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Separated Fathers: Generativity, Grief, and Mental Health

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Separated Fathers: Generativity, Grief, and Mental Health

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Abstract

Mental health disorders are highest among adults who are separated and divorced, with 23% of men in this group reporting a mental illness. Separated men are more likely to commit suicide compared with married men. In Australia, there are over 53,100 divorces per annum, involving almost 50,000 children. To date, little research has been conducted on the mental health of separated men who are fathers.

Aims*:* Using a pilot qualitative study, parenting and health issues reported by 23 south-east Queensland separated fathers were examined. The pilot study informed the selection of correlates and measurements for the quantitative study. The aims of the subsequent quantitative study of 80 Queensland separated fathers were to examine: (1) how post-separation stressors, conflict with the ex-partner, access to children, and generativity impact on fathers' grief; and (2) how grief impacts on the mental health of separated fathers.

Model*:* Variables correlating with separated fathers' grief and mental health were entered into the health model proposed by Bartholomew, Parcel, and Kok (1995). Generativity (caring for others and providing support for the next generation) was a key construct in this research.

Results: Results of grief analyses, as measured by the Separated Fathers Grief Scale, indicated that the more generative a separated father, and the fewer and less intense the stressors in his life, the less his grief. A grieving father's access to his children and his perception of his financial insecurity correlated with alcohol abuse, conflict with his ex-partner and stressors in his life. Parenting concerns were the predominant factor affecting conflict with the ex-partner and stressors for separated fathers. Results indicate that a generative father with a positive perception of his financial security and few stressors had low levels of depression anxiety and stress, unless he was unable to resolve his grief over separation from his children.

Implications for Public Health: For separated fathers, findings that increased generativity serves as a preventive for grief and mental health problems, support the potential benefit of educational programs utilising an adult developmental approach. Social and legislative changes are required to ensure that: fathering is given equal importance to mothering; consensual rather than adversarial legal processes are promoted; and equitable maintenance and financial planning strategies are promoted to increase the financial security of all separated parents and their children.

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Glossary of Terms

Bereavement: a state of loss, for example, resulting from the death of a child, spouse, sibling (Rando, 1984).

Generativity: Generativity is the primary developmental tension of middle adulthood, and is a process of learning to care for others and "an interest in establishing and guiding the next generation" (Erikson, 1950, p.267).The concept of generativity has its foundations in Erikson's (1950) classical eight-stage conceptualisation of life-span development. Erikson's life-span model incorporated critical stages where psychosocial adjustment occurred in response to meeting the challenges and crises these life stages presented. In the first two decades of life, there are six stages: trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority; identity versus confusion; and intimacy versus isolation (this stage continuing on into the next decade of life). The final stages are generativity versus stagnation (middle-adulthood) and ego integrity versus despair (old age).

Generative chill: The dynamic of "losing" a child may induce "generative chill" in that the loss of the ability to live with and nurture the child within the family context effectively creates the situation where generativity no longer exists (Skene, 1998).

Generative work: The concept of fathering as 'generative work' describes men's sustained efforts to care for and about their children (Holland, 1998).

Grief: Grief is the emotional, cognitive and somatic reaction to the perception of loss through separation or death.

Grief (active): Active Grief, the first factor in the conceptualisation of grief by Potvin, Lasker and Toedter (1989), and also considered normal grief, incorporates dimensions such as *sadness*, *missing the baby (children)* and *crying.*

Grief (difficulty coping): The second factor in the conceptualisation of grief by Potvin et al. (1989) is Difficulty Coping, and indicates a person's difficulty in dealing with both

activities and with other people; it is indicative of more severe grief because of social withdrawal and trouble with everyday functioning.

Grief (despair): The third factor, Despair, in the conceptualisation of grief by Potvin et al. (1989) suggests the potential for serious and long-lasting grief and incorporates issues such as guilt, vulnerability, and worry about the future.

Loss: Loss in this study refers to the losses occurring over the separation process. These losses include, for example, loss of the dream (an idealisation of the spouse), loss of intimacy, loss of money and property, loss of community, and loss of co-parenting (Hagemeyer, 1986).

Nurturant desire: Nurturant desire is a reflection of adult developmental maturity, which Erikson named generativity (Erikson, 1964). The desire to nurture is positively related to the amount and range of child-caring activities (fathering behaviour) a father is involved with on a daily basis (Snarey, 1993). This desire to be nurturant is strongly associated with societal generativity where fathers take the further step of being involved as caring adults in the wider community (McKeering & Pakenham, 2000).

Separation grief: Separation grief is a term coined by Peter Vogel (1998) to describe a reaction to the breakdown of the marital relationship and loss of the parental role and is manifested in a number of psycho-physical health problems, unemployment, alienation from children, and suicide.

Stressful life events: In this study, this term refers to events affecting separated individuals, such as economic distress, residency problems, and legal difficulties.

Stressors: In this study, the term refers to both the stressful life event and the reaction to the stressful life event.

Statement of Original Authorship

The work contained in this thesis has not been previously submitted to meet requirements for an award at this or any other higher education institution. To the best of my knowledge and belief, the thesis contains no material previously published or written by another person except where due reference is made.

Signature:

Date:

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Chapter One

Introduction

1.1 Background

In Australia, there are over 53,100 divorces per annum, involving almost 50,000 children (Australian Bureau of Statistics (ABS), 2003). While society increasingly expects more involvement from fathers in child-caring activities, the increasing divorce rate and common post-separation arrangements result in many fathers being precluded from constant daily care of their children. The importance of fatherhood and the health consequences of separation for men have often been underestimated by society and policy makers. However, over the past 15 years in Australia, there has been an increasing interest in research, public debate, and services focusing on separated and divorced fathers, resulting in national conferences targeting men's health and men's relationships. This upsurge in interest in men's parenting post-separation and men's health has been driven by societal factors, as well as public health concerns, and requires additional research to foster evidence-based practice.

Previous research (ABS, 1997; Jordan, 1996) has identified that financial security, fathers' access to their children, stressors related to changed circumstances, and conflict with the ex-partner are significantly related to separated fathers' adjustment and wellbeing. However, the question remains as to whether there are significant adjustment problems for separated fathers particularly in regard to separation from their children, as distinct from separation from their ex-partners. For separated fathers (as compared to separated men), the presence of children brings more contact with the ex-partner, as well as the possibility of continued conflict, as separation and parenting issues continue to be resolved over a longer period of time. This relationship between conflict with the former spouse and father/child contact has been noted in research (Commonwealth Department of Family and Community Services (CDFCS) report, 1999; Jordan, 1996; Smyth, 1995).

In order to develop public health promotion and informed legislative change to address separated fathers' issues, a number of questions need to be examined: Do

fathers' access to their children relate to the level of conflict with ex-partners? Do fathers who have flexible arrangements for access to children suffer less grief when separated from their children? Presently, there is no scale to measure separated fathers' grief over separation from their children, nor is there a brief or reliable measure of fathers' conflict with the ex-partner. Similarly, the accurate measurement of fathers' access to their children is also fraught with difficulties. Residency and access for the calculation of maintenance payments, the legal profession and the courts are measured in terms of time spent with children rather than in terms of quality and flexibility (Smyth, 1995).

Further public health research into separated fathers' grief and mental health also is crucial. ABS (2000) data reveal that mental health disorders are highest among those men who are separated and divorced. Separated men are much more likely to commit suicide compared to married men (Cantor & Slater, 1995). Fathers who are separated and divorced have additional stressors compared to men without children. Questions need to be answered regarding how stressors, and what type of stressors, impact on a father's grief and mental health. Domestic, social and legal stressors are inherent in the process of separation, such as moving house, property and divorce issues and financial problems (Jordan, 1996). Is it the number and type of stressors or the intensity of fathers' reaction to these stressors that impact most on mental health? Jordan's (1996) research, for example, found that financial concerns were the most cited enduring problem for separated men in his study. If financial problems are a major stressor in separated men's lives, how should researchers measure separated fathers' financial problems? Should researchers concentrate on objective measures such as the father's gross income or subjective measures such as his perceptions of his financial security?

Adult developmental theory, in particular the concept of generativity, is used increasingly to conceptualise fatherhood by Australian researchers (Burdon, 1998; Holland, 1998; Skene, 1998). Holland (1998) describes the concept of fathering as 'generative work' (Holland, 1998, p.3) to describe men's sustained efforts to care for and about their children. A father's ability to care for his children post-separation is generally limited and different to his former role as a father residing with his children's mother. Do more generative fathers adjust more or less adequately to

separation from their children? Skene (1998) suggests that the dynamic of "losing" a child may induce "generative chill" in that the loss of the ability to live with and nurture the child within the family context effectively no longer exist (Skene, 1998, p.8) as a result of post-separation arrangements where the child usually resides with the mother rather than with the father. What effect does access to, and residency of, children have on a father's grief and mental health? Research on generativity, to date, is explored further in the literature review.

1.2 Aim of the Research

Separated fathers' (as distinct from separated men's) grief and mental health have been sparsely researched both internationally and in Australia. Current research is increasingly examining fathering through a developmental perspective, however, Australian fathers' grief responses resulting from separation from children have not been measured empirically. The following exploratory research has sought to redress this gap in the literature. In particular, the current research attempts to provide answers to questions about the relationship between generativity, access to children, grief and mental health among separated fathers.

1.3 Organisation of Thesis

1.3.1 Chapter 2 (Structure and Rationale of Literature Review)

The literature review covers a number of sections:

1. A review of the literature on fathering, and a general discussion of the effects of separation on fathers' mental health, including the concept of "separation grief" as conceptualised by Vogel (1998).
2. Conceptual issues in the bereavement and grief literature to identify gender-specific grief responses in men and fathers.
3. Grief measurement literature in detail, as the researcher aims to develop a grief scale to measure separated fathers' grief.
4. Literature on generativity so that the researcher can explore grief and mental health issues of separated fathering through the adult developmental perspective of generativity for inclusion in a public health model.

5. An explanation of the model framed within the Needs Assessment model by Bartholomew, Parcel and Kok (1995) as modified from the PRECEDE model developed by Green and Kreuter (1991) (see Figure 1 below).

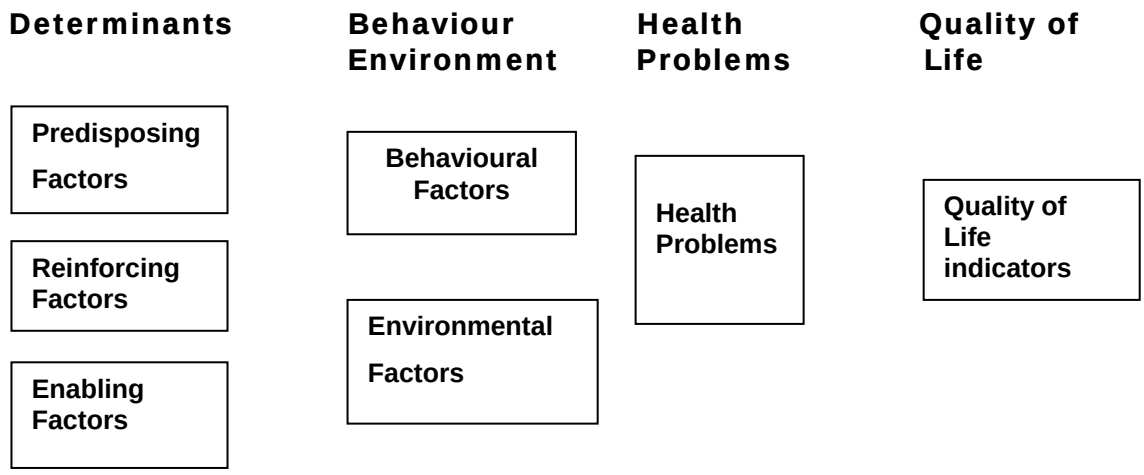


Figure 1. Needs Assessment model by Bartholomew, Parcel and Kok (1995) modified from the PRECEDE model developed by Green and Kreuter (1991)

1.3.2 Chapter 3 (Methods)

Chapter 3 describes the methods for both the qualitative and the quantitative studies. The design rationale was that a qualitative pilot study would inform the development of measurement instruments and variables to be included in the quantitative study. In a pilot qualitative study of 23 South East Queensland fathers, the researcher utilised a stratified purposive sampling technique and utilised focus group and group interview methodology, supplemented by a survey of the participants. The researcher aimed to examine parenting, and health and well-being issues for separated fathers. The quantitative study, using a modification of the health model proposed by Bartholomew, Parcel and Kok (1995) (see Figure 1), then examined generativity, grief and mental health among 80 Queensland separated fathers with a child 18 years or younger. The exploratory quantitative study used the Bartholomew et al (1995) model as a means of selecting variables of interest to explore the relationships between generativity and the outcomes, grief and mental health. The modification of the Perinatal Grief Scale (Potvin, Lasker & Toedter, 1989) as a suitable instrument to measure separated fathers' grief is examined in detail. The measurement instruments

are described in detail, with a thorough investigation of the suitability of the grief scale selected for modification as the Separated Fathers' Grief Scale.

1.3.3 Chapter 4 (Qualitative Study)

A qualitative pilot study with an ethnographic phenomenological perspective of inquiry was considered the most appropriate methodology to access context-specific concerns of fathers, in order to develop a valid methodology and measures for a quantitative study (Miles & Huberman, 1994). The aim of the qualitative pilot study was to determine parenting and health and well-being concerns of separated fathers in the southeast Queensland area. Chapter 4 contains the results from four groups of analyses including: textual analyses of all health changes since separation across (a) groups, (b) recruitment sources, and (c) access/residency arrangements; a textual analysis of health changes in the context of separation from children (as distinct from separation in general); a questionnaire analysis of stressors since separation; and a textual analysis of fathers' perceptions of conflict-related stressors. Focus group and group interview transcripts are examined thematically using NUD*IST. Results are reported thematically, including some illustrative quotes. A discussion of the results of the qualitative study and the limitations of the study are also included. The information from the qualitative study is used, in conjunction with the information obtained from the literature review, to inform the quantitative study design, selection of variables and measurement instruments.

1.3.4 Chapter 5 (Quantitative Study)

Chapter 5 contains the results, discussion of the results including the study's limitations, suggestions for the direction of future research, and a conclusion. The results section contains the results of 11 analyses. Preliminary analyses were conducted to ascertain acceptable skewness and kurtosis of data, medians and ranges of the demographic variables, and the reliabilities, means and standard deviations of all scales. Numerous correlational analyses were conducted to select the variables to be entered in the two step-wise logistic regression models and to identify specific items within scales that impacted significantly on grief and mental health. The regression analyses were conducted to evaluate two hypotheses. The first hypothesis was that generativity, access to children, and conflict with ex-partner are related to

father's grief. The second hypothesis was that grief impacts on the mental health of separated fathers.

The discussion section examines the context-specific "triggers" to grief among separated fathers and the mental health consequences of grief as a result of separation from children. The research may be used to inform other researchers and practitioners by comparing findings from survey and interview data-gathering methods, and by comparing mental health concerns and stressors gathered from fathers recruited through various agencies. Of particular import is the development of reliable scales, based on the analyses of pilot qualitative data that measure fathers' access to children, conflict with the ex-partner, reaction to stressors and grief. These scales will be of benefit to researchers, clinicians, counsellors and educators involved in separated fathers' adjustment, mental health and parenting. Implications for public health and social/legislative policy are proposed and recommendations are offered within the Australian context.

Chapter Two

Literature Review

2.1 Introduction to Parenting and Health Issues of Separated Fathers

This section covers a review of the literature on fathering, and a general discussion of the effects of separation on fathers' mental health, including the concept of "separation grief" as conceptualised by Vogel (1998). Societal factors have resulted in changing role expectations for both men and women, and the impact of men's roles within families, in particular, has come under increasing scrutiny. Historically, these changes have been driven by the changed role of women in Western societies. Greater control over reproduction, increased participation of women in the workforce and education, and delayed marriage have been associated with a reduced emphasis on the centrality of the child-rearing and home-making roles for women. These normative shifts for women have, in turn, been associated with an increased demand for men to take on a greater share of the domestic and parenting duties (Hawkins, Christiansen, Sargent & Hill, 1993; Meyers, 1993). Yet, many men when separated from their spouses have reduced opportunities for contact with their children and participation in their daily lives. As a consequence, many suffer emotionally and mentally from an inability to adjust to this separation from their children and their former lives.

Separation grief is a term coined by Peter Vogel (1998), to describe a reaction to the breakdown of the marital relationship and loss of the parental role. Separation grief, and resultant health and social consequences such as depression, suicide, and substance abuse, of separated men are significant public health issues in Australian society (Cantor & Slater, 1995; Jordan, 1996; Rodgers, 1996).

2.2 Separated Fathers: Parenting Issues

The impact of men's roles on their own well-being has been a neglected area of research in Australia, and the little evidence from international studies seems

contradictory. For example, a study by Dickstein, Stein, Pleck, and Myers (1991) found that men are finding their increased family roles to be personally detrimental, with increased demands on fathers resulting in negative changes to fathers' levels of wellbeing and psychological distress. In contrast, other research has demonstrated that men are happiest and healthiest when they are married and residing with their children (Umberson, 1987). Even for divorced and separated fathers, the higher levels of depression and negative self-image that are normally associated with this group of fathers compared to married fathers, are off-set by the presence of children when the father is a sole carer (Risman, 1986).

2.2.1 Fathering: Cognition, Beliefs and Values

The impact of men's roles within families on their own health and wellbeing is likely to be mediated by a variety of factors, including the values, beliefs and attitudes of the individual. Each man's view of fathering will be determined by his level of personal development, ethnic background, own upbringing, and the demands of his partner and society more broadly (Snarey, 1993). The theory of cognitive dissonance (Festinger, 1957) has been utilised in a number of empirically-based health and social psychology studies to show the negative effect on subjects' health and mood status (Fielding, Wong & Ong, 1992).When a father is prevented from behaving as he believes a father should, a dissonance between his behaviour and his cognitions occurs, which may result in mental health problems and low levels of well-being.

Other Australian studies and theorists have identified cognitions, beliefs and values inherent in public institutions such as the courts, the child support agencies, and the direction of research funding that impact negatively on the perception of fathering and the amount of support given to fathers (CDFCS report, 2000; Violi, 1999). Fathers who consider themselves "good fathers" may consider the father role to be that of provider, with a distant style of psychosocial involvement such as moral guardian. Other "good fathers" may perceive the father role to predominantly involve child-parent interaction with a hands-on approach, such as a significant participation in childcare activities, and more emotional psychosocial involvement. Many fathers will incorporate mixtures of both dimensions in their ideal father role (McKeering & Pakenham, 2000).

Fathers who see their primary fathering responsibility as financial provider may feel very differently about their employment and the importance it has in their lives (Hyde, Essex & Horton, 1993) than those fathers who see father-to-child interaction as the primary focus of fathering. These "provider" oriented fathers who find themselves with fewer economic resources after divorce or separation may well have lower levels of well-being and more ill-health, as there is a discrepancy, or dissonance, between their ideal father role and their actual role.

Similarly, the "child-parent interaction" oriented fathers for whom the primary father role equates to father-child interactions may suffer ill-health if there is a discrepancy between their ideal and actual role. This may possibly occur through reduced access following divorce or separation.

Within the type of father role an individual may adopt lies a degree of variation regarding the level of desire he has to care for his offspring. This nurturant desire is a reflection of adult developmental maturity, which Erikson named generativity (Erikson, 1964). The desire to nurture is positively related to the amount and range of child-caring activities (fathering behaviour) a father is involved with on a daily basis (Snarey, 1993). This desire to be a nurturant parent is strongly associated with societal generativity, where fathers take the further step of being involved as a caring adult in the wider community (McKeering & Pakenham, 2000) as fully mature and responsible adults. For a more detailed explanation of generativity, see Section 2.6.

2.2.2 The Changing Role of Fathers

Men's roles within families have also become more complicated through the changes to family stability and the increasing proportions of modern families that are experiencing separation and divorce. There now exists a sizeable minority of families where fathers are absent, or are sole carers for children on a full-time basis, or where fathers have varying amounts of access to their children. Thus, while society increasingly expects more involvement from fathers in child-caring activities, the increasing divorce rate and common post-separation arrangements result in many fathers being precluded from constant daily care of their children (Jordan, 1996).

Along with changes to men's roles in general, and changes to men's parenting roles post-separation and divorce, there has been an increase in men articulating their concerns about societal processes that impact on them, such as the trend for women wanting to end marriages. Women, overwhelmingly, are the initiators of the separation, in the sense of who decides to leave the relationship, with some studies quoting ratios as high as 3:1 (Gibson, 1992; Gluckstern & Presland, 1993; Jordan, 1985). It may be that women are more attuned to the emotional state of the marriage and separate before men are aware of the crisis (Gluckstern & Presland, 1993). The result for men is that they are likely to be more distressed than women at the time of separation (Vaughan, 1986), report feelings of intense loss (Davis & Murch, 1988), and perceive a loss of control over a process that takes away their former roles as protectors and providers for their families (Umberson & Williams, 1993). For separated fathers the picture is more complicated. The father who is involved, rather than disengaged, with his children after the divorce still experiences loss and sadness regarding the visiting situation (Tepp, 1983). Other fathers are not upset by having little or no contact with their children (Dudley, 1991). However, those fathers who were most strongly bonded to their children pre-divorce were the most likely to reduce contact after the divorce – the implication being that in order to cope with their unhappiness with the changed familial status, these men withdrew (Kruk, 1991). Their anger is increasingly directed toward the ex-spouse, the Family Court, and society in general (Jordan, 1996).

Another concern that many men are articulating is their sense of loss of being a resident father. Jordan (1994, p. 56) said in his report to the Family Court, that *" When considering the effects upon men's health, a further important feature … was the importance of fatherhood for men. This research did find that the trauma of losing the expectations, plans and desires of being a resident father was felt by over 90% of respondents".* Men are also unhappy with contact arrangements, with 73% of fathers wanting an increase in contact with their children (Gibson, 1992). For many men, the common contact arrangements mean regular loss of contact with their children. This, and the ensuing distress when children are repeatedly returned to their mother after contact visits, results in many fathers suffering separation grief.

2.3 Australian Separated Fathers' Mental Health and Adjustment

2.3.1 Separation Grief

Reaction to the breakdown of the marital relationship and loss of the parental role is manifested in a number of psycho-physical health problems, unemployment, alienation from children, and suicide (Vogel, 1998). Separation grief, and resultant health and social consequences such as depression, suicide, and substance abuse, of separated men are significant public health issues in Australian society. Grief, an affective, cognitive, and behavioural response to losses occurring over the separation process, is articulated through active grief such as crying and sadness, and with internalised grief such as preoccupation with loss, difficulty coping and despair. Despair is an indication of more serious grief adjustment problems and difficulty coping has a high correlation with mental illness, in particular, depression (Stinson, Lasker, Lohmann, & Toedter, 1992). Other research has highlighted more acute problems, such as depression, and drug and alcohol abuse (Roger, 1996; Umberson & Williams, 1993). Other researchers, such as Peter Vogel (1998), have described separation grief, as a constellation of health and adjustment problems affecting separated men.

Separation grief is not only a reaction to the breakdown of the marital relationship but to the loss of the parental role. Despite compelling evidence that separation and mental health are related, what is not clear is how a man's mental health is affected by separation from his children as distinct from separation from his ex-spouse. Although Gibson's (1992) report to the Family Court of Australia found that nearly 80% (of fathers) said they did not have difficulty separating feelings towards wife and children, further research is required to elucidate the relationship between mental health and well-being and separation from children as compared with spousal separation.

2.3.2 Mental Health

While there are few studies that refer to separated fathers, and even fewer that refer to separated fathers who retain residency of their children versus those who have only access to their children, there is a reasonable amount of data on the mental

health of separated men in general. ABS (2000) data reveal that mental health disorders are highest among those who are separated and divorced, with 23% of men in this group reporting a mental illness. Co-morbidity with affective, anxiety and substance abuse disorders for these men was high (ABS, 1997). For example, 31% to 33% of men with an anxiety disorder also had a substance abuse disorder or an affective disorder; and 61% of men with an affective disorder were likely to have a disorder from one of the other major groupings of mental disorders (ABS, 1997). Australian studies have found high rates of alcohol abuse among separated men, ranging from 26% to 57% (Price, 1987; Webb et al, 1990), although ABS (2000) data reported a lower figure of 13%. Of particular concern is that separated men are six times more likely to commit suicide compared to married men (Cantor & Slater, 1995). Only 29% of separated men used mental health services, compared to 46% of separated women (ABS, 1997).

Overseas research examining stressors and life events that affect separated men's adjustment has been sparse (Lawson & Thompson, 1996), but has identified a number of predominant factors, such as economic distress, residency problems, and legal difficulties (Booth & Amato, 1991; Shapiro, 1996). However, there are few Australian studies on life events that may be related to separated men's adjustment. Jordan (1996) reported life changes and factors that may have contributed to men's adjustment, such as financial difficulties, health issues, employment issues, domestic difficulties, changes such as accommodation and friendships, loss of family members and friends, and loss of the parenting relationship. Of particular interest in this Queensland study was the strong impact that socio-economic status (SES) and living alone had on poor adjustment. An Australian Institute of Family Studies (AIFS) Victorian study (Funder & Harrison, 1993) found that low morale among separated men was related to not being re-partnered.

Jordan (1996) stated that the most traumatic time for separated men was at the time of separation. However, his study and most other studies of separated men use Family Court of Australia records to access men. Thus, most men would have been separated for at least one year at time of data collection. This method of data collection also precludes men who are separated but not divorced. It is possible that

health changes and stressors may be appreciably different at various stages of separation, and for men recruited from different sources.

Two Australian Family Court Reports (Gibson, 1992; Jordan, 1996) have examined, in part, fathers' perceptions of separation. Jordan's report (1996) found that many separated men continue to feel attached to the former partner and the marriage, resulting in bitter or ambivalent feelings. Almost 50% of the men felt angry towards the ex-wife, some up to 10 years later. Over 35% of men felt they would never get over the divorce. The strongest feelings of attachment, however, were revealed in fathers' statements about the separation from children. Across the samples, 84% to 91% of fathers felt that they did not want to be separated from their children, with 96% to 98% having strong feelings for their children, which did not abate over 10 years. Both Jordan's (1996) and Gibson's (1992) reports found fathers wanted to play a major role in the children's lives, despite the custodial parent's behaviour. However, these men perceived their treatment by the legal system as unfair, in regards to property settlements, residency and maintenance.

In an Australian, 10-year, longitudinal study of separated men, Jordan (1985) reported that one of the most significant outcomes of separation was on the health of the respondents. Jordan's research on separated fathers has been closely followed by the media over the last few years. Jordan's studies (1985,1994) and his report for the Family Court (1996) were, indeed, an interesting portrayal of the attitudes, behaviours, and health and well-being of separated Queensland men. However, Jordan's studies did have limitations. For example, Jordan compared the results of two studies that used quite different samples (Jordan, 1985, 1994). There were significant differences between these cohorts in occupation, current living arrangements, and possibly, of education. Furthermore, Jordan's longitudinal study involving the 1984 sample retained only 38% of respondents. It was these men who reported an increase in stress-related symptoms and financial problems over the 10 years, and an inability to let go of the former relationship. It may be that these men continued on with the survey, in an attempt to have their frustrations heard, whereas other, more healthy, financially secure, and well-adjusted men did not participate further. Thus, Jordan's longitudinal findings should be interpreted with caution, especially in relation to men's health and adjustment post-separation. Nonetheless,

despite limitations, Jordan's work is important in its description of the concerns of separated men, in particular, those of men residing in south-east Queensland. He reported stress-related symptoms amongst separated men that included sleeplessness, crying, reduced energy, poor appetite, and excessive tiredness that persisted in the long term. However, the most serious consequence has been the rate of suicide among separated men, as highlighted in Cantor and Slater's (1995) research on Queensland men. The suicide rate alone must alert health policy-makers and providers to the fact that the mental health of separated men is, indeed, a major public health issue.

A recent report edited by Bruce Smyth (2004) for the Australian Institute of Family Studies (AIFS) on post-separation parenting arrangements postulated a link between increasing conflict between separated parents and decreased access to children. The AIFS report (2004) noted that conflict was not only detrimental to the children but to the parents, particularly fathers who may cope with the situation by "disengaging" from the parenting role. The report also noted that grief resulted from separation from the children for both fathers and mothers, even in 50/50 share arrangements, however, the study did not (and did not aim to) explore the consequences for mental health problems that may arise from unresolved grief. Smyth's work on parenting arrangements is also important in that it forms a basis on which to further explore more flexible short-term financial arrangements, and more predictable long-term financial arrangements for the non-resident parent. Financial problems for separated men have been identified by Jordan (1986) as the most predominant stressor post-separation, possibly leading to mental health and adjustment problems. The study also contained a recommendation for greater use of parenting plans (or parenting agreements) that set out parental responsibilities and processes for resolving conflictual issues.

2.4 Grief: Conceptual Issues

This section of the literature review covers conceptual issues in the grief literature. Studies of fathers' grief over separation from children have been sparse for a number of reasons. Firstly, although there has been research into the impact of separation on men and women, little has been done on the impact of separation from children as

distinct from separation in general or separation from the spouse. Secondly, the impact of separation has primarily been measured in terms of outcomes related to, but conceptually separate from, grief such as depression, mortality, alcoholism, or social functioning. Thirdly, although there has been considerable increase in research into fathering issues, there has not been the same quantity of research into separated fathering issues. Finally, although there are a few Australian studies that describe grief-related outcomes for separated fathers (Gibson, 1992; Jordan, 1996), studies that utilise instruments specifically developed to measure paternal grief over loss of children through divorce and separation appear not to exist.

However, grief instruments have been developed that measure parental bereavement at the loss of infant and adult children. Some of these studies found that the death of a child, as compared to the death of a spouse or sibling, is the most traumatic of all bereavements (Saunders, Mauger & Strong, 1985). Furthermore, a number of studies reveal that fathers grieve the deaths of their children differently from mothers. Fathers' grief appears more contained in expression, but is often associated with denial and despair and with little resolution over time. The non-resolution of grief has been shown to be related to clinical depression, serious health problems, and morbidity (Stinson, 1992). It is possible that the grief resulting from separation from children in a non-bereavement context may also be related to serious mental health problems for men, especially as Australian men are much more likely to be separated from their children than are mothers (ABS, 2003). As such, the investigation and measurement of separated fathers' grief is an important public health issue. The benefits of describing the grief response in fathers, and identifying those fathers at risk of developing mental health and social problems resulting from unresolved grief, may allow the development of effective preventative measures. These interventions, including health promotion, social policies, and health services, will ultimately benefit not only separated fathers but also the children, dependent in varying degrees, on the emotional and financial support of these fathers. An additional benefit of addressing unresolved fathers' grief may be the reduction of conflict between separated former spouses which may impact positively on overall well-being of the separated family.

2.4.1 Classic Models of Divorce Grief

When describing separation from children resulting from parental divorce and separation, it is necessary to review the classic models of divorce (and spousal separation) grief in order to determine what may be useful. The early classic literature on grief, particularly as it applies to spousal separation/divorce grief and grief resolution, incorporates two classifications: that which deals with the emotional or affective processes, and that which involves the behaviour/event dimension (Salts, 1979). In the first category, researchers often describe the process of grief resolution as stages, often interlocking, which are to be "got through" in order to come to a resolution of grief. For example, the five steps of grief may be described as shock and denial, anger or guilt, bargaining or negotiation, depression, and finally acceptance and resolution (Kraus, 1979; Wiseman, 1975). The second category of models Salts refers to as an analysis of the separation from a behaviour/events perspective. For example, separation from spouse may be described in stages of the emotional, legal, economic, co-parental, community, and psychic divorce (Bohannan, 1970). The more recent literature refers to a third category of models that integrate both previous types of models. For example, Crosby, Lybarger, and Mason (1987) described the grief experience as circular rather than linear and argue that order, intensity, and duration of stages differ with individuals. On the other hand, Hagemeyer (1986) conceptualises the grief process as a series of affective responses to a number of losses occurring over the separation process. These losses include, for example, loss of the dream (an idealisation of the spouse), loss of intimacy, loss of money and property, loss of community, and loss of co-parenting.

It is the loss of co-parenting, or more specifically fathers' grief over the loss of children that this section will concentrate on, reviewing the literature for both affective and behavioural changes that occur in an ongoing, but generally diminishing, grief response throughout the separated fathers' ongoing contact with the lives of their children. The classic divorce literature, although helpful in describing affective and behavioural responses to spousal grief and stages of resolution of that grief, may not accurately describe a grief resulting from separation from children. Separation from spouse has a physical finality to it in many cases that does not occur when separated fathers' have ongoing contact with their children. It is possible that resolution of some aspects of this grief is not completely possible.

2.4.2 Separation from Children and Fathers' Grief

In most post-separation, Australian, parenting arrangements, fathers do not have residency with their children. In approximately 90% of cases, fathers have varying amounts of access to their children (as per Australian Family Law the terminology is "residency" of, or "contact" with, their children). Contact in many cases is strictly limited by parenting contracts, or by conflictual relationships between the parents. Fathers have identified the continuing grief that ensues from returning children after each contact visit (Vogel, 1998) and unreliable contact, time constraints, and missed opportunities for fathering experiences, such as helping children with schooling.

For contact fathers in conflictual relationships with the ex-spouse, resolution of grief with regard to separation from children may not be possible, especially when many fathers desire more contact with, or residency of, their children. Resolution with regard to the grief over separation from the spouse may occur due to the possibility of having much reduced contact with the former spouse and the possibility of finding another partner. Even when fathers remarry and begin a new family, there is likely to be grieving over the loss of children from the previous relationship. Therefore, most of the divorce models and instruments, with their emphasis on final resolution of grief, may not be appropriate measures to adapt for the measurement of grief over separation from children. Rather, it may be that with the numerous continuous minor separations from children that occur in most separated fathers' lives, Hagemeyer's (1986) theory of a series of continuing losses may be a useful concept to incorporate into an instrument measuring grief over separation from children. For example, not only is there "Sunday evening" grief for fathers returning children, but other perceptions of loss that occur annually (birthday, Christmas, Father's Day) or at significant points in children's lives (weddings, graduations, sporting achievements).

2.4.2.1 Theories of Bereavement and Grief

The bereavement literature, rather than the divorce literature, may more accurately guide the formation of a conceptualisation of grief as it relates to separation from children. Although some use the terms bereavement and grief interchangeably, Rando (1984) conceptualises bereavement as a state of loss (for example, a death of a

relative is a state, which may or may not produce a grief reaction), whereas grief is the emotional, cognitive, somatic reaction to the perception of loss through that death. Although one can trace theories on grief back to Freud and his treatise "Mourning and Melancholia" (1917), it is probably more useful to briefly review the literature from Lindermann's (1944) classic study "Symptomatology and management of acute grief".

Lindermann (1994) described symptomatology such as somatic reactions, irritability and anger, plus the tendency to withdraw from social relationships. He also noted pathological or abnormal grief reactions, such as agitated depression, over-activity without a sense of loss, and hostility and mistrust towards others. The intensity of grief depends on personality characteristics such as the depth of attachment to another. Another important grief theorist, Parkes (1971),
described the anxiety of separation drawing on Bowlby's attachment theory (1960b) where anxiety in grief is similar to the anxiety infants feel when separated from their mothers. Bowlby (1980) described four phases of grief: numbing, yearning and searching, disorganisation and despair, and reorganisation. Bowlby saw grief as an adaptive characteristic of both animals and humans, therefore a universal reaction to loss.

Grief has also been examined from a biological perspective. Engel (1961) described the physiological aspects of a flight/fight response occurring after the first phase of shock and disbelief. He proposes that a withdrawal response comes into play when the organism is threatened with exhaustion. This response conserves energy and is expressed as fatigue and the need to rest. He considers grief to be "pathological" in that grief is not so much a process, but a changed state. Parkes (1972) also saw grief as a major stressor, which could be fatal, as observed in the occurrence of death soon after spousal bereavement in the elderly. He proposes that when change (such as loss/death) comes slowly, an individual has time to cognitively process the change without cognitive dissonance. However, when change comes quickly, enormous effort is needed even to process the need for change. Sanders (1985) outlined the factors that may lead to a "complicated" grief response: attachment and relationship to the deceased, the situation surrounding the death (such as sudden or accidental

death), premorbid personality of the bereaved, social support systems, and concurrent crises.

In summary, of particular import in the bereavement literature, is the utilisation of concepts such as depth of attachment and separation anxiety, physiological and cognitive aspects of adaptation to change, premorbid personality of the bereaved, other concurrent crises or losses, expected versus sudden loss, guilt and anger, and stages of grief. Many of these issues are pertinent to the research on Australian men by Jordan (1996) and the AIFS (2004) reports.

2.4.2.2 Bereavement Studies Involving Loss of Children and Gender Issues

A brief review of bereavement literature pertaining to death of children, in particular, may further guide the formation of an instrument to measure non-bereavement or separation grief involving loss of children. Of importance are bereavement studies that have significant findings relating to either parental bereavement or studies that describe gender differences in the grief response. Unfortunately, many early grief studies were conducted on widows, and on mothers, possibly leading to a conceptual feminisation of grief. Western societal expectations of male stoicism and control in the face of crises may lead to denial or greater internalisation of the grief experience in men. However, controlling one's emotions and not seeking social support may lead to men suffering greater stress, and ultimately higher mortality after grief (Stinson et al, 1992).

Although some studies show similarities between mothers' and fathers' grieving, many studies find gender differences in intensity, expression and resolution of grief. A number of studies of gender differences in perinatal and infant grief found that mothers grieve more intensely than fathers. One explanation may be that the grief measures used predominantly tap female expressions of grieving (active grief such as crying), rather than the more internalised grief experience as it relates to men (such as denial, stoicism, and despair) (Stinson et al, 1992). Alternatively, it may be that mothers have a "head start" on fathers in identifying and attaching to the baby, through the physical and emotional bonding of the pregnancy. For example, a study by Hunfield, Mourik, Passchier and Tibboel (1996) found that fathers' increased grief was related to older infants, where mothers' grief was not. However, recent

studies where fathers have been shown a scan of the foetus prior to perinatal death found that intensity of grief is similar in mothers and fathers (Chichester, Puddifoot & Johnson, 1999).

Other studies, particularly those that have used subscales relating to various affective, cognitive and behavioural expressions of grieving, have found gender differences in the expression of grief. For example, studies have found fathers show more anger (Rando, 1983), denial (Smith & Borgers, 1988/89) and more severe grief, such as difficulty coping and despair, than mothers (Stinson et al, 1992). Despair is considered an indication of more serious grief adjustment problems, and difficulty coping has the highest correlation with depression (Stinson et al, 1992). Furthermore, men's grief was more likely than mothers to increase over time (Stinson et al, 1992).

A further summary of conceptual issues and theories covered in this section, and their usefulness in explaining fathers' grief over separation from their children, is presented in Appendix 1. This was used as a list during development of the questionnaires, in addition to the literature on related measurement issues.

2.5 Grief: Measurement Issues

In order to select, adapt or design an instrument to measure separated fathers' grief, it is necessary to review the instruments available that have been used in studies to measure parental grief. Of particular interest are those studies that have used both men and women as respondents, so that any gender differences in the grief response, especially for separated fathers, can be incorporated into a scale to measure grief resulting from separation from one's children. It is also necessary to evaluate the various studies and instruments to fully elucidate the conceptual differences between grief and depression.

2.5.1 Quantifying Grief: Factors Influencing Grief for Separated Fathers

Up until the late 1970s, attempts to quantify grief relied on anecdotal reports or checklists. Since then, instruments have been developed from a particular theory of bereavement or from clinical and empirical studies. The former is generally used when the purpose of the study is to test hypotheses generated from a particular

theory. The latter is preferred when broad description of grief is required. The selection of the type of instrument is dependent on the aims of the research (Robinson & Pickett, 1996).

When vetting an instrument and the studies in which it has been used, it is important to note that the reliability, as per the alpha coefficient, may change according to the use to which the instrument is put. For example, a scale that reports a high reliability in its development when used in elderly spousal bereavement may not have the same reliability when used to measure fathers' separation grief. It is possibly more valid to select an instrument that has been used in parental separation, and to pilot the chosen instrument on a sample of separated fathers. Ideally, a grief measure should also capture the change of grief over time. Grief is dynamic, and although there may be some argument about whether separated fathers' grief is ever fully resolved over time, there is an expectation that grief may have highs and lows, with a gradual diminution of active grief over time.

Another consideration is the response set of the survey instrument. It may well be that a dichotomous response may not be sensitive to variations in grief. Where men are more likely to deny emotional responses to grief, a Likert-type scale may be preferable. However, an issue with Likert-type scales is the descriptors used. Burnett, Middleton, Raphael and Matinek (1997) noted that one of the grief scales that uses descriptors of completely true, mostly true, true to completely false, may not capture intensity of grief. For example, "it may be completely true that a person "at times" still "feels the need to cry for someone who died" (Burnett et al, 1997, p. 50). The length of the scale is also an issue. Although long scales may give increased reliability, especially when subset scoring is required, brevity of scale is also an important consideration for research purposes, in terms of a high response rate. Many studies have lamented the low response rate among men, and additionally, brevity may be an important factor in encouragement of completion of the questionnaire.

Another issue is that some scales do not have normative data, or if they do, have norms that are derived from clinical settings rather than community samples (Burnett et al, 1997). Furthermore, most grief scales are culturally specific to Western values, and attempts to use them in cultural subgroups have resulted in differences from the published norms in subscale scores (Burnett et al, 1997). Validity has sometimes

been shown to be a problem in that some scales that purport to show diminution of grief over time do not do so in some samples. Another problem is face validity in that some scales have items that appear very similar to items on a depression scale. Some have been developed without a control group. Yet others have subscales that have not been verified via factor analysis, and when tested, have some items that load on other than the designated subscales.

These measurement issues are summarized in Table 1, followed by a comparison of the various grief measures that are available (Table 2). This table allows comparison between scales on a number of issues such as theoretical framework, subscales, sample description, alpha coefficients related to the original sample, number of items in the scale, the time required to complete the questionnaire, predictors found in various studies using the scale, as well as the advantages of the particular scale. These measurement instruments are then described in more detail with further information on any significant studies that have used the scale, the version of the scale used, the major findings, and the usefulness of findings to the consideration of separated fathers' grief (see Appendices 2 through to 7). Table 2 and some of the appendices 2 through to 7 have expanded on, or been informed by, the work of Robinson & Pickett (1996).

Table 1. Summary of Grief Measurement Issues.

Selection of scales to review	Priorities are: • those that measure parental grief over loss of child • those used in studies with both men and women as respondents
Purpose of grief instrument	The purpose is either to: • test hypotheses generated from a particular theory of bereavement/grief – use studies base on theory • describe grief in broad terms – use clinical and empirical studies
Reliability	Concerns: • a scale that reports high reliability in its development when used in elderly spousal bereavement may not have same reliability when used to measure fathers' separation grief • ideal is to select an instrument that has been used in parental grief studies & pilot instrument on sample of separated fathers
Stage of grief or time since event	Ideally, a grief measure should also capture the change of grief over time
Type of scale	Problems with scales: • dichotomous response may not be sensitive to variations in grief • where men are more likely to deny emotional responses to grief, a Likert-type scale may be preferable • an issue with Likert-type scales is that the descriptors used may not capture intensity of grief
Response rate	Many studies have a low response rate for men: • brevity may be an important factor in completion of the questionnaire, especially for men.
Normative populations	Some scales do not have normative data: • if they do have norms they are derived from clinical settings rather than community samples • if they do, most are culturally specific to Western values
Validity	Problems are: • some scales that purport to show diminution of grief over time, do not do so in some samples • some scales have items that appear very similar to items on a depression scale • some were developed without a control group • some have subscales that have not been verified via factor analysis, and when tested have some items that load on other than the designated

Table 2. Comparison of Grief Measures

Instrument	Authors	Theoretical/ clinical framework	Subscales & coefficient alpha	Sample	No of items	Time	Predictors	Advantages	Limitations
Texas Revised Inventory of Grief (TRIG)	Faschingbauer, DeVaul & Zisook, 1977; Faschingbauer (1981); Faschingbauer, Zisook & DeVaul, 1987)	Clinical observations of normal & atypical grief reactions	Present emotion of grief (.77 -.87) Past life functioning (.87-.89) No global measure – subscale scores are diagnostic of normal or pathological grief	N = 260 M = 38 y Relation loss not known	26+ (21 on a 5 pt scale & 5T/F)	10 min	Attachment to deceased, gender, cause of death, time since death, suddenness of death, race, type of relationship, type of support	Differentiates between normal & pathological grief. Grief perceived as distinct from depression. Measures resolution of normal grief over time. Universal measure of bereavement.	Lack of gender differences in results may indicate problems with instrument to fully capture male grief
Grief Experience Inventory (GEI) Also non-death version (Form B)	Sanders, Mauger & Strong (1977, 1985)	Clinical observations & empirical research. Modeled loosely on the MMPI.	3 validity scales (.34 -.59) 9 bereave scales (.52-84) 6 research scales (.23-.68) Global & subscale scores	N = 135 Death of close relation	135 T/F	30 min	Gender, cause of death, time since death, suddenness of death, race, education, age of decedent, prior mental health problems, conflictual or overly dependent relationship with the deceased	"Norms" or benchmarks available on a number of populations. Broad in scope. Useful across groups ie ages gender, type of loss.	Lengthy Low /mod internal consistency. Dichotomous nature may contribute to failure to detect changes in some studies
Revised Grief Experience Inventory (RGEI)	Lev, Munro & McCorkle (1993)	Clinical observations & items selected from GEI according to Parkes' (1972) framework	Depression (.80) Physical distress (.83) Existential(.87) Tension & guilt (.72) Total (.93)	N = 418 Death of a close other	22	10 min	Relationship to deceased, time since death	Brief , concise	Diagnosis based on Parkes' theory & includes depression subscale. Limited testing

Instrument	Authors	Theoretical/ clinical framework	Subscales & coefficient alpha	Sample	No of items	Time	Predictors	Advantages	Limitations
Perinatal Grief Scale (PGS) – short version	Toedter, Lasker & Alhadeff (1988) Potvin, Lasker & Toedter (1989)	Perinatal literature, Kennell et al's (1970) key signs & core items from the Expanded TIG (1982)	Active grief (.95) Difficulty Coping (.93) Despair (.87)	N= 138 mothers Perinatal loss	33	Not stated	Physical health of mother, gestational age at time of loss, quality of marital relationship, mental health premorbidity	The PGS demonstrates grief is a different construct to depression. High construct validity. Concise, reliable. Differentiates between normal & severe grief	Original version lengthy
Bereavement Items (BI)	Jacobs, Kasl, Ostfeld, Berkman, Kosten & Charpentier (1986)	Attachment theory & clinical observations	Separation anxiety (.84 - . 86) Numbness & disbelief (.73 - . 0) Depression – from CES-D	N= 218 bereaved & non-bereaved spouses M&F	38	60 min	Time, age, gender	Tested against non-bereaved sample. Early against late bereaved comparison.	Non-psychometric. An interview checklist
Core Bereavement Items (CBI) developed from the 76 item scale, the Bereavement Questionnaire by the authors	Burnett, Middleton, Raphael, Matinek, 1997)	Literature & clinical settings	Images & thoughts Acute separation Grief (Total 17 items .91)		17	Not stated	Time since death, expected or unexpected death, accidental or natural death	Brisbane study. Designed using community, not clinical samples. Measuring different bereaved groups at the same time intervals. Factor analysis.	No control group of non-bereaved.

2.5.2 Grief Instruments

Texas Revised Inventory of Grief (TRIG)

The TRIG was developed from the Texas Inventory of Grief (TIG) by Faschingbauer, DeVaul and Zisook, (1977). The authors observed the grief processes of patients in clinical settings and devised the TIG in an attempt to measure unresolved grief. The TIG, initially a seven-item instrument, was revised a number of times to emerge as the TRIG (Faschingbauer, Zisook, & DeVaul, 1987). Conceptually, the TRIG was based on the premise that grief was distinct from other psychological constructs, such as major depressive disorder and dysphoria or general adjustment. Furthermore, while normal grief abated over time, unresolved grief persisted for years after the event, possibly never to be completely resolved. The relationship between depression and grief was that loss, and the grief resulting from a loss, often lead to depression, however, unresolved grief was much more likely to be coupled with major depressive disorder than normal grief. The process of unresolved grief was thought to be caused by either the abnormal extension of one of the stages of grief, or the "skipping" of one of these stages. Generally these stages of grief incorporated shock and disbelief, anger and denial, acute grief, and resolution and reorganization. Normative scores have been established for the TRIG over four time periods, although demographic data on the participants are scant. Construct validity of the TRIG has been supported by its ability to show resolution of normal grief over time, and the relationship between grief and severity of illness scores (Faschingbauer, Zisook, & DeVaul, 1987). Further details appear in Appendix 2.

Grief Experience Inventory (GEI)

The GEI originally developed by Sanders (1977) was, with the TRIG, one of the earliest quantitative measures of grief. The GEI sought to capture the multidimensionality of grief by measuring experiences, feelings and behaviours over time and with various populations. The measure included nine bereavement scales (despair, anger/hostility, guilt, and social isolation, loss of control, rumination, depersonalization, somatisation, and death anxiety). Three validity scales were included to measure denial, atypical responses, and social desirability. Later, six "research" scales were added, that (although sometimes not used in studies because of their low internal consistency) were measures of behaviours such as sleep disturbance, appetite, vigor, and physical symptoms, as well as optimism versus

despair and dependency. A "Loss" version of the GEI (Form B) was also developed to measure grief in non-death contexts. The GEI, when used over time, was proposed to be able to chart the shift in grief symptomatology (for example, levels of denial close to the time of death that lessened over time). Other uses of the inventory explained differences in grief symptomatology according to gender, and type of death. For example, the GEI revealed high levels of death anxiety in women and high levels of denial in men; and high levels of anger in cases of sudden death as compared to more anticipated death. Normative-type scores for different populations have been published, such as bereaved and non-bereaved, as well as for grief resulting from spousal, child or parental loss (Sanders, Mauger & Strong, 1985), thus establishing construct validity of the GEI. The test authors refer to these norms as "points of reference or benchmarks", as the study samples were not selected in line with strict random selection methods. Further details appear in Appendix 3.

Revised Grief Experience Inventory (RGEI)

The GEI (Sanders, 1977; Sanders et al, 1985) was revised by Lev, Munro and McCorkle (1993), to provide a more concise, valid measure that was more sensitive to differences in respondents' grief in a clinical setting. For research purposes, the authors felt that the RGEI may be more sensitive to changes in grief over time and across groups. Lev et al. (1993) perceived that the dichotomous nature of the response selection (true/false) in the GEI may have been the cause of a number of non-significant results in some grief studies. The RGEI has a six-point Likert-type response scale. The RGEI was conceptualized according to Parkes' (1972) theoretical framework of stages that represented physical distress, tension and guilt, depression, and recovery based on finding a new identity and meaning to life (existential concerns). A principal components factor analysis yielded a four-factor solution consistent with Parkes' theoretical structure. Further details appear in Appendix 4.

The Perinatal Grief Scale (PGS)

The short version of the PGS is a 33-item scale developed by Potvin, Lasker and Toedter (1989) from the 84-item PGS (Toedter, Lasker & Alhadeff, 1988). The PGS was developed as a measure in the Perinatal Loss Project, a longitudinal study that began in 1984. The researchers developed the PGS for a number of reasons. Firstly, the more systematic checklists that were then available were often based on the work

of Kennell, Slyter & Klaus (1970) and their "six key signs": sadness, loss of appetite, inability to sleep, increased irritability, preoccupation with the lost infant, and inability to return to normal functioning. It was argued that, with the possible exception of preoccupation, these signs were consistent with a diagnosis of depression. Furthermore, it appeared that there were a number of distinct factors, such as guilt and anger, in the perinatal grief experience, which other previous measures did not account for. The only systematic, general measure of grief to date was the Texas Inventory of Grief, which the researchers felt may not address the more specific issues of perinatal grief. The PGS was devised from 21 dimensions thought by the authors to be descriptive of perinatal grief, and included core elements of the expanded version of the Texas Inventory of Grief (24 in the original PGS, and 6 in the short version), and Kennell et al's (1970) six key signs. Finally, three constructs emerged in the original and short version: active grief, difficulty coping, and despair (Figure 2).

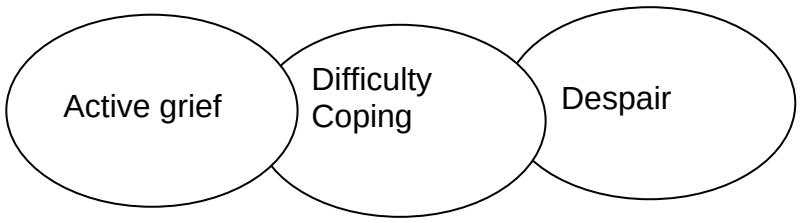


Figure 2. Toedter, Lasker and Alhadeff (1988) conceptualisation of grieving stages

As a factor, 'difficulty coping' had the highest correlation with depression, yet overall depression accounted for only half of the variability in the PGS scores, pointing to grief being related yet distinct from depression. Further details appear in Appendix 5.

Bereavement Items (BI)

The Bereavement Items (Jacobs, Kasl, Ostfeld, Berkman & Charpentier, 1986) checklist was developed as a measure of spousal bereavement and specifically sought to measure the psychological stress associated with bereavement. The items incorporated separation anxiety and numbness and disbelief that the authors had observed in clinical settings. The scales are similar in concept to The Impact of

Events Scale, with separation anxiety resembling intrusion, and numbness and disbelief resembling avoidance. However, the BI also incorporated a measure of depression, specifically 20 items of the CES-D. Items such as crying and loneliness were endorsed by the sample, but negative self-concept items such as feeling that "people disliked you" were not. Furthermore, the authors felt that some separation items were descriptive of loss other than death, such as threatened imminent loss, while other items such as searching and perceptual set items appeared to be more associated with bereavement (Jacobs et al, 1986). The BI was validated by comparing bereaved with non-bereaved persons, demonstrating that the bereaved scored higher on all three scales. Furthermore, the measure showed diminution of grief over time. A further study by Jacob et al, 1987) found a positive correlation between the BI and neuroendocrine parameters. Further details appear in Appendix 6.

Core Bereavement Items (CBI)

In a longitudinal Australian study, Burnett, Middleton, Raphael & Martinek (1997) developed a 17-item, three-factor scale to measure grief across different community samples. The authors, after reviewing the literature, found widely used instruments wanting in a number of areas. For example, the authors stated that a number of the measures lacked normative data, were scaled in a manner that did not allow enough sensitivity (for example dichotomous responses), and inferred, but had not proved, discriminant validity across different bereaved populations. Furthermore, most instruments were developed in studies of clinical populations. The responses from the original 76-item, seven-subscale measure (named the Bereavement Questionnaire) were subjected to factor analysis and reduced to a three-factor scale measuring images and thought, acute separation, and grief, the latter item so named because it represented those feelings and behaviours that the general population most associate with the grief response, such as crying and sadness. When compared to other scales, the three subscales of the CBI appeared to measure intrusion (The Impact of Events Scale), separation anxiety (as per attachment theory) and the early stages of grief (for example, active grief of the Perinatal Grief Scale). The major limitation of the development of the scale was that a non-bereaved community sample was not included as a control group. Further details appear in Appendix 7.

2.5.3 Evaluation of Selected Instruments for Measurement of Separated Fathers' Grief

In order to make a decision on the selection, adaptation, or compilation of a scale for measuring separated fathers' grief, the six scales chosen for review were compared across a number of criteria considered important in the measurement of separated fathers' grief (Table 3). These criteria are based on the summaries of conceptual issues (Table 1) and of measurement issues (Table 2).

Table 3. Comparison of grief scales across criteria important in the development of an instrument to measure separated fathers' grief

	TRIG	GEI	Rev GEI	PGS	BI	CBI
Gender differentiation of grief		x		x	x	
Distinct from depression	x			x		x
Differentiates normal & pathological grief	x			x	x	
Subscales of different expressions of grief		x	x	x	x	x
Change of grief over time	x	x		x	x	x
Grief correlates with health measures	x			x	x	x
Psychometric	x	x	x	x		x
Reliability	x		x	x		x
Brevity	x		x	x	x	x

The results presented in Table 3 do not include validity as a criterion, due to the fact that many of the scales have had validity conferred upon them in a range of additional studies and there appears no meaningful method of comparison. To gain an idea of the range of validations, see the various scale descriptions and studies (Table 2). The results indicate that there is only one scale, the Perinatal Grief Scale that addresses all criteria considered important in developing a scale for separated fathers' grief, to this point. However, the results should be considered with caution in that accurate comparability across some criteria is difficult. For example, results emanating from criteria such as reliability, normative data, and community not clinical population, should be viewed cautiously, as the most optimal methods were often not used in developing and applying some of these scales.

Hence, at this point, the adaptation of the items of the PGS appears the best option for measuring grief among separated fathers. Testing the adapted instrument in a

separated father population will allow conclusions to be drawn about validity and internal consistency of the adapted instrument in this population. However, it is important to also review the literature on generativity (adult developmental theory), so that the researcher can explore fathering through the adult developmental perspective for inclusion in a public health model examining grief and mental health issues of separated fathers.

2.6 Generativity

An increasing amount of fathering research has been conceptualised within adult developmental theory. For example, "generative fathering" is the theme of a number of recent studies theorising and investigating fathering issues (Dollahite, Hawkins, & Brotherson, 1997). One of the most widely referenced adult development theories, Erikson's developmental theory, incorporates a stage of adult development, generativity versus stagnation. Generativity involves the "ethic of care" and ensuring the nurture and well-being of the next generation (Erikson, 1950, 1964). Studies have found that a father's level of generativity is significantly and positively related to the father's involvement in the emotional, intellectual, and physical caring of his children (McKeering & Pakenham, 2000; Snarey, 1993). Furthermore, theorists have utilised Erikson's theory of generativity to explain fathers' health outcomes in relation to separation from children (Hagemeyer, 1986; Smart, 1979).

The increased interest in parenting, and in particular fathering, has been driven by a number of factors including: demographic changes in the modern family, changing workforce patterns, the division of household labor (Marsiglio, 1993), the breakdown of traditional role models (McBride & Darragh, 1995), and fathers' increasing feminism (Deutsch, Lussier & Servis, 1993). Societal and legislative interest in paternal involvement in child-caring after separation has increased, yet understanding of the psychological aspects of the changing role of fathers has remained under-researched (Marsiglio, 1993), and even more so for separated fathers. Much of the literature portrays fathering from a societal perspective rather than from a developmental perspective (Hawkins, Christiansen, Sargent, & Hill, 1993), and there are even fewer studies that examine post-separation fathering from a developmental perspective. The predominant portrayal of fathering in terms of

"fairness" or domestic democracy within social psychology theories of exchange, conflict, and resource paradigms has neglected to include the developmental changes for both men and women within the family life cycle (Hawkins et al, 1993), including post-separation.

An alternative framework in which to examine parenting, and in particular fatherhood, is from a psychosocial perspective, in particular, generativity (Marsiglio, 1993). The concept of generativity has its foundations in Erikson's classical eight-stage conceptualisation of life-span development. Erikson's life-span model incorporated critical stages where psychosocial adjustment occurred in response to meeting the challenges and crises these life stages presented. In the first two decades of life, there are six stages: trust versus mistrust; autonomy versus shame and doubt; initiative versus guilt; industry versus inferiority; identity versus confusion; and intimacy versus isolation (this stage continuing on into the next decade of life). The final stages are generativity versus stagnation (middle-adulthood) and ego integrity versus despair (old age).

Briefly, generativity, the seventh stage, is the primary developmental tension of middle adulthood, and is a process of learning to care for others and "an interest in establishing and guiding the next generation" (Erikson, 1950, p.267). Although generativity encompasses wider societal concerns of making the world a better place for the next generation, Erikson believed that caring for one's children was the ultimate expression of this particular developmental task (Hawkins et al, 1993). Although empirical research into generativity is limited, there is support for Erikson's concept that having a child and caring for that child facilitates generativity (McKeering & Pakenham, 2000; McAdams & de St Aubin, 1992).
Hawkins et al. (1993) described the familial processes that facilitate the development of generativity in their study of fathering. After the birth of a child, fathers often feel confused about their new parental role (Hawkins et al, 1993). This confusion arises because of the father's perception of changing societal expectations regarding fatherhood (Palm & Palkovitz, 1988) and many feel unprepared for an active parental role (Meyers, 1993). Men are also confronted with the fact that a more egocentric and instrumental phase of their lives is ending. These experiences are not easily assimilated and are likely to result in developmental disequilibrium (Lewis, 1986),

which from a developmental perspective is necessary for stimulating individuals to achieve higher levels of functioning. Hawkins et al. (1993) suggested that "fathers can accommodate this disequilibrium by creating new cognitive structures" (p. 536), which generally include elements of an "ethic of care". Hence, involvement in child-caring activities becomes a potential stimulus of fathers' development of generativity. Hawkins et al. (1993) emphasised the reciprocal nature of generativity, in that the presence of the child, and the nurturing and child care involved, serve as potent developmental forces, facilitating generativity in the adult, just as the presence of the adult serves to develop the child. As most fathers have reduced contact with their children post-separation, it is possible that these fathers may be developmentally disadvantaged, which in turn, may have consequences for their children.

Although Erikson's model has been criticised as being defined by the experiences and perspectives of men, generativity reflects the experiences of women as well as of men (Kotre, 1995). However, there may be gender differences in levels and facilitation of generativity. McAdams and de St. Aubin's (1992) cross-sectional study found that men who had children had higher levels of generativity than men without children, although the same difference was not found in women, suggesting the possibility that having children is more intimately linked with generativity for men than for women. Furthermore, young females were already significantly more generative than similarly aged males, and it was proposed that cultural forces, which emphasise a nurturing role for women, may explain the generativity difference. Snarey (1993) concedes that gender differences may occur in the expression and scheduling of generativity, especially if men are shielded from the responsibilities of parenting. This is of particular concern for separated fathers who are either prevented from adequate contact with their children because of conflictual child access arrangements with the ex-partner, or for those who choose not to be involved with their children's lives post separation.

2.6.1 Conceptualising Generativity

Research examining a causal relationship between parenting and adult development has been troubled by conceptual problems and too few empirical studies (Palkovitz,

1996). Firstly, the Eriksonian view that generativity is a discrete stage has been challenged by McAdams and de St Aubin (1992), who proposed that the strict Eriksonian discrete stage of generativity is not borne out by their findings and that a gradual infusion of generativity driven by cultural demand may be more appropriate. Using measures of generativity such as generative concern, commitment, narrative and action, McAdams and de St Aubin (1992) found that young, midlife, and older men expressed different levels of generativity according to the measure used. They proposed a model of generativity that linked the person with the social world, rather than the Eriksonian concept of a single construct located within the individual.

Palkovitz's (1996) concerns regarding establishing a causal link between parenting and adult development are answered in part by Snarey's (1993) longitudinal study of intergenerational fatherhood. The structural-developmental view of generativity as proposed by Snarey (1993) links the developing adult within the structural influences of parenthood, and proposes a model of generativity that supports a causal relationship between parenting and generativity. Furthermore, Snarey reconceptualises generativity and parenting by suggesting that parenting was similar, but not identical to, generativity (Snarey et al, 1987). In a conceptual refinement, Snarey (1993) defines generativity as having three distinct yet overlapping stages: biological, parental and societal (Figure 3). This conceptualisation is will be used in this study.

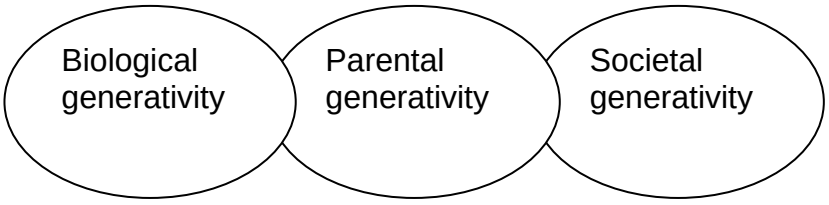


Figure 3. Snarey's (1993) conceptualisation of generativity

2.6.1.1 Biological Generativity

Biological generativity is that period following conception until the first year of a child's life when parents provide the sustenance necessary to ensure the survival of their child. Overlapping the end of the first year, a parent begins to undertake the constructive tasks involved in what Snarey (1993) defines as parental generativity

This transition is often truncated for those fathers who are separated from their children soon after birth.

2.6.1.2 Parental Generativity

Parental generativity, which precedes societal generativity, describes the constructive tasks involved in parenting that lead to a child developing his/her full potential in terms of a balance of autonomy, initiative, industry and identity (Snarey, 1993). By this definition, it is obvious that not all parenting is generative, even though parenting may be "the prime generative encounter' for many people (Erikson, 1964, p.130). Parental generativity requires commitment and sacrifice, and requires ethical reflection on the question "*Am I a good parent?"*. Thus, parental generativity may promote the moral character of adults who become focused on and focused by "the generative ego strength of care" (Snarey, 1993, p.22). For separated fathers, the opportunity to be involved in the day-to-day activities of their children's lives and to contribute financially to their upbringing may enhance their development as a mature adult.

2.6.1.3 Societal Generativity

While parental generativity remains throughout a parent's life, societal generativity generally corresponds to the stage beginning around the mid-life of the parent and continues until late adulthood. The parent, now with adult children and with waning parental responsibilities, incorporates an enlarged, more encompassing generative concern that includes not only the parent's adult children, but other young adults, and the well-being, strength and continuance of the next generation (Snarey, 1993). Societal generativity is predominantly conceptualised as an ethic of care and involves, for example, caring for young adults, serving as a mentor or leader, and being involved with processes that care for the well-being of subsequent generations. Separated fathers who disengage from their children's lives may be less likely to develop this generative concern for others in their care, or in the work, community and political environments. A philosophical perspective proposes that midlife existential anxiety about the finitude of life can stimulate questions about the quality of one's contribution to society and one's legacy to the next generation. The Eriksonian dichotomy of generativity versus stagnation highlights the failure to

become socially generative because the absence of care, commitment and productivity threatens future generations (Snarey, 1993).

2.6.2 Psychological Role, Child-Care Involvement, and Gender

In the transition to parenthood, men and women appear to become increasingly different from one another in a variety of other domains, including sense of self, marital relationship, child-parent interactions and activities outside the family (Cowan, Cowan, Heming, Garrett, Coysh, Curtis-Boles et al, 1985). Parenthood appears to be associated with a traditionalisation of role behaviour in that mothers take on a greater proportion of the daily family work and fathers redirect time and energy to occupational pursuits (Cowan et al, 1985; Snarey, 1993). Furthermore, fathers report less marital satisfaction when engaged in "feminine" rather than "masculine" type domestic duties (Goldberg, Michaels, & Lamb, 1985). It is proposed that differential role involvement in parenting by mothers and fathers offers complementary benefits to children (Mowder, Harvey, Moy & Pedro, 1995). Where parental separation occurs, mothers usually retain residency of children and may attempt to undertake both roles, possibly to the detriment of the children and the father.

The benefits of using a developmental model in examining child-care involvement allows not only a constructive look at the different roles mothers and fathers play, but also allows the identification of those types of child-care activities that parents are involved in, which have reciprocal benefits for adult development. Empirical studies have found that the primary catalyst to fathers' societal generativity was the father's support of their children's social-emotional development, involving simple tasks such as a father taking his child with him on routine jobs (McKeering & Pakenham, 2000; Snarey, 1993). However, one study found that the same findings did not apply to mothers, as mothers' parental generativity, unlike fathers', was not significantly related to societal generativity (McKeering & Pakenham, 2000).

One explanation for these differences between mothers and fathers in the relationship between parental generativity and societal generativity is that mothers' parenting may not be particularly generative because their involvement in child care is traditionally more involuntary than that of fathers. It may be that the type of

parenting that is particularly generative to the father is that parenting that crosses the more traditional boundaries of gender-based parenting, for example, fathers who take on the more feminine type of parenting, traditionally associated with the social-emotional caring of the child (McKeering & Pakenham, 2000). These fathers may be more challenged to deal with the disequilibrium of the transition to a more feminine type of parenting, and this developmental process may stimulate these individuals to a higher level of functioning (Lewis, 1986) promoting a more generative adult. Snarey (1993) and McKeering and Pakenham (2000) found that fathers with high levels of industry (the more productive and persistent fathers), were also more societally generative. Of interest would be whether these traits/values are retained by fathers post-separation, and whether parenting for these separated fathers is more satisfying and of a higher quality than for less generative fathers.

The developmental perspective appears to have much to offer in examining fathering and separated fathering. What is not known is how a father's level of societal generativity impacts on his levels of grief when separated from his children. It could be that highly generative fathers grieve more when separated from their children, or alternatively, these highly developed adult men are more able to cope with the stressors and conflict that ensue in most separations. In turn, this may moderate these separated fathers' grief responses and they may have fewer mental health problems.

2.7 The Model

To address both the grief and health outcomes of separated fathers, a comprehensive model, based on one proposed by Bartholomew, Parcel, and Kok (1995) (Figure 1), has been developed based on the review of the literature to date. Figure 4 illustrates this more detailed model that serves as the basis for the subsequent research projects. Grief is a focus variable but does not fit neatly into the model, as it is a normal response to loss/separation rather than a mental health problem (Robinson & Pickett, 1996; Robinson & Fleming, 1989). However, the researcher theorises that if grief is not resolved, it may be a precursor to mental health problems, such as depression, anxiety and stress which comprise the alternate outcome measures. The final stage of the original model "Quality of Life" was not explored in this study and so is omitted from the revised model. Demographic and other characteristics of interest identified

in the literature review were categorized as predisposing factors, reinforcing factors, enabling factors, behavioural factors, and environmental factors, as described further below.

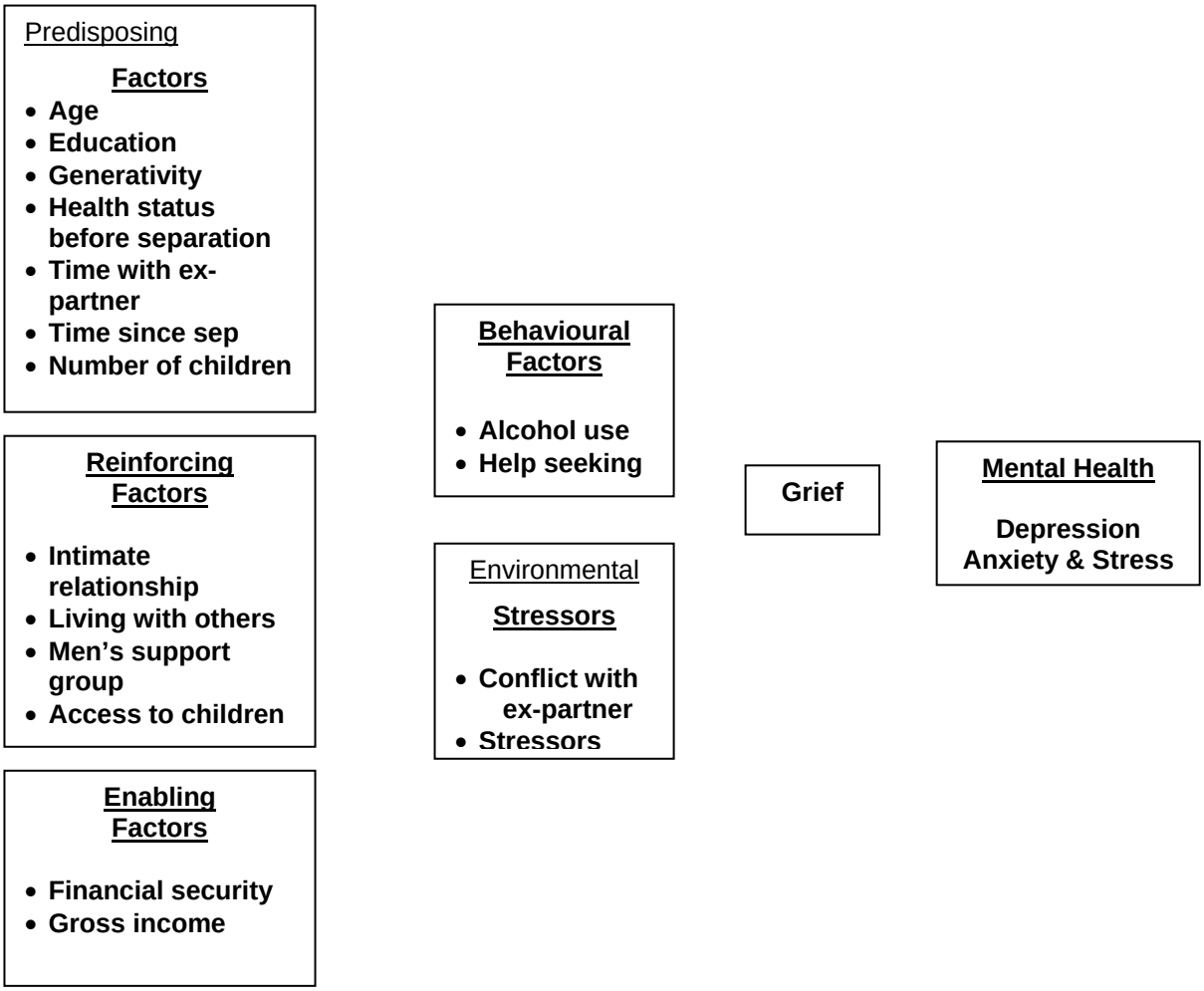


Figure 4. Variables entered into the health model proposed by Bartholomew, Parcel and Kok (1995)

2.7.1 Predisposing Factors

Predisposing factors are the antecedents to behaviour that provide the rationale or motivation for behaviour, such as knowledge, values, personals norms, and values (Bartholomew et al, 1995). The proposed model includes at least five types of predisposing factors that are supported by previous literature.

Education and occupation: Men with lower occupational standing, such as unskilled blue-collar workers, those on a pension/retired, or farmers, reported more difficulty surviving financially, and reported even more difficulties 10 years after the

separation (Jordan, 1994). This group of men also reported more health complaints, personal relationship difficulties, and strong negative feelings about the ex-spouse (Jordan, 1994).

Time since separation: The most distressing time for separated men is at the time of separation (Jordan, 1996), hence the longer the time since separation, the better adjusted the father should be.

Time with ex-partner: Men who had been partnered for longer had more adjustment problems after separation (Jordan, 1996).

Number of children: The fewer the number of children for the sole-parent father, the higher his levels of well-being (Cohen, 1995). This finding may also include fathers with access only.

Adult development (generativity): Theorists have suggested that generativity may explain fathers' health outcomes in relation to separation from children (Smart, 1979; Hagemeyer, 1986). A study by Zeanah, Danis, Hirshberg and Dietz (1995) concluded that fathers who demonstrated less "ego strength' (a concept not identical, but similar to, generativity as an adult developmental concept) had significantly higher self-reported grief (following perinatal loss). This suggests fathers with lower levels of generativity may also have significantly higher levels of self-reported grief.

2.7.2 Reinforcing Factors

Reinforcing factors, such as social reinforcement, rewards and punishment, provide the continuing reward or incentive for the behaviour and contribute to its persistence or repetition (Bartholomew et al, 1995). The proposed model includes four types of reinforcing factors that are supported by previous literature.

Intimate relationship: Those men who do form relationships after separation tend to have fewer health problems (Gottman, 1994). Thus, it would appear that the most distressed separated men are those men who are more recently separated, living alone, and without a relationship.

Belonging to a men's support group*:* Social isolation is often the outcome for men who separate, due to men's tendency to have a smaller support group compared to women (Gottman, 1994). It may be that fathers who are well supported by their peers suffer less grief and better mental health than those fathers who do not belong to a men's support group.

Living alone after separation: It appears that living alone after separation is the most predictive factor of who would find coping with marital separation difficult (Jordan, 1996; Mitchell-Flynn & Hutchinson, 1993). It may be that those separated fathers who reside with others, including their children suffer less grief and mental health problems.

Access to children: The loss of the resident father parenting role adversely affected men's health (Jordan, 1994). Fathers who have less access to their children are expected to suffer more grief and mental health problems.

2.7.3 Enabling factors

Enabling factors are the antecedents to behaviour that enable a motivation to be realized such as availability, accessibility, regulation and skills (Bartholomew et al, 1995). The proposed model includes two interlinked enabling factors that are supported by previous literature.

Perception of financial security and gross income: Financial difficulties are rated by men as one of the worst aspects of separation (Jordan, 1994). At a time when men are experiencing the most distress over separation, they are often required to attend to work, begin maintenance payments, and find other housing. Fathers with the most severe financial difficulties also exhibit the most problems with parent/child interactions, and report less satisfaction in the fathering role (Risman, 1986). It may be that actual gross income, or a father's perception of his financial security, or both, impact on his grief and mental health.

2.7.4 Behavioural factors

Behavioural factors are usually sourced from the population-at-risk and include compliance, consumption patterns, coping and self-care (Bartholomew et al, 1995). The proposed model includes three behavioural factors supported by previous literature. These behavioural factors act as mediating factors in the model.

Alcohol use: Australian studies which have found rates of alcohol abuse in separated men ranging from 26% to 57% (Price, 1987; Webb et al, 1990).

Help seeking: Men who accessed help through personal and professional contacts found help in dealing with their grief (Gottman, 1994).

2.7.5 Environmental factors

Environmental factors refer broadly to outside influences such as social and physical determinants, and services with dimensions such as access and equity (Bartholomew et al, 1995). Two environmental factors supported by the previous literature have been included in the proposed model. The environmental factors, as well as the behavioural factors, act as mediating factors in the model.

Conflict with the ex-partner. Another predictor of well-being for separated fathers is lower levels of hostility toward the former spouse (Cohen, 1995). Low levels of hostility

between the ex-couple also predicted a measure of access, that is, higher frequency of non-custodial father contact with his child (Wall, 1992). In turn, frequency of contact of non-custodial fathers was related to a father's qualitative perception of his relationship with his child (Wall, 1992).

Stressors: Men indicated a number of stressors, such as legal, custody, and child-support issues, as well as personal issues, such as work, health and finding new accommodation, as having a significant impact on their well-being (Jordan, 1994).

2.7.6 Application of the Model to Current Research

A number of issues pertaining to fathers' grief and mental health, in relation to separation from their children, have not been examined in previous studies. It is proposed that parenting and health issues of Queensland separated fathers be investigated in a qualitative pilot study to confirm the proposed conceptual design and selection of measures for a quantitative study to examine (1) how post-separation stressors, conflict with the ex-spouse, access to children, and generativity impact on father's grief and (2) how grief impacts on the mental health of separated fathers. The study is exploratory and the Bartholomew et al (1995) model is proposed as a useful means of selecting variables of interest. It is not the intent of the study to examine the inter-relationship between the variables but rather, to use the model as a tool to explore the relationships between variables of interest and the outcome.

Chapter Three

Methods

The research was conducted in two stages, a qualitative pilot study followed by an exploratory quantitative study based on the findings of the literature review and the qualitative study. The methods for each study are described in this chapter.

3.1 Qualitative Pilot Study

A pilot qualitative study was considered the most appropriate methodology to access context-specific concerns of fathers. The researcher conducted interviews with groups of fathers to tease out patterns, themes and clusters in order to understand the health and parenting concerns of Queensland fathers. The qualitative study had two parts: an initial focus group of fathers was conducted, followed by four group interviews with other fathers. Some findings from the focus group that needed confirmation were fed back to those fathers in the subsequent group interviews to verify the authenticity of the data, as recommended by Miles and Huberman (1994). The qualitative study enabled the researcher to build plausible chains of evidence in order to develop a valid conceptualization and selection of measures for the quantitative study (Miles & Huberman, 1994).

3.1.1 Aims and Objectives

The aim of this qualitative pilot study was to determine parenting and health and well-being concerns of separated fathers in the south-east Queensland area.
Objectives were to examine:

1. Health changes since separation
2. Health changes in the context of separation from children (as distinct from separation in general)
3. Stressors since separation
4. Fathers' perceptions of conflict-related stressors

3.1.2 Ethics Approval

An application was made to the QUT Human Research Ethics Committee (see Appendix 8) and the project was approved.

3.1.3 Design

The research utilised an ethnographic phenomenological perspective of inquiry and has been initially designed to utilise only focus group methodology. However, during the first focus group (N = 8), some fathers dominated the discussion due to the immediacy of separation for them, while others, longer separated, did not have the opportunity to participate. It was decided that the first focus group data be used as a pilot for the qualitative study, and that future groups be conducted as group interviews with fewer participants (N = 3 to 5). Thus, all fathers could be given greater opportunity to participate, and diverse themes adequately explored. This decision accords with the perspective of theorists who state that responsive and flexible qualitative design unfolds as the fieldwork unfolds (Lincoln & Guba, 1985; Patton, 1990).

3.1.4 Recruitment

The study utilised a stratified purposive sampling technique. Fathers were contacted through the organiser of a men's support group, an educational therapy provider, university e-mail, and contacts in the community. Interested fathers were invited to contact the researcher by phone and were screened for suitability based on the criteria of having lived at some stage with the mother of their biological children. Each potential participant was then invited to attend a group discussion and was forwarded an information brochure titled "Separated Fathers Research Project". The brochure outlined the aims and significance of the project, an explanation of the purpose of the focus group/group interview, and what would be discussed (Appendix 9). The men were invited to attended specific focus groups according to recruitment source to ascertain whether group culture, including fathers with residency, revealed differences in fathers' concerns. Fathers chosen for inclusion in the groups were separated fathers who had previously lived with their children's biological mother, in either a married or defacto relationship. This criterion ensured that all participating fathers had been exposed, at some stage, to having to care for children on a daily basis, and therefore, were presumed to have formed an attachment to their children.

Participants were 23 separated fathers from south-east Queensland (Brisbane metropolitan and surrounding areas) who made up five groups. The groups consisted of fathers with varying amounts of access to their children (except for one group who were fathers with residency of their children). The pilot group consisted of eight fathers from a prominent Queensland men's support group (to be identified as Supp). The four interview groups consisted of the following men:

1. Fathers who had participated in a federally-funded educational course, divided into two groups (**Ed1 and Ed2**)
2. Fathers recruited through a university community e-mail (**Uni**)
3. Fathers with residency recruited through contacts in the general community and e-mail (**Res**).

Demographic characteristics of the sample, in the order in which each group was interviewed, are shown in Table 4. Across the groups, the university group, Uni, differed from the other groups in that participants were around four years younger, on average, and reported higher SES, as reflected by occupation and education. Ed1, the first educational therapy group interviewed, also differed from the other groups in that none of these men had a post-secondary education and all were labourers, unskilled workers or unemployed. In contrast, the other educational therapy group, Ed2, consisted of men whose occupations were predominantly professional, administrative or self-employed. All of the 23 fathers lived without a partner, although the Res group fathers had children residing with them.

3.1.5 Group Protocols and Measures

A detailed focus group protocol was written as a reference for the process of conducting the semi-structured, non-directive focus group (Appendix 10). For the subsequent group interviews, an additional directive was included: each father's views would be sought in an around-the-table group interview process to ensure all views were canvassed. These guidelines were presented to each group by the facilitator/s, at the beginning of each group discussion. The facilitators of the focus group consisted of the researcher (BA Hons in Psychology) and an academic supervisor with a PhD. The following interview groups were conducted by the

researcher. An informed consent form was distributed, discussed and signed as well as a list of structured questions (Appendix 11). At the end of the discussion all participants were asked to complete a questionnaire. (Appendix 12). The average length of the focus group and interviews was two hours.

Table 4. Characteristics of Separated Fathers in the Qualitative Study: Means or Percentages (n=23)

Variables	***All fathers N=23 m***	***Group 1 Supp N=8 m***	***Group 2 Ed 1 N=3 m***	***Group 3 Uni N=4 m***	***Group 4 Ed2 N=5 m***	***Group 5 Res N=3 m***
Age	41.0	42.3	42.0	37.2	40.8	42.3
Number of Children	2.2	2.6	2.0	1.75	2.4	2.6
Years of Co-habitation with Ex-Partner	11.6	12.4	12.3	9.5	9.8	12.0
Years of Separation from Ex-partner	3.8	3.1	4.8	3.9	2.2	7.3
Educational Level	%	%	%	%	%	%
Year 12 or below	43	37.5	100	0	40	66.6
Diploma/Certificate	22	12.5	0	25	40	33.3
Degree	39	50	0	75	20	0
Occupation						
Administrative/Professional/Self-Employed	65	75	0	100	80	0
Clerical/Trade	17	0	0	0	20	66.6
Labourer/Unskilled/Unemployed	18	25	100	0	0	33.3
Member of Men's Support Group	74	87.5	100	50	100	0
Dating Relationship	52	75	50	75	20	66.6
Living Alone with out a Partner	100	100	100	100	100	100

The measures involved a pilot semi-structured focus group with subsequent group interviews of the remainder of the fathers, as well as the administration of a questionnaire. The questions in the focus group/group interviews examined the following issues:

1. Health changes since separation
2. The positive and negative aspects of being a separated father
3. Separated fathers' perceptions of their role before and after separation

The researcher used probes to elicit information where new issues and themes emerged.

In addition to demographic questions in the questionnaire, two-open ended questions asked fathers to list: any health problems since separation; and any stressors since separation. A Likert-type scale asked fathers to rate their level of conflict with their ex-partner (0 = no conflict to 4 = extreme conflict).

3.1.6 Data Management and Analysis

Audio-taped group discussions were transcribed to written text in their entirety. After checking for errors and omissions, transcripts were coded using NUD*IST software. A multi-step procedure, using free nodes, was used to analyse the data. The researcher and the academic supervisor separately reviewed the categories and drew up a number of higher-order categories. Results were compared and a final list of higher-order categories was drawn up.

The textual analyses of health concerns and health changes since separation were conducted across groups according to the following factors:

- Recruitment source
- Child access/residency arrangements
- Health responses in the context of separation from children (as distinct from separation in general)
- Stressors since separation
- Fathers' perceptions of conflictual stressors

The latter two analyses were derived from the self-administered questionnaires, while the former analyses were from the focus and group interview discussions. Data from the discussion, presented numerically in the tables, represent the number of times a particular concern was mentioned and described within the group, Thus, for the health analyses, questionnaire data cannot be compared directly with the discussion data, but serve a confirmatory function. The results of these analyses informed the quantitative study.

3.2 Quantitative Study

An exploratory quantitative study was considered the most appropriate methodology to further examine and measure the significance of various factors on separated fathers' grief and mental health, and to develop a scale to measure separated fathers' grief. Factors identified in the qualitative study and the literature, including generativity, conflict with ex-partner, stressors, and access to children, were examined as to their effects on grief and depression. **.** The study utilised the Bartholomew et al (1995) model as a means of organising and categorising selected variables of interest as predisposing, environmental, or enabling behavioural factors. It was not the intent of the study to examine the inter-relationship between the categories or that the variables selected were placed in the "correct" categories, but rather, to use the model as a tool to explore the relationships between variables of interest and the outcome. The researcher developed scales based on the group interview data and questionnaire from the pilot study to measure stress (to account for both the stressful event and the father's reaction to the event) and access to children, as well as testing the validity of the brief Conflict with Ex-partner scale devised for the qualitative study. The effects of generativity on grief and mental health of separated fathers were examined.

3.2.1 Aims

The aims of the quantitative study were as follows:

Aim 1: To examine which factors impact most on fathers' grief by examining the following questions:

- What life change stressors impact most on separated fathers?
- How does conflict with the ex-partner impact on the grief response?
- How does limited access to children impact on the grief response?
- Do highly generative fathers suffer more or less with separation from their children?

Aim 2: To examine how grief impacts on the mental health of separated fathers by examining the following question:

- What aspect of the grief response impacts most on mental health?

3.2.2 Ethics Approval

An application was made to the QUT Human Research Ethics Committee (Appendix 13) and the project was approved.

3.2.3 Design

The study was conducted over a 12-month period and was cross-sectional in design using self-administered questionnaires to collect the data. Fathers separated from their children's biological mother, with a child 18 years or younger, and living in Queensland were recruited for the study. Fathers could be re-partnered, or have had a number of partners and subsequent children. Fathers with varying degrees of contact with their children were included in the study, ranging from those fathers with none or little contact to those fathers who had residency of their children.

3.2.4 Recruitment

Fathers were sought from both men's organizations and the general community, as it was possible that men recruited solely from men's organizations may differ from men recruited from the general community. There was an awareness that separated fathers were a highly mobile population and difficult to recruit, and therefore random sampling was not an option. It was decided to use a purposive sampling method so that ultimately an approximately equal number of fathers were recruited through the community as through men's support groups. Fathers from the general community were to be targeted through the media. Additionally the researcher approached fathers by emailing information about the proposed study to a university population and a state health employer. These groups were chosen because of the likelihood that separated fathers in these groups had heard of the research and knew of the researcher through previous articles in the organisations' staff magazines. Men's groups were approached through previous contacts the researcher had established in the qualitative phase of the research. As in the qualitative phase, issues of trust were prominent, with fathers wanting to know the researcher's motives for conducting the research, and the use to which the research would be put. Using established contacts was an optimal method of gaining sufficient numbers in the men's support groups. However, it may be that this method of sampling introduced biases into the results in that disenfranchised men would not seek to join support groups or respond to media promotion of the research.

It was decided that Fathers' Day, when attention to fathers and separated fathers was most prominent, was an ideal time to recruit fathers. A media campaign was initiated by the media department of Queensland University of Technology's Corporate Office to assist with recruiting fathers for the study "The Separated Fathers Project". A press release was prepared and sent to various media outlets (Appendix 14).

The press release prepared by QUT was selected by various media organizations and presented in news bulletins, such as local Brisbane radio station B105 news, The Sunshine Coast Daily as a feature article, and ABC radio in the Queensland Morning Program. Readers and listeners were given the "Separated Fathers Research Project" voice mail phone number to call to leave their name and address for a survey to be sent to them or for a return call from the researcher. Callers were sent an information brochure about the study (Appendix 15), two return-addressed envelopes, and a questionnaire (Appendix 16). Additionally, the questionnaire, envelopes and information sheet were sent directly to the leaders of various men's organisations or educationally-based programs, such as Men Exploring New Directions (MENDS), Men's Rights, Dads in Distress (DIDS), and Men's Health and Wellbeing Association of Queensland (MHWAQ) for distribution to their members. Information about the study was also distributed among community and educational web-based organizations, such as the MENDS website, QUT Online, and WELINK (a QUT research project reaching rural populations). These fathers were sent a hardcopy of the questionnaire, envelopes and the information sheet or, if they requested it, a questionnaire was sent by email with instructions to return it either as hardcopy or email.

3.2.5 Data Collection Instruments and Distribution

The frontispiece of the 17-page questionnaire (Appendix 16) contained information on completing the questionnaire and it also asked fathers who wanted feedback on the results of the study to write their name and address on this front page (which would be immediately separated from the questionnaire on its return to the researcher), so that information could be sent out to them in the future. When fathers requested the researcher to send out the questionnaire on email, no envelopes were sent, but fathers were free to send back the questionnaire separated from the

frontispiece as hardcopy. Some fathers returned the survey on email with frontispiece attached, and this was subsequently removed from the hardcopy printed out by the researcher.

The questionnaire contained a number of demographic questions, established scales, and scales and questions developed by the researcher. Some of the questions required circling a number which represented a point on a Likert (or Likert-type) scale, or circling a number representing a categorical answer. Other questions required a simple handwritten answer, such as age or income. Other questions allowed for comments from fathers by suggesting "other", that is, another answer or issue not provided by the researcher. There was also space for extensive comment. When fathers did finally overcome trust issues and agree to participate in the research, they participated enthusiastically and wanted to be able to verbalise their individual concerns. It was felt that this allowance for comment in the questionnaire would encourage return of the questionnaire. However, this information was not used in the analysis for this study and contained many of the same concerns and issues elicited from the qualitative study.

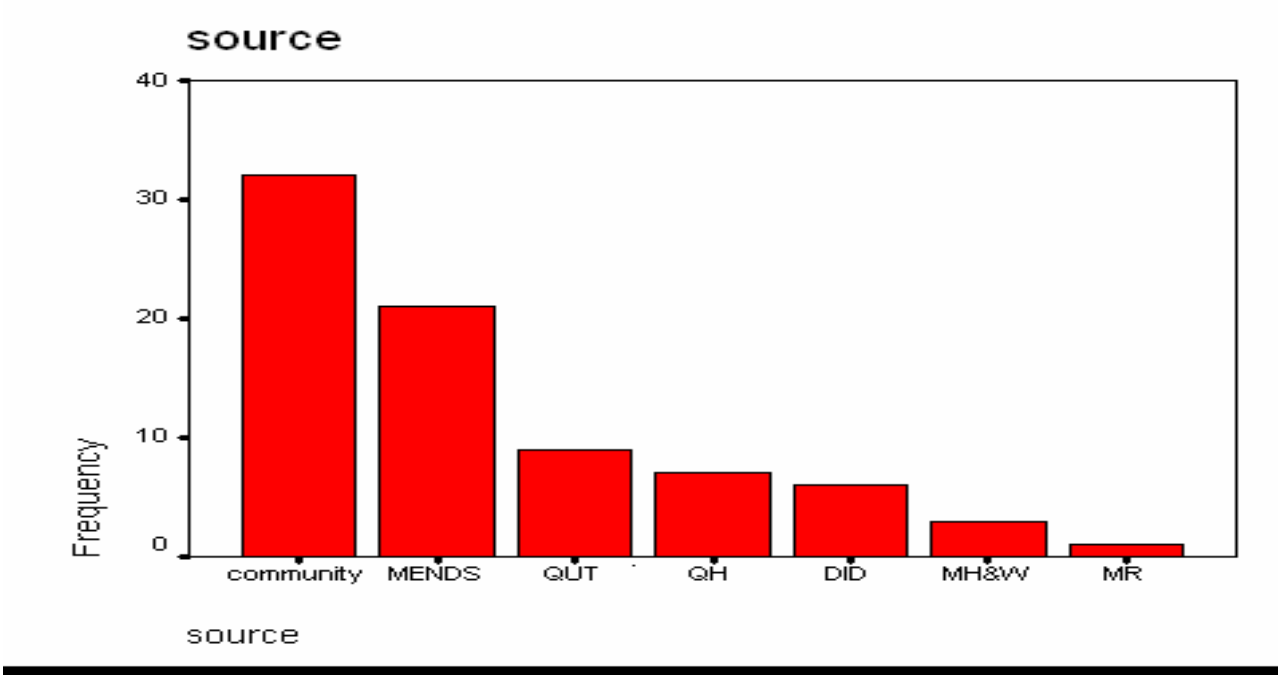
Approximately 127 packages were distributed to leaders of men's organizations, educational programs, and to fathers who called the research voice mail phone number after reading the feature articles or listening to the radio interview or news. Survey sets sent to various men's organisations were discreetly marked to provide the researcher with data on response rate, for example, study 2, study 2(a) and study (c). Another 20 questionnaires and information sheets were sent directly by email to fathers who requested them.

3.2.6 Response Rate and Sample Size

The response rate was approximately 66% (84/127). Of the questionnaires that were returned, 80 were accepted, and four were rejected. Of the rejected questionnaires, one was 25% completed, one had listed children who were all over 18 years old, and two questionnaires listed no children.

Therefore, 80 questionnaires were included in the quantitative study. The source of participants is displayed in Figure 5. Fathers recruited from the general community

made up the majority of participants (n= 32), with those recruited from QUT and QHealth (a state government health department) accounting for another 16. Fathers recruited through the four men's organizations, MENDS, Dads in Distress, Men's Health and Wellbeing, and Men's Rights made up the remainder (N=42). See Figure 5.



Community: MENDS = Men Exploring New Directions (men's educational group); QUT = university staff; QH = State health department staff; DIDS = Dads in Distress (support group); Men's Health and Wellbeing (support group); Men's Rights (support group).

Figure 5. Sources of Participants for quantitative study

3.2.7 Data Management and Statistical Analyses

Survey data were collated and entered into SPSS version 11 for management, cleaning and analysis. Surveys that were returned with the frontispiece attached were separated from the frontispiece which contained identifying information of fathers who indicated they required feedback on the findings. Any contact information was stored separately and entered into a mail merge document for future posting of the findings when the research is completed. Surveys and mailing lists are kept separately in a locked cabinet in the researcher's office.

Twelve analyses were conducted. Of these, four preliminary analyses were conducted including analyses of skewness and kurtosis of descriptive data; medians

and range of the demographic variables; reliabilities, means and standard deviations of all scales; and distributions for categorical variables of interest.

Two correlational analyses were required to examine the relationships between firstly, the demographics, and secondly, the independent variables, with the dependent variables (grief and the grief subscales) and the DASS on separated fathers to identify statistically significant variables to enter into the stepwise logistic regression models. The two regression models were to test the hypotheses: (1) generativity, access to children, and conflict with ex-partner, are related to father's grief, and (2) grief impacts negatively on the mental health of separated fathers.

Analyses were conducted on the scales developed by the researcher to further examine their future utility. Correlational analyses were conducted to identify: those items on the Separated Fathers Stressor scale that statistically significantly relate to (1) grief and (2), to conflict with the ex-partner; and those items in the Separated Fathers Access scale that statistically significantly relate to grief.

A correlational analysis of the grief subscales and the DASS subscales was conducted to examine if the second stage of grief (difficulty coping) best predicts depression.

3.3 Measures

Some scales developed for the qualitative study required further revision for use in the quantitative study. For the survey in the quantitative study, scales were either developed by the researcher or were existing scales either used wholly or modified for the study. This section describes a variety of measures with emphasis on the final form for the quantitative study

3.3.1 Scales Developed for the Study

Seven scales of questions or sets of questions were developed specifically for use in this study to serve as measures for components of the model presented at the end of Chapter 2 (Figure 4).

Separated Fathers' Grief Scale

The short version of the PGS (Potvin, Lasker & Toedter, 1989) appeared the most suitable option for adaptation for measuring separated fathers' grief by analysis of conceptual and measurement factors (Table 3, Chapter 2). Briefly, the PGS has excellent psychometric properties, brevity, and reliability in the population in which it has been used. It has also been extensively tested on both mothers and fathers; differentiates between male and female grief; correlates with, but differentiates grief from depression; demonstrates changes in grief over time; and differentiates between normal and unresolved grief using three levels of grief. These three levels of grief (factor-analysed from the original longer and shorter versions of the PGS) are Active Grief, Difficulty Coping, and Despair, and require description before further discussion.

Active Grief, also considered normal grief, incorporates dimensions such as *sadness*, *missing the baby (children)* and *crying.* The second factor, Difficulty Coping, indicates a person's difficulty in dealing with both activities and with other people, and is indicative of more severe grief because of social withdrawal and trouble with everyday functioning. The third factor, Despair, suggests the potential for serious and long-lasting grief for the loss and incorporates issues such as guilt, vulnerability, and worry about the future. However, the psychometric properties of the PGS, such as construct and face validity, require comment as well. For example, are the dimensions, factors, and actual items of the PGS possibly suitable for measuring separated fathers' grief as well as measuring fathers' (and mothers') grief over perinatal bereavement? The following tables detail the applicability of using the PGS in separated-father populations (See Table 5), and address face validity issues in adapting the scale for separated fathers (Table 6).

An analysis of the individual PGS dimensions was conducted to test the applicability of each dimension to separated fathers' grief (Table 6). Note that the illustrative statements suggested by the researcher are to ascertain whether the particular dimensions of the PGS (Potvin et al, 1889) relate also to separated fathers' grief. These illustrative examples of possible scale items may not be the identical questions proposed on a separated fathers' scale (see Appendix 16, Scale 30, for the modified scale in the questionnaire).

Table 5. Summary of the Applicability of the PGS in Separated-Father Populations

Criteria	PGS and applicability to separated fathers
Gender differentiation of grief	Fathers often show more unresolved grief, Despair, (that often does not abate) than do mothers who show more Active Grief; also includes guilt & anger dimensions that are higher for fathers than mothers. Symptoms of despair, anger and guilt, such as substance abuse, and antisocial behaviours are endemic in separated father populations.
Distinct from depression	As a factor, Difficulty Coping & Despair had the highest correlation with depression, yet overall depression (as measured by the SCL-90) accounted for only half of the variability in the PGS scores, pointing to grief being related to, yet distinct from, depression. Total PGS score correlates with the SCL-90 depression at 0.73 suggesting only half the variability explained by depression construct. Grief considered a precursor to mental health problems in recent separated father research.
Differentiates normal & pathological grief	Active Grief is highest nearer to loss and then declines; in severe pathology, Despair does not abate overtime. Despair (unresolved grief) particularly an issue for separated fathers who, as a population, have a high suicide rate.
Subscales of different expressions of grief	3 subscales devised from 21 dimensions thought by the authors to be descriptive of perinatal grief, have similarities with separated father grief.
Change of grief over time	Correlations between grief over time are significant. Mean scores usually lower at 2nd interview compared to first. Internal consistency high in 2nd interview but not as high as the initial internal consistency. Suggesting stability of measure & factors over time. Separated fathers' distress also usually diminishes over first 2 years of separation – except in severe cases where distress may increase.
Grief correlates with health measures –	This scale has been tested extensively and correlates with many scales, including depression, life events, stress, marital adjustment, social support, and other grief measures. Separated fathers research would consider all the above variables, except marital adjustment.
Psychometric	Well constructed and extensively tested. For further detail on validity, see Toedter et al. (1988), and Potvin et al. (1989)
Reliability	Excellent reliability with mothers and fathers for perinatal bereavement. Reliability may well change with separated fathers.
Brevity	33 items, five-point Likert scale ranging from strongly agree to strongly disagree with a neutral midpoint. Separated fathers, as with many male populations, have poorer response rate than females, so brief instrument such as this is preferable

Table 6. Analysis of applicability of dimensions of PGS to separated fathers

Dimension	Applicability	Illustrative examples based on substitution of "baby" & "death" in PGS with "children" & "loss"
Positive Overall Functioning	yes	I am now functioning about as well as before I lost the children
Depression (Non-Somatic)	yes	The best part of me left with the children leaving
Depression (Somatic)	yes	I do not sleep well at night
Social Withdrawal	yes	I'd rather people leave me alone
Shock/Disbelief	yes	It's hard to believe I have lost the children
Irritability	yes	I get cross with my friends/relatives more than I should
Preoccupation with loss	yes	I can't avoid thinking about the children
Sadness	yes	I cry inside for them
Fear/Vulnerability	yes	I'm afraid to have more children (in the future)
Resolution	yes	I have accepted the loss of the children
Self Confidence	yes	I know I can work out problems that face me
Anger	yes	I feel it's unfair that I've lost the children
Attempts to cope	yes	I try to keep busy
Fantasies about the baby (children)	yes	I feel that the children are still with me
Feeling comforted	yes	I don't know what I would do without relatives and friends to lean on
Guilt	yes	I blame myself for losing the children
Replacement	yes	No one will ever take the children's place in my life
Locus of control	yes	I feel I don't have control over what happens to me
Loneliness	yes	I feel apart and remote even among my friends
Religion	Depend on culture	I sometimes get angry with God for losing the children
Jealousy	yes	I feel uncomfortable around other fathers and their children

With the possible exception of the Religion dimension, which may be less significant in certain cultures than others, the dimensions on which the PGS has been developed appear applicable to separated fathers. The Religion dimension appears not to be included in the actual PGS questionnaire (See Potvin, Lasker, & Toedter, 1988). Construct validity of the PGS is well demonstrated. In this separated father population, the total grief scale has a high internal reliability with a Cronbach's alpha of 0.95.

Separated Fathers Access Scale

The Separated Fathers Access Scale (see Appendix 16, Q 9) was developed from an analysis of the qualitative data and the brief questionnaire from Study 1. The Study 1 short questionnaire had a question regarding the amount of time fathers spent with their children, for example, a weekend each fortnight. However, it was revealed in the group interviews that other issues were of more importance to the fathers than only focusing on the amount of time spent with the child, as some fathers lived considerable geographical distances from their children, yet were able to access their children by phone and email. Other fathers felt that issues such as being able to contact the child easily, and having a cooperative ex-partner who would be flexible in contact issues, were more important. The scale identifies five areas of importance to separated fathers: the fathers being able to contact the children by phone/email whenever they want; the children being able to contact their father whenever they want; being able to rely on the ex-partner having the children there when fathers arrive to pick up the children for access visits; being able to change access arrangements for special occasions, such as Fathers' Day or his relatives' birthdays; and the ease with which the children can come and go between his and the ex-partner's home. The Separated Fathers Access Scale consists of the above 5 items, which are rated on a 3-point Likert-type scale (1 = never or rarely; 2 = usually; and 3 = always). In this study with this sample of separated fathers, the scale has a high reliability (Cronbach's alpha = 0.90).

Separated Fathers Stressor Scale

The Separated Fathers Stressor Scale (Appendix 16, Q 11) was developed for the study based on an analysis of the focus group/group interview data and the pilot questionnaire data from the qualitative study. The pilot questionnaire (Appendix 12, Q 15) asked fathers: "What, if any, stressful life events happened since separation (for example, custody issues, court appearance, and loss of employment)"? The researcher developed the Separated Fathers Stressor Scale from the responses to that question. The scale identifies 18 stressful events that may have occurred for separated fathers in the last 12 months, and includes domestic/personal issues (health of others, death of friends/family members, work stress, employment prospects, financial problems, moving house and study commitments); legal problems (property settlements, legal conflict over access/custody, Domestic Violence Orders/Good

Behaviour Bonds, and "other legal problems"); and conflict issues (conflict with: the Child Support Agency, Family Services, children's school, ex-partners' parenting, the ex-partner over access/custody issues and the ex-partner's defacto).

In the pilot questionnaire (Appendix 12, Q 15), four fathers were asked to rate their reactions to each of the stressors and comment on the validity of the questions for separated fathers. These fathers suggested the addition of a further question on self-esteem "Self Esteem Problems". The Separated Fathers Stressor Scale items are rated on a 4-point Likert-type scale (0 = has not happened; 1 = rarely stressful; 2 = sometimes stressful, and 3 = often stressful). In this study of separated fathers, the scale had a reliability of 0.75 (Cronbach's alpha).

Mental Health Before and After Separation Questions

The mental health before and after separation questions were developed for the quantitative study, through an analysis of the qualitative data from both the written questionnaire responses and group interviews (see Appendix 12, Q 17). The analysis revealed that mental health problems for some fathers were present before separation and continued on after separation, for other fathers mental health problems presented only after separation, and for other fathers, mental health problems before separation were resolved by the separation. Therefore, in the quantitative questionnaire (Appendix 16, Q 17), fathers were asked to "Compare your health before and after separation by ticking if you had the problem. The timeframe is anytime before or after separation. The mental health problems were: (1) felt severely depressed, (2) took medication for depression, (3) severe anxiety, panic attacks (4) took medication for anxiety, (5) thought about suicide, (6) had a breakdown, (7) was hospitalized for mental illness. The responses were collated and rated in 4 categories (not applicable for either before or after separation, before separation, after separation, both before and after separation). Few participants responded that they had problems related to suicidal thoughts, breakdown or hospitalisation for mental illness (Questions 5, 6 and 7 of Q17, Appendix 16). For data reduction purposes, only responses to questions related to whether the fathers had depression or anxiety (Questions 1 and 3 of Q 17, Appendix 17) were used in the data analysis, even though there were a sufficient number of responses to the questions on whether fathers had taken medications for these conditions, as it is likely that fathers may suffer from these conditions but may not access medical help.

Grieving More for Children or Ex-Partner Question

Despite compelling evidence that separation and mental health are related, what is not clear is how men's mental health is affected by separation from their children as distinct from separation from their ex-spouse. Gibson's (1994) report to the Family Court of Australia stated that nearly 80% of fathers said they did not have difficulty separating feelings towards wife and children. Despite this perceived clear difference, many men in Gibson's study were still suffering, and Gibson attributed this hurt to the men's attachment to the former spouses. Therefore, a question was developed (Appendix 16, Q 31) to differentiate between grief resulting from spousal loss and grief resulting from the separation from the children. Fathers were asked whether, at this point since separation, they grieved more for the loss of their partner; more for the loss of their children; the same for partner and children; or rarely, as they "felt over it". Fathers were asked to circle only one statement. It is expected that those fathers who report that they "grieve more for the children" will show higher levels of grief in the Separated Fathers Grief Scale.

Conflict with Ex-Partner Question

The Conflict with Ex-Partner question was developed for use in the pilot study questionnaire with a 5-point Likert-type scale (Appendix 12, Q 6.). The question asked the participant to "Circle the number below which best describes the level of conflict between you and your ex-spouse/partner" (0 = no conflict; 1 = some conflict; 2 = moderate conflict; 3 = a lot of conflict; 4 = extreme conflict). After analysis of the questionnaire data and the qualitative data from the pilot, it was decided to include the two extra phrases in the question for inclusion in the quantitative study (Appendix 16, Q 40). The phrase "present level of conflict" directed the father to be more specific about conflict at time of completion of the questionnaire. The phrase "conflict…as perceived by you" focused on the father's perceptions of conflict, as they often reported discrepancies in the perception of conflict between themselves and their ex-partners, for example, that the mothers was more conflicted than themselves over certain issues, such as maintenance being dependent on access to children.

Pattern of Alcohol use Since Separation

Alcohol abuse is difficult to determine, as most survey participants underestimate their alcohol use. It was therefore decided to select three different questions to use in the questionnaire. From qualitative data from the pilot study, it appeared that fathers' use of alcohol either lessened or increased after separation. Fathers who were granted sole residency of their children reported modifying their drinking to cope with the full-time demands of parenting. Other fathers indicated their use of alcohol as self-medication to cope with the pain of separation. One question was developed for this study, and focuses on the pattern of alcohol use since separation (See Appendix 16, Q 16). The fathers were asked to compare their drinking at present, with their drinking before separation: "Comparing the present time, with the majority of the time before separation, are you drinking: 0 = have never or rarely drink alcohol; 1= less; 2 = the same; 3 = more. By asking this question, it was hoped that use of alcohol could be correlated to the separation, whereas the two other alcohol related questions in the survey (detailed in the next section on questions from established research) do not reveal if the father was always an alcohol user or abuser.

3.3.2 Established Scales/Questions

In addition, four scales or sets of questions that have been used in previous research also were included in this study to serve as measures for components of the model presented at the end of Chapter 2 (Figure 4).

Loyola Generativity Scale

Societal Generativity, as defined by Snarey (1993, involves caring for younger adults by serving as a mentor or leader, and generally contributing to the continuity and strength of subsequent generations. Societal generativity (see Appendix 16, Q 13) was measured by the Loyola Generativity Scale (LGS) developed by McAdams and de St Aubin (1992). The LGS consists of 20 items that are rated on a 4-point Likert scale (0 = "the statement never applies to you", to 3 = "the statement applies to you very often") In a series of studies conducted by the authors, the LGS was shown to have high internal consistency (Cronbach's alpha of 0.83) and good validity, as indicated by significant correlations with other measures of generativity, including Ochse and Plug's (1986) measure of Eriksonian stages, and Hawley's (1985)

measure of generativity (both above 0.65). The scales also had a low correlation with social desirability (McAdams & de St. Aubin, 1992). It should be noted that there are no items on the LGS that explicitly deal with being a parent and raising a children. In a former study of a sample of Queensland fathers cohabiting with their children's mother, the Cronbach's alpha was 0.85 (M = 38.7, SD =8.9) (McKeering & Pakenham, 2000). In the present study, the Cronbach's Alpha for the separated fathers was 0.89 (M = 31.8,SD = 10.3).

Depression Anxiety and Stress Scale (DASS)

The Depression Anxiety and Stress Scale (DASS) was developed by Lovibond and Lovibond (1995) on an Australian population and has since been used extensively. The DASS is a set of three self-report scales to measure the negative and clinically significant emotional states of depression, anxiety and stress. Each of the three DASS scales contains 14 items divided into two to five subscales with similar content (See Appendix 16, Q 18). The depression scale assesses dysphoria, hopelessness, devaluation of life, self deprecation, lack of interest/involvement, anhedonia, and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. The stress scale assesses difficulty relaxing, nervous arousal, and being easily upset/agitated, irritable/over-reactive and impatient. Recommended cutoffs for conventional severity labels (normal, moderate, severe) are given in the DASS Manual. The DASS items are rated on a 4-point Likert-type scale (0 = never; 1 = sometimes; 2 = usually; 3 = very often) and are in response to the extent these incidents have been experienced over the past week. The scales of the DASS have been shown to have high internal reliability and may be used in both research and clinical settings. In this separated father population, the internal reliability was also high (Cronbach's alpha = 0.97)

Alcohol-use Questions

Two questions were modified from the Australian Bureau of Statistics National Health Survey (1997) standard questions surveys (Appendix 16, Q 14 & Q 15).

1. The first was concerned with the number of standard drinks per week each man consumed. The men were asked to list the number of drinks against each day of the preceding week and the total number of drinks was recorded (See Appendix 16, Q 14).

2. The second question was concerned with the consequences of overuse of alcohol and the fathers were asked to respond “yes” or “no” to the question “Have you ever been charged with drink driving?” (See Appendix 16, Q 15).

ABS National Health Survey measure: NHS Help-Seeking Scale

A help-seeking scale (Appendix 16, Q 12) was adapted from the National Health Study (1995). This scale is a measure of help-seeking behaviour across four professional groups and peers, and the question has been adapted for separated fathers by inserting the phrase “since separation”. The scale asks “Have you ever sought any help for any emotional distress since separation, from any of the following people?” The list includes: minister/priest, doctor, psychiatrist, psychologist or counsellor, and other person. The scale (1 = never, 2 = sometimes, 3 = often) has a moderate reliability with a Cronbach’s alpha of 0.61.

Chapter 4

Results from the Pilot Qualitative Study

Separated fathers' (as distinct from separated men's) grief, mental health, and general well-being have been sparsely researched in Australia. Fathers' grief responses resulting from separation from children have not been measured. Current research is increasingly examining fathering through a developmental perspective, but so far, minimal research has been undertaken with separated fathers. A qualitative pilot study was considered the most appropriate methodology to access context-specific concerns of separated fathers, in order to develop a valid methodology and measures for a quantitative study.

4.1 Aims

The aim of the qualitative pilot study was to determine parenting, and health and well-being concerns of separated fathers in the south-east Queensland area. Objectives were to examine:

- 4.1.1 Health changes since separation
- 4.1.2 Health changes in the context of separation from children (as distinct from separation in general)
- 4.1.3 Stressors since separation
- 4.1.4 Fathers' perceptions of conflict-related stressors

4.2 Analyses

Four groups of analyses were conducted and the numbering below mirrors the specific objective above in section 4.1 that each analysis refers to:

- 4.2.1 A textual analysis of health changes since separation
- 4.2.2 A textual analysis of health changes in the context of separation from children (as distinct from separation in general)
- 4.2.3 A questionnaire analysis of stressors since separation
- 4.2.4 A textual analysis of fathers' perceptions of conflict-related stressors

Textual analysis refers to the procedure where audio-taped group discussions were transcribed to written text and coded using NUD*IST software. A multi-step procedure, using free nodes, was used to analyse the data. Two researchers

independently drew up a number of higher-order categories, compared the results, and agreed on a final list of higher-order categories.
Analyses (4.2.1, 4.2.2 and 4.2.4) were extracted from the focus and group interview discussions, while analysis 4.2.3 was derived from the self-administered questionnaire. Data from the discussions, presented numerically in the tables (for an example, see Appendix 17 and Table 7), represent the number of times a particular concern was mentioned and described within the group.

4.3 Results

The results of the various analyses are discussed separately below.

4.3.1: Textual Analysis of Health Changes since Separation

To examine the relationship between fathers' health and separation, the group transcripts were examined thematically and examples of health changes identified. These changes are summarised in Appendix 17, which shows for each group, the types of health changes reported, the number of times these were discussed in the groups, and an illustrative quote from one participant that is typical of the health change.

Overall, fathers reported a number of mental health concerns, such as depression and depressive symptoms, anxiety/stress, suicidal ideation, Post Traumatic Stress Disorder (PTSD), and alcohol abuse, as well as adjustment problems such as grief, loneliness/ alienation, and anger management problems. Physical symptoms were reported in the context of fathers not caring for themselves adequately after separation. Fathers also reported positive health changes such as immediate health improvements (relief from stress after separation) and health improvements over time. These findings are summarized below and more details are presented in Appendix 17. In addition, responses available from the questionnaire data often mirrored the results from the textual analyses.

Mental Health Concerns:

Results indicate that **depression**, as reported by the fathers, was the predominant health problem, which varied in intensity and length of time:

I…can't sleep the way I used to. I'm always tired. I had approximately 11 months off work through depression.

This was reinforced by questionnaire data, with 83% of fathers reporting depression at some stage of separation.

A variety of other problems were reported indicating **depressive-type symptoms** such as tiredness, unhappiness, poor self-esteem, sleep problems, confusion, hopelessness, powerlessness, low motivation and mood swings, by all groups except the fathers with residency (Res Group):

Cycles of elation which was great. I'd never had so much fun, I felt like a teenager again, to bad depression like what's my role.

All groups reported **anxiety or stress**, and this was supported by questionnaire data. The consequences of anxiety were sometimes debilitating panic attacks or ongoing stress:

Every time you go to court you'd be up there with the butterflies and the adrenalin and this went on for months leading up to it and you'd get the result and you'd walk out of the courtroom and whew I don't have to worry about that again, but blow me down 3 weeks later she does the same thing and you're back.

PTSD and "nervous breakdown" were reported by one of the educational groups (Ed 1) and the Res. Group as an earlier reaction to separation. All PTSD cases involved hospitalization:

I can still remember when she walked out. I tended to dangle there for a while. I did actually babble, I actually had a nervous breakdown, ended up in hospital for a fair while.

Suicidal ideation or attempts were reported by focus group (Sup), Ed 2, and the Res. Group:

But I sort of went into depression … I just couldn't get back up. A couple of times I've taken a few extra tablets, more than I should have.

Alcohol Abuse was reported in three groups, Ed 1, the university group (Uni) and the Res Group. Questionnaire data revealed 17% of fathers listed alcohol abuse as a health change since separation. Alcohol abuse was often reported in the context of other health problems, such as sleeplessness, lack of motivation, and medication use:

> *I'm still on antidepressants. I don't know if they're working or not…I know I'm not eating well. There's just no motivation because there's only me at home. I drink too much. I definitely drink too much.*

Adjustment Problems:

A variety of adjustment problems were reported, such as grief, loneliness/alientation and anger. Group interviews (rather than the questionnaire data), provided more detailed information about grief and loneliness. Grief was the most predominant adjustment problem facing these fathers.

All groups mentioned **grief** or loss often in the group interviews. Grief pertained to loss of children, the loss of involvement in the children's lives, the loss of the ex-partner, and a series of losses from the previous "life":

> *So my contact visits are a mixture of good and bad…How much longer is this going to go on (separated parenting?. It's very upsetting.*

Respondents in three groups, Sup, Ed 2, and Uni Group, reported **loneliness or alienation** or a statement implying a sense of being alone, unwanted, or emotional distance:

> *I was pretty bad and deteriorated fairly badly. A lot of that was the isolation up here because I'd left.*

Three of the groups, Ed 1, Uni, and Res, described **anger** in various degrees of intensity, and their management of it:

> *I ended up in the psych department for 3 days… better to stay alive than kill someone. So I went back (home) for a couple of weeks to calm down and get over things.*

Physical Health Problems

Two groups, Ed1 and Uni, reported physical health changes, such as weight loss, weight gain, poor diet, and lack of exercise. These health issues were commonly related to depression in the discussions.

> *I wouldn't eat properly because I'd be at work, so I was getting KFC or McDonalds and blowing up like a balloon. I didn't do any exercise.*

Positive Health Changes

Group interviews (rather than the questionnaire data) provided more detailed information about depressive symptoms, resulting from grief and loneliness, and more contextual information, in particular, information describing improvements to health over time.

All groups except Sup expressed some **immediate health improvement after separation**, particularly relief from the stress of the relationship breakdown:

> *And it was like real relief and while it hurt at the time, you know, shock, horror, I can't believe it, it was like this isn't half bad.*

Fathers in 3 groups, Ed 2, Uni, and Res, were also able to describe **health improvements over time**, in particular, the stages and consequent health changes that occurred over the separation cycle.

> *Yeah before the separation I was pretty stressed and kind of headaches.. and pains in my stomach…when we actually separated and moved out, I felt so relieved, …I felt really good. But then I think, then came the loneliness. Um that sort of made me depressed and so I was going around without my goals.. going to work and going home and what have you. I got in touch with exercise and … so now I'm feeling physically (fit). So I guess I'm feeling better in myself now.*

When comparing health responses from the recruitment sources, the fathers recruited from the university (Uni Group) and one of the educational groups (Ed2) articulated higher levels of health improvements such as improved health behaviours, help-seeking behaviours, and emotional adjustment than the other groups (Appendix 17).

Most of the men in these groups were highly educated and/or in mainly professional or administrative occupations (Table 4).

When comparing health responses according to access/residency arrangements of fathers, the fathers with residency of their children (Res) did not appear to differ substantially from the other groups of fathers with access only (Appendix 17), except for predominantly acknowledging change in their health behaviours for the sake of their children:

> *I'd started smoking again. I went through a stage of binge drinking. Whenever I got down I'd go and binge drink – until I got custody of the kids and all that had to stop.*

4.3.2 TEXTUAL ANALYSIS OF FATHERS' HEALTH AND WELL-BEING CHANGES IN THE CONTEXT OF SEPARATION FROM CHILDREN

To determine whether fathers' health post-separation was related to the separation from their children (as distinct from separation in general), the transcripts were examined and text identified where fathers described health changes in the context of separation from their children. An example follows of a father's ability to separate feelings for the children, from feelings for the ex-spouse:

> *Obviously depression and anger and angst and why me, all that sort of stuff…took it pretty hard because my daughters were gone, and that was the thing that probably hurt the most, the fact that the kids weren't there. I could handle the breakdown of the marriage.*

These changes, summarised for each group in Table 7 below, indicate the types of health changes reported, the actual incident or context in which the health change occurred, the number of times these changes were discussed in the groups, and an illustrative quote from one participant that is typical of the health change. The results indicate that fathers in this group spoke of depression, anxiety/stress, and suicidal ideation in relation to separation from their children. Depression related to separation from children was the most prominent of health changes fathers reported. Fathers referred to adjustment problems of grief, loneliness and alienation, and powerlessness. Grief, the most reported of all symptoms in relation to separation from children, was reported across all groups, while loneliness and alienation was

reported in two groups. Fathers also reported additional issues such as health improvements in relation to separation from their children. Immediate health improvements and health improvements over time were reported in three groups, Ed 2, Uni, and Res. These fathers reported positive health behaviours due to the responsibility of caring for children either in residency or contact. When speaking of health improvements due to interventions by grief counsellors, fathers' experiences are typified by the following quote:

> *She (a psychologist) took me through an exercise of looking at grief and I actually did a letter to each of the children and it was quite a release of grief.*

Table 7. Textual Analyses of Fathