

# Perceived African American Father's and Mother's Involvement on Adult Children's Mental Health

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## Abstract

The current study examined the statistical relations between father's and mother's involvement and mental health. In addition, the study explored which parent's involvement was more strongly correlated with mental health. The impact of parental involvement (i.e., warmth, care, affection and overprotection) on global depression and depressive mood and ideation were of particular importance. Another goal of the study was to use an African American adult child sample to extend the research literature and knowledge about African American parenting and to gauge their involvement from a protective rather than risk perspective. The last goal of the study was to determine through hierarchical regression analysis the unique contribution of each parent's involvement to the participant's mental health. The sample included 236 African American participants from a regionally accredited Historically Black College and University (HBCU) in Southwest Georgia. Correlation and regression analyses revealed that father's and mother's involvement were related to global depression and depressive mood and ideation. Specifically, father's and mother's care was related to lower levels of depression but, father's and mother's overprotection was related to higher levels of depression. Additional results revealed that ratings of mother's involvement was usually stronger than ratings of father's involvement. Findings from this study, however, points to the importance of African American fathers in the development of their children.

**Keywords:** African American fathers, African American mothers, depression, father involvement, depression, mental health, mother involvement

## 1. Introduction

### 1.1 The Problem

The role of fathers in children's lives cannot be underestimated. Yet, when compared to research on mothers, there has not been a large enough focus on fathers in child development (Yeung, Duncan, & Hill, 2000). There are many distinct and unique ways mothers and fathers are involved with their children (Marsiglio, Amato, Day, & Lamb, 2000), but a preponderance of research is geared more toward the mother's rather than father's involvement. This is unusual considering the positive influences a father has on his children and given the assertion that having healthy father-child relationships are essential for positive adjustment and well-being in children and adolescents (Brotherson, Yamamoto, & Acock, 2003; Yin, Li, & Su, 2012). Regrettably, it is scarcely recognized that fathers are as important to children's development as mothers (Lamb, 1976b; Veneziano, 2003) and that children especially benefit from warm and close relationships with their fathers (Lamb, 1986), as well as receive great opportunities through the love and care that is provided to them by their fathers (Roggman, Boyce, Cook, Christiansen, & Jones, 2004).

Especially problematic in fathering research is the lack of positive regard and thus the small body of research concerning African American fathers and their influences on their children. Instead, inadequate recruitment efforts, poor and biased sampling and a tendency to use inappropriate theories to explain the African American father (e.g., the deficit perspective and the matriarchy perspective; Cochran, 1997) have affected how others view these fathers. This deeply underscores the need for extensive research on African American fathers utilizing various population samples (i.e., child or adult offspring), parallel methods that examines similarities and differences in both parents, as well as fathers for their positive rather than negative influences. Despite claims that African American fathers are not an integral part of their children's lives, evidence from Gadsden,

Wortham and Turner (2003) and others have suggested otherwise. Specifically, it has been observed that despite their obstacles, African American fathers have significant and nurturing bonds; the ability to negotiate when it comes to outlining roles and responsibilities in raising children; and the ability to positively impact their children's social, economic and mental well-being.

As there continues to be a deficiency of research on African American father's warmth and affection and outcomes, this study fills such a gap and adds to the literature by examining, from the adult child's perspective, their perceptions regarding the relationship between their father's involvement and mental health; with a secondary goal of examining mother's involvement and mental health.

## *1.2 Background*

### *1.2.1 Father Involvement*

Father involvement is a multifaceted concept and has many parts and levels (Schoppe-Sullivan, McBride, & Ho, 2004). The complexities of the concept of father involvement exists in part because it takes on different meanings, depending on who you ask. Too often, it is observed that father involvement is defined based on what stakeholders believe constitutes father involvement (Marsiglio, Day, & Lamb, 2000). Accordingly, no one definition or approach to father involvement is alike (Marsiglio et al., 2000). For example, research indicates that father involvement entails parental support, companionship (Marsiglio et al., 2000), or providing materially for their children (Marsiglio & Cohan, 2000). Still, one of the most salient and thematic elements of father involvement examined in research has been a father's ability to provide financially for his family (Christiansen & Palkovitz, 2001).

