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The Influence of a Father's Residential Status on the Development of
Depression

by

Tesia R. Vitale, B.A.

The College of St Scholastica B.A. in Social Work

MSW Clinical Research Paper

Presented to the Faculty of the
School of Social Work

St. Catherine University and the University of St. Thomas
St. Paul, Minnesota

in Partial fulfillment of the Requirements for the Degree of
Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

In recognition of society's changing family dynamics, due to divorce, separation, and the adaptation of cohabitating relationships, a significant amount of children are growing up in homes separate from that of their biological fathers, and are subsequently experiencing the addition of an alternative father figure in their lives. Further, a significant amount of American children are growing up in single-parent homes, typically headed by a mother. The implications of these changes are important to examine in relation to how they affect children's emotional development, as depression has been associated with early attachment relationships. The father-child dyad, is of particular significance to this study as they have been shown to be disproportionately residing in homes separate from their children, in comparison to mothers. This quantitative research design was conducted in an effort to understand the significance of a father's residential status during childhood, on the development of depression. The data was collected by means of developing a survey and distributing them electronically via private Facebook messages sent out by the researcher and supporting committee. This survey collected information about the participants such as their socio-demographics, experience with their fathers and alternative father figures during childhood, their history of depression, and the ECR-R questionnaire to collect the participants' attachment styles. The results of this study did not find a statistically significant association between a father's residential status and the development of depression. However, other variables such as attachment style and father's level of involvement as reported by the participants displayed significance. These results should be accepted with caution, as limitations in numbers and variations of participants were present.

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Introduction and Purpose Statement

In today's world, families are faced with an immense amount of challenges including conflict within the family dynamics, which often leads to divorce or separation. Unfortunately, about half of all children in America are being impacted by parental divorce and separation, which is negatively influencing the quality of their relationships with their parents. Changing family dynamics can further affect a child's attachment to their parents, their emotional development, and their future mental health well-being (Amato & Sobolewski, 2001). However, little is known about the specific factors that are responsible for the adverse effects. Without a clear understanding about what specific factors within these changing family dynamics are impacting children, social workers and other related fields cannot support and advocate for their clients with research-based evidence.

History of Marriage & Family Dynamics

Marriage, according to Coontz (2007), has evolved over the years to have a very different meaning in the present than it did in the past. Historically, marriage was not commenced because of love, but rather for social and economic stability (Coontz, 2007, p.8). As the economy stabilized and people developed a higher standard of security, other needs were sought after within the context of marriage. People began to look at marriage as a love connection that would, in some way, make them feel more complete or whole. According to Coontz (2007), these high expectations set people up for disappointment and eventually lead to a rise in divorce.

Other reasons for higher divorce rates included the increase of women's rights, a change in divorce laws, and easier access to divorce as the process became less demanding (Coontz, 2007). Barber (2003) also noted that couples were more likely to divorce if they married at a young age, if they were in the beginning stages of their marriage, or if they had no, or very few children. Additionally, the social acceptance of divorce significantly increased (Kim, 2011), allowing people to divorce with fewer feelings of shame or embarrassment.

Nevertheless, negative effects of divorce are applicable, and children being raised in such environments experience serious consequences; including difficulties in school (Kim, 2011; Shienvold, 2011), and complications with their emotional regulations (Amato & Sobolewski, 2001). Additionally, several other family dynamics are developing and many of them include a change in residency for fathers. For example, there are some children that live their whole life without the presence of their father, or their relationship has been significantly limited due to factors such as incarceration (Geller, Cooper, Garfinkel, Schwartz-Soicher, & Mincy, 2011), death, or an unplanned pregnancy from an uncommitted relationship.

As social workers and other clinical fields continue to work with children and families, it is essential to understand the impacts varying family dynamics have on the development of children, so that decisions can be made with their best interest in mind. The following literature review will explain current research regarding family characteristics and how they influence child development, as well as what current research says about depression across the lifespan.

Literature Review and Research Question

A review of childhood attachment has revealed an overwhelming amount of studies that pertain to children's relationships with their mothers. Yet, there is significantly less research that addresses the father-child relational dynamic. With factors such as divorce, separation, incarceration, and death children are increasingly found to be living in homes without the presence of their biological fathers.

This literature review explores the themes and implications that emerged when examining previous research. Similarly, this study examines parental attachment relationships with children, attachment and depression across the lifespan, father involvement with children and residential status, and attempt to reveal the gap in literature pertaining to father's residential status and the development of depression. These findings are significant to professionals working with children who are experiencing clinical issues such as depression, and also live separately from their father.

Parental Attachment Relationships with Children

Research on attachment has been a popular area of study, and has given insight for correlations between a child's primary attachment relationship and specific areas of development, including emotional (Shore & Shore, 2008; Siegel & Hartzell, 2003) and social development as it relates to their early relational experiences (Hesse & Main, 2000; Jones, 2006; Main, 2000; Siegel, 1999; Stroufe & Fleeson, 1986). Attachment theory is a multifaceted concept, in that the way attachment is discussed among infants and adults differs. Where, for infants attachment is conceptualized in regards to their relationship to their caregiver (for example, the child is securely or insecurely attached to his or her father), And when discussing attachment in regards to adults, attachment is stated as their

personal attachment style (for example, the father presents with a secure attachment style) (Main, 2000). Siegel (1999) describes the purpose of this distinct difference in the following manner, "As they grow, children internalize their relationships with attachment figures; this gives them the ability to develop a schema or mental model of security called a "secure base" (p.71). This explanation details that a child's early attachment relationships influence the type of attachment style they will have as an adult. Through relational interactions from childhood an individual unconsciously develops what are called internal working models, which can be described as general understandings for how the world operates based on past experiences (Main, 2000; Siegel, 1999; Sroufe & Fleeson, 1986).

John Bowlby, a pioneer of attachment theory is widely recognized for introducing the concept of personality development as a result of early childhood relationship experiences with a primary caretaker (Ainsworth & Bowlby, 1991). Within this context, Mary Ainsworth, who eventually partnered with Bowlby, is recognized for her study known as the "strange situation" (Ainsworth & Bowlby, 1991). This research was an observational analysis of the mother-child interactions that occur when a mother leaves the room for a few brief moments and then returns (Main, 2000). This study expanded the knowledge base of attachment theory, resulting in the development of three childhood attachment styles; secure attachment, avoidant attachment, and anxious-ambivalent attachment (Main, 2000).

Attachment Styles. The four attachment styles that are encompassed in attachment theory include Secure, Preoccupied, Dismissive, & Fearful-Avoidant. The understanding of each of these is significant in that it will provide a framework for how

an individual interacts and experiences the work around them. A secure attachment style is characterized as attentive to others around them and also displays behaviors such as compassion, and warmth (Main, 2000). A preoccupied attachment style is characterized as being concerned and focused on things other than what is in the present setting.

Individuals with this attachment style will generally, appear in a hurry, or angry, and may possibly have a hard time staying focused during a conversation (Main, 2000). The individuals with a dismissing attachment style are described as avoidant of negative life events, or may have a hard time recollecting situations. It would not be uncommon for an individual with a dismissive attachment style to have short conversations with others.

Finally, the fearful-avoidant attachment style is usually present in individuals who experienced some form of trauma during their childhood, and is characterized as disorganized. They may appear to be overwhelming to others and display a “push-and-pull” dynamic in relationships (Siegel, 1999). A clear understanding of these four attachment styles is pertinent in that it gives a frame of reference for understanding an individual and how they utilize and respond to their environment.

The significance of attachment theory lies in the connection it shares with emotional well-being and the ability to form secure relationships throughout a lifetime. In addition the concept and understanding of attachment theory are also important to the social work field, in that if linked to specific interpersonal relationships it would provide a strong base for advocating for children in an urgent manner, as there is a small window that is significant to lifelong resiliency. For the purpose that an individual's early relational attachments have been associated with mental health and resiliency, it is further necessary to know how disruptions or lack of specific relationships during childhood can

impact an individual's attachment style,. For the purposes of this paper mother and father figures are considered the primary care providers, and are focused primarily on family dynamics headed by heterogeneous couples, as the presence or lack thereof of a male figure is a central element of this study.

The development of these attachment concepts opened up the doors for an immense amount of research. However, upon reviewing the research, a large amount of studies have primarily focused on the mother-child attachment (Main, 2000), and until recently, the father-child dyad was relatively unexplored. As the number of children growing up in homes separate from their fathers (or entirely without a father figure present) continues to rise, many researchers have become more interested in the differences between the mother-child and father-child dyads as they relate to development (Amato, 1994; Cohan & Finzi-Dottan, 2005; Diener, Isabella, Behunin, & Wong, 2008; Holmes & Huston; 2010; Lamb, 1976). Some of these findings included the differences in parenting roles (Bernier & Miljkovitch, 2009; Perry, Harmon, & Leeper, 2012; Ramchandani & Psychogiou, 2009; Russell & Radojevic, 1992), and the quality of the parents' relationship (Cladera, 2004; Diener et al., 2008; Leite & McKenry, 2002; Nielson, 2011; & Steele, 2010) as they relate to attachment.

Roles of Parenting. Within the context of historical constructs of parental roles, mothers play the role of caretaker and fathers play the role of the breadwinner, disciplinarian, and protectors of the family (Perry, Harmon, & Leeper, 2012, p.697). However, studies have shown that in recent years fathers have started to take a more active role in their children's lives due to the increasing relevance of changing family dynamics (Ramchandani & Psychogiou, 2009; Russell & Radojevic, 1992). Today,

mothers are often employed and contributing to the household income (Amato, 1994), further limiting the time they spend with their family members. Although mothers are still more likely to uphold their role as caregiver, fathers have shown an increased involvement with caregiving as well as other daily responsibilities (Ramchandani & Psychogiou, 2009).

In a study done by Perry, Harmon, & Leeper (2012), the involvement of Black fathers' was examined with their residential and marital status in mind. The participants of this study included over 600 Black fathers differing in marital status, with a mean age of 37.77 for those who were married, and a mean age of 32.61 for those who were unmarried (Perry, Harmon, & Leeper, 2012, p.701). This study is unique in that it provides a racial view towards the involvement or lack of involvement among fathers who lived with their children, yet differed in their marital status. The results of this study indicated that young Black men provided higher levels of involvement with their children by embracing new role responsibilities such as communication and participation with educational activities, participation in decision making, and holding and feeding infants (Perry, Harmon, & Leeper, 2012). This finding was further noted by Bernier and Miljkovitch (2009), and additionally included the importance of the father's role in encouraging exploratory activities.

Quality of the Parents' Relationship. The triadic relationship between mother, father, and child is another perspective that has been shown to have a significant impact on the relationship a father has with his child. According to Leite & McKenry (2002), the parental relationship can impact the attachment a father has with his child. Therefore, in the case of divorced parents with a strained relationship, a father is less likely to

develop a strong attachment with his child. This phenomenon was explained by Nielsen (2011), particularly for that of the father-daughter relationship following a divorce. She indicated there is a commonality for mothers to disclose negative information to their daughters, regarding her father, which is internalized by the daughter and, therefore, weakens the father-daughter relationship (Nielsen, 2011, p.81). Holmes and Huston (2010) reviewed this concept from a systemic ecological perspective and revealed similar results, finding the father-child connection is positively correlated to the connection the child has with his or her mother.

Attachment and Depression across the Lifespan

As previously discussed, the concept of internal working models was proposed by Bowlby (1973) to explain how attachment is related to neurological development (as cited in Cicchetti & Toth, 1998). This is the idea that the experiences shared with others, especially from infancy through toddler years, are responsible for how we organize and develop our thought processes (Main, 2000). One important distinction to make is that internal working models are not biological (Fraley, 2002); rather, they are the product of our life experiences, thus suggesting that our internal working models have a significant influence on subsequent years of life. Knowledge of this neurological development process gives rationalization for the influence that attachment relationships have on an individual's emotional regulation and development across the lifespan (Shore & Shore, 2008). In other words, the way we experience and cope with our emotions as adults is dependent on our primary relationships in infancy through early childhood.

Infancy & Childhood. As previously stated, early childhood experiences are responsible for developing thought processes that further mold our personality. Due to an

under developed ability to regulate our emotions, the diagnosis of depression in childhood is largely debated (Shaw & Dallos, 2005). Shaw and Dallos (2005) argue that the sadness a child presents, such as weepiness and withdrawal, is not comparable to that of an adult experiencing depression. This distinction is due to the fact that comfort from an attachment figure alleviates distress in children (Shaw & Dallos, 2005). Ball, Rice, and Thapar (2000) report that depressive symptoms in children are recognized as poor school performance and difficulties in peer relationship. They further state that the diagnostic criteria do not differ from that of an adult diagnosis (Ball, Rice, and Thapar, 2000). However, the opposing argument states that speech and developmental constraints of young children are barriers that “mask” depressive symptoms experienced by children (Shaw & Dallos, 2005); therefore, depression is not as easy to diagnose in children, as it is for adolescents and adults. Regardless of this debate, many have widely agreed that early primary relationship experiences are involved with, and support a foundation of depressive symptoms throughout the lifespan (Cicchetti & Toth, 1998). This also includes the primary caretaker’s psychological well-being. For example, a caretaker that suffers from depression is shown to predispose a child to becoming at risk for developing depression (Beatson & Taryan, 2002; Bzostek, 2008; Cicchetti & Toth, 1998; Ramchandani & Psychogiou, 2009). Thus, a child’s primary attachment figure has a significant influence on a child’s development and emotional well-being throughout their life.

Adolescence & Young Adulthood. The life stage most commonly studied regarding depression is adolescence and young adulthood, in which the prevalence over the past decade has gradually increased and the average age of onset has gradually

decreased (Ademola & Sheerin, 2011). Further, young men and women have difficulty during the adolescence phase due to hormonal and other physical changes, as well as role transitions and increasing personal responsibilities. Of particular significance within this age group is gender. Following the onset of puberty, the frequency of depression in females is twice that of males (Cicchetti & Toth, 1998; Shaw & Dallos, 2005). Additionally, Nielsen (2011) adds to this notion, stating that following a divorce, teenage daughters are generally more depressed than teenage sons and the father-daughter relationship is more damaged; possibly because girls internalize their feelings, whereas boys externalize their feelings through their behaviors. Further, one can suggest that equal time shared between mothers and fathers will foster the most benefits for their well-being, than sole custody.

Furthermore, youth mental health is also linked to the level of importance that a father figure places on their adolescent child. For instance, fathers who have a high regard for their children, will positively influence their child's overall mental health (Braver, Cookston, Fabricius, Saenz, Schenck, & Wolchik, 2009). It is believed that "mattering" to a father figure is connected with having a "sense of purpose and relatedness, which leads to an increase in psychological functioning (Braver et al., 2009). This is similar to Shaw and Dallos (2005) findings, which demonstrated a correlation among adolescent depression and rejection of parents.

Adulthood. In Beatson and Taryan's (2002) study they suggested that adult depression was more prevalent among adults with an "adverse early relational experience" (p.223). Further studies have found that parental divorce and marital discord during childhood (Amato & Sobolewski, 2001) are also related to depression in

adulthood. One might consider the relationship of these risk-factors. Is the exposure to divorce and marital discord during childhood considered an adverse early relational experience? Much is still unknown about the connection of childhood and the presence of depression in adulthood. This study aims to further explore this relationship.

Father Involvement with Children and Residential Status

Several models of measurement have been created to operationalize the involvement of fathers. According to Gorvine (2010), the most widely used model of father involvement by developmental researchers is a three-component model created by Lamb, which includes fathers' interactions, availability, and responsibilities. This literature review will further understand the concepts within Lamb's model in terms of quality and quantity of time fathers spend with their children; while keeping in mind the father's residential status.

Gap in the literature

This review has displayed a variety of research and findings regarding father-child attachment, the relationship between attachment and psychological well-being, and the impact of a father's residential status on a child's attachment style. However, past studies have not addressed the significance between a father's residential status during childhood and the development of depression. The current study sought to address this gap in the literature, in an effort to have a better understanding about how individuals are impacted by childhood situations involving differing residential statuses between child and father.

Research Question

As stated, the purpose of this study was to explore whether or not a father's residential status during childhood impacts the development of depression. In an effort to address this question several variables were assessed, including the participants' fathers' residential status, alternative father figure's residential status, adult attachment styles, level of father involvement during childhood, and alternative father figure involvement during childhood. The hypothesis of this study was that there will be a significant relationship between a father's residential status and the development of depression. The contrary, null hypothesis was that there will not be a significant relationship between a father's residential status and the development of depression in adulthood. The following two sections will explain the development of this study.

Conceptual Framework

The theoretical lens a researcher utilizes when conducting a research experiment is significant to understanding the purpose and scope of the research design. It further provides the reader with an explanation of the implications and areas of study that are important within the social work field. For this study, attachment theory was the basis of the research design.

Attachment Theory

Attachment theory considers the parent-child, or any other prominent caregivers' relationship to be a significant factor to a child's development. According to this theory, the development of a secure attachment relationship with a parental figure during the first three years of a child's life is essential in promoting physical, cognitive, and emotional development (Main, 2000; Schore & Schore, 2008; Siegel; 1999; Slade, 2005). Factors

contributing to the formulation of secure attachments include: proximity to caretaker as a haven of safety (Siegel, 1999), neurological development (van der Kolk, 2003), mentalization (Slade, 2005), and the quality/security and type of relationship the child experiences.

Attachment theory is a well-researched area of child development; as a result researchers have found that early attachment relationships have a significant influence on the development of our ability to regulate our emotions (Shore & Shore, 2008). Therefore, attachment theory may provide a possible explanation for the development of depression for individuals who grow up in homes separate from that of their biological father, as a separation in housing is perceived to interrupt the father-child relationship. Since the introduction of Mary Ainsworth's study of "the strange situation" parent-child attachment styles during childhood have become more understood in the context of development. Bowlby (1969/1982) acknowledged one of the basic assumptions of attachment theory is that "babies are highly motivated from birth to form, maintain, and preserve their primary relationships, because their emotional and indeed physical survival depends on it" (Slade, 2004, p.182). For example, when a child is hungry, uncomfortable, or scared, they will instinctively cry to alert their caregiver (Porges, 2004). The ability for the caregiver to attune to the child's needs informs the child that this person cares about them and will keep them safe. Furthermore, this feeling of safety and security allows the child to explore and learn about their world. In opposition, if a caregiver is unable to attune to their child's needs and keep them safe, the child is at risk for developing an insecure attachment, which leaves them vulnerable to adversities in their development (Siegel, 1999).

Perry, Pollard, Blakley, Baker, & Vigilante (1995), explained the importance of attachment theory in terms of childhood neurological development, by stating that as an adult our experiences impact how we behave, while as a child our experiences impact the development and organization of our neurological pathways (p. 276). Thus, when a child experiences an insecure attachment with a caregiver, the child may have adverse effects of mental health symptomology. The following section details the research design, which was highly influenced by the stated knowledge base regarding attachment theory.

Methods

Research Design

The research design utilized a quantitative approach. To collect the data, a survey was developed by the researcher to gather information regarding the participants' socio-demographics characteristics, their fathers' residential status during childhood, as well as their experience with depression. Additionally, a section of the survey included the Experiences in Close Relationships-Revised (ECR-R) questionnaire in an effort to collect the participants' attachment styles. For the purposes of this research, father's residential status is defined as the amount of time an individual lived with their father during childhood. Similarly, childhood is defined as an individual between the ages of birth to 17 years old, and adulthood is defined as 18 and older. The numerical differences between childhood and adulthood are clearly stated in the survey, as this is significant to how the participants answered specific questions. Further, experience with depression was defined as an individual that has been diagnosed or treated for depression by a licensed professional. As previously mentioned, a quantitative approach was utilized for this research in order to explore correlations between variables such as father's presence

in the home and client's reported mental health status. From this data, a significant correlation would indicate a strong relationship between father's absence from the home and current mental health status of the respondent.

Sample Population

The population sample in this study was established utilizing a convenience sample that resulted in a snowball sample. This was conducted by sending a private message to the friends, family, colleagues, and acquaintances of the researcher's committee members (Pa Der Vang MSW, Ph. D., Melissa A. J. Williams, MSW, LICSW, and Holly Hagen, MSW, LGSW) via Facebook (a social networking site). A copy of the recruitment message can be found in Appendix A. Further, as a strategy to produce a higher volume of participants, the researcher requested that upon completion that the survey be distributed to additional potential respondents. The message stated, *"Thank you for participating in my survey! Participation is necessary and referral of this survey to friends, family and others within your network, would be greatly appreciated for the success of my research."* To ensure enough data was collected for significant analyses to be conducted, the researcher required a minimum of 40 responses.

Data Collection Instrument Development and Process

The survey developed for this project consisted of 60 multiple choice questions; 24 of which related to the participants' socio-demographic background, fathers' residential status, and experience with depression; and the remaining 36 questions made up the ECR-R Questionnaire (see Appendix B). This questionnaire was chosen as a necessary component of the survey because it allows the researcher to measure the participants' attachment style on the continuums of avoidance and anxiety.

Research on several other self-reporting attachment style questionnaires revealed this to be the best tool for measuring the participants' attachment style, based on several factors. First, the ease of accessibility was considered. Due to limited time, the researcher was most interested in data collection instruments that did not require permission, as this could halt the research process and require further adjustments to the data collection process.

Additionally, the researcher was interested in utilizing an instrument that measured the participants' specific attachment styles in a categorical manner, rather than on a continuum. For example, attention was given to the Relationship Scales Questionnaire (RSQ), but was rejected due to the lack of specificity on measurement of attachment styles. The RSQ created data based on attachment patterns including secure, fearful, preoccupied, and dismissing, and the participants were scored on a continuum within each area of attachment styles, and was not a means for determining an individual's overall attachment style.

The instrument that was chosen for this research study was the ECR-R because all the requirements the researcher was looking for were included and it was the most recently revised instrument available. Further, many of the self-reported adult attachment tools have been revised over the years based on new research, and tests have been done on their level of validity. However, with the ECR-R Questionnaire being the most recently revised tool available it was the most appropriate method to utilize for this study.

To create the survey, the researcher first determined which socio-demographic information was necessary based on the research questions being investigated, and the

factors that previous research included, as a means of testing for validity. Special attention was given to the wording of the survey questions, the format they were presented in, and the order they occurred to be clear and unbiased, as the only prerequisite of the participants was that they were 18 years of age or older. In addition, several explanations were provided in an effort to clarify ambiguous terms, such as childhood, adulthood, and alternative father figure.

Sampling Method and Data Collection Process

The sample for this study was obtained through a convenience sample that led to a snowball sample. To collect the data, the survey was sent to the friends, family, colleagues, and acquaintances of the researcher's committee members (Pa Der Vang MSW, Ph. D., Melissa A. J. Williams, MSW, LICSW, and Holly Hagen, MSW, LGSW) via private Facebook message. Due to a lack of participants the researcher collaborated with the St Catherine University Institutional Review Board (IRB) to also allow the researcher to send out the survey in the same manner. The message sent to these individuals further requested their participation in the survey and asked for their assistance with promoting the survey by passing along the link to others in their network. A copy of this message can be found in Appendix C.

Measures for Protection of Human Subjects

A consent letter was made available to participants as the opening page to the survey. This required the participants to read and indicate that they understood, and agreed to the information in the consent form prior to accessing the survey. As an electronic survey, participants did not have the opportunity to physically sign the consent form; therefore, consent was granted by the participants when they accepted the terms of

the consent form. A copy of the consent form can be found in Appendix C. This letter explained that the survey was anonymous and participants would not be required to answer every question. For the purpose of providing a clinical support to participants who disclosed current depressive symptoms, a link to an internet resource for locating a therapist was provided within the survey and following their completion.

Data Analysis

Following completion of the survey, the collected data was analyzed using both the Qualtrics and SPSS 19 computer software programs. Qualtrics provided information on the data, such as the frequency distributions, while SPSS 19 was utilized for more complex analysis including chi-square and t-tests. Thus, the inferential statistics were performed using the SPSS 19 software, and the descriptive statistics were performed using the Qualtrics software. Additionally, Microsoft Excel 2010 was also used in an effort to analyze the participants' attachment styles, as a detailed scatterplot was required.

Data analysis plan. To clearly explain the data analysis plan, two types of data were reviewed: descriptive statistics and inferential statistics. Descriptive statistics consist of a single variable analysis, which provides information regarding the composition of the sample. Inferential statistical analyses compare two variables and their relationship to one another, expressed according to significance of their association, correlation or statistical difference.

Descriptive statistics. The descriptive statistics that were analyzed included: Gender (Q2); History of Depression (Q23); When Depression Occurred (Q24); Father's Residential status (Q9); Alternative Father Figure's Residential Status (Q66);

Relationship Satisfaction with Father during childhood (Q10); Relationship Satisfaction with Alternative Father Figure during childhood (Q17); and Attachment Style. These variables were analyzed using a combination of Qualtrics and SPSS 19 computer software, based on the formation of the question and response options.

Inferential statistics. The inferential statistics that were analyzed included three associations and four statistical differences. All of the inferential statistics were analyzed using the SPSS 19 computer software.

The associations were analyzed using chi-squares and reviewed the variables: 1) History of Depression (Q23) & Father's residential status (Q); 2) History of Depression (Q23) & Alternative father figure's residential status; and 3) History of Depression (Q23) & Attachment Styles (Q10).

The statistical differences were analyzed using t-tests and reviewed the variables: 1) History of Depression (Q23) & Father Involvement during Childhood (Q11); 2) History of Depression (Q23) & Alternative Father Figure Involvement during Childhood (Q18); 3) Attachment Style Recoded (Secure vs. Insecure) & Father Involvement during Childhood (Q11); and 4) Attachment Style Recoded (Secure vs. Insecure) & Alternative Father Figure Involvement during Childhood (Q18).

Findings

The participants in this survey were not controlled by any factor other than age, as it was necessary for the purposes of this study to consist exclusively of adults. A total of 99 surveys were received; however, participants were allowed to skip questions at any time which further limited the data. For instance, in an effort to collect information

regarding the participants' attachment styles, it was necessary that all questions for the ECR-R (questions 29 through 64) were answered as this entailed further calculations that would not be accurate with missing information. In cases where participants did not answer a question of the ECR-R their data was not included in the attachment style analysis.

Descriptive Statistics

Gender. The first, nominal level variable reviewed the gender distribution of the participants. Gender was operationally defined in the survey as, "What is your gender?" The response options were male or female (Q2). The research question for this statistical analysis was: *How many males and females are included in the research sample?* The findings of this variable revealed that 18 men (19%) and 79 women (81%) participated in this survey. For additional socio-demographic statistics regarding the participants see Table 1.

Tables**Table 1*****Socio-demographic Characteristics Distribution***

Socio-Demographic Characteristic	Response Options	n	%
Gender	Male	18	19
	Female	79	81
Age	Min.	19	-
	Max.	76	-
	Mean	31.83	-
	Mode	25	13
	Standard Deviation	12.06	-
Racial Background	African American	1	1
	American Indian or Alaska Native	3	3
	Asian	2	2
	Hispanic or Latino	0	0
	Native Hawaiian or other Pacific Islander	0	0
	White	88	91
	Bi-Racial	3	3
Current Housing Location	Rural or Small Town (fewer than 1,000)	3	3
	Mid-Sized town, not a suburb (1,000-fewer than 50,000)	23	24
	Mid-sized urban area, not a suburb (50,000-fewer than 500,000)	11	11
	Suburban area near major metropolitan area	41	42
	Major metropolitan area (500,000 or more)	19	20
Annual Household Income	\$0-\$14,999	9	9
	\$15,000-\$29,999	12	13
	\$30,000-\$59,999	34	35
	\$60,000-\$89,999	18	19
	\$90,000-\$119,999	14	15
	\$120,000-\$149,999	4	4
	\$150,000 or higher	5	5
Attachment Style	Secure	47	63.5
	Preoccupied	13	17.5
	Dismissive	5	6.5
	Fearful-Avoidant	9	12.5

History of depression. The second variable analyzed the participants' history of depression. This nominal level variable was operationally defined in the survey as, "Have you ever been diagnosed or treated for depression by a licensed professional?" The response options were yes or no (Q23). The research question for this study was: *How many participants have experienced depression, and how many have not?* The findings of the variable revealed that 39 participants (42%) did have an experience with depression, and 54 participants (58%) did not have any experience with depression. These findings as well as other findings regarding the participant's depression can be found in Table 2.

Table 2***Depression and Research Study Participants***

Survey question regarding Depression (Questions 23-26)	Response Options	n	%
Have you ever been diagnosed or treated for depression by a licensed professional? (Q23)	Yes	39	42
	No	54	58
When did you experience your depression? (Q24)	Only during childhood	6	15
	Only during adulthood	14	35
	During childhood and adulthood	20	50
Are you still dealing with your depression today? (Q25)	Yes	27	79
	No	7	21
Are you currently seeing a professional or being treated for you depression? (Q26)	Yes	19	70
	No	8	30

When depression occurred. The participant's experience with depression was further analyzed by reviewing when the participant's depression occurred. This variable was operationally defined in the survey as, "When did you experience your depression?" The response options included "Only during childhood", "Only during adulthood", and "During childhood and adulthood" (Q24). The research question for this study was: *When did the participants experience their depression?* The findings of the variable revealed that 6 participants (15%) experienced their depression only during childhood, 14 participants (35%) experienced their depression only during adulthood, and 20 participants (50%) experienced their depression during childhood and adulthood. It is important to note that the participants that answered question 24, were only participants that answered 'Yes' to question 23, "Have you ever been diagnosed or treated for depression by a licensed professional?"

Father's residential status. The third variable reviewed the participants' fathers' residential status. This variable, intended to find the amount of time their fathers' lived with them during childhood, was operationally defined in the survey as, "Choose the response below that best completes the following sentence. In your childhood you lived with your father:" The response options were displayed in the form of a Likert scale and consists of "None of the time", "Some of the time", "Half of the time", "Most of the time", and "All of the time" (Q9). The research question for this analysis was: *What was the participants' fathers' residential status during their childhood, in relation to the amount of time they lived together?* The findings of this variable revealed that 11 participants (11%) lived with their father none of the time during childhood, 15 participants (16%) lived with their father some of the time during their childhood, 2

participants (2%) lived with their father some of the time during their childhood, 7 participants (7%) lived with their father most of the time, and 61 participants (64%) lived with their father all of the time during their childhood.

Alternative father figure's residential status. Similarly, the participants' alternative fathers figures' residential status (Q66) was also reviewed, and was analyzed in the same fashion as that of the biological fathers from question 9 of the survey. This variable was operationally defined as question 9 was, with the exception of "alternative father figure" stated in replace of "father," and not all of the survey participants answered question 66; only the participants that answered "Yes" to question 16 ("Did you have any other father figures present during your childhood...") were prompted to answer question 66. The findings revealed that of the 95 participants that took this survey only 28 percent (27 participants) of them had an alternative father figure present during their childhood. The findings further discovered that 25 of the participants that had an alternative father figure present during their childhood 4 participants (16%) none of the time, 7 (28%) some of the time, 9 (36%) most of the time, and 5 (20%) all of the time. It was additionally noted that no participants lived with their alternative father figures half of the time.

Satisfaction with relationship to father. The fourth variable reviewed the participants' satisfaction with their relationship to their father during childhood. This ordinal level variable was operationalized with the item: "How satisfied are you with the relationship you had with your father during your childhood?" The response options were in the form of a Likert scale and consisted of, "Very satisfied", "Somewhat Satisfied", "Neutral", "Minimally Satisfied", and "Not Satisfied At All" (Q10). The

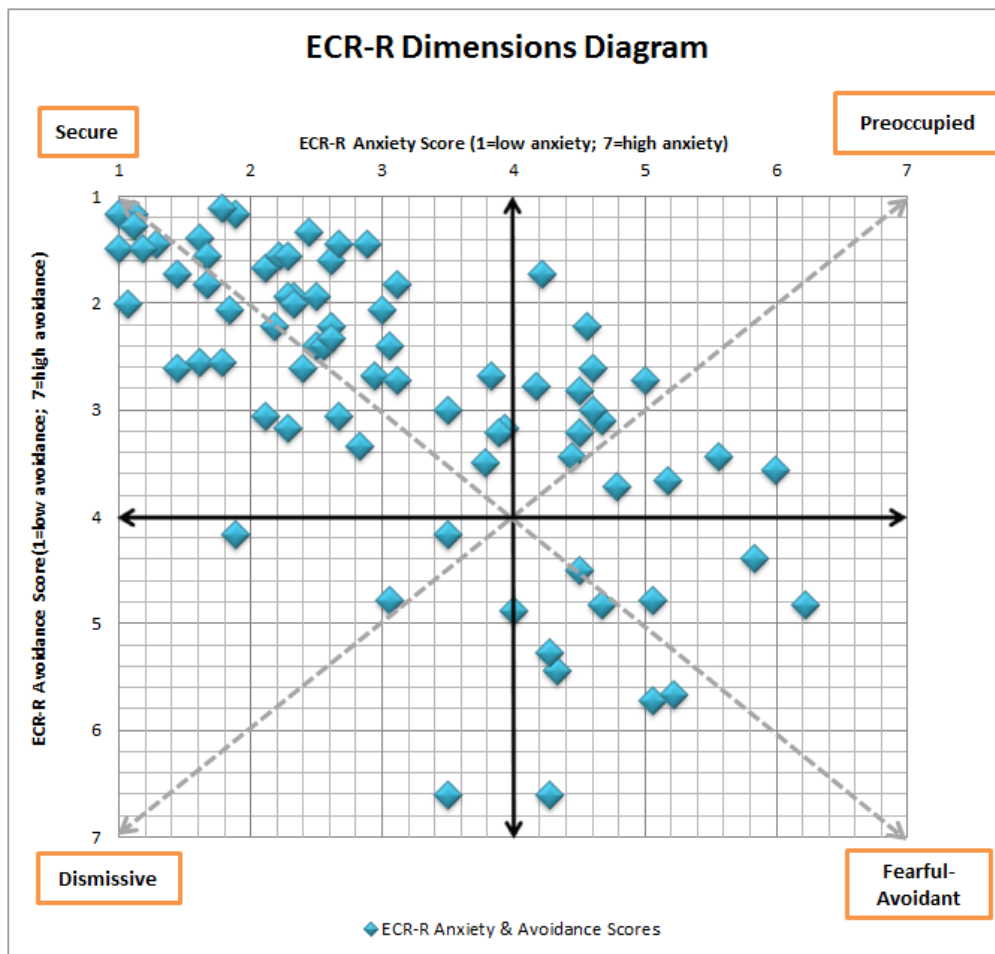
research question for this variable was: *How satisfied are the participants with the relationship they had with their father during childhood?* The findings of the variable revealed that the 47 participants (49%) were very satisfied, 23 participants (24%) were somewhat satisfied, 11 participants (11%) were neutral, 7 participants (7%) were minimally satisfied, and 8 participants (8%) were not satisfied at all with their relationship with their father during childhood.

Satisfaction with relationship to alternative father figure. Similarly, the participants' satisfaction towards their relationship with their alternative father figure was also reviewed, and was analyzed in the same fashion as that of the biological fathers from question 10 of the survey. This variable was operationally defined as question 10 was, with the exception of "alternative father figure" stated in place of "father", and not all of the survey participants answered question 17; only the participants that answered "Yes" to question 16 ("Did you have any other father figures present during your childhood...") were prompted to answer question 17. The findings revealed that of the 26 participants that had an alternative father figure present during childhood 7 participants (27%) were very satisfied, 7 participants (27%) were somewhat satisfied, 7 participants (27%) were neutral, 2 participants (8%) were minimally satisfied, and 3 participants (12%) were not satisfied at all with their relationship with their alternative father figure during their childhood.

Attachment styles. The fifth variable reviewed the participants' attachment styles. This nominal level variable was operationally defined by means of calculating the participants' anxiety scores and avoidance scores, and then used the two numbers to plot on the ECR-R Dimensions Diagram, as seen in figure 1. To develop the anxious and

avoidant scores the researcher first had to review the data and reduce the records to only include those who completed questions 29 through 64 from the survey, which made up the ECR-R questionnaire. This was done because those questions were required to be answered in order to calculate the answers in an effort to achieve the anxious and avoidant scores. For each of these questions the participants were asked to rate their level of agreement regarding emotionally intimate relationships, using a Likert Scale from 1-7; 1 = Strongly Disagree and 7 = Strongly Agree. To operationalize the participants' anxiety scores the researcher first reversed the answers to questions 37, and 39 (where an original answer of 1, or strongly disagree is changed to a 7, a 2 to a 6, a 3 to a 5, and a 4 remains unchanged). These questions read: "*I rarely worry about my partner leaving me*" and "*I do not often worry about being abandoned.*" It was necessary to reverse these answers because the nature of the questions corresponds differently to the response options. Then the sum of questions 29 through question 46 was calculated and was finally divided by 18. To operationalize the participants' avoidant scores the researcher first reverses the answers to questions 48, 50, 54, 55, 56, 57, 58, 59, 61, 62, 63, and 64 (where an original answer of 1, or strongly disagree is changed to a 7, a 2 to a 6, a 3 to a 5, and a 4 remains unchanged), then the sum of questions 47 through question 64 was calculated and was finally divided by 18. Both sets of data within the ECR-R questionnaire (Anxious and Avoidant) were divided by 18 to get the average response scores for each set of questions, which is further used to plot on the ECR-R Dimensions Diagram as a way of revealing the attachment style. The possible scores for both the anxious and avoidant sections of the ECR-R questionnaire ranged from 1 to 7. Once these interval variables were confirmed they further supported the researcher in

identifying the participants' attachment styles by being used as coordinates on the ECR-R Dimensions Diagram; where the participants' anxiety score is the x-axis, and the participants' avoidant score is the y-axis. At this point, the participants' attachment styles were determined based on the location of the participants' plot point. For example if a plot was located in the upper left quadrant of the graph that participant's attachment style is secure, the upper right quadrant declares a preoccupied attachment style, the lower left quadrant a dismissive attachment style, and the lower right quadrant a fearful-avoidant attachment style. See figure 1.



ECR-R Dimensions Diagram

Figure 1. ECR-R Attachment Styles

Inferential Statistics

Association. The following associations were analyzed by conducting chi-square analyses with the stated nominal-level variables, using the SPSS computer program.

Father's residential status & history of depression. The first association reviewed the independent variable, residential status (Q10), and the dependent variable, history of depression (Q23). These variables were explored using a chi-square analysis. Both of these variables were operationally defined as stated in the previous section. The research question for this analysis was, Is there an association between an individual's father's residential status during childhood, and experiencing depression? The hypothesis for this analysis was: There is an association between an individual's father's residential status during childhood, and experiencing depression. The null hypothesis for this analysis was: There is no association between an individual's father's residential status during childhood, and experiencing depression. The analysis of the data revealed that of the 93 participants who answered both of these questions 39 (41.9%) did have a history of depression, of which four (4.3%) reported living with their father's none of the time, eight (8.6%) reported living with their fathers some of the time, one (1.1%) reported living with their father half of the time, four (4.3%) reported living with their father most of the time, and 22 (23.7%) participants reported living with their father all of the time. In addition, 54 participants (58.1%) did not have a history of depression, of which seven (7.5%) participants reported living with their fathers none of the time, five (5.4%) reported living with their fathers some of the time, one (1.1%) reported living with their father half of the time, three (3.2%) participants reported living with their fathers most of the time, and 38 (40.9%) participants reported living with their fathers all of the time. The

chi-square test specified a p-value of .464, which is not less than .05 and therefore, is not considered statistically significant.

Alternative father figure's residential status & history of depression. The second association reviewed the independent variable, alternative father figure's residential status (Q10), and the dependent variable, history of depression (Q23). These variables were explored using a chi-square analysis. Both of these variables were operationally defined as stated in the previous section. The research question for this analysis was, Is there an association between an individual's alternative father figure's residential status during childhood, and experiencing depression? The hypothesis for this analysis was: There is an association between an individual's alternative father figure's residential status during childhood, and experiencing depression. The null hypothesis for this analysis was: There is no association between an individual's alternative father figure's residential status during childhood, and experiencing depression. The analysis of the data revealed that of the 24 participants who answered both of these questions ten (41.7%) did have a history of depression, of which two (8.3%) reported living with their father's none of the time, two (8.3%) reported living with their fathers some of the time, six (25%) reported living with their father most of the time, and zero (0.0%) participants reported living with their father all of the time. In addition, 14 participants (58.3%) did not have a history of depression, of which two (8.3%) participants reported living with their fathers none of the time, five (20.8%) reported living with their fathers some of the time, three (12.5%) participants reported living with their fathers most of the time, and 4 (16.7%) participants reported living with their fathers all of the time. The chi-square test specified a p-value of .123, which is not less than .05 and therefore, is not considered

statistically significant. However, .123 is still a relatively low p-value and is significant to pay attention to.

Attachment styles and history of depression. The next association reviewed the independent nominal variable, attachment style, and the dependent nominal variable, history of depression (Q23). These were explored using a chi-square analysis. Both of these variables were operationally defined in the previous section. The research question for this analysis was, Is there an association between attachment styles and experiencing depression? The hypothesis for this analysis was: There is an association between attachment style and experiencing depression. The null hypothesis for this analysis was: There is no association between attachment and experiencing depression. The analysis of the data revealed that of the 74 participants who were included in this analysis, 46 (62.2%) were found to have a secure attachment style, where nine (12.2%) had a history of depression and 37 (50%) did not, thirteen (17.6%) were found to have a preoccupied attachment style, where twelve (16.2%) had a history of depression and one (1.4%) did not, five (6.8%) were found to have a dismissive attachment, where three (4.1%) had a history of depression and 2 (2.7%) did not, and nine (12.2%) were found to have a fearful-avoidant attachment, where four (5.4%) had a history of depression and five (6.8%) did not. One participant was put in their own category for the reason that they qualified for two attachment styles; dismissive and fearful-avoidant. The chi-square for these variables indicated a p-value of .000, which is less than .05, further revealing the association between history of depression and attachment style to be statistically significant.

Statistical Differences. The following statistical differences will be analyzed by conducting t-tests with the stated variables, using the SPSS computer program.

Father's level of involvement & history of depression. The first statistical difference reviewed included father involvement (Q11) and history of depression (Q23). These variables were analyzed to determine if there was a statistically significant difference in father involvement between individuals who had a history of depression and those who did not. The independent variable, father involvement (Q11), and the dependent variable, history of depression (Q23) were operationally defined as stated previously. The hypothesis for the analysis was: There is a statistical difference in father involvement between individuals who have a history of depression and those that do not. The null hypothesis was: There will not be a statistical difference in father involvement between individuals who have a history of depression and those that do not.

In review of this analysis (see **Error! Reference source not found.**Table 3), it was revealed that 39 participants reported experiencing depression; of those 39 participants their father's level of involvement during their childhood averaged 66.56 percent of the time, with a standard deviation of 30.98. In addition, 52 participants reported never having experienced depression and had an average of 79.42 percent for their father's level of involvement during childhood, with a standard deviation of 30.31. Therefore, participants who experienced depression reported a lower average level of involvement than those who had no experience with depression.

The Levene's Test of Equality of Variance for the independent samples T-test was .429. Since this is greater than .05, the Levene's Test was not significant, therefore

indicating a p-value of .05. With a p-value equal to .05, this indicates that there is a statistically significant difference between participants who had experienced depression, and those who did not, in relation to their father's level of involvement in their childhood.

Alt. father figure's level of involvement & history of depression. Similarly, the statistical difference between an alternative father figure's involvement (Q18) and history of depression (Q23) was also explored. These variables were analyzed to determine if there was a statistical difference in alternative father figure involvement between individuals who had a history of depression and those who did not. The independent variable, alternative father figure involvement (Q18), and the dependent variable, history of depression (Q23) were operationally defined as stated previously. The hypothesis for the study was: There is a statistical difference in alternative father figure involvement between individuals who had a history of depression and those who did not. The null hypothesis was: There is not a statistical difference in alternative father figure involvement between individuals who had a history of depression and those who did not.

In review of this analysis (see **Error! Reference source not found.**Table 3), it was revealed that eleven participants reported experiencing depression; of those eleven participants their alternative father figure's level of involvement during their childhood averaged 56.37 percent of the time, with a standard deviation of 26.28. In addition, fourteen participants reported never having experienced depression and had an average of 59.86 percent for their alternative father figure's level of involvement during childhood, with a standard deviation of 30.07. Therefore, participants who experienced depression reported a lower average level of involvement than those who had no experience with

depression. It is further, significant to point out that although this was the same trend as was found for level of involvement regarding the participant's fathers, these averages were also lower than the father's level of involvement by 10 to 20%.

The Levene's Test of Equality of Variance for the independent samples T-test was .376. Since this is greater than .05, the Levene's Test is not significant, therefore indicating a p-value of .764. With a p-value greater than .05, this indicates that there is not a statistically significant difference between participants who had experienced depression, and those who did not, in relation to their alternative father figure's level of involvement in their childhood.

Table 3

Experience with Depression vs. No Experience with Depression & Father/ Alternative Father Figure Involvement during Childhood

	Experience With Depression	No Experience With Depression
Father Involvement		
n	39	52
Mean	66.56	79.42
Standard Deviation	30.98	30.31
Alternative father figure involvement		
n	11	14
Mean	56.37	59.86
Standard Deviation	26.28	30.07

Father's level of involvement & secure vs. insecure attachment style. The third statistical differences reviewed included father involvement (Q11) and secure versus insecure attachment styles. These variables were explored to determine if there was a statistical difference in father involvement between individuals who had a secure attachment style and those who had an insecure attachment style. The independent variable, father involvement (Q11), was operationally defined as stated previously. The dependent variable, secure versus insecure attachment styles was operationally defined in the same manner as the variable 'attachment styles', however, it was recoded so that secure attachment style was coded as the value of 1, and preoccupied, dismissive, and fearful-avoidant attachment styles were coded as the value of 2. The hypothesis for the analysis was: There is a statistical difference in father involvement between individuals who had a secure attachment style and those who have an insecure attachment style. The null hypothesis was: There will not be a statistical difference in father involvement between individuals who had a secure attachment style and those who had an insecure attachment style.

In review of this analysis, it was revealed that 46 participants were found to have a secure attachment style; of those 46 participants their father's level of involvement during their childhood averaged 75.37 percent of the time, with a standard deviation of 31.74. In addition, 29 participants were found to have insecure attachment styles and had an average of 63.93 percent for their father's level of involvement during childhood, with a standard deviation of 34.49. Therefore, participants who had a secure attachment style reported a higher averaged level of involvement than those who had insecure attachment styles.

The Levene's Test of Equality of Variance for the independent samples T-test was .241. Since this was greater than .05, the Levene's Test was not significant, therefore indicating a p-value of .146. With a p-value greater than .05, this indicates that there was not a statistically significant difference between participants who had a secure attachment styles, and those who had insecure attachment styles in relation to their father's level of involvement in their childhood.

Discussion

The purpose of this study was to investigate the impact of a father's residential status on the development of depression. This study utilized several variables to examine the primary research hypothesis, such as father's residential status during childhood; adult attachment styles; satisfaction with relationship to father; the presence of an alternative father figure; and further investigated when depression occurs. A detailed analysis of the data revealed that a history of depression was not statistically significant in relation to a father's residential status during childhood. However, the data displayed a surprising result, in which the majority of the participants who reported having a history of depression, additionally reported living with their father throughout *all* of their childhood. This differs from expected results, in that an increased residency was assumed to correlate with a stronger attachment relationship. This suggests that residency is not correlated with attachment and further investigation is required to understand the implications of a father's residential status on children.

Similar to that of a father's residential status, alternative father figure's residential status also did not conclude statistically significant findings in relation to the

development of depression. However, this finding must be taken with caution as a limited number of participants were encompassed in the study who had an alternative father figure present *and* had experience with depression.

On the contrary, an analysis that was found to be statistically significant was the association with the variables, history of depression and attachment styles. The significance of this association indicates that depression was found to be impacted by the attachment style an individual had. For instance, of the 74 participants included in the findings regarding attachment style, 46 of them had a secure attachment and of those only nine of them had reported experience with depression. These findings suggest that individuals who have a secure attachment may also have developed more effective emotional regulation skills.

Further analysis of the data found that a father's level of involvement was also statistically significant in relation to a history of depression. This supported previous research findings developed by Russel and Radofevci (1992) in that father's roles are becoming more involved and the increase in their development is providing evidence of increased emotional well-being for children. This finding should be taken into consideration for both families and social work positions in that it is necessary to include fathers in their children's lives for the purpose of supporting their emotional development and resiliency.

Finally, the last analysis reviewed the statistical difference individuals who have a secure attachment style and those who have an insecure attachment style and how that was related to father involvement during childhood. Surprisingly, this analysis lacked a

statistically significant outcome. Being that both of these variables were found to have statistically significant results in relation to the participants' history of depression, it was assumed that they may also be significant. A lack of significance can be examined based on the relatively small sample size and the low, p-value, indicating that these variables may be found as significant with a larger sample size.

Strengths and Limitations

By utilizing a convenience sample through random sampling, both strengths and limitations were anticipated. The strengths included the ability to access a large population of people with minimal effort, and the ability to receive a wide range of variation within the population sample. Further strengths of this research include the use of a survey as the data collection instrument made up of measurable responses, as this allowed variables to be operationalized and assessed quantitatively. Limitations with this research design included limited control of the individuals who participated, inability to acknowledge honesty by the participants, and incomplete surveys as the participants were welcome to skip answers. In addition, exposure of the participants due to personal disclosure within the social network was uncontrollable.

Implications

Practice. Implications of this study for the social work practice include the significance observed between a father's level of involvement and the development of depression. This finding suggests that social workers, who work with the population of children and families, should encourage fathers to be involved in their children's lives, regardless of their residential status. This finding further supports the theory that fathers

who are highly involved in their child's life will decrease the likelihood that they will experience depression throughout their life.

Policy. The findings of this study may be useful as supporting evidence for a child custody policy, or other areas where a fathers' involvement needs to be advocated. Our society has focused on the importance of the mother-child dyad in relationship to childhood development and well-being, and has not given the father-child dyad the support that is deserved. This study and other relevant studies have provided supporting evidence for the need to keep fathers involved in their child's lives in an effort to encourage healthy development and a resilient future.

Research. Future research regarding father involvement, residential status, and the development of depression is still needed to develop a well examined understanding for how children are impacted by the changing family dynamics. These types of studies will additionally provide relevant information for how social workers will need to intervene when working with differing family dynamics to best support the child's development.

Conclusion

The purpose of this study was to critically analyze the impact that an individual's father's residential status during their childhood has an influence on the development of depression. Although this analysis was not found to be statistically significant, two other significant results were exposed. These results included a history of depression in relation to attachment style, and a history of depression in relationship to an individual's father's level of involvement during childhood. The significance of these results should be taken into consideration as they relate to the changing family dynamics in today's society. In

addition, the lack of research regarding the father-child dyad is highlighted as an area for future research, in which a focus on father involvement and attachment styles are purposed for more detailed findings.

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Appendix A: MESSAGE SENT VIA PRIVATE FACEBOOK MESSAGES

This message was sent to you as a request to accumulate an anonymous group of participants for a research study. Please take a few minutes to read the following message and proceed to the survey if interested.

Hello. My name is Tesia Vitale and I am currently enrolled in the Graduate of Social Work Program through the University of Saint Thomas/Saint Catherine University. As a requirement of the program I must develop and complete a research project based on the subject of my choice. After some extensive research I have revealed a gap in the literature regarding the influence of fathers' residential status on the development of depression in adulthood. To conduct this research project I have created a short survey, of which I need a minimum of 40 participants. This survey is found by clicking on the hyperlink below and then following the prompts. Completing the survey does not take more than 15 minutes and if at any point a participant is uncomfortable answering a question they are free to leave it blank. All of the information developed from this survey is completely anonymous and voluntary, and no data will be revealed in any form other than as group results.

In order to achieve this large number of participants I will need assistance and I would appreciate if you could spend a few minutes completing the survey. A requirement of the survey is that you must be 18 or older. Additionally, I would like to request your assistance in passing this message along to your family, and friends. Completing this survey will not result in any other obligations or contact from the researcher. If you have further questions and would like to contact me, my phone number is (651) 492-2967, and my email address is vita5160@stthomas.edu.

http://stthomassocialwork.qualtrics.com/SE/?SID=SV_5ArzdK2NEqIHhHv

Appendix B: BLANK SURVEY**Attachment styles survey****Fathers' Residential Status on the Development of Depression in Adulthood
INFORMATION AND CONSENT FORM**

Introduction: You are invited to participate in a research study investigating the impact of a fathers' residential status on the development of depression in adulthood. This study is being conducted by Tesia Vitale, a graduate student at St. Catherine University under the supervision of Pa der Vang, Ph.D., a faculty member in the Department of Social Work. You are considered as a possible participant in this research if you are an adults over the age of 18. Please read this form before you agree to be in the study.

Background Information: The purpose of this study is to discover if a fathers' residential status is correlated with the development of depression in adulthood. Approximately 40 people are expected to participate in this research.

Procedures: If you decide to participate, you will be asked to read and accept the terms discussed within this consent form and then complete an electronic survey that consists of a maximum of 60 multiple choice questions. Upon completing the survey a message will appear thanking you for your survey participation, as well as a request that you forward the survey message along to friends or family members. Forwarding the survey to friends and family is not a requirement, although, it would be greatly appreciated. This study will take approximately 10-15 minutes over one session. Please only complete the survey one time.

Risks and Benefits of being in the study: The study has minimal risks. However, if at any point as a participant you are uncomfortable with answering a question you are allowed to skip a question or discontinue your participation in the survey. Additionally, because this survey may bring up sensitive feelings or memories from your past, a resource for support will be provided at the end of the survey. There are no direct benefits to you for participating in this research.

Confidentiality: Information obtained through this survey is anonymous and the data will only be presented as a group. I will keep the research results saved on my personal computer and only myself and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 25th, 2013. I will then destroy all original reports.

Voluntary nature of the study: Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with the

University of St. Thomas/St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions: If you have any questions, please feel free to contact me, Tesia Vitale, at 651-492-2967 or by email at vita5160@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, Pa Der Vang ((651) 690-8647 or pdvang@stkate.edu), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

Statement of Consent: You are making a decision whether or not to participate. By continuing with this survey indicates that you are 18 years or older and have read this information. Please know that you may withdraw from the study at any time.

No, I do not agree to the terms of this survey; I am not at least 18 years of age or older (1)

Yes, I agree to the terms of this survey and I am 18 years of age or older (2)

If No, I do not agree to the t... Is Selected, Then Skip To End of Survey

Q2 What is your gender? Male (1) Female (2)

Q3 Please select your current age from the drop box below:

Q4 With which racial background(s) do you identify?

African American (1)

American Indian or Alaska Native (2)

Asian (3)

Hispanic of Latino (4)

Native Hawaiian or other Pacific Islander (5)

White (6)

Bi-racial (please specify) (7) _____

Other (please specify) (8) _____

Q5 From the list below, please select what best describes your current housing location:

Rural or small town (fewer than 1,000) (1)

Mid-sized town, not a suburb (1,000 - fewer than 50,000) (2)

Mid-sized urban area, not a suburb (50,000 - fewer than 500,000) (3)

Suburban area near major metropolitan area (4)

Major metropolitan area (500,000 or more) (5)

Q6 Please indicate your annual household income:

- \$0-\$14,999 (1)
- \$15,000-\$29,999 (2)
- \$30,000-\$59,999 (3)
- \$60,000-\$89,999 (4)
- \$90,000-\$11,999 (5)
- \$120,000-\$149,999 (6)
- \$150,000 or higher (7)

Q7 Have you already taken this survey?

- Yes (1)
- No (2)

Q8 For the purpose of this survey childhood is considered birth to age 17; and adulthood is considered 18 and older.

Q9 Choose the response below that best completes the following sentence. In your childhood you lived with your father:

- None of the time (1)
- Some of the time (2)
- Half of the time (3)
- Most of the time (4)
- All of the time (5)

Q11 Using the scale below please indicate your father's percentage of involvement in your childhood (0 indicating no involvement & 100 indicating involvement 100% of the time):

_____ Fathers' level of involvement during your childhood (1)

Q10 How satisfied are you with the relationship you had with your father during your childhood?

- Very satisfied (1)
- Somewhat Satisfied (2)
- Neutral (3)
- Minimally Satisfied (4)
- Not Satisfied At All (5)

Q12 Was your father figure ever incarcerated during your childhood?

Yes (1) No (2)

Answer If Was your father figure ever incarcerated during your chil... Yes Is Selected

Q13 How long was he in jail? Months (1-24); Years (enter in manually)

Q14 Did your father pass away during your childhood?

Yes (1) No (2)

Answer If Did your father pass away during your childhood? Yes Is Selected

Q15 How old were you when he passed away?

(options less than 1 year old through age 17 were available)

Q16 Did you have any other father figures present during your childhood (such as step-father, or any male figure), that took on responsibilities as your caretaker? If yes, please indicate the type of male figure in the space below. If you have more than one choose the one that was most important to you.

No (1) Yes (2) _____

If No Is Selected, Then Skip To Have you ever been diagnosed or treat...

Q66 Choose the response below that best completes the following sentence: In your childhood you lived with the stated alternative father figure:

- None of the time (1)
- Some of the time (2)
- Half of the time (3)
- Most of the time (4)
- All of the time (5)

Q18 Using the scale below please indicate your alternative father's percent of involvement in your childhood (0 indicating no involvement & 100 indicating involvement 100% of the time):

_____ Alternative Father's Percent of Involvement during your Childhood (1)

Q17 How satisfied are you with the relationship you had with your alternative father figure?

Very Satisfied (1)

Somewhat Satisfied (2)

Neutral (3)

Minimally Satisfied (4)

Not Satisfied At All (5)

Q19 Was your alternative father figure ever incarcerated during your childhood?

Yes (1) No (2)

Answer If Was your alternative father figure ever incarcerated duri... Yes Is Selected

Q20 How long was he in jail? Months (1-24); Years (enter in manually)

Q21 Did your alternative father figure pass away during your childhood?

Yes (1) No (2)

Answer If Did your alternative father figure pass away during your ... Yes Is Selected

Q22 How old were you when he passed away?

(options less than 1 year old through age 17 were available)

Q23 Have you ever been diagnosed or treated for depression by a licensed professional?

Yes (1) No (2)

If No Is Selected, Then Skip To End of Block

Q24 When did you experience your depression?

- Only during childhood (1)
- Only during adulthood (2)
- During childhood and adulthood (3)

Answer If When did you experience your depression? Only during adulthood Is Selected
Or When did you experience your depression? During childhood and adulthood Is Selected

Q25 Are you still dealing with your depression today?

- Yes (1)
- No (2)

Answer If Are you still dealing with your depression today? Yes Is Selected

Q26 Are you currently seeing a professional or being treated for your depression?

- Yes (1)
- No (2)

Answer If Are you currently seeing a professional or being treated ... No Is Selected

Q27 The link below will also be at the end of the survey and is a great resource for locating a therapist close to home. Also keep in mind that your primary doctor can be a useful resource to you and can give you some additional recommendations for addressing this concern. <http://therapists.psychologytoday.com/rms/>

- Click here if you have read the above statement (1)

Q28 The following statements concern how you feel in emotionally intimate relationships. The researcher is interested in how you generally experience relationships, not just in what is happening in a current relationship. Respond to each statement by clicking a circle to indicate how much you agree or disagree with the statement. By answering these questions you are helping the researcher determine your attachment style. Please note that the following questions were not developed by the researcher. Rather, they are a previously created questionnaire known as the ECR-R (Experiences in Close Relationships-Revised). A tool available to the public that does not require permission to be used.

Q29 I'm afraid I will lose my partner's love.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Neither Agree nor Disagree (4)

Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q30 I often worry that my partner will not want to stay with me.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q31 I often worry that my partner doesn't really love me.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q32 I worry that romantic partners won't care about me as much as I care about them.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q33 I often wish that my partner's feelings for me were as strong as my feelings for him or her.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)

Strongly Agree (7)

Q34 I worry a lot about my relationships.

Strongly Disagree (1)

Disagree (2)

Somewhat Disagree (3)

Neither Agree nor Disagree (4)

Somewhat Agree (5)

Agree (6)

Strongly Agree (7)

Q35 When my partner is out of sight, I worry that he or she might become interested in someone else

Strongly Disagree (1)

Disagree (2)

Somewhat Disagree (3)

Neither Agree nor Disagree (4)

Somewhat Agree (5)

Agree (6)

Strongly Agree (7)

Q36 When I show my feelings for romantic partners, I'm afraid they will not feel the same about me.

Strongly Disagree (1)

Disagree (2)

Somewhat Disagree (3)

Neither Agree nor Disagree (4)

Somewhat Agree (5)

Agree (6)

Strongly Agree (7)

Q37 I rarely worry about my partner leaving me.

Strongly Disagree (7)

Disagree (6)

Somewhat Disagree (5)

Neither Agree nor Disagree (4)

Somewhat Agree (3)

Agree (2)

Strongly Agree (1)

Q38 My romantic partner makes me doubt myself.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Neither Agree nor Disagree (4)
- Somewhat Agree (5)
- Agree (6)
- Strongly Agree (7)

Q39 I do not often worry about being abandoned.

- Strongly Disagree (7)
- Disagree (6)
- Somewhat Disagree (5)
- Neither Agree nor Disagree (4)
- Somewhat Agree (3)
- Agree (2)
- Strongly Agree (1)

Q40 I find that my partner(s) don't want to get as close as I would like.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Neither Agree nor Disagree (4)
- Somewhat Agree (5)
- Agree (6)
- Strongly Agree (7)

Q41 Sometimes romantic partners change their feelings about me for no apparent reason.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Neither Agree nor Disagree (4)
- Somewhat Agree (5)
- Agree (6)
- Strongly Agree (7)

Q42 My desire to be very close sometimes scares people away.

- Strongly Disagree (1)
- Disagree (2)

Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q43 I'm afraid that once a romantic partner gets to know me, he or she won't like who I really am.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q44 It makes me mad that I don't get the affection and support I need from my partner.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q45 I worry that I won't measure up to other people.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q46 My partner only seems to notice me when I'm angry.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)

Somewhat Agree (5)

Agree (6)

Strongly Agree (7)

Q47 I prefer not to show a partner how I feel deep down.

Strongly Disagree (1)

Disagree (2)

Somewhat Disagree (3)

Neither Agree nor Disagree (4)

Somewhat Agree (5)

Agree (6)

Strongly Agree (7)

Q48 I feel comfortable sharing my private thoughts and feelings with my partner.

Strongly Disagree (7)

Disagree (6)

Somewhat Disagree (5)

Neither Agree nor Disagree (4)

Somewhat Agree (3)

Agree (2)

Strongly Agree (1)

Q49 I find it difficult to allow myself to depend on romantic partners.

Strongly Disagree (1)

Disagree (2)

Somewhat Disagree (3)

Neither Agree nor Disagree (4)

Somewhat Agree (5)

Agree (6)

Strongly Agree (7)

Q50 I am very comfortable being close to romantic partners.

Strongly Disagree (7)

Disagree (6)

Somewhat Disagree (5)

Neither Agree nor Disagree (4)

Somewhat Agree (3)

Agree (2)

Strongly Agree (1)

Q51 I don't feel comfortable opening up to romantic partners.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Neither Agree nor Disagree (4)
- Somewhat Agree (5)
- Agree (6)
- Strongly Agree (7)

Q52 I prefer not to be too close to romantic partners.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Neither Agree nor Disagree (4)
- Somewhat Agree (5)
- Agree (6)
- Strongly Agree (7)

Q53 I get uncomfortable when a romantic partner wants to be very close.

- Strongly Disagree (1)
- Disagree (2)
- Somewhat Disagree (3)
- Neither Agree nor Disagree (4)
- Somewhat Agree (5)
- Agree (6)
- Strongly Agree (7)

Q54 I find it relatively easy to get close to my partner.

- Strongly Disagree (7)
- Disagree (6)
- Somewhat Disagree (5)
- Neither Agree nor Disagree (4)
- Somewhat Agree (3)
- Agree (2)
- Strongly Agree (1)

Q55 It's not difficult for me to get close to my partner.

- Strongly Disagree (7)
- Disagree (6)

Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)
Agree (2)
Strongly Agree (1)

Q56 I usually discuss my problems and concerns with my partner.

Strongly Disagree (7)
Disagree (6)
Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)
Agree (2)
Strongly Agree (1)

Q57 It helps to turn to my romantic partner in times of need.

Strongly Disagree (7)
Disagree (6)
Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)
Agree (2)
Strongly Agree (1)

Q58 I tell my partner just about everything.

Strongly Disagree (7)
Disagree (6)
Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)
Agree (2)
Strongly Agree (1)

Q59 I talk things over with my partner.

Strongly Disagree (7)
Disagree (6)
Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)

Agree (2)
Strongly Agree (1)

Q60 I am nervous when partners get too close to me.

Strongly Disagree (1)
Disagree (2)
Somewhat Disagree (3)
Neither Agree nor Disagree (4)
Somewhat Agree (5)
Agree (6)
Strongly Agree (7)

Q61 I feel comfortable depending on romantic partners.

Strongly Disagree (7)
Disagree (6)
Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)
Agree (2)
Strongly Agree (1)

Q62 I find it easy to depend on romantic partners.

Strongly Disagree (7)
Disagree (6)
Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)
Agree (2)
Strongly Agree (1)

Q63 It's easy for me to be affectionate with my partner.

Strongly Disagree (7)
Disagree (6)
Somewhat Disagree (5)
Neither Agree nor Disagree (4)
Somewhat Agree (3)
Agree (2)
Strongly Agree (1)

Q64 My partner really understands me and my needs.

- Strongly Disagree (7)
- Disagree (6)
- Somewhat Disagree (5)
- Neither Agree nor Disagree (4)
- Somewhat Agree (3)
- Agree (2)
- Strongly Agree (1)

Q65 Thank you for participating in my survey! Participation is not necessary and referral of this survey to friends, family and others within your network would be greatly appreciated for the success of my research. The link below is a great resource for locating a therapist close to home. Also keep in mind that your primary doctor can be a useful resource to you and can give you some additional recommendations for addressing concerns about depression. <http://therapists.psychologytoday.com/rms/>

Appendix C: CONSENT FORM**Fathers' Residential Status on the Development of Depression in Adulthood
INFORMATION AND CONSENT FORM**

Introduction:

You are invited to participate in a research study investigating the impact of a fathers' residential status on the development of depression in adulthood. This study is being conducted by Tesia Vitale, a graduate student at St. Catherine University under the supervision of Pa der Vang, Ph.D., a faculty member in the Department of Social Work. You are considered as a possible participant in this research if you are an adults over the age of 18. Please read this form before you agree to be in the study.

Background Information:

The purpose of this study is to discover if a fathers' residential status is correlated with the development of depression in adulthood. Approximately 40 people are expected to participate in this research.

Procedures:

If you decide to participate, you will be asked to read and accept the terms discussed within this consent form and then complete an electronic survey that consists of a maximum of 60 multiple choice questions. Upon completing the survey a message will appear thanking you for your survey participation, as well as a request that you forward the survey message along to friends or family members. Forwarding the survey to friends and family is not a requirement, although, it would be greatly appreciated. This study will take approximately 10-15 minutes over one session. Please only complete the survey one time.

Risks and Benefits of being in the study:

The study has minimal risks. However, if at any point as a participant you are uncomfortable with answering a question you are allowed to skip a question or discontinue your participation in the survey. Additionally, because this survey may bring up sensitive feelings or memories from your past, a resource for support will be provided at the end of the survey.

There are no direct benefits to you for participating in this research.

Confidentiality:

Information obtained through this survey is anonymous and the data will only be presented as a group. I will keep the research results saved on my personal computer and only myself and my advisor will have access to the records while I work on this project. I will finish analyzing the data by May 25th, 2013. I will then destroy all original reports.

Voluntary nature of the study:

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with the University of St. Thomas/St. Catherine University in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contacts and questions:

If you have any questions, please feel free to contact me, Tesia Vitale, at 651-492-2967 or by email at vita5160@stthomas.edu. You may ask questions now, or if you have any additional questions later, the faculty advisor, Pa Der Vang ((651) 690-8647 or pdvang@stkate.edu), will be happy to answer them. If you have other questions or concerns regarding the study and would like to talk to someone other than the researcher, you may also contact Dr. John Schmitt, Chair of the St. Catherine University Institutional Review Board, at (651) 690-7739.

Statement of Consent:

You are making a decision whether or not to participate. By continuing with this survey indicates that you are 18 years or older and have read this information. Please know that you may withdraw from the study at any time.

No, I do not agree to the terms of this survey; I am not at least 18 years of age or older

Yes, I agree to the terms of this survey and I am 18 years of age or older