

# An interview study exploring clients' experiences of receiving therapeutic support for family estrangement in the UK

Lucy Blake<sup>1</sup>  | Alison Rouncefield-Swales<sup>2</sup> | Becca Bland<sup>3</sup> | Bernie Carter<sup>4</sup>

<sup>1</sup>School of Social Sciences, University of the West of England (UWE), Bristol, UK

<sup>2</sup>Edge Hill University, Ormskirk, UK

<sup>3</sup>Stand Alone, London, UK

<sup>4</sup>Faculty of Health, Social Care and Medicine, Edge Hill University, Ormskirk, UK

## Correspondence

Lucy Blake, School of Social Sciences, University of the West of England (UWE), Frenchay Campus, Coldharbour Ln, Bristol BS16 1QY, UK.

Email: [lucy5.blake@uwe.ac.uk](mailto:lucy5.blake@uwe.ac.uk)

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## Abstract

Many people experience estrangement from a family member, which is broadly understood to refer to negative relationships that are characterised by little or no contact. However, little is known about how people cope with family estrangement. To address this gap, interviews were conducted with 46 participants who identified as being estranged from a parent/sibling and/or child and having sought therapeutic support for this experience. The participants were recruited from a UK-based charity that supports individuals experiencing family estrangement. The participants had a range of experiences of therapeutic support, with most ( $N = 31$ , 67%) having paid for private therapy. The data were analysed using thematic analysis, and three themes were generated: (1) finding the missing qualities in estranged family relationships: warmth, validation and safety; (2) speaking the unspoken: addressing the causes and consequences of estrangement; and (3) learning relational skills: improving the relationship with oneself and with others. When the causes of estrangement were addressed in the context of a safe therapeutic relationship, participants learned strategies to improve the relationships they had both with themselves and with others. When participants experienced a cold or unresponsive therapeutic relationship, and the causes and consequences of estrangement were not adequately addressed or understood, counselling was experienced as unhelpful. Individuals who seek therapeutic support for family estrangement have specific needs. Training around these needs and the causes and consequences of estrangement could be beneficial to helping professionals and the clients with whom they work.

## KEYWORDS

estrangement, family, intergenerational relationships, qualitative, sibling relationships

## 1 | INTRODUCTION

Parents and adult children who have infrequent contact with one another and a negative relationship are often referred to as being "estranged" (Blake, 2017; Scharp & Dorrance Hall, 2017). Although

research on family estrangement is relatively new, it is far from a rare occurrence. In a nationally representative sample of approximately 10,000 adults in Germany, in which data were analysed over 10 years, 9% had experienced estrangement from a mother and 20% had experienced estrangement from a father (Arránz

Contributing authors: Alison Rouncefield-Swales ([rouncefia@edgehill.ac.uk](mailto:rouncefia@edgehill.ac.uk)); Becca Bland ([becca.bland@gmail.com](mailto:becca.bland@gmail.com)); Bernie Carter ([bernie.carter@edgehill.ac.uk](mailto:bernie.carter@edgehill.ac.uk)).

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Becker & Hank, 2021). Similarly, in a sample of approximately 4,000 adults in the Netherlands, 13% had contact with their sibling no more than once in the past year (Kalmijn & Leopold, 2019).

Numerous in-depth, qualitative studies have explored the experiences of individuals who identify as being estranged from a family member, or as having created distance from a family member due to a negative relationship. These studies have found that estrangement is an isolating experience: adult children who are estranged from their parents rarely share their experiences with others and when they have done so, have received responses that have been hurtful, unhelpful or insensitive (Scharp, 2016). Likewise, parents who identify as being estranged from their adult children describe this experience as being one that they rarely talk about with other people due to the stigma and shame that surrounds it (Agllias, 2013; Scharp & McLaren, 2018).

Given the isolation and judgement that surrounds family estrangement, counselling can be an important avenue of support for those in this situation. However, few studies have explored what this experience might be like for those seeking support for family estrangement. This study aimed at addressing this gap, exploring the counselling experiences of adults who: (1) identified as being estranged from a parent/sibling and/or child and had sought therapeutic help to deal with their estrangement; (2) had received therapeutic support in the UK; and (3) had received support between 2014 and 2018.

## 1.1 | Family estrangement: causes and consequences

Research on family estrangement is a small yet growing body of work. This work (for reviews of this literature, see Agllias, 2011; Blake, 2017; Scharp & Dorrance Hall, 2017) has been conducted in countries that are described as Western, rich and democratic, comprising samples of individuals who predominantly identify as being White, heterosexual women. With these limitations in mind, the estrangement literature can tell us about both the causes and the consequences of estrangement.

Many different factors contribute to estrangement. From adult children's perspective, sexual, physical and/or psychological abuse and/or neglect, poor parenting and betrayal have been identified as contributing to estrangement from a parent (Agllias, 2016; Carr et al., 2015; Linden & Sillence, 2021; Scharp et al., 2015). Rather than an easy choice, adult children who have initiated and maintained estrangement describe having done so as a way to provide relief and space to heal from a difficult relationship (Agllias, 2016).

From parents' perspective, the causes of estrangement include feeling like their children prioritised another relationship over and above the parent-child relationship, such as their romantic relationship with their spouse or partner, or their relationship with their other parent (Agllias, 2015b; Carr et al., 2015; Schoppe-Sullivan et al., 2021). Parents also attribute the estrangement from their children to their children's mental health problems (Schoppe-Sullivan et al., 2021). Other studies found that estrangement can, in part, be attributed to or explained by a mismatch in values or the extent

### Implications for Practice and Policy

- The qualities of warmth, validation and safety are essential for the therapeutic relationship, particularly since they are often lacking in estranged family relationships.
- Addressing the causes and consequences of estrangement with sensitivity is an important ingredient of helpful counselling experiences.
- Helpful counselling experiences are those in which participants learn skills that allow them to improve the quality of the relationships that they have with themselves and others.
- Counsellors, psychotherapists and psychologists could benefit from professional development training around the specific needs of those clients who seek support for family estrangement.

to which mothers and adult children have a similar outlook on life (Gilligan et al., 2015).

Fewer studies have focussed on the factors that contribute to estrangement between siblings. However, one known cause of sibling estrangement is "secondary estrangement" (Agllias, 2015a), whereby estrangement between parents and children leads to estrangement between siblings. Other causes of sibling estrangement include sibling abuse, conflict over caring for an ageing parent and issues relating to inheritance after a parent has died (Blake et al., 2021). As for the consequences of estrangement, those who are estranged from a family member perceive and/or experience stigma about family estrangement (Blake et al., 2015). Parents feel ashamed and not "normal" (Agllias, 2013), and those estranged from a parent or sibling often feel pressure from those around them to resolve the estrangement and get back in contact with their estranged family members (Melvin & Hickey, 2021; Scharp, 2016). Estrangement therefore has a broader ripple effect on people's relationships with family members and friends. Parent-child estrangement can result in grandparents and grandchildren having reduced contact or no contact at all; grandparents in this position can experience distress, guilt, stress, grief, despair and powerlessness (Gair, 2017).

Another consequence of estrangement is that of loss. Parents feel that they have lost their role in the family; this is especially so for mothers when this role has been central to their identity for many decades and has given them meaning and purpose in their lives (Agllias, 2013). Adult children who are estranged from a parent likewise experience loss, and the consequences of this loss can have significant practical and psychological ramifications. Adult children who are estranged from a parent feel the loss of the emotional, financial and practical support that family members can provide to one another (Agllias, 2018) and an absence of social ties or a social support network in their lives more generally (Costa et al., 2020; Linden & Sillence, 2021). Those who are studying at university have been found to experience practical challenges, being unable to meet their day-to-day subsistence needs and experiencing homelessness (Bland, 2018; Costa et al., 2020).

Whilst we know more about the prevalence, causes and consequences of estrangement, we know little about whether and how individuals in this situation seek support, or whether and how this support might be helpful or unhelpful.

## 1.2 | Accessing therapeutic support for family estrangement

Given that family estrangement is not rare, it is likely that helping professionals such as counsellors, psychotherapists and psychologists deal with this often. However, few studies have explored the therapeutic experiences of individuals estranged from one or more family members. In one study, qualitative data were analysed from an online survey exploring the counselling experiences of individuals who accessed support from Stand Alone, a UK-based charity dedicated to supporting those experiencing estrangement from a family member (Blake et al., 2020). Helpful encounters were those in which participants felt supported to make their own decisions about their family relationships, whether this was to initiate and maintain estrangement or seek reconciliation. Helpful encounters also included those in which participants developed insight and understanding through working with professionals who were knowledgeable about estrangement. Through feeling supported and by working through issues related to estrangement, helpful counselling encounters enabled the participants in the study to move forward in their lives. Although this study helped address an important gap in the literature, the data were collected as part of a comprehensive online survey on experiences of family estrangement with only one question focussing on counselling experiences. Additionally, it was unknown whether individuals sought support specifically for family estrangement, whether therapeutic support was accessed recently or decades ago, and the respondents were from different countries and cultures. With these limitations in mind, this study aimed at obtaining data that were more focussed and in-depth.

Using semistructured interviews, this study explored the experiences of individuals who: (1) identified as being estranged from a parent/sibling and/or child and sought therapeutic help for this experience; (2) had received therapeutic support in the UK; and (3) had received therapy between 2014 and 2018. We took a broad approach to therapeutic support: the individuals who responded to our call for participants had received support from counsellors, psychotherapists and psychologists. The aim of this study was to address the following research question: For those who had recently received therapeutic support in the UK for issues relating to family estrangement, which aspects did participants find to be particularly helpful and unhelpful and why?

## 2 | METHOD

### 2.1 | Approach

Since the intention of this study was to explore participants' subjective experiences, a qualitative approach was taken. Semistructured

telephone interviews explored participants' experiences of receiving therapeutic support for family estrangement. Telephone interviews have been identified as being particularly helpful for exploring sensitive topics, with participants feeling less judged or inhibited compared with face-to-face methods of data collection (Ward et al., 2015). Using a semistructured approach allowed interviewers to ask follow-up questions, where necessary, to help ensure that the participants' experiences of receiving therapeutic support for estrangement could be explored in depth.

### 2.2 | Recruitment

Participants were recruited from Stand Alone, a UK charity founded in 2012 that supports adults who are estranged from their family or a key family member. In addition to raising awareness about estrangement, promoting research on estrangement and engaging with policymakers, the charity provides facilitated support groups and workshops, online and face-to-face, for those who want to meet others who are experiencing estrangement. A recent evaluation concluded that these groups are an effective way of reducing psychological distress for individuals experiencing estrangement from a family member, helping attendees feel less alone and ashamed (Blake et al., 2022).

In November 2018, the third author sent out a call for participants to their UK research mailing list. The email invited "those who have specifically sought therapeutic support in relation to their family estrangement in the UK in the past 5 years" to take part. The level of interest in the study was so high that we closed recruitment within 24 h of the initial invitation. Individuals who had expressed an interest in participating were contacted via email with an information sheet about the study and invited to contact one of the researchers if they were interested in participating.

### 2.3 | Measures

In the development of study materials, approximately five individuals in the Stand Alone community were invited to join an e-advisory panel. The third author asked the group to give their feedback and suggestions on the participant information sheet, consent form and interview guide. The interview schedule was flexible and designed to reduce the risk of distress, as recommended by Agllias (2011). For example, before the interview started, we asked participants questions such as, "Do you think you would be able to ask me to stop, delay, or end the interview if you felt distressed? How might you do that?" The interview schedule consisted of the following questions: Overall, did you find the therapeutic support helpful or unhelpful? What was helpful (if anything) and why was it helpful? What was unhelpful (if anything) and why was it unhelpful? Is there anything further you would like to add about your experience of receiving therapeutic support for family estrangement? Follow-up questions and prompts were used to encourage elaboration, as appropriate.

## 2.4 | Procedure

Those who indicated a desire to participate were contacted by phone, and a suitable interview time was agreed upon for a screening call. In this call, potential participants were invited to ask the researcher any questions that they had about the study, and the researcher ascertained that the participant met the selection criteria. Interviews were conducted by the first and second authors. At the start of the interview, the researcher outlined the purpose and the procedures of the study, and informed consent was obtained verbally. Some basic demographic questions were asked before beginning the interview; answering these questions was not compulsory. At the end of the interview, participants were given a thank you sheet that contained information about potential sources of support. Interviews were digitally recorded and transcribed verbatim. Ethics approval was granted by the Faculty of Health & Social Care Research Ethics Committee at Edge Hill University in 2019.

## 2.5 | Analysis

The qualitative data were analysed using NVivo 1.6.2. The data were analysed in accordance with the principles of thematic analysis (Braun & Clarke, 2006). The first and second authors became familiar with the data and discussed interesting aspects about the data that were relevant to the research question. The first author led the data analysis process, coding the data that were relevant to the research question. Initial themes were generated by clustering similar codes, and these themes were then reviewed against the coded data and the entire data set and defined and named to capture the substance of each theme.

## 2.6 | Participants

In-depth interviews were conducted with 46 participants who were estranged from a parent, sibling and/or adult child. Ages ranged from 22 to 71 years ( $M = 51.26$ ,  $SD = 11.38$ , unspecified = 3). Most (89%,  $N = 41$ ) identified as women; most identified as White (89%,  $N = 41$ , unspecified = 2); and most identified as heterosexual (76%,  $N = 35$ , unspecified = 6). Respondents were estranged from parents (29 from mothers and 25 from fathers), siblings (24 from sisters and 17 from brothers) and children (eight from sons and eight from daughters). Approximately half of the sample ( $N = 25$ , 53%) were estranged from two kinds of family members: a parent and a sibling ( $N = 23$ ) or a child and a sibling ( $N = 2$ ). Just over a third ( $N = 17$ , 36%) were estranged from one kind of family relationship: child ( $N = 8$ ), parent ( $N = 5$ ) and sibling ( $N = 4$ ). A minority ( $N = 4$ ) were estranged from three kinds of family members: a parent, a sibling and a child.

This study focussed on the participants' experiences of one-on-one talking therapy. From 2014 to 2018, 28 (61%) had one therapeutic encounter, and 18 (39%) had two or more encounters, which

ranged in length from three sessions to 8 years. Most ( $N = 31$ , 67%) had paid for treatment privately; 18 (39%) had been referred by their general practitioner (GP) and received treatment on the National Health Service (NHS); 4 (9%) had received counselling from their university and 4 (9%) received counselling from a charity. For those who had paid for their therapeutic encounters, many did not know or remember details regarding the modality of the counselling or psychotherapy that they received. Those who received treatment on the NHS had experienced short-term CBT and/or longer term therapeutic support delivered by psychotherapists, counsellors or clinical psychologists.

## 3 | FINDINGS

Three themes were generated: the first concerned the qualities of the therapeutic relationship, the second concerned whether and how the causes and consequences of estrangement were adequately addressed and the third was whether participants improved the relationships that they had with themselves and with others. To ensure that the participant's anonymity is protected, quotes have been provided without the addition of details of the participants' demographic data, estrangement histories or experiences of receiving therapeutic support.

### 3.1 | Finding the missing qualities in estranged family relationships: warmth, validation and safety

Helpful experiences of therapeutic support were those in which participants experienced their counsellor/therapist/psychologist as being warm, empathetic, available and dependable. These qualities were identified as being particularly important given that they were typically lacking from their relationships with their estranged family members and because estrangement can be an isolating experience: "I just felt that I needed that warmth ... when you're estranged and you feel that estrangement is very palpable, it's very isolating, that that bit of warmth that I got from her in that sense was really important."

The qualities of flexibility and consideration were also valued. Participants appreciated the willingness of their counsellors, psychotherapists and psychologists to adapt the delivery of the sessions to meet their needs. For example, one participant felt cared for when the delivery of sessions was adjusted to accommodate her health issues:

I can't sit up for long periods of time because I feel faint and lose concentration...so she's arranged it so that I can come into her room early to recover from the journey and lie down for a bit before we start therapy...and we've been able to talk about all of these dynamics as well and make sure that they feel healthy... so it's flexibility, but safety within that flexibility.

As the quote above illustrates, a key component of the therapeutic relationship was safety, which was especially important when the participants' relationships with their estranged family members had lacked this quality. In the context of a safe therapeutic relationship, participants felt like they could share some of the most challenging experiences of their family relationships with their counsellors, and trust that their counsellor could listen to them without judgement:

I remember walking into counselling sessions and my hackles rising and I sat there feeling like my 12-year-old self again – uncomfortable, ill-at-ease. And then she was able to bring all of those emotions down and make me feel relaxed and make me feel safe and that I could talk about whatever I needed to talk about...there was nothing that I told her that she judged me for.

Another foundation of a safe therapeutic relationship was that of validation. Given that participants' feelings were often dismissed or minimised by their estranged family members, and often by friends, colleagues and acquaintances more broadly, therapeutic encounters were particularly powerful when participants felt like their counsellors believed them: "I'd say counselling is very – if you come from a background like mine – it's very validating when you've not been validated and when you've been gas lighted and you think you're crazy and you're the one at fault." Some participants described how, in gaining clarity about what had happened to them and having their experiences be acknowledged and validated, they felt more able to move towards the future and leave painful experiences in the past:

The acknowledgement of what had happened I think was the key thing to being able to move forward. Because I felt before, I was very much stuck in the past. All of these dreadful things had happened, nobody had listened, nobody had acknowledged it. Therefore moving away from that – I think I felt a bit like a guard dog standing guard on the path. I think I couldn't leave it because nobody knew it was there. I felt like I had to be a signpost and, actually now, through the acknowledgment of those sessions with my therapist through that period, I feel like I'm more able to leave that behind because somebody has seen and witnessed my experiences.

