

**Father Absence: A Growing Phenomenon That Can No Longer Be  
Ignored**

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**Abstract**

Found within is a research proposal investigating why absent fathers are leaving their children and families. The literature reveals that the absent father phenomenon has been a growing international concern for decades (Gobbi et al., 2015). Although it is well documented a father's impact spans several developmental domains such as, psychological, cognitive, and emotional (Simmons et al., 2017; Baker, 2017; Sethna et al., 2017; Jackson et al., 2016a; Craig et al., 2018; Gobbi et al., 2015; Markowitz & Ryan, 2016), little is known about why fathers are leaving their children and families (Simmons et al., 2018). Depression is one variable identified in the literature as a possible contributor to why fathers are leaving (Albicker et al., 2019; Koch et al., 2019; Gray et al., 2018; Trahan & Shafer, 2019; Da Costa, 2017). For the proposed study, the researcher's hypothesis anticipates that absent fathers will show higher measures of symptoms of depression than non-absent fathers, while the null hypothesis anticipates that there will be no difference in measures of depression between absent fathers and non-absent fathers. The proposed study is an ex-post facto research design utilizing the Patient Health Questionnaire-9 (Pfizer, 2020) as the psychometric assessment for measuring symptoms of depression. Proposed data collection procedures include non-probabilistic voluntary and convenient sampling. The statistical analysis that will be utilized for analyzing participant data is an independent groups t test.

### **Father Absence: A Growing Phenomenon That Can No Longer Be Ignored**

It is well documented within the literature that the father-child relationship is essential to a child's psychosocial, emotional, and cognitive development (Simmons et al., 2017; Baker, 2017, Sethna et al., 2017; Jackson et al., 2016a; Craig et al., 2018; Gobbi et al., 2015; Markowitz & Ryan, 2016). Even so, father absence is a growing phenomenon (Gobbi et al., 2015). Markowitz and Ryan (2016) state that within the United States, nearly one half of all children will experience father absence. In Canada, two-parent families have been decreasing over the past 50 years (Gobbie, 2015). Recent data states, approximately 26% of children were living in a one-parent household, and 8 of 10 single-parent families were reported as being led by a woman (Gobbi et al., 2015). Furthermore, a study conducted by Craig et al. (2018) revealed that children whose fathers were no longer part of their lives by the age of 3.5 years were twice as likely to present with substantial behavioral difficulties compared to children whose fathers were still in the home by age 11. The same study revealed that children whose fathers left after 3.5 years of age scored, on average, two points higher on scales measuring behavioral difficulties by age 11, compared to children whose fathers have not left (Craig et al., 2018). Further support for the significance of a father's involvement in their children's development was provided by a study conducted by Jackson et al. (2016a) which revealed that children who had experienced father absence at birth were ~13% more likely at age 4 to be clinically diagnosed with disorders such as speech/language disorder, attention/learning disorder, activity-related disorder, and may experience other cognitive developmental delays.

Although it is well documented within the literature that fathers are significantly involved in a child's psychosocial, emotional, and cognitive development (Baker, 2017; Craig et al., 2018; Jackson et al., 2016a) and that father absence has been linked to increased psychopathologic and

destructive behaviors in their children (Markowitz & Ryan, 2016; Gobbi et al., 2015), little is known about why fathers are leaving their families and children (Simmons et al., 2018). Though many variables may contribute to the phenomenon of fathers leaving their children and families, several studies indicate that fathers may experience depression prior to a child being born, and throughout a child's early developmental years (Albicker et al., 2019; Koch et al., 2019; Gray et al., 2018; Trahan & Shafer, 2019; Da Costa, 2017). Thus, the research question proposed by this study is: do fathers who leave their families and children have a higher measure of depression compared to fathers who stay with their families? The hypothesis set forth for this research proposal is that fathers who leave their children will have a higher measure of symptoms of depression compared to fathers who do not leave their children. The null hypothesis will assume that there is no difference between the two groups: fathers who leave their children and fathers who do not.

With the growing phenomenon of father absence (Gobbi et al., 2015) and literature supporting the importance of the father-child relationship (Simmons et al., 2017; Baker, 2017, Sethna et al., 2017; Craig et al., 2018; Gobbi et al, 2015; Markowitz & Ryan, 2016), exploring father absence may contribute to the field of psychotherapy in several ways. If discovered that fathers who leave their homes and children have a higher measure of symptoms of depression perhaps preventive measures could be implemented for at-risk fathers. Preventative measures could include psychoeducational material showing the significant impact fathers have in children's psychosocial, emotional, and cognitive development (Baker, 2017; Craig et al., 218). In addition to psychoeducational material, individual and group psychotherapy sessions could be conducted to help those fathers who may be experiencing depression.

## **Method**

### **Population and Sampling**

Participants of interest include absent fathers (AF) and non-absent fathers (NAF). AFs include fathers of biological children who are at least 18-years-of-age, have one or more children, and have not been a part of their child's life for at least 1 month. Exclusion criteria for AFs include fathers who are in a situation that may require them to be away from their children (i.e. military service, work, incarceration). NAFs include fathers of biological children who are at least 18-years-of-age, have one or more children, and have never left their children. Exclusion criteria for NAFs include fathers who are in a situation that may require them to be away from their children (i.e. military service, work). The sampling method for both AFs and NAFs will be non-probability sampling procedures, namely, voluntary sampling and convenience sampling (Knight & Tetrault, 2017). Due to the nature of the research, researchers may need to obtain participants wherever is most convenient for them (Jackson, 2016b). Briefing of participants will include an overview of the phenomenon of AFs and the psychometric assessment that will be utilized within the study. The primary setting of the research will be conducted in a counseling agency. However, given that no treatment is warranted for this research, participants could complete the psychometric assessment off-site and mail, email, or drop the psychometric assessment off at a specified location.

### **Instrumentation**

The variable of interest for this study is the measure of depression symptoms in both AFs and NAFs. To measure levels of depression symptoms, the Patient Health Questionnaire-9 (PHQ-9) will be used (Pfizer, 2020; Teymoori et al., 2020). The PHQ-9 utilizes a 9 question, 4-point, Likert-scaling system based on 9 of the criteria for major depressive disorder according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth

Edition (DSM-5) (Dajpratham et al., 2020), assessing the severity and frequency of depressive symptoms (Teymoori et al., 2020). Upon completing the 9 questions, the PHQ-9 yields an overall interval score (0 – 27). This will allow researchers to calculate means of the two groups to perform the necessary statistical analysis. According to Teymoori et al. (2020), the PHQ-9 has a cut off score indicating depression severity. A score of 10 or below indicates depression severity as minimal/mild, while a score of 11 or above indicates a depression severity of moderate/severe (Teymoori et al., 2020). It is worth noting, however, that the cut off score may vary. A systematic review of the PHQ-9 showed the cut off level between minimal/mild and moderate/severe to be a score of 8 (Teymoori et al., 2020). However, for this study, the cut off score of 10 will be adopted, which follows the study conducted by Teymoori et al. (2020). Sample questions of the PHQ-9 include, “Little interest or pleasure in doing things” and “Thoughts that you would be better off dead or of hurting yourself in some way” (Pfizer, 2020).

Concerning reliability and validity, several studies have shown that the PHQ-9 possesses the necessary psychometric properties to screen for a variety of depressive disorders (Dajpratham et al., 2020; Indua et al., 2018; Maroufizadeh et al., 2019). In a study conducted by Indua et al. (2018), internal consistency reliability was found to be 0.898, which is high according to Cronbach’s alpha rating. The identified internal consistency reliability of 0.898 (Indua et al., 2018) was comparable to the internal consistency reliability findings in previous studies: 0.79 (Thailand), 0.82 (Hong Kong), 0.86 (Muscat). In the same study, Indua et al. (2018) identified that the inter-rater reliability was also high (0.95). Although the study conducted by Indua et al. (2018) utilized a translated version of the PHQ-9, their findings were comparable to similar studies which also identified high inter-rater reliability measures: 0.87 (United States), 0.85 (Oman), 0.94 (India), and 0.98 (China). Examining the PHQ-9 for convergent validity, Maroufizadeh et al. (2019) found moderate to high correlations to other psychometric

measurements for depression which include: WHO-five Well-being Index (WHO-5) ( $r = -0.522$ ,  $P < 0.001$ ), the Hospital Anxiety and Depression Scale (HADS-D) ( $r = 0.572$ ,  $P < 0.001$ ), the Hospital Anxiety and Depression Scale Anxiety (HADS-A) ( $r = 0.698$ ,  $P < 0.001$ ), and the Generalized Anxiety Disorder-7 (GAD-7) ( $r = 0.737$ ,  $P < 0.001$ ). Provided the high and moderate measures of reliability and validity found within the literature (Maroufizadeh et al., 2019; Indua et al., 2018; Dajpratham et al., 2020; McCord & Provost, 2020; Teymoori et al., 2020), the PHQ-9 is sufficient for the proposed research.

### **Procedures**

Given that AFs and NAFs are representing two unique populations based on an attribute variable an ex-post facto design (Knight & Tetrault, 2017) will be utilized for the proposed research. An ex-post facto research design allows for two different groups to be compared on a variable of interest (Knight & Tetrault, 2017). This will allow the researcher to perform the proper statistical analysis to determine whether the null hypothesis may be rejected and if statistical significance can be determined (Jackson, 2016b). Participants interested in taking part in the research will either come into a counseling agency or contact researchers via email to complete the following: basic demographic information, PHQ-9 (Spitzer et. al., 2020), and an informed consent. Provided that no treatment is presented to the participants and current research is interested in investigating if participants are measuring high in symptoms of depression, data collection will only occur once.

To control confounding variables, provided that researchers will brief participants on the psychometric assessment measuring for symptoms of depression, there is a risk of participants to answer according to how they think the researcher wants them to. This is known as demand characteristics, which will negatively impact internal validity (Jackson, 2016b). In addition to demand characteristics, another threat to internal validity is instrumentation effect (Jackson,

2016b). As mentioned by Jackson (2016b), instrumentation effect occurs when the psychometric assessment is faulty and does not correctly measure the variable of interest. However, according to several studies, the PHQ-9 shows moderate to high inter-rater reliability and strong construct validity (Indua et al., 2018; Dajpratham et al., 2020; McCord & Provost, 2020; Teymoori et al., 2020; Maroufizadeh et al., 2019). For this reason, instrumentation effect is a minimal risk for this study.

### **Analysis**

For the proposed study, the data will be collected in several ways. First, participants who are interested may complete the PHQ-9 within the counseling agency that is conducting the study. Second, researchers will post advertisements for the study at local churches, alcoholics anonymous meetings, and childcare centers. Participants who are interested may email researchers asking to be part of the study. At that time, researchers can send a PHQ-9 to the participants and have the participants either scan and email the PHQ-9 back to the researcher, send in the PHQ-9 assessment via United States Postal Service (USPS), or drop the PHQ-9 off at a specified location. Regardless of the method in which participants choose to complete the PHQ-9, participants will also be briefed on the study. This briefing will include an overview of the phenomenon of AFs, instructions, a form for basic demographic information, and signing the informed consent.

To analyze participant data, researchers will use an independent groups t test (Jackson, 2016b). The independent groups t test is a parametric statistical analysis that allows for the means of two individual groups to be compared (Jackson, 2016b). Given that the independent groups t test is a parametric statistical test, the type of data required for this research will be interval-ratio data (Jackson, 2016b) which the PHQ-9 generates. Results from the statistical analysis will allow for the researcher to determine if the null hypothesis can be rejected by evaluating if the t value

obtained from the statistical analysis is outside the t critical value, which is determined by the degree of freedom (n-1) and a one tailed 0.05 alpha level (Jackson, 2016b).

### **Strength and weakness of the research design**

A strength to this research study is the high reliability and moderate to high validity of the PHQ-9 (Dajpratham et al., 2020; Indua et al., 2018; Maroufizadeh et al., 2019). As several studies have revealed, the PHQ-9 is constructed with the necessary psychometric properties to screen for an array of depressive disorders (Dajpratham et al., 2020; Indua et al., 2018; Maroufizadeh et al., 2019). Even with the strengths, limitations should be considered. Non-probabilistic sampling methods were proposed, namely, volunteer sampling and convenience sampling. These sampling techniques could lead to a degree of sampling bias (Jackson, 2016b). Furthermore, because the research design suggests that the researchers explain the PHQ-9 and provide an overview of the study to participants, demand characteristics (Jackson, 2016b) may impact how participants complete the PHQ-9.

### **Discussion**

The absent father phenomenon has been growing for decades (Gobbi et al., 2015) with little known as to why fathers are leaving their children and families (Simmons et al., 2018). This article set out to design a research proposal to begin an investigation into why AFs may be leaving their children and families. It is important to note that this research proposal *does not* claim that depression *is* a cause of fathers leaving the home. At present, depression is a variable of interest in the proposed investigation into the absent father phenomenon. This proposal focused on depression because depression has been identified as a psychopathology that fathers may experience prior to and throughout a child's early developmental years (Albicker et al., 2019; Koch et al., 2019; Gray et al., 2018; Da Costa, 2017). Although depression may be a variable contributing to the absent father phenomenon, other variables should likewise be

explored. As Wong et al. (2015) state, human development is multidimensional and complex. It is reasonable to consider that multiple variables may contribute to the absent father phenomenon.

This research proposal is the beginning of an investigation into why fathers may be leaving their families and children, but there are several additional questions worth examining. Some of those questions which may warrant further studies include, investigating if other psychopathologies are measured higher in AFs than in NAFs, how women and men differ in managing peripartum depression, if AFs are more susceptible to psychosocial influences than NAFs, the psychospiritual history of AFs and whether their psychospiritual histories differ from those of NAFs, AFs sociocultural background compared to NAFs, whether AFs participate in recreational substance use more than NAFs, and academic and socioeconomic status differences between AFs and NAFs. Furthermore, if the proposed research suggests that AFs *do* measure higher than NAFs in symptoms of depression, further studies may explore contributing factors to that depression. Lastly, related to this particular phenomenon, utilization of case studies may also be an efficacious approach.

This research proposal is relevant to the field of psychotherapy in several ways. First, it proposes the start of an investigation into why AFs are leaving their families and children. Second, it provides a roadmap for the potential development of psychoeducational courses explaining the significance of the father-child relationship and how a father's mental health is critical to both themselves and their families (Simmons et al., 2017; Baker, 2017; Sethna et al., 2017; Jackson et al., 2016a; Craig et al., 2018; Gobbi et al, 2015; Markowitz & Ryan, 2016). Additionally, psychotherapeutic treatments highlighting the importance of positive mental health in fathers could be offered to fathers experiencing mental health concerns with the goal of helping fathers prior to the father considering family abandonment. Lastly, this proposal suggests

additional explorative endeavors that are worth consideration to further the investigation into the absent father phenomenon.

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**Appendix A**

**Patient Health Questionnaire – 9 (PHQ-9)**

Over the last 2 weeks, how often have you been bothered

**by any of the following problems?**

(Use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

=Total Score: \_\_\_\_\_

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

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