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The Influence of Father-Child Relationship on Adolescents' Mental Health

By

Yea Seul Pyun

A Thesis Submitted in Partial Fulfillment of the

Requirements for the Degree of

Master of Arts

In

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Minnesota State University, Mankato

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# The Influence of Father-Child Relationship on Adolescents' Mental Health

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Master of Arts in Clinical Psychology

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## Abstract

There is a lack of studies focused on fathers despite of the growing attention on the importance of father's role in children and adolescents' mental health. The current study examined the influence of father-child relationship on marginalized adolescents' internalizing problems and inattentive/hyperactive behaviors. Participants were 48 adolescents recruited through the Youth Voice community program, who completed self-report questionnaires. The results indicated that adolescents who had better relationships with their fathers had lower levels of internalizing problems and inattentive/hyperactive behaviors. Older adolescents had higher symptoms of internalizing problems than younger adolescents. However, age was not associated with internalizing problems and inattentive/hyperactive behaviors. In addition to the paternal relationship, the interparental relationship was a significant predictor of internalizing problems and inattentive/hyperactive behaviors in adolescents. The study had some limitations to be considered including a small and underrepresented sample size and insufficient data collection through questionnaires. Further studies should include more adolescents with diverse demographic backgrounds and various dimensions to measure father-child relationship.

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### The Influence of Father-Child Relationship on Adolescents' Mental Health

A healthy and supportive family environment is important for children and adolescents. Despite a few studies indicating that less parental involvement is not directly related to children's development of mental health problems (Aldous & Mulligan, 2002; Flouri, 2006; Kerns & Barth, 1995), the majority of studies found a strong connection between parent-child interaction and children's and adolescents' mental health. Positive parent-child relationships are critical in children's and adolescents' mental health, including internalizing, externalizing, and adaptive behaviors.

Parent-child relationships are significantly related to both children's and adolescents' levels of externalizing behaviors (Carlson, 2006; Forehand, Long, Brody, & Fauber, 1986; Gryczkowski, Jordan, & Mercer, 2010; Sandler, Miles, Cookston, & Braver, 2008). Less parental involvement was associated with higher levels of delinquent (Carlson, 2006; Johnson, 1987) and conduct disordered (Garnefski & Diekstra, 1996) behaviors and higher risk of being bullied (Flouri & Buchanan, 2002) and bullying (Stevens, De Bourdeaudhuij, & Van Oost, 2002) in children and adolescents. Parents' excessive control of children was associated with aggression (Feldman, Bamberger, & Kanat-Maymon, 2013; Leadbeater, Banister, Ellis, & Yeung, 2008). On the other hand, a positive relationship with parents was related to children's lower levels of hyperactive/impulsive (Keown, 2011; Keown, 2012) and inattentive (Keown, 2012) symptoms. Children with positive relationships with their parents also exhibited better social behaviors (Boyum & Parke, 1995; Flouri, 2005; Flouri & Buchanan, 2003; Kazura, 2000), academic achievement (Cooksey & Fondell, 1996; Forehand et al., 1986; Herbert,

Harvey, Lugo-Candelas, & Breaux, 2012), and self-efficacy in school performance (Bacro, 2012; Graziano, Bonino, & Cattelino, 2009). Lastly, a good parent-child relationship has been suggested to promote positive and protective sexual behaviors in youth (Deptula, Henry, & Schoeny, 2010).

Children's and adolescents' internalizing behaviors were also associated with parent-child relationships (Carlson, 2006; Sandler et al., 2008). Specifically, children and adolescents with good parent-child relationships experience lower levels of depression (Ackard, Neumark-Sztainer, Story, & Perry, 2006; Carlson, 2006; Demir, Karacetin, Demir, & Uysal, 2011; Garnefski & Diekstra, 1996; Graziano et al., 2009; Meadows, Brown, & Elder, 2006), emotional dysregulation (Boyum & Parke, 1995; Chang, Schwartz, Dodge, & McBride-Chang, 2003; Downer & Mendez, 2005; Flouri, 2005; Flouri & Buchanan, 2003), and stress (Mallers, Charles, Neupert, & Almeida, 2010). In addition, close parent-child relationships increased children's and adolescents' self-esteem (Ackard et al., 2006; Carlson, 2006), cognitive development (Martin, Ryan, & Brooks-Gunn, 2007; Tamis-LeMonda, Shannon, Cabrera, & Lamb, 2004), language development (Martin et al., 2007; Tamis-LeMonda et al., 2004), body satisfaction (Ackard et al., 2006), and life satisfaction (Flouri & Buchanan, 2002; Leven & Currie, 2010). In addition, youths who had positive relationships with their parents had higher self-efficacy regarding their social behaviors (Feldman et al., 2013; Graziano et al., 2009) and interpersonal skills (Graziano et al., 2009) and were perceived as popular at school (Boyum & Parke, 1995). Therefore, a positive parent-child relationship has been



postulated to be an important factor across many different social and psychological variables in youth.

Most parent-child related research focuses on mothers, and the importance of fathers' relationship with children has long been overlooked. There have been inconsistent results regarding the relative importance of mother- and father-child relationships. Some studies have shown that mothers' relationships with children are more closely linked to children's mental health than relationships with fathers (Furstenberg, Morgan, & Allison, 1987; Gryczkowski et al., 2010; Sandler et al., 2008). Positive mother-child relationships were more responsible for reducing behavioral problems than father-child relationships (Furstenberg et al., 1987). In addition, when mothers had positive parenting and consistent discipline, children exhibited less externalizing behaviors, but fathers' parenting skills were not related to them (Gryczkowski et al., 2010). Mothers' warmth was related to youths' internalizing problems although fathers' warmth was not related (Sandler et al., 2008).

Conversely, recent research suggests father-child relationships *are* as influential on children's and adolescents' mental health as mother-child relationships (Chang et al., 2003; Forehand et al., 1986; Graziano et al., 2009; Gryczkowski et al., 2010; Mallers et al., 2010; Gotlib, & Hayward, 1999). Both parents were influential on children's externalizing behaviors via their supervision and monitoring practices (Gryczkowski et al., 2010). Adolescents' academic performance and behavior problems could be predicted by relationships with both mothers and fathers, such that fewer conflicts with a parent were associated with better school grades and less externalizing behaviors at school

(Forehand et al., 1986). In addition, children's and adolescents' internalizing behaviors were associated with relationships with both mothers and fathers (Chang et al., 2003; Graziano et al., 2009; Mallers et al., 2010; Schraedley, Gotlib, & Hayward, 1999).

Fathers' strict parenting as well as and mothers' strict parenting were related to children's emotion dysregulation (Chang et al., 2003). Both mothers' and fathers' strong support were important in decreasing depressive symptoms and fostering strong social and academic self-efficacy for youths compared to those who did not get support from both parents (Graziano et al., 2009). Children who communicated with their parents when they needed emotional support exhibited less depressive symptoms than those who did not talk to their mothers or fathers (Schraedley et al., 1999). Lower quality of both father- and mother-child relationships during childhood were associated with more daily stressors during adulthood (Mallers et al., 2010).

Furthermore, some studies have shown that father-child relationships are more influential on children's and adolescents' mental health than mother-child relationships (Boyum & Parke, 1995; Cabrera, Shannon, & Tamis-LeMonda, 2007; Chang et al., 2003; Feldman et al., 2013; Gryczkowski et al., 2010; Johnson, 1987; Kerns & Barth, 1995; Levin & Currie, 2010; Sandler et al., 2008). Fathers' high involvement in parenting was related to children's low levels of externalizing behaviors whereas mothers' involvement was not related (Gryczkowski et al., 2010). Father-child relationships were a stronger predictor for delinquent behavior than mother-child relationships (Johnson, 1987). In addition, children's aggressive behaviors could be better predicted by whether their fathers had strict parenting as compared to mothers (Chang et al., 2003). The emotional

interaction between children and fathers was also associated with child's social skills (Boyum & Parke, 1995). Children whose fathers expressed emotions to them had higher popularity at school than those whose mothers expressed emotions. Adolescents were able to choose positive social behaviors to solve conflicts when they frequently interacted with fathers while mothers' interaction was not related (Feldman et al., 2013). Similarly, children worked together with their peers better when they felt more attached to their fathers than mothers (Kerns & Barth, 1995). Children's and adolescents' internalizing behaviors were more affected by fathers than mothers (Cabrera et al., 2007; Levin & Currie, 2010; Sandler et al., 2008). Adolescents who were comfortable talking to their fathers had higher life satisfaction than those who were comfortable to talk to mothers (Levin & Currie, 2010). Furthermore, children's internalizing behaviors were still affected by fathers' low warmth even though children had high warmth from their mothers (Sandler et al., 2008). Young children's positive emotional behaviors were influenced by fathers' support, but not by mothers' support (Cabrera et al., 2007). Hence, it is logical to assume that father-child relationship *is* an important factor on children's externalizing and internalizing behavior problems to be examined further.

### **Paternal Influences on Youth's Mental Health**

**Externalizing.** According to the 2011 National Health Interview Survey (NHIS), children without fathers involved in their lives are more likely to develop attentive deficit hyperactivity disorder (ADHD) than those with both parents and without mothers respectively (Bloom, Cohen, & Freeman, 2012). Therefore, it is important to examine how externalizing behaviors are related to father-child relationships. Children had fewer

externalizing behaviors when fathers were involved in their children's play activities (Jia, Kotila, & Schoppe-Sullivan, 2012). Fathers' involvement was negatively associated with children's and adolescents' aggression (Carlson, 2006; Chang et al., 2003; Leadbeater et al., 2008) and antisocial behaviors (Carlson, 2006). Fathers' psychological control on adolescents was related to their aggressive behaviors in their intimate relationship (Leadbeater et al., 2008). Fathers' stricter parenting styles were associated with children's higher levels of aggression (Chang et al., 2003). Adolescents were at risk for being bullied when their fathers did not have an involved relationship with them (Flouri & Buchanan, 2002). Adolescents with high father involvement also presented with fewer delinquent behaviors (Carlson, 2006). Furthermore, father-child relationships had long-term effects on children's externalizing behaviors such that children whose fathers used fewer commands and were less strict towards children in their early childhood had fewer externalizing behavior problems later in life (Herbert et al., 2012). In a similar fashion, fathers' high involvement predicted less externalizing behaviors later in children's lives (Jia et al., 2012).

In addition, father-child relationship was strongly associated with children's and adolescents' behaviors at school (Boyum & Parke, 1995; Flouri, 2005; Forehand et al., 1986). Children's appropriate social behaviors were positively related to fathers' involvement (Flouri, 2005) and emotional expression (Boyum & Parke, 1995). For example, children who received less angry emotions from their fathers were rated as more popular by peers and teachers than those who received more angry emotions from their fathers (Boyum & Parke, 1995). Father-child relationships were associated with

adolescents' adjustment at school, such that teachers reported youths who had more conflicts with their fathers had more behavioral problems at school (Forehand et al., 1986). In a similar fashion, fathers' active communication with their children enhanced children's communication skills, and better communications skills were related to better behaviors at school (Fagan & Iglesias, 2000). Children's and adolescents' lower academic achievement was associated with higher levels of conflicts between children and fathers (Forehand et al., 1986), fathers' higher use of commands (Herbert et al., 2012), fathers' lower involvement and support (Cooksey & Fondell, 1996), and lower warmth and control from fathers (Coley, 1998).

**Internalizing.** Higher internalizing behaviors were associated with negative parent-child relationships (Herbert et al., 2012; Jia et al., 2012). Fathers who used fewer commands when interacting with children during early childhood had children who exhibited less internalizing behaviors in later life (Herbert et al., 2012). Children whose fathers were more involved in play activities had less internalizing behaviors than peers (Jia et al., 2012). Adolescents' low levels of anxiety and fathers' involvement in parenting were related (Carlson, 2006). Children and adolescents had high levels of self-esteem when they had a close relationship with their fathers (Deutsch, Servis, & Payne, 2001) and fathers' were highly involved in parenting (Carlson, 2006; Deutsch et al., 2001). Children and adolescents were better at controlling their emotions when they had less strict parenting (Chang et al., 2003) and highly involved parenting (Carlson, 2006) from fathers. Depression in children and adolescents was associated with negative father-child relationships (Carlson, 2006; Demir et al., 2011). Adolescents and children

expressed more positive feelings and emotions (Carlson, 2006; Downer & Mendez, 2005) and higher life satisfaction (Flouri & Buchanan, 2002) when their fathers were highly involved in the family. In addition, children's development in cognition (Cabrera et al., 2007; Martin et al., 2007; Tamis-LeMonda et al., 2004), language (Martin et al., 2007; Tamis-LeMonda et al., 2004), and emotion (Cabrera et al., 2007) was related to fathers' supportiveness. To be more specific, children who perceived higher support from their fathers had the highest cognitive development in math and language arts compared to those who perceived lower fathers' support (Martin et al., 2007). Better language and cognitive development of young children were related to their fathers' positive and supportive parenting (Tamis-LeMonda et al., 2004). Similarly, children who had secure attachments with their fathers had higher academic achievement on language at school (Bacro, 2012). Comfortable communication with fathers was also related to higher life satisfaction in youth (Levin & Currie, 2010).

### **Gender Differences of Father-Child Relationship on Mental Health**

Boys and girls could perceive similar levels of relationships and attachments to their fathers and mothers (Johnson, 1987), but girls tended to report poorer support from parents than boys (Graziano et al., 2009). Girls also felt it was more difficult to talk to their fathers than boys did (Levin & Currie, 2010). Even though father-child relationship had similar effects for both girls and boys in emotional dysregulation (Chang et al., 2003) and depression (Meadows et al., 2006), gender could play different roles on the impact of the father-child relationship on children's mental health because of fathers' different parenting styles to sons and daughters (Chang et al., 2003; Chaplin, Cole, & Zahn-

Waxler, 2005). Fathers paid more attention to girls' sad and anxious emotions than boys' while they focused more on boys' anger than girls' (Chaplin et al., 2005). Fathers tended to be stricter and harsher on boys than girls (Chang et al., 2003). Therefore, boys and girls should be examined separately.

**Boys.** Some studies examined the effects of parents on boys exclusively (Eliezer, Yahav, & Hen, 2012; Keown, 2011; Keown, 2012). Father-son relationship was highly related to boys' externalizing behaviors. Fathers who were more sensitive to their sons contributed to reducing sons' inattentiveness (Keown, 2011; Keown, 2012) and hyperactivity/impulsivity (Keown, 2012). On the other hand, boys showed higher inattentiveness and hyperactivity/impulsivity when their fathers tended to control them during playtime (Keown, 2012). Boys with hyperactivity had fathers who used overactive and less authoritative parenting skills (Keown, 2011). Furthermore, young men who had positive relationships with their fathers when they were young had lower depression and anxiety when they were adults (Eliezer et al., 2012). Therefore, fathers' relationships and interactions with their sons were highly relevant to externalizing behaviors.

The father-son relationship could have different influences on children's mental health compared to the father-daughter relationship. Father-son relationship was more related to boys' less externalizing behaviors than girls' (Aldous & Mulligan, 2002; Boyum & Parke, 1995; Carlson, 2006; Gryczkowski et al., 2010). Fathers' higher involvement was more associated with reducing boys' externalizing, internalizing, and delinquent behaviors than girls' (Carlson, 2006). Similarly, fathers' high involvement in parenting was associated with less externalizing behaviors only for sons (Gryczkowski et

al., 2010). Boys who spent more time with their fathers presented fewer behavioral problems than ones who spent less time with their fathers. Girls' behavioral problems were not associated with fathers' care (Aldous & Mulligan, 2002). Moreover, even though both boys' and girls' aggressive behaviors were influenced by fathers' strict parenting, boys' aggression was more related to fathers than was girls' aggression (Chang et al., 2003). The father-son relationship could also influence school adjustment (Boyum & Parke, 1995). Boys exhibited more appropriate social behaviors and were popular when they received positive emotions from their fathers, but girls' popularity was not related to their relationship fathers (Boyum & Parke, 1995).

Father-son relationships were more related to boys' internalizing behaviors than girls' (Mallers et al., 2010). Men who had better relationships with their fathers during childhood were less likely to respond emotionally to daily stressors, but women's emotional reactions to daily stressors were not related to father-daughter childhood relationships (Mallers et al., 2010).

**Girls.** Girls were at risk of developing a variety of mental health problems when they did not get support and care from their fathers (Chaplin et al., 2005; Coley, 1998; Flouri, 2005; Gutzwiller, Oliver, & Katz, 2003; Kerns & Barth, 1995; Schraedley et al., 1999). Girls were more likely to develop internalizing behaviors because they tended to express more anxiety and depression than boys (Chaplin et al., 2005), and social support from parents was more influential on girls' depressive symptoms than boys' (Schraedley et al., 1999). Girls experienced prolonged effects from negative relationships with their fathers during childhood on their unhealthy eating behaviors when they grew up



(Gutzwiller et al., 2003). At school, girls who provided more suggestions and had more negative responses to their fathers during playtime were better at cooperating with peers while boys' cooperative behaviors and father-child play interactions were not related (Kerns & Barth, 1995). The relationship between academic performance and father's control was stronger for girls than boys, such that girls who perceived more control from fathers had better academic performance (Coley, 1998). College women who exhibited dysfunctional eating behaviors but did not meet the criteria to have an eating disorder had the least supportive relationships with their fathers during childhood. Father's involvement negatively affected girls' overall emotional and behavioral well-being, and conduct problems (Flouri, 2005).

### **Age Differences in Mental Health**

Age is an important factor to examine because children and adolescents can exhibit problems differently as they age. There are mixed results on the relationship between age and mental health in children and adolescents. For example, among the White British children aged 11 to 19, older children tended to have lower levels of emotional, conduct, and hyperactive symptoms, but not among the British children of Indian decent (Flouri, 2005).

Some studies have found no relationship between age and mental health. For example, a study found that children's ages between the ages of 6 and 12 were not related to externalizing behaviors (Gryczkowski et al., 2010). Similarly, there were no relationship between age and depression (Graziano et al., 2009), social self-efficacy (Graziano et al., 2009), academic self-esteem (Bacro, 2012; Graziano et al., 2009), and

school performance (Bacro, 2012). Younger adolescents (14- to 15-year-olds) and older adolescents (16- to 18-year-olds) did not differ in the levels of the depressive symptoms, and social and academic self-efficacy (Graziano et al., 2009).

On the other hand, some studies found that age is significantly related to mental health in children and adolescents. Adolescents' ages were related to dating behaviors, such that older adolescents used more aggressive behaviors toward their dating partners but received less aggressive behaviors by the partners than younger adolescents (Leadbeater et al., 2008). Adolescents' pro-social behaviors, emotional symptoms, and conduct problems were also related to age, such that older children exhibited less emotional symptoms and conduct problems and more pro-social behaviors than younger children. Older children were also considered less problematic overall (Flouri, 2006). Among children and adolescents aged from 9 to 17, younger children exhibited more oppositional behaviors than older children, but aggressive behaviors were greater in the middle ages (Lahey et al., 2000). Older adolescents also had lower life satisfaction than school children (Levin & Currie, 2010). Therefore, it is important to examine how age can influence adolescents' mental health.

### **Interparental Influences on Mental Health**

In addition to parent-child relationship, the interparental relationship is an important environmental factor to look at when examining children's and adolescents' mental health. Martial conflicts and violence are associated with children's and adolescents' internalizing and externalizing behavior problems.

**Externalizing.** Externalizing behaviors were related to interparental conflicts and violence (Cummings et al., 1994; Ghazarian & Buehler, 2010). Substance use disorders were also related to negative interparental relationship (Fergusson & Horwood, 1998; Turner & Kopiec, 2006). Young adults who experienced interparental conflicts during childhood or adolescence were more likely to exhibit alcohol dependence or abuse (Turner & Kopiec, 2006). They also had significantly more suicide attempts when their fathers engaged in interparental violence (Fergusson & Horwood, 1998). Both young children (Towe-Goodman, Stifter, Coccia, & Cox, 2011) and adults (Fergusson & Horwood, 1998) exhibited conduct problems when they experienced interparental conflicts when they were young. In addition, interparental violence during childhood was significantly associated with violent behaviors in dating relationships (Miller et al., 2011) and more conflicts in romantic relationship during adolescence (Simon & Furman, 2010). Lastly, interparental influences were significant during early childhood, such that infants who were exposed to interparental verbal and physical aggression were more likely to have attention difficulties in toddlerhood, which in turn influenced attention-deficit/hyperactivity problems in early childhood (Towe-Goodman et al., 2011).

**Internalizing.** Interparental conflict was associated with children's internalizing behavior problems (Cummings, Davies, & Simpson, 1994; Ghazarian & Buehler, 2010; Sandler et al., 2008) as well as lower academic achievement (Ghazarian & Buehler, 2010). It also had an indirect effect on children's internalizing problems through dysregulated behaviors, which were influenced by their negative emotional reaction to the conflict (Schermerhorn, Cummings, DeCarlo, & Davies, 2007). Depressive (Turner &

Kopiec, 2006) and anxiety disorders (Fergusson & Horwood, 1998; Turner & Kopiec, 2006) in young adults were related their experiences of parents' violence. Childhood and/or adolescence exposure to interparental conflicts predicted higher levels of depressive symptoms in later life (Turner & Kopiec, 2006).

### **Purpose of the Study**

The present study investigated the father-child relationship on adolescents' internalizing and inattentive/hyperactive behaviors. Instead of looking at the father-child relationship from parents' perspectives, adolescents' perceptions of the relationship were measured because parents tended to perceive less conflicts and higher involvement than children (Stevens et al., 2002). In addition, marginalized or at-risk youth was focused in the study. It was hypothesized that adolescents who had close relationships with their fathers would have less internalizing problems and inattentive/hyperactive behaviors. The study also aimed to examine gender differences in presentations of psychological problems. It was hypothesized that girls would show more internalizing problems while boys would exhibit more inattentive/hyperactive behaviors when they have negative father-child relationship. The age differences in father-child relationship and mental health were also examined. In addition, the influences of the interaction between father-child relationships and gender on adolescents' mental health were examined separately. Lastly, the impact of father-mother relationship on adolescents' mental health was observed.

### **Method**

#### **Participants**

All participants were invited to participate in the project through Youth Voice, a program for providing marginalized youth the opportunity to speak about their needs in a small Midwestern metropolitan area. Adolescents from marginalized ethnicities, having low income, and who are homeless were eligible to participate in the study. Youth Voice was funded by the Otto Bremer Foundation to encourage the youth in the community to be actively involved in making the area better for young people. Youth gathered together as a team to discuss how the community could support them to live better. Parent consent forms were sent home prior to these meetings. At these meetings, trained research assistants explained the study to the youth who were 18 or older and those who returned signed parental consent forms. The youth were then asked if they were interested in participating in the study. Those who wanted to participate were given an assent form and the questionnaires to complete privately after the group session.

### **Measures**

**Father-child relationship.** The Child and Adolescent Social and Adaptive Functioning Scale, Family, Friends, and Self Form (CASAFS) was used to examine father-child relationship. The CASAFS is a self-report scale measuring children's and adolescents' social and adaptive functioning in contexts of family and peer environments by using a 5-point scale of 1 (never), 2 (often), 3 (sometimes), 4 (always), and 5 (does not apply to me). The CASAFS had acceptable internal consistencies for family relationships ( $\alpha = .74$ ). The family relationships subscale had a test-retest correlation of .54. (Price, Spence, Sheffield, & Donovan, 2002). This is slightly low, likely due to changes in the

parent-child relationship consistent with the increasing independence of developing adolescents.

Construct validity was measured with Beck Depression Inventory (BDI) scores (Price et al., 2002). The CASAFS and BDI were negatively correlated. To be more specific, low family relationships were significantly related high depression scores. In this study, adolescents' perception of the relationship with their fathers was measured with one item, "I have a good relationship with my father." The score 5 (not applicable) was interpreted as to be the most negative relationship with fathers because the adolescents whose score was 5 reported not to have their father in their lives. Therefore, the scores from 1 to 4 were reversely recoded, and higher scores indicated worse father-child relationship.

**Father-mother relationship.** Adolescent Stress Questionnaire (ASQ) was used to measure interparental relationship. It is a self-report questionnaire consisting of 58 items to measure adolescents' stress levels on a variety of situations by using the rating scale of 1 (not at all stressful or is irrelevant to me), 2 (a little stressful), 3 (moderately stressful), 4 (quite stressful), and 5 (very stressful). There are 10 stress categories: home life, school performance, school attendance, romantic relationship, peer pressure, teacher interaction, future uncertainty, school/leisure conflict, financial pressure, and emerging adult responsibility (Byrne, Davenport, & Mazanov, 2007).

The stress of home life has good test-retest correlation of .88 as well as all other scales ranged from .68 to .86 (Byrne et al., 2007). The questions within the stress of home life scale have good internal consistency ( $\alpha = .92$ ). Concurrent criterion validity

was measured by using the Spielberger State-Trait Anxiety Inventory (STAI), a 15-items depression questionnaire constructed by the authors, and the Rosenberg Self-Esteem Scale (RSE). The stress of home life was positively related to anxiety ( $r = .43$ ) and depression ( $r = .56$ ), but negatively related self-esteem ( $r = -.38$ ). For the present study, the item, “disagreements between your parents,” was used for the present study to measure the relationship between fathers and mothers. Higher stress levels indicate worse interparental relationship.

**Adolescents’ mental health.** Youth completed the Behavioral Assessment System for Children, Second Edition, Self-Report of Personality, Adolescents (BASC-2-SRP-A). The BASC-2-SRP-A is a self-report rating measuring clinical and adaptive behaviors including child emotional, inattention/hyperactivity, internalizing, adjustment, and school problematic behaviors (Reynolds & Kamphaus, 2004). It takes about 20-30 minutes for youth to complete the questionnaire. The BASC-2-SRP-A has high internal reliability, such that internal consistency for Internalizing Problems composite was .96 for 12- to 14-year- old adolescents and .95 for 15- to 18-year-old adolescents (Reynolds & Kamphaus, 2004). The Inattention/Hyperactivity composite also had good internal reliability for adolescents aged from 12 to 14 ( $\alpha = .84$ ) and those aged from 15 to 18 ( $\alpha = .83$ ). The test-retest correlations for Internalizing Problems and Inattention/Hyperactivity composites were .81 and .79 respectively.

In addition, the BASC-2-SRP-A has good validity (Reynolds & Kamphaus, 2004). Construct validity of the SRP-Adolescents was measured by examining correlations with other similar measures. The Internalizing Problems composite was

correlated with Internalizing scale on the Achenbach System of Empirically Based Assessment (ASEBA) Youth Self-Report Form at .80 and Emotional Problems scale on the Conners-Wells' Adolescent Self-Report Scale (CASS) at .69. The correlation between Inattention/Hyperactivity composite on the BASC-2-SRP-A and ADHD scale on ASEBA was .75. Composite scores of internalizing and inattention/hyperactivity problems were used in the current study to measure adolescents' mental health. Higher scores indicate more problematic behaviors.

### Results

Descriptive statistics indicated that of the 48 adolescents who participated in the study, 10 were males (20.8%) and 38 were females (79.2%). Their ages were ranged from 12 to 22 ( $M = 15.08$ ,  $SD = 2.54$ ). About 80% of the participants had good relationships with fathers while eight of them reported not to have good relationships with their father. Four adolescents did not report father-child relationships. The participants' overall composite scores of both internalizing problems and inattention/hyperactivity fell within the normal range (see Table 1). Only participants who had valid scores for all measures for the study's purposes were included in the analyses.

Table 1

*Descriptive Statistics of Dependent and Independent Variables*

	<i>M</i>	<i>SD</i>	<i>n</i>
Father-child relationship	2.48	1.21	44
Internalizing problems	54.38	14.26	40
Inattention/hyperactivity	54.76	12.22	42

### The Influence of Father-Child Relationship on Mental Health



**Father-child relationship and gender.** Multiple linear regression was used to explore the relationships between father-child relationship and internalizing and inattentive/hyperactive behaviors in youth. The results indicated that internalizing problems were predicted by the main effects model with father-child relationship and gender,  $R^2 = .28$ ,  $F(2, 33) = 6.40$ ,  $p < .01$  (see Table 1). However, father-child relationship was the only significant predictor of the internalizing problems. The interaction model of father-child relationship and gender was significant ( $R^2 = .28$ ,  $F(3, 32) = 4.15$ ,  $p < .05$ ), but there was no interaction effect between father-child relationship and gender on internalizing problems.

Furthermore, inattentive/hyperactive behaviors were significantly predicted by the main effect model with father-child relationship and gender,  $R^2 = .17$ ,  $F(2, 35) = 3.57$ ,  $p < .05$ . Father-child relationship predicted the inattentive/hyperactive behaviors while gender was not statistically significant. The interaction between father-child relationship and gender was analyzed, but there was not a significant interaction between father-child relationship and gender on inattention/hyperactivity  $R^2 = .18$ ,  $F(2, 34) = 2.50$ ,  $p > .05$ .

Table 2

*Multiple Linear Regression of Father-Child Relationship and Gender on Adolescents' Mental Health*

Predictor	Adolescents' Mental Health			
	Internalizing problems		Inattention/hyperactivity	
	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
Model 1	.28**		.17*	
Father-child relationship		.52**		.39*
Gender		-.05		-.09
Model 2	.00*		.01	
Father-child relationship		.66		1.13

Gender	.02	.26
Father-child relationship × gender	-.15	-.78
<i>n</i>	36	38

Note: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

**Father-child relationship and age.** Adolescents’ mental health was predicted by father-child relationship and age (see Table 2). The results indicated that there were main effects on internalizing problems,  $R^2 = .40$ ,  $F(2, 33) = 11.07$ ,  $p < .001$ . It was found that father-child relationship significantly predicted the internalizing problems, as did adolescents’ ages. The interaction between father-child relationship and age was examined. The internalizing problems were significantly predicted by the interaction model ( $R^2 = .45$ ,  $F(3, 32) = 8.63$ ,  $p < .001$ ), but there was not a significant interaction effect between father-child relationship and age on internalizing problems.

In addition, the main effect model for father-child relationship and age was a significant predictor of inattentive/hyperactive behaviors,  $R^2 = .16$ ,  $F(2, 35) = 3.44$ ,  $p < .05$ . However, inattentive/hyperactive behaviors were only explained by father-child relationship, not adolescents’ ages. The interaction between father-child relationship and age was examined, but there was not a significant interaction effect,  $R^2 = .17$ ,  $F(3, 34) = 2.39$ ,  $p > .05$ .

Table 3

*Multiple Linear Regression of Father-Child Relationship and Age on Adolescents’*

*Mental Health*

Predictor	Adolescents’ Mental Health			
	Internalizing problems		Inattention/hyperactivity	
	$\Delta R^2$	$\beta$	$\Delta R^2$	$\beta$
Model 1	.40***		.16*	

Father-child relationship		.44**		.38*
Age		.36*		.06
Model 2	.05***		.01	
Father-child relationship		-1.52		.99
Age		-.19		.31
Father-child relationship × age		2.17		-.75
<i>n</i>	36		38	

Note: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$

### The Influence of Father-Mother relationship on Mental Health

Linear regression was conducted to evaluate the influence of father-mother relationship on mental health. Adolescents' self-report of stress about disagreements between their mothers and fathers was used as a measure of father-mother relationship, and the effects of the interparental relationship on internalizing problems and inattentive/hyperactive behaviors were analyzed, respectively, through simple regression. The results suggested that the interparental relationship was predictive of internalizing problems ( $R^2 = .19, p < .01$ ; see Figure 1), and inattentive/hyperactive behaviors ( $R^2 = .10, p < .05$ ; see Figure 2) respectively.

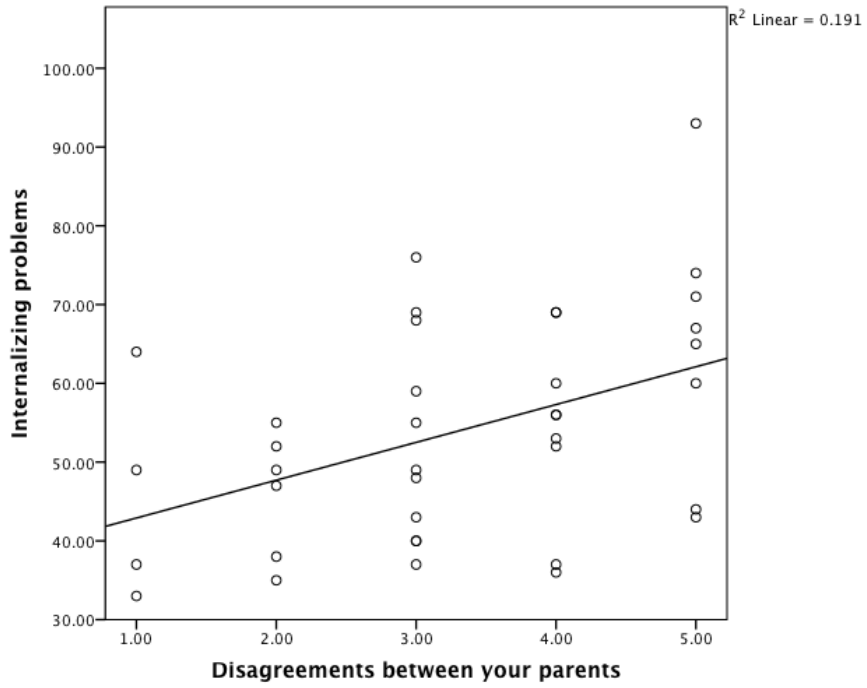


Figure 1. Scatter graph showing the relationship between interparental relationships and internalizing problems.

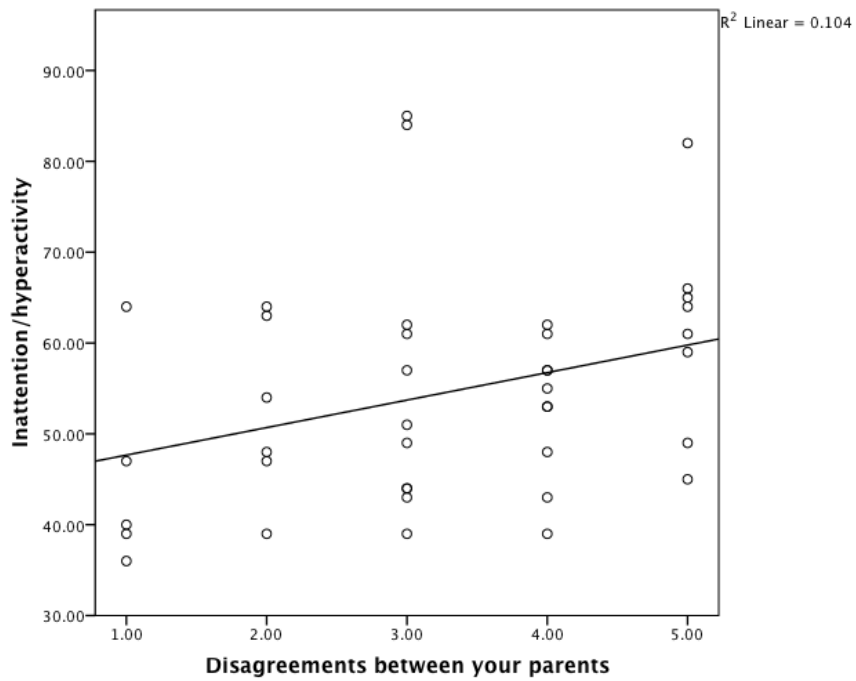


Figure 2. Scatter graph showing the relationship between interparental relationships and inattention/hyperactivity.

### Discussion

The study was designed to assess the influence of father-child relationships on marginalized adolescents' internalizing and inattentive/hyperactive behaviors. As hypothesized, father-child relationship was an important predictor of both internalizing problems and inattentive/hyperactive behaviors. The results supported previous studies on the relationships between the father-child relationships and internalizing behaviors and externalizing behaviors respectively (e.g., Jia et al., 2012). Age was a significant predictor of internalizing problems, such that older adolescents exhibited more internalizing problems than younger adolescents, conflicting with Flouri's (2006) result that older children had less emotional symptoms than younger children. One possible explanation is that the composite scores of internalizing problems in the study included not only emotional symptoms which are depression and anxiety that were include in the previous study (Flouri, 2006), but also atypicality, locus of control, social stress, sense of inadequacy, and somatization. Among internalizing subscales, sense of inadequacy ( $M = 54.93$ ), locus of control ( $M = 54.19$ ), and anxiety ( $M = 54.05$ ) were high in the current study. In this sense, the internalizing problems in the present study might have captured other dimensions of internalizing problems compared to the study by Flouri (2006). Further studies, however, should be done to examine how adolescents tend to present their internalizing problems.

In addition to the effects of paternal relationship, internalizing problems and inattentive/hyperactive behaviors were explained by interparental conflicts, supporting previous research (e.g., Towe-Goodman et al., 2011). Surprisingly, both paternal and

interparental relationships had stronger associations with internalizing problems than inattentive/hyperactive behaviors. One possible explanation for these results is that adolescents might report less inattentive/hyperactive behaviors than internalizing problems because inattentive/hyperactive symptoms are likely to decline with age (Faraone, Biederman, & Mick, 2006).

Conversely, gender failed to explain adolescents' mental health, and there were no interactions between father-child relationship and gender or between father-child relationship and age. These results bring the main limitation of the current study. The study had the limited number of participants. Even though all adolescents in Youth Voice project were invited to participate in the study, only 48 adolescents participated in the study because the program ended. There were also only 36 or 38 included in analyses because the participants did not complete the questionnaires. Additional data collection was impossible because the project was discontinued. The further problem was that there were only 10 males (20.8%) compared to 38 females (79.2%). The small number of male participants could have contributed to the absence of gender differences in adolescents' mental health. The same problem applied to ages, such that there was a lack of participants across age groups. Even though internalizing behaviors could be explained by age, more participants might be required for an interaction relationship between father-child relationship and age in mental health. On the other hands, these insignificant results could imply that the father-child relationship is equally important for both girls and boys and across age.

In addition to the small sample size, the participants do not represent all youth. The current study focused on marginalized adolescents so the results cannot be generalized to other adolescents. Moreover, even though the participants were marginalized adolescents, other demographic information except age and gender were not collected from these participants. This was because questions related to sensitive topics such as their family income might preclude their participation. Further studies should be done by including diverse participants and collecting demographic information.

Next, there are limitations about measurement. Self-report questionnaires were used to collect data from the adolescents. Despite good psychometric properties of the three questionnaires used in the study, adolescents' responses could be biased. In addition, only one question was used to measure father-child and interparental relationships, respectively. Further studies should include more questions to measure different dimensions of father-child and interparental relationships because the current study only looked at adolescents' perception on father-child relationship and disagreements between parents. Other factors such as time they spend together should be collected to measure the quality of relationships between fathers and adolescents.

The father's role in the family has been gradually receiving increased attention. Cabrera, Tamis-LeMonda, Bradley, Hofferth, and Lamb (2000) identified the four possible factors that contributed to the changes of the father's role: a) higher women's employment; b) father's absence in children's lives; c) higher father's involvement in parenting; and d) different views of father's roles in family by cultural diversity. Therefore, it is important to understand the influence of fathers on youth development.

However, there is a lack of studies focusing on fathers. The current study was conducted to fill the gap in previous research by examining the adolescents' perceptions. Because negative father-child relationship can affect adolescents' mental health, interventions should be designed and implemented to improve father-adolescent relationships. In addition, because older adolescents reported higher levels of internalizing, interventions for that age group can focus more on internalizing problems than inattentive/hyperactive behaviors.



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