In the context of this safe relationship, participants felt secure. Unlike their estranged family relationships, they described the therapeutic relationship as one that could withstand expressions of intense emotions and moments of discomfort, and one in which they felt accepted. Unlike estranged family relationships in which conflict was experienced as unsafe, and often a cause of relationship breakdown, working through moments of tension in the therapeutic relationship was recognised as being particularly powerful:

Conflict with people was never safe when I was growing up ...that was the model I grew up with – that conflict was impossible...so I think that anything that doesn't quite work with this therapy, we just talk about and it's really helpful.

These safe relationships often took time to develop, with some taking many months and sometimes years to trust their therapists with some of the more challenging aspects of their estranged family relationships.

Conversely, unhelpful encounters with therapy were those in which participants felt that their counsellor, psychotherapist or psychologist were disinterested in them, could not empathise with them or did not advocate for them in the way that they wanted and needed. In these unhelpful experiences, counsellors, psychotherapists and psychologists were experienced as being unavailable or inconsistent, and participants neither trusted nor felt safe sharing their perspectives and feelings with them.

### 3.2 | Speaking the unspoken: addressing the causes and consequences of estrangement

In addition to the qualities of the counsellor, psychotherapist or psychologist, their skill set, knowledge and experience were important. Specifically, helpful experiences were those in which opinions and thoughts were offered rather than withheld. Conversely, unhelpful encounters were those in which counsellors, psychotherapists and psychologists shared very little with the participant, and simply nodded or repeated back what the participant had said:

It wasn't helpful in that, I never felt she really gave of herself. I found it really hard with her as a counsellor when she just kept saying to me, "well how does that make you feel?" She didn't kind of give me anything back.

Thoughts, opinions and perspectives were most welcome when they were shared sensitively, and at a speed the participant was comfortable with in the context of a safe therapeutic relationship:

She was patient, she was very, very patient... she'd coax things out of me and I was saying things that I maybe wasn't ready to say. But she had a way about her that was gentle, kind, yet picky and [she] did pick away at things for me. She kind of knew what questions to lead with.... So, she had a way of, she was like water. She found her way through absolutely anything and everything. And obviously, she listens, but she picks up on things that I didn't actually know I'd said. And I thought, that's a gift in itself.

This ability of the counsellor, psychotherapist or psychologist to sensitively share their opinions and perspectives was especially valuable when it came to addressing those feelings that typically accompany family estrangements, such as loss, grief, shame, stigma and isolation. This included “getting out” powerful feelings: “my anger and my rage which was huge – it still is huge, but I can control it now and she just talked me through it... a lot of horrible stuff came bubbling up.” Participants also valued the space and encouragement to process profound feelings of loss and grief:

She described it as being like a bereavement, which was very useful because I hadn't thought about it in those terms. And she was saying, “Allow yourself to be as sad and as bereaved as you feel”. And there was a definite acknowledgement of it being a major event.

Participants also valued the opportunity to explore feelings of guilt and shame. For example, one participant explained that being encouraged to explore the perspectives of her estranged family members was helpful but that, crucially, the aim of doing so was not to induce feelings of guilt, or to detract from her own experience, but rather to increase her understanding:

When we'd talk about my parents' difficulty in their own childhoods... we talked about that more from the point of view of me understanding than excusing and it was more about not making me feel guilty, just making me feel quite understanding about how I got there so I could take away any sense of personal guilt or responsibility, so it was quite useful. She made it very clear that she was an advocate for me, and I found that great and I think a lot of people going into family estrangement, they probably really need that.

On the contrary, unhelpful experiences were those in which issues related to estrangements, such as isolation, shame, guilt, loss and anger, were not acknowledged or addressed:

It really wasn't that much more than just talking things through with somebody once a week...they didn't have a real understanding of the grief of going through losing children and being separated from them...you know, the wordless depth of pain of not been with your children.

Helpful therapeutic encounters were also those in which counsellors, psychotherapists and psychologists understood something of the complexity of estrangement, and specifically how this might be experienced in different ways by those from different cultural backgrounds, and how this might intersect with an individual's gender identity and sexual orientation. Another aspect of estrangement that

was navigated well in helpful therapeutic encounters was the way in which estrangement rarely affects one relationship, but typically has a broader ripple effect on people's relationships with their other family members friends and acquaintances.

Knowledge about the events and circumstances that can lead to estrangement was also valued. Specifically, participants appreciated therapists' expertise around abuse and their ability to address abuse in a sensitive, but direct way:

She generally steered clear of labels and pre-judging people or sort of trying to put them into different pigeonholes and categories. And she didn't give me exercises as such, but she did give me suggestions of reading around subjects. So, if I would say something like, “Well, my dad wasn't that violent” or “My dad didn't hit me or anything” she would say, “Let's just clarify that. What does that mean?” And if I would say, “Well, my dad kicked me” she would suggest that I go away and read up about domestic violence and what a definition of that is, which I found really helpful.

Unhelpful encounters were those in which participants felt their counsellor, psychotherapist or psychologist did not appear to have a sufficient understanding of abuse or were reticent to address it. Those encounters in which the counsellor, psychotherapist or psychologist was felt to be overly focussed on exploring the thoughts, feelings and experiences of the abusive family member were unhelpful. In their attempt to be “fair to both parties,” some participants felt like their counsellors were colluding with their estranged family members who had abused them:

I think some counsellors, it's almost part of the training, and why I think they're being judgemental is that they're trying to be fair to both parties, and they're trying to be impartial. But I don't think that's always helpful. I think sometimes there are victims and sometimes there are perpetrators and by treating the absent perpetrator, it's almost like their story is one of equal validity. You are kind of colluding with them...

A handful of participants appreciated expertise around the mental health issues which may be affecting their estranged family members, such as narcissistic personality disorder. However, others found that a softer approach was beneficial when it came to understanding a family member's mental health: “He was very careful about how he did it. He didn't come out with, ‘I think your mother's a narcissist’...it was very, very slowly deprogramming.” Regardless of the speed or the certainty with which a label was offered or not offered, the insights of the counsellor, psychotherapist or psychologist were most appreciated when shared slowly and sensitively in the context of a safe therapeutic relationship.

### 3.3 | Learning relational skills: improving the relationship with oneself and with others

Participants valued therapeutic experiences in which they actively changed the quality of the relationship that they had with themselves. Many described the value of learning self-compassion, especially when they had experienced high levels of criticism in their relationship with their estranged family member:

I grew up with a narrative of being a naughty and difficult child and, you know. When you grow up with those things, you start to believe those narratives and so I've learnt to unpick all of this and to actually look at the truth. And the truth was that I was just a child.

Participants also valued learning skills and using tools that allowed them to regulate their emotions, such as stepping away from challenging conversations and focussing on their breath. They also described developing an ability to recognise when they were ruminating on negative thoughts and to observe their thoughts in a more detached way. Some participants described learning these skills as being challenging but essential, as they had not had healthy coping mechanisms modelled during their childhood.

Other participants appreciated learning strategies and tools that enabled them to improve their relationships with others. Some developed strategies for future events and circumstances such as illnesses and deaths in the family, whereas others valued gaining an understanding of intergenerational patterns in family relationships: they felt that their therapeutic experience provided a space in which they could seek guidance and support in how they maintain healthy boundaries in their family relationships:

I felt that it was good because what she made me realise...I went in thinking I want to understand what's going on with him, and she made me keep focusing back on me. How I was feeling with what was going on rather than trying to understand what was going on with him... And I had to set my own boundaries of what I could cope with and tolerate.

Crucially, as the quote above demonstrates, these strategies were not experienced as magical: no participant described having found a solution or "fixing" their estranged family relationships. Instead, they developed skills that they found helpful in their relationships more broadly, or the ability to accept their estranged family relationships, rather than wishing that they were different. One participant explained:

I suppose about halfway through my counselling where I really wanted...was for somebody to wave a magic wand to make my parents be how I wanted them to be. And what I learnt was to live with was

the fact that, at this moment in time, that's not a reality. You sort of learn to narrow things down to what choices you do have...I learnt to live with the reality being that my dad's not prepared to give any ground on meeting me halfway or talk about things, but neither am I prepared to sort of be treated a bit like crap, if you know what I mean...You want the outcome to be different but sometimes it can't be.

Conversely, unhelpful therapeutic encounters were those in which participants experienced little or nothing in the way of change or progress:

I didn't feel like that had equipped me with being able to deal with the anxiety that I then experienced once I become estranged, so it was sort of a plaster effect. But it wasn't really getting to the to the root of stuff, and I think that's mostly because it was so basic and wasn't getting at the other underlying issues that were there.

