	Non-standardised residuals	43,260	29	1,492		
	Total	54,464	30			

a. Dependent variable: Life satisfaction Average

b. Influence variables: (constant), IE_total

Model		Non-standardised coefficients		Standardised coefficients		T	Sig.
		Regression coefficient	B	Std. error	Beta		
1	(constant)	6,174		,744		8,293	<,001
	IE_total	-,474		,173	-,454	-2,741	,010

a. Dependent variable: Life satisfaction Average

9.4.5.2 Mental health

With regard to mental health, the model is highly significant and explains 23.1% and 20.4% of the variance respectively. The regression value is -.669 and is highly significant.

Table 22: Impact of the intergenerational effect on mental health

Model	R	R-square	Corrected R-squared	Standard error of the estimator
1	,480 ^a	,231	,204	1,60212

a. Influence variables: (constant), IE_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	22,337	1	22,337	8,702	,006 ^b
	Non-standardised residuals	74,437	29	2,567		
	Total	96,774	30			

a. Dependent variable: How do you feel about your mental health?

b. Influence variables: (constant), IE_total

Model		Non-standardised coefficients		Standardised coefficients		T	Sig.
		Regression coefficientB	Std. error	Beta			
1	(constant)	6,430	,977			6,585	<,001
	IE_total	-,669	,227	-,480		-2,950	,006

a. Dependent variable: How do you feel about your mental health?

9.4.5.3 Physical health

As far as physical health is concerned, however, the model is not significant and also has no significant regression coefficient or an insignificant variance explanation.

Table 23: Impact of the intergenerational effect on physical health

Model	R	R-square	Corrected Square	R standard error of the Estimators
1	,147 ^a	,022	-,016	1,78497

a. Influence variables: (constant), IE_total

ANOVA^a

Model		Square sum	df	Mean of the squares	F	Sig.
1	Regression	1,839	1	1,839	,577	,454 ^b
	Non-standardised residuals	82,839	26	3,186		
	Total	84,679	27			

a. Dependent variable: How do you feel in terms of your physical health?

b. Influence variables: (constant), IE_total

Model		Non-standardised coefficients		Standardised coefficients		T	Sig.
		Regression coefficientB	Std. error	Beta			
1	(constant)	5,183	1,093			4,740	<,001
	IE_total	-,196	,258	-,147		-,760	,454

a. Dependent variable: How do you feel in terms of your physical health?

10 Conclusion, implications, appeal

According to this study, adults who were alienated from at least one parent as children have (significantly) more difficult circumstances in life - even more so than other separated children and especially in comparison to children who grew up in intact family relationships. Their life satisfaction is lower, and both their mental and physical health are impaired, an indication of a psychosomatic effect of the emotional stress caused by the estrangement/alienation.

As a result, their life prospects are more modest, which goes hand in hand with a lower socio-economic status. As a result of the stresses they have suffered, they would on average achieve a lower level of education, are more likely to find themselves in financial difficulties or are restricted to less prestigious occupations. There is evidence of a disproportionate susceptibility to substance addictions and criminal offences. According to the study, even children who have not experienced separation have a harder time than children from intact family relationships, with the same factors having a negative impact, albeit to a lesser extent.

The study generally illustrates a reciprocal relationship between life satisfaction and health. It is striking how strongly both life satisfaction and mental and physical health are influenced by family circumstances in childhood. The statistical results from the regression analysis - i.e. results from a sample that reliably reflect the population - are largely (highly) significant, which suggests that the results can be generalised.

These results should come as little surprise to professionals, as the study is in line with previous scientific findings and can serve as a basis for possible changes. The findings go beyond hypothesis testing and contribute to a better understanding of these hypotheses. Once the differences between the groups in terms of life satisfaction and health variables have been established, the question remains as to what accounts for these differences - why people in Group A are better off than those in Group B, and why they are better off than those in Group C. The extensive information provides the opportunity to analyse the factors influencing these differences and their consequences in more detail.

The role of aspects such as affection, attachment until adulthood, contact with attachment figures, emotional support and exposure and involvement in parental conflicts was therefore also analysed. The results are clear and hardly surprising: the more affection, attachment, contact and support the test subjects were given, the greater their protection and resilience to conflict as well as their life satisfaction and health. On the other hand, increasing the children's exposure to parental conflict had the opposite effect.

However, this study does not answer how specifically the individual factors contribute to the group differences in life satisfaction and mental and physical health. As already described, adults who were alienated as children experienced less affection and conflict protection, but more highly escalated parental conflicts in which they were often involved. In addition, they experienced a break in attachment with at least one parent. As a result, their life satisfaction and their mental and physical health are worse than those of people from "intact" backgrounds. These correlations are confirmed by the study, but not the exact causes or specific conditions under which they come about.

The study participants could possibly be explained in a more differentiated way than by simply categorising them into groups. Parents could, for example, organise a separation in such a way that the children are affected little or not at all - as was the case with individual participants. On the other hand, even children from "intact" families cannot always be protected from stressful conflicts, as can be seen from the qualitative content analysis of the interviews.

The group division of the study was nevertheless useful, as there were significant differences in the average values for affection, attachment, contact, support and exposure to conflict between groups A, B and C. The study results highlight three demographic factors that are not evenly represented in the groups and could have had a distorting influence on the results: the socio-economic status of the test subjects and their parents, as well as gender and age. The correlation between higher status and higher life satisfaction and better health seems plausible, although future research should clarify what is cause and what is consequence.

The other two factors - gender and age - require further investigation: according to the findings, women are on average more satisfied with life than men, and younger people tend to be more satisfied with life than older people. These demographic variables were controlled as potential confounders to ensure that the hypothesised group differences remained without these factors. Even after this control, the results remained significant, but this does not diminish the differences in gender, age and status, as they may be relevant as indicators of strengths and weaknesses in the social context of family decision-making.

The study also shows an intergenerational effect that is relevant to the hypothesis: family happiness or unhappiness is statistically passed on to the next generation. These results are in line with previous studies on children from intact families and children who are separated. Children are moulded in the parental home in a direct or indirect way, and this imprint is passed on consciously or unconsciously in their later parental role. Future research should clarify why this is the case; possible explanations could lie in the parents' role models and their ability to offer children support, attachment and protection from conflict.

An intergenerational effect was also found for the alienated children, although the reasons for this appear less clear. One hypothesis is that adults unconsciously choose a partner who has similar characteristics to the alienating parent. This assumption was addressed in the interviews and was supported, but requires scientific investigation.

For the author, who works in the family support system himself, the results regarding the role of the system are of particular significance and at the same time have a sobering effect. On the one hand, the family support system shows little influence on the dimensions relevant to the hypothesis. On the other hand, the respondents' perception of this system is critical, as the authorities are often understaffed and overburdened with escalated conflicts, which makes it difficult to find the time and energy required to resolve conflicts. Both aspects require detailed investigation in order to initiate any necessary changes.

The study results nevertheless offer a relevant benefit: They can be understood as indirect feedback from the family support system from the children and families concerned. Those working in the family support system often do not know whether and how their decisions and recommendations actually promote the welfare of the children. There is usually no direct evaluation due to data protection requirements, especially not in the case of court decisions. This study provides indications of which measures were effective and which were less helpful, and emphasises the long-term consequences of previous decisions. These findings suggest that fundamental changes may be needed to improve the system:

"It's always this talking past each other. Like this. One person says this, or the lawyer says that, and the lawyer passes it on again. It's like silent mail. It never comes across the way it's meant. And I think if they had separated by mutual agreement, so to speak.. I think then it would at least be a bit easier, because then this "your mum is the bad one" factor might have been a bit less" (B04 "Lea", pos. 180)

"In court there is only getting right, losing right, black, white, mother, father. And in the middle sits someone who says: you get it, you don't get it. And that's exactly where the children are in this problem and I would like to see the family court abolished altogether in the future. And before that, I would like to see much, much more emphasis placed on this mediation approach. In other words, the moment parents go to court, we should say: great guys, it's nice that you're now ready to put your rights into the hands of others. We already know what's going on here, because once they get there, it's already escalated to a very high level. We'll send you all to therapy first and you'll get therapy. Exactly. And you'll only come out of this therapy when you've somehow come to an agreement and your children are happy with you" (A21 "Ilona", pos. 165)

In this sense, implications can be drawn from the study that could benefit not only us professionals in the family support system, but also parents and society in general:

- Unresolved parental conflicts can cause considerable damage to life satisfaction, health, education and productivity, which has so far received little attention. These conflicts currently not only affect the individuals concerned, but are often also passed on to the general public or the next generation.
- For the good of the child and in the interests of social sustainability, it would therefore be advisable to approach parental conflicts differently: Children should be kept away from parental conflict as completely

as possible and should not be involved in these conflicts under any circumstances. Escalations should be proactively counteracted, and conflict patterns should be researched and prevented through appropriate measures.

- Conversely, the more affection, emotional support and contact with important close relatives a child experiences and the more stable their bond with their parents is, the more stable, resilient, healthy and satisfied with life they will be as an adult. This development must be encouraged and supported.
- Parent-child alienation is one of the most serious burdens that parents can inflict on their own children. This largely "invisible" phenomenon should be made more visible to society in order to create a better understanding and enable targeted prevention measures.

These implications bring with them requirements and demands for action:

- In general, it can be said that the family support system should strive for a profound change in the way it deals with parental conflicts. Alternative and co-operative approaches to conflict resolution should be seriously considered, in particular mediation and consensus-oriented court models (e.g. Cochem, Dinant).
- The causes and consequences of parent-child alienation have hardly been researched either scientifically or in practice. However, the study shows how significant and potentially devastating the effects can be for those affected. For thousands of people, this phenomenon is a reality, especially for the most innocent and vulnerable among us - children. They are affected in more ways than one:
 - In the past: through the harmful consequences of the phenomenon itself, conflict exposure and attachment disorder;
 - In the present: as parent-child alienation is not officially recognised and those affected are often not registered or counted anywhere, they are not given any real protection;
 - In the future: as the phenomenon is considered "non-existent", it can neither be comprehensively investigated by research projects nor specifically treated. There is a lack of strategies for prevention, meaning that the unresolved problem and its consequences are passed on to the next generation.

The qualitative analysis of the study in particular makes this clear:

- Parent-child alienation is a complex phenomenon that is difficult to define. It can arise as a result of deliberate influence by the carers or deliberately keeping away from the other parent and can also develop gradually due to the child's self-protection from stressful conflicts.
- The health consequences, especially the psychological ones, are also difficult to pinpoint. The individual developmental pattern of the alienation and the type of contact break-off play a role here. Other factors such as the age of the child, the duration and intensity of the parental conflict, the availability of other close related persons, etc. also influence the extent of the consequences.

Overall, the study shows no clear pattern or syndrome for parent-child alienation that could clearly predict the health consequences or at least clearly describe them. This partly contradicts earlier research findings. One reason could be that parent-child alienation is a (serious) disruption of the bond with a primary caregiver that has a massive impact on the psychological development of a growing child. Attachment disorders could cause a variety of mental disorders.

However, a lack of a clearly recognisable pattern should not lead us to underestimate the relevance of this phenomenon. Rather, the lack of a clear pattern could illustrate the depth of the intrusion into the psyche and development of those affected, as a fundamental and lasting traumatic experience that can fundamentally destabilise them.

This study can therefore be seen as an appeal:

- To us professionals in the family support system to use the knowledge gained as feedback to better ensure the well-being of the children entrusted to us;
- To parents and other caregivers to become more aware of the consequences of their decisions for their children's future;
- To politicians to create suitable framework conditions that are exclusively orientated towards the best interests of the child;

- To the research community to investigate and scientifically substantiate previously unexplored aspects in order to better protect children's welfare in the long term.

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