On the other hand, research has found that a father's perception of his parenting role reaches far beyond providing financially for his children (Bronte-Tinkew, Carrano, & Guzman, 2006). Fathers identify themselves as that of a role model and provider, but also a person who exhibits love, involvement and availability to his children (Morman & Floyd, 2006). It is a role in which fathers are invested in their children (Minton & Pasley, 1996). Although the traditional view of breadwinning and providing appears and remains to be a role that fathers identify with (Peart, Pungello, Campbell, & Richey, 2006), fathers perceive other duties to be important as well. In fact, men perceive their parenting roles to be more liberal and less traditional today than in the past (Jacobs & Kelley, 2006). Important among these are the provision of physical care (bathing, meal preparation, diaper changing, and feeding) and providing warmth (Bronte-Tinkew, Carrano, & Guzman, 2006). Progressive fathers also perceive their role to be one of collaboration and guidance, in addition to being the provider and setting good examples (Taylor & Behnke, 2005). It is also suggested that many other paternal behaviors similar to those listed results in optimal well-being for these children (Adamsons, O'Brien, & Pasley, 2007). How a father perceives his role appears to have important implications for the amount and type of involvement he has with his children. However, this is often discounted by differing perspectives of what father involvement is, particularly when it comes to mothers.

### *1.2.2 Perceptions of Mother's and Father's Roles*

Men and women have different perspectives regarding what father involvement entails (Beitel & Parke, 1998). Yet, investigations have weighed in heavily regarding what and how mothers feel about the fathering role and father involvement. While the use of maternal reports for father data has brought about useful information, it has also caused some challenges. For example, Coley and Morris (2002) asserted that among mothers and fathers who experience high levels of conflict, the mother may consciously or subconsciously report that father involvement is lower than it actually is, based on unresolved issues of the conflict. Further, the higher the levels of discrepancy between mothers and fathers report of father involvement, the more likely mothers are to assess low levels of father involvement (Coley & Morris, 2002). Mothers may feel that fathers aren't involved or are conditionally involved; and while not totally omitting their claims, there may exist some degree of bias, thus possibly leading to erroneous and unfair attributions.

Research examining men's and women's perceptions of the father's role also suggest that explanations regarding perceived lack of involvement is related to maternal characteristics rather than paternal characteristics. For instance, maternal criticism, and not factors associated with the father, was found to have an effect on father involvement (Beitel & Parke, 1998). The more critical mothers were of fathers, the less likely fathers were to engage in stimulating engagement (Beitel & Parke, 1998). Moreover, husbands had often been excluded from family tasks by their wives, when the wives perceived fathers were not as involved in domestic matters as they should be (Hawkins, Marshall, & Meiners, 1995); attesting to the problem underlying the mother and not the

father. Finally, though researchers have sited difficulty in conducting research on fathers, studies indicate that lack of participation can be linked to the mother. Coley and Morris (2002) found that only 6% of fathers refused to participate and that the actual challenge stemmed from the lack of cooperation of the mother. Mothers either refused to provide consent for the father to participate or refused to provide adequate information that would allow the researchers to locate the fathers (Coley & Morris, 2002; Gavin, Black, Minor, Abel, Papas, & Bentley, 2002). A suitable remedy for this challenge, then, would be direct recruitment of the children rather than the mother. In addition to the challenges with mothers, however, the limited value that is placed on the African American father's role is a much more pervasive issue that also deserves attention.

### 1.2.3 The Marginality of the African American Father

The view that fathers are uninvolved have also generated another view that fathers are marginal or have marginal status. The varying circumstances leading to perceived and actual lack of involvement has lead fathers to be labeled as marginal dads. Men of color are especially likely to be labeled marginal. Marginal status refers to the perception that fathers have little contact with their children or contribute minimally to the child's development. By this definition, one may assume that marginal fathers include both resident and nonresident fathers and fathers of any race. However, the issue of marginality typically arises around the subject of African American fathers and perceived lack of support (Weissbourd, 1999). The marginal status of African American fathers, then, is often sustained because of the negative stereotypes and characteristics thrust upon them. Little consideration has been given to economic, racial, social, and other societal barriers that hinder African American fathers' access to much needed resources (Hossain, Field, Pickens, Malphurs, & Del Valle, 1997). On the other hand, Hamer (1998) points out that because fathers lack the resources to care for his child, doesn't equate to marginal status. This point is especially highlighted when it comes to the structure and participation of the African American family.

African American fathers have had fewer economic, political and social resources at their disposal (Threlfall, Seay, & Kohl, 2013). However, the large network of family support they have had has greatly and positively influenced their involvement with their children (Hamer, 1998). Hamer and Marchioro (2002) found that single custodial fathers often relied on family networks to relieve some of the pressures of parenting. The ties between an African American father and his family of origin is profound and is evidenced by the high levels of support and guidance given to him and his children (Rivara, Sweeney, & Henderson, 1986; c.f., Cochran, 1997; Reddock, Caldwell, & Antonucci, 2015). Therefore, as the research suggests, before any attempts are made at conceptualizing African American fathers and factors that affects their role and involvement, it is important to delineate the family structure from which they emerge. It is also imperative for stakeholders to understand that the nuclear family of one man, one woman and their children does not necessarily or adequately describe the African American family (Peart et al., 2006).

Though African American fathers are defined in terms of their economic status and geography (i.e., poor, absent and uninvolved), this view is severely inaccurate. Because of the overutilization of absent African American father samples and fathers with low socioeconomic status, it is assumed that all fathers are not involved and are incapable of showing warmth, care and affection. However, African American fathers are involved (Julian, McKenry, & McKelvey, 1994; Mullins, 2011) and, as Shears (2007) points out, more involved with their children than Caucasian fathers, even though Caucasian fathers report having more education and income than African American fathers. Houssain, Field, Pickens, Malphurs and Del Valle (1997) also concluded that poor African American fathers are far from uninvolved with their children. They are responsible and emotionally attached to their children (Coley & Chase-Lansdale, 1999) and invest noticeable time with their children. They are also highly protective of their children (Toth & Xu, 1999) and, because of excessive exposure to violence (neighborhood, media), socializing their children differently than any other race necessitates fathers teaching their children safety and survival skills, further lending to the warmth and care of their children. Therefore, the view that African American fathers are not involved with their children and are not important to their development is one that has severely limited our knowledge about these fathers and our ability to ask meaningful questions regarding their role.

### 1.3 Theoretical Implications

An overarching theory linking perceptions of parental involvement to mental health outcomes, which also guides the current study, is the parental acceptance-rejection theory (PAR Theory) (Rohner, 1986). PAR Theory assumes that parental acceptance (or the feeling that you are loved) is a favorable behavior that leads to positive outcomes in children, whereas, parental rejection (or the feeling of *not* being loved) leads to unfavorable

outcomes in children. PAR Theory's sub-theory assumes a need for children to have warm and loving connections with their parents because, this acts as a motivator for children to behave in appropriate manners.

PAR Theory also proposes that there are certain universals with regard to what children conceptualize as an accepting or rejecting parent, and that with each characteristic or behavior, there are consequences (positive or negative). For example, accepting parenting behavior refers to how warm and affectionate the parent is toward the child. This warmth and affection usually manifests itself either physically (kissing and hugging) or verbally (praising the child). Rejecting parenting behavior, on the other hand, refers to the hostile and neglecting behaviors shown toward children. Parents may, as a result of this anger and hostility, express themselves physically or verbally to their children in a negative manner. PAR Theory suggests that rejecting parents fail to meet basic, social, physical and emotional needs, and often miss cues for comfort and attention, as a result of this rejection. The current study extends this theory by considering the links between father's and mother's involvement and mental health, using an adult African American sample.

#### *1.4 Summary and Current Study*

Some key considerations can be made regarding the foregoing literature review. First, findings from the abovementioned research studies suggest that a range of paternal behaviors such as father's involvement, warmth, attention, care, emotional and financial support are all responsible for healthy and positive outcomes in children. Specifically, greater father involvement has been associated with fewer behavioral problems in children (Bronte-Tinkew, Moore, Capps, & Zaff, 2006), well-being (Harper & Fine, 2006) and the regulation of emotions (Thomassin & Suveg, 2014). Evidence has also shown that maternal and paternal warmth early in a child's development continues to have an impact on that child over time and even works to reduce serious depressive symptoms (del Barrio, Holgado-Tello, & Carrasco, 2016) and promote prosocial behaviors (Daniel, Madigan, & Jenkins, 2016; Padilla-Walker, Nielson, & Day, 2016). Low paternal warmth, on the other hand, has been associated with a number of negative outcomes including substance use and ADHD (Tandon, Tillman, Spitznagel, & Luby, 2013). As well, parents' harsh discipline and expectations to succeed has been associated with increased depressive symptoms (Quach, Epstein, Riley, Falconier, & Fang, 2015; Wang & Kenny, 2014). Less is known, however, about the long-term impact and presence of father involvement in African American fathers. Are African American fathers involved in their children's lives? Do they exhibit warmth and care to their children? Do they exhibit these behaviors to a greater degree than mothers? From a theoretical perspective, does having a warm and caring father or mother influence a child's health and well-being?

Second, the insufficiencies in this area of research typically involve erroneous and unfair attributions regarding fathers and perceived lack of father involvement. This greatly highlights the need to move this line of research in a direction that takes a broader approach when it comes to understanding the role of fathers and their involvement with their children, family and children's development. Such an approach may be accomplished by recruiting different respondents (i.e., children) for participation in research. Understanding the children's views on *both* parents potentially offers more valuable information regarding perceived parental involvement than either parent's view and is thus another needed area of research. Also needed is a greater understanding of African American father's involvement and the value they bring to their role.

The current study, then, examines the direct relationship between father's and mother's involvement (effectively defined as a parent's warmth, care, affection and overprotection toward the child) and mental health. Specifically, this study uses an African American adult child population sample to examine their perceptions of their parent's involvement and its relation to global depression and depressive mood and ideation. Further, it seeks to explore whether father's involvement influences mental health to a higher degree than mother's involvement. Lastly, this study explores father's and mother's involvement during the participant's child and adolescent years and the impact it has on depression problems as an adult-recounting retrospective experiences of parent involvement and current experiences of depression and/or depressed mood. The significance of this study is broad in scope but very meaningful. Very few research studies have examined the long-term impact of both father's and mother's warmth and care in childhood and adolescence and mental health in adulthood. Also, very few studies have examined African American father samples for their positive influences on children's development. More than not, African American father samples have been studied as risk rather than protective factors. The current study adds to our knowledge of the positive impact that African American dads have on their children. Based on the previous research illustrating the overall positive influences of father's warmth and child outcomes, the following hypotheses were formulated:

Hypothesis 1 (H1): Father's and mother's care will be inversely related to global depression and depressive mood and ideation.

Hypothesis 2 (H2): Father's and mother's overprotection will be positively related to global depression and depressive mood and ideation.

Hypothesis 3 (H3): Father's and mother's care and overprotection will contribute unique variance to global depression and depressive mood and ideation.

## 2. Method

The sample in the current study was a component of a larger study whose primary goal was to examine and understand the statistical relations between various psychosocial networks and social support systems and adult child outcomes. The current report herein examined how father's and mother's unique warmth and affection potentially impacted an adult child's depressive mood and global depression. The survey method was employed in the current study in an effort to address the research questions and hypotheses directing this study. Below is a description of the participant characteristics, procedures and measures however, much of the participant characteristics and procedure have already been described in detail elsewhere (Mason, 2016).

### 2.1 Participants

Data from the current study was collected from a convenience sampling of students who were enrolled in a public southwest Georgia university. There was a potential sample of 251 participants. The majority of participants were female (81%), which is representative of the student population at the university. Additionally, the majority of the sample identified their race/ethnicity as African-American (93%). Caucasians and Asians represented 1% each. Hispanics represented 2% of the sample and those with more than one race represented 4% of the sample. Because the current sample did not allow for a statistical comparison due to few participants and because the study examines African American fathers, all of those who did not identify as African American were excluded from further analysis. Also, because it could not be determined whether any of the participants who identified with more than one race, also identified as African-American, they too were excluded from analysis. The final sample for analysis was 236 undergraduate students. The average age of participants was 22.35 (SD=5.88). Thirty-Six percent were classified as seniors, 42% were juniors, 20% were sophomores and 1% were freshmen.

### 2.2 Procedure

All research participants were informed that their participation was completely voluntary and that they could withdraw their participation at any point. They were further advised that they would not be penalized in any way if they decided to withdraw their participation. Upon arrival to their scheduled data collection day, participants were given informed consent forms describing the nature of the study, as well as other pertinent information. If participants had trouble understanding or reading the informed consent form, the consent form was read to them as a precautionary measure. After all questions were answered, participants were asked to sign and date both copies. Participants kept one signed and dated copy of the consent form should any questions or concerns regarding their participation arise after the research concluded.

Participants then completed several self-report surveys including the surveys included for analyses in the current study. Participants completed a demographic survey, followed by the parenting bonding instruments and health-and-daily-living scales. Each are described fully below. At the end of data collection, participants were not compensated but earned extra credit and were entered into a drawing for a chance to win a 32-inch flat screen television. Total data collection time from the reading of instructions and consent form to the completion of all surveys was between 1½-2 hours.

### 2.3 Measures

#### 2.3.1 Predictor Measures

Parental involvement is measured using the Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979), which assesses the parenting styles of mothers and fathers. The specific parenting styles assessed includes the perceived care, affection and warmth provided by the parent as well as perceived overprotection and control. Optimal parenting is characterized by high care and warmth and low overprotection and control. Both scales are relevant to the current study and thus included for analysis. The PBI-Care (PBIC) scale contains 12 items with each item rated on a 3-point scale ranging from 0 (very unlike) to 3 (very like). The survey was completed twice; once measuring the mother's care (PBIM) and then measuring the father's care (PBIF). Sample items for either form

include “Spoke to me in a warm and friendly voice”, “Appeared to understand my problems and worries”, and “Could make me feel better when I was upset”. The PBI-Overprotection (PBIO) scale contains 13 items using the same 3-point scale. Sample items include “Did not want me to grow up”, “Tried to control everything I did”, and “Invaded my privacy”. Items are summed with possible score values ranging from 0 to 36 on the PBIC scale and 0 to 39 on the PBIO scale. Higher scores on PBIC represents a greater perception that one’s parent is caring, affectionate and shows warmth. The PBIM has an adequate internal consistency of  $\alpha=.70$ . The PBIF has a higher internal consistency of  $\alpha=.80$ . Higher scores on the PBIO reflects a greater dissatisfaction with the level of control and protection by either parent. The PBIM and PBIF for the overprotection subscale had good internal consistency of  $\alpha=.81$  and  $\alpha=.76$ , respectively.

### 2.3.2 Outcome Measures

Depression is assessed using the Health and Daily Living Scale (HDLS; Moos, Cronkite, Billings, & Finney, 1986), which is designed to measure physical and mental health factors and social functioning. HDLF includes four domains measuring individual functioning, stressful life circumstances, social network resources and help-seeking responses. The depression subscales presents 18 items reflecting the presence and severity of depression or depressive mood and ideation symptoms. Sample items for the global depression subscale include “feeling slowed down and having trouble moving” and “loss of interest or pleasure in your usual activities or in sex”. Sample items for depressive mood and ideation include “feeling negative or pessimistic” and “feeling inadequate”. Each item is calculated using a five-point scale ranging from 0 (never) to 4 (often). The global depression scale has an internal consistency of  $\alpha=.94$ , while the depressive mood and ideation has an internal consistency of  $\alpha=.90$ .

## 3. Results

### 3.1 Descriptive Results

Means and standard deviations for predictor and outcome variables are presented in Table 1. Overall, mean scores for father’s care and mother’s care met the cut-off points, indicating that participants perceived their mothers and fathers to be warm and caring. Mothers, however, were perceived to exhibit more warmth than fathers. Mean father overprotection scores and mother overprotection scores were slightly above the mean cut-off points for overprotection, indicating that participants perceived both parents to be somewhat overprotective and controlling. Mothers in general were more overprotective than fathers but, fathers were more overprotective of their daughters than their sons. As it relates to depression, mean scores indicated that participants reported having low levels of global depression and low levels of depressive mood and ideation. Low scores on both of these scales are a good indicator that, overall, participants feel that they have good psychological well-being and relatively low depression symptoms, mood or ideation.

Table 1. Descriptive statistics for predictor and outcome variables

Variable	Mean	SD
<b>Measure 1: Parental Bonding</b>		
Father’s Care	21.58	9.92
Father’s Overprotection	15.04	7.59
Mother’s Care	28.62	7.68
Mother’s Overprotection	17.38	7.54
<b>Measure 2: Depression</b>		
Global Depression	37.30	13.74
Depressive Mood and Ideation	13.06	5.74

### 3.2 Correlation Analyses

Bivariate correlations among predictor and outcome variables are presented in Table 2. We were interested in determining whether there were direct relationships between measures of parent’s warmth and caring and depression. Specifically, father’s care was significantly and inversely related to both depression variables. Participants’ father overprotection scores were negatively related to mother’s care scores, but positively related to

mother overprotection scores. Though participants' father overprotection scores were positively related to global depression, these scores were not related to depressive mood and ideation. Participants' mother's care scores were inversely and more strongly related to global depression scores, and depressive mood and ideation, than father's care scores. Lastly, participants' mother overprotection scores were positively and more strongly related to global depression and depressive mood and ideation than father overprotection scores.

Table 2. Correlations among predictor and outcome variables

	1	2	3	4	5	6
1 Father's Care	-					
2 Father's Overprotection	-.10	-				
3 Mother's Care	.11	-.17**	-			
4 Mother's Overprotection	.01	.23***	-.38***	-		
5 Global Depression	-.16**	.19***	-.29***	.27***	-	
6 Depressive Mood	-.14**	.12	-.26***	.23***	.92***	-

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

**Predictors of Depression.** The goal of determining the ability of parent involvement to predict global depression and depressive mood and ideation was explored by performing hierarchical multiple regressions (see Table 3); to determine whether separate measures of father's and mother's caring and overprotection were significant and unique predictors of global depression and depressive mood and ideation. Because gender correlated with father overprotection, it was included in the analysis to determine whether it would also predict depression. For the model examining the predictive nature of parental involvement on global depression, 14% of the total variance was explained,  $F(5, 223) = 7.41, p < .001$ . There was a negligible amount of variability in depression accounted for by gender in step 1,  $\Delta R^2 = .01, F(1, 227) = 1.68, p > .05$ . The addition of mother's care and mother's overprotection into step 2 contributed significantly to the prediction of global depression,  $\Delta R^2 = .10, F(2, 225) = 13.51, p < .05$ . The addition of father's care into step 3 contributed significantly to the prediction of global depression,  $\Delta R^2 = .03, F(2, 223) = 3.74, p < .05$ . Father overprotection did not contribute significantly to the prediction of global depression.

As also presented in Table 3, the model examining the predictive qualities of father's and mother's care and overprotection on depressive mood and ideation revealed that 10% of the total variance was explained,  $F(5, 226) = 5.16, p < .001$ . Gender was not a unique or significant predictor in Step 1, accounting for zero variance,  $\Delta R^2 = .00, F(1, 230) = .05, p > .05$ . On the other hand, the addition of mother's warmth and overprotection into Step 2 contributed significantly to the prediction of depressive mood and ideation,  $\Delta R^2 = .08, F(2, 228) = 10.58, p < .05$ . The addition of father's warmth and overprotection into Step 3 did not contribute significantly to the prediction of depressive mood and ideation,  $\Delta R^2 = .02, F(2, 226) = 2.19, p > .05$ .

Table 3. Summary of regression analyses predicting depression

	Global Depression			Depressive Mood/Ideation		
	B	SE B	$\eta^2$	B	SE B	$\eta^2$
<b>Step 1</b>						
Gender	-2.96	2.29	-.09	-.21	.95	-.01
<b>Step 2</b>						
Gender	-2.36	2.17	-.07	.02	.91	.00
Mother's Care	-.38	.12	-.21**	-.14	.05	-.19**
Mother's Overprotection	.33	.13	.18**	.12	.05	.16**
<b>Step 3</b>						
Gender	-1.42	2.19	-.04	.25	.93	.02

Mother's Care	- .34	.12	<b>-.19**</b>	-.13	.05	<b>-.17**</b>
Mother's Overprotection	.29	.12	<b>.16**</b>	.12	.05	<b>.16**</b>
Father's Care	- .19	.09	<b>-.13**</b>	-.07	.04	-.12
Father's Overprotection	.19	.12	.10	.04	.05	.05

Note. \*p=.05 \*\*p<.05 \*\*\*p≤.01.

#### 4. Discussion and Limitations

The goals of the present analysis were threefold. First, the study examined the statistical relations between father's and mother's involvement (effectively defined as the warmth, care, affection and overprotection toward the child) and mental health. In addition, the study explored which parent's involvement was more strongly correlated with mental health. For purposes of the study, global depression and depressive mood and ideation were of particular importance. Another goal of the study was to use an African American adult child sample to extend the research literature and knowledge about African American parenting and to gauge their involvement from a protective rather than risk perspective. The last goal of the study was to determine through hierarchical regression analysis the unique contribution of each parent's involvement to the participant's mental health.

H1 and H2. Correlation analyses revealed that, as expected, both father's and mother's care were significantly and inversely related to global depression and depressive mood and ideation. Further, the results revealed that participant's scores on the mother variables were more strongly related to depression than the father variables. This is in line with research that illustrates that while father's involvement has increased, it is still not at the pace of mother's involvement. It wasn't until the 1970s that the focus on the amount of time fathers spent with children began to take shape and the term "new father" emerged (Lamb, 2000). Fathers at this point were admonished to spend more time with children and to become nurturers of their children. In the two decades to follow, research showed substantial increases in the amount of direct father involvement (Pleck, 1997). Where fathers spent about a third as much time with their children as mothers in the 1970s, these numbers increased significantly between 43% and 67% in the 1990s and continues to increase today. Indeed, the "new father" concept has called for the father to be more involved in the day-to-day activities (Lamb, 2000); nurture, care and not only provide for the child's economical needs but their physical, emotional and psychological needs as well (Adamsons, O'Brien, & Pasley, 2007); and be more involved with the care and welfare of their children than in recent decades (Marks & Palkovitz, 2004). Data from the current study shows that this is indeed the case. While mothers' scores were more strongly correlated with depression than fathers' scores, this is not to suggest in any way that fathers were not involved with the current sample. This is great news for the field of fathering research and aligns with the goals of this project; which is to see fathers for their positive rather than negative influences.