The most unhelpful experiences were those in which participants felt worse than before they had started. These experiences were those in which participants felt unable to function, "broken," or distressed. In these circumstances, the therapeutic relationship was not experienced as safe, secure or strong enough to create an environment in which the participant could learn new relational skills:

I think one of the problems I had was I was trying to deal with so much grief. And I think that one of the problems with therapy is that you go into a room, and you're sort of having this relationship with somebody that's so unlike any other relationship, that when you come out then, how do you function, you know?

Whilst therapeutic encounters were typically helpful when they addressed the grief and loss that accompanies family estrangement, delving into these feelings and experiences was not without risk, especially when they had gone unacknowledged or unexplored for many decades. Some participants felt that, even though they had gained skills and understanding, this could not really help, change, fix or resolve the depth and the magnitude of the loss that they had experienced: "Well, it [counselling] can only do so much and it's really good, but it doesn't help you with the loss of 50, 60 years. You can't get time back."

## 4 | DISCUSSION

Family estrangement and receiving support for family estrangement are important topics of study that are worthy of attention. Interest in the study was high: the research team received approximately 100 emails expressing interest in taking part in the study in <24 h. Many participants expressed that motivation for taking part in the study was to help others who were in a similar situation to themselves.

It is unsurprising that the quality of the therapeutic relationship determined whether the participants considered their experiences to be helpful or unhelpful: the quality of the therapeutic relationship has been a focus of both theory and empirical research for decades. For example, in a meta synthesis of 13 qualitative studies that explored clients' perspectives of forming a therapeutic relationship, it was those relationships in which clients felt listened to, known and understood that were particularly positive (Noyce & Simpson, 2018). The findings of the present study illustrate that the qualities of warmth, validation and safety are especially significant in the context of family estrangement because these qualities are typically absent from estranged family relationships. Validation is also rarely experienced when people talk about estrangement in general, as the topic of family estrangement is often met with silence or judgement rather than understanding and compassion (Blake et al., 2015; Scharp, 2016).

Just as the qualities of the counsellor, psychotherapist or psychologist were important, so too was their skillset. In the context of a safe relationship, participants in the present study valued those experiences in which their counsellor, psychotherapist or psychologist shared their thoughts, opinions and expertise. Family estrangement is a complex and taboo subject which is largely met with judgement or silence. Those experiencing estrangement seek therapeutic support to make sense of and work through their experiences. An active therapeutic relationship in which guidance was offered sensitively and appropriately was not just welcome, but a key component of helpful experiences.

The participants' need for their counsellor, psychotherapist or psychologist to share their opinions and reactions was particularly important when it came to the causes and the consequences of estrangement. As seen in previous studies, helpful experiences were those in which participants gained understanding and insight into their estrangement (Blake et al., 2020). However, the findings of the present study illustrate *how* and *why* engaging with the causes and consequences matter. In helpful therapeutic encounters, the *unspoken was spoken* and those experiences that are taboo and typically surrounded in stigma and secrecy were addressed sensitively and with knowledge and understanding.

The most helpful therapeutic encounters were those in which participants' experiences of grief, pain, shame and isolation were acknowledged. Research on estrangement has identified these outcomes as being particularly significant for those experiencing family estrangement (Blake, 2017; Scharp & Dorrance Hall, 2017). Likewise, participants appreciated an acknowledgement and understanding of the broader ripple effect that estrangement has on relationships with family and friends. When these experiences were minimised, participants were more likely to feel misunderstood and the therapeutic encounter was more likely to be experienced as unhelpful.

One important cause of estrangement between parents and children is mental health problems (Agllias, 2016; Scharp et al., 2015; Schoppe-Sullivan et al., 2021). In the present study, participants had a range of helpful experiences; some valued their counsellor's reticence to apply a label to their estranged family member, whereas

others appreciated their counsellor, psychotherapist or psychologist's opinions as to whether their estranged family member fitted a specific diagnostic term. Knowledgeable helping professionals sensitively and safely addressed, rather than glossed over or bypassed, the participants' experiences.

A commonly cited factor that contributes to the estrangement between parents and children is that of abuse (Agllias, 2016; Linden & Sillence, 2021; Scharp et al., 2015). In a systematic review of 23 studies that explored adults' experiences of receiving therapy in relation to childhood sexual abuse, a feeling of safety was crucial in the therapeutic relationship; clients appreciated the ability to choose the direction of therapy and feel in control (Parry & Simpson, 2016). Likewise, in the present study, helpful experiences were consistently those in which the participants felt safe and in control. Although some appreciated that they were gently and sensitively encouraged to acknowledge that their estranged family member had acted in ways that were abusive, others appreciated that they had been signposted to resources and definitions of abuse to explore for themselves. Again, helpful experiences were those in which issues like abuse were addressed, rather than minimised or ignored.

Our findings on learning relational skills build on previous work that found that learning skills and strategies allowed those receiving therapy to move forwards in their life (Blake et al., 2020). In the present study, the key skills or strategies were about relationships. Both the quality of the relationship that they had with themselves and the quality of the relationships that they had with others were important. Family estrangement is surrounded in shame. It is therefore unsurprising that the gifts of self-compassion were experienced as healing. Family estrangement is also inherently relational. It is therefore understandable that participants value tools that help them improve their relationships with others, helping them to feel that they are in control of their relationships, and that they can experience connection whilst feeling valued and safe.

This study has limitations that need to be considered. This study recruited participants who identified as being estranged from a family member and had joined a support group for this experience. It is possible that this approach to recruitment resulted in the sample comprising individuals who have had particularly painful and challenging experiences of family estrangement. Another limitation of the sample is its homogeneity: like many studies on family estrangement, the majority of participants in this study identified as White, heterosexual women.

There was also an inherent "messiness" in the data. This analysis contains data from participants who had vastly different experiences of therapeutic support, from receiving short-term CBT with the NHS to paying for long-term private psychotherapy for many years. Potential fruitful avenues of future research include focussing on specific therapeutic experiences. Many of the participants also struggled to receive support, failing to meet the criteria for NHS support and being unable to afford longer-term private therapy. The participants also described their disclosure of family estrangement to their GP as being met with a range of responses that varied greatly in terms of the sensitivity: as potential



gatekeepers to accessing psychological support, exploring GPs' understanding of family estrangement is an important avenue of research.

Talking therapies delivered by mental health professionals can offer a valuable opportunity for those who are experiencing estrangement to share their experiences in the context of a safe therapeutic relationship. It is important that helping professionals have an awareness of the presenting issues, needs and experiences that people experiencing estrangement bring to therapy. The findings of the present study indicate that individuals who have experienced estrangement have specific needs. When these needs were met, participants' experiences tended to be positive. Individuals who have experienced estrangement need warmth and validation and to be able to discuss their experiences with someone with an understanding and appreciation of both the causes and the consequences of family estrangement, such as abuse and the impact of mental health problems on family relationships. They also need to gain insight into and develop tools and strategies for improving the quality of their relationships with themselves and with others.

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#### CONFLICT OF INTEREST

Becca Bland is the CEO of the charity of Stand Alone, and from November 2015 to August 2022, Dr Lucy Blake was a trustee of the charity.

#### ORCID

Lucy Blake  <https://orcid.org/0000-0002-9809-605X>

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## AUTHOR BIOGRAPHIES

**Dr Lucy Blake** is a Senior Lecturer in Psychology at the University of the West of England. She completed her Ph.D. and postdoctoral research in psychology at the Centre for Family Research at the University of Cambridge. Her research has focussed on three broad areas: (1) family estrangement, where family members have a distant, negative relationship with one another; (2) psychological well-being in new or non-traditional families, such as those created by assisted reproductive technologies; and (3) psychological well-being in families in which children have a disability or chronic health condition.

**Dr Alison Rouncefield-Swales** is a Research Fellow and a sociologist with multidisciplinary experience working across the fields of education and health. Her research is focussed on networks and relationships and improving the experiences of families and patients. She is primarily a qualitative researcher with an interest in engaging and creative methodologies that place participants at the heart of the research process.

**Becca Bland** is the Chief Executive of Stand Alone, a charity set up to support people with no family support or approval. As a campaigner, Becca has led substantial policy change for estranged young people in the UK education sector and has led the development of research and literature in this field. She has written extensively in policy briefings, reports and academic papers about the barriers that estranged young people, with no familial support, may face whilst studying in UK higher education.

**Bernie Carter** is Professor of Children's Nursing at Edge Hill University, UK. Her research is centred on children, young people whose lives are disrupted by pain, illness, disability, complex healthcare needs and disadvantage, and the ways in which these affect their parents, siblings and family life. Her work is primarily qualitative and, in particular, narrative, appreciative, creative and arts-based.

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