On the other hand, having restrictive or overprotective parents may have harmful effects on children's mental health as well, which is what the current study found. Scores for overprotective mothers and overprotective fathers correlated significantly with each other, suggesting that participants perceived at times that when mothers were overprotective, this was also the case for fathers. This also may have driven the findings that perceived overprotectiveness of either parent was significantly and positively related to global depression. This finding was stronger for mothers than fathers, but also revealed that when it comes to being overprotective, fathers had a larger impact on their daughters than their sons. This discovery is not surprising and actually enlivens the age-old discussion typically had about fathers and their daughters; where fathers make painstaking efforts to shield them from certain experiences especially those experiences girls may not want to be shielded from, like attending dances, sleep overs and dating. Another level of understanding comes from Demidenko, Manion, and Lee (2015) who found that perceived lack of communication and emotional attachment was responsible for the relationships between fathers and their daughter's depression. Additional research should focus more intently on fathers and the differences between daughters and sons.

H3. The prediction that father's and mother's involvement would uniquely contribute variability to depression was moderately supported by the data with some exceptions. Father's care accounted for a modest amount of variability in the model predicting global depression; whereas mother's care and overprotection accounted for slightly higher levels of variability in models 2 and 3. With regard to the model predicting depressive mood and ideation, data revealed that only father's care resulted in significant direct relationships with these behaviors. Both mother's care and overprotection again predicted depressive mood and ideation. Based on these results, confirmation is presented for the significant amount of influence each parent has on their children's development.

However, further studies are needed regarding African American parenting to understand the different factors and underpinnings contributing to father involvement in hopes of implementing policies, services, and programs geared toward making these fathers viable resources for their families. Implementing such programs and services with the goal of focusing on the father's experiences should facilitate healthier relationships with children early on, who will grow up and have more favorable outcomes.

While the findings from the current study are mainly positive, there are some study limitations that should be addressed. First, certain methodological issues warrants attention. Though it was suggested earlier the benefits of employing parallel instruments for studying mothers and fathers, it is also important to consider that identical measures for these parents may have actually underestimated the differences typically seen in mothers and fathers. A single measure may not have adequately gauged father or mother involvement based on a number of factors including, individual and contextual factors affecting their parenting. It is suggested for future research that not only parallel measures are used but also multiple and distinct measures to fully understand the styles of each parent. If perceptions of father involvement are different from mother involvement and these differences are based on the qualities and characteristics of the parent then how likely is it that identical measures will tease apart these differences? Therefore, additional research is needed with these aims in mind. Next, the current study did not examine the interactions of father's or mother's involvement on the relations between the other's involvement and depression. Doing so may have helped to understand whether father's care, for example, lessened the impact between mother's overprotection and depression. This would have certainly added another layer to our understanding of fathers and the protection that comes with their involvement.

In conclusion, the current study provided an important element to research on father's involvement, by using adult children as respondents instead of mothers-the usual respondents. It is plausible that the reason researchers may have perceived fathers to be uninvolved had to do with response bias from mothers. For instance, a mother may intentionally or unintentionally bias her report of father involvement based on a number of reasons: anger and resentment over perceived overload, perception grounded in the tradition that says mothers carry the bulk of the load, whether or not this is true, others telling mothers they work too hard and fathers don't work hard enough even if this is not the case. As a result, researchers' perceptions of fathers have been shaped by the responses mothers give. Using the adult children's responses helped to understand fathers and their influences from a different lens. This view is also shared by Dyer, Day, and Harper (2014) who states that the unique views of different respondents ensures a more nuanced view of the complexities and levels of father's involvement. This underscores the need for more respondents; mothers, fathers, children and other stakeholders to be included in fathering research. Such a move will allow us to appreciate on a deeper level the benefits of father involvement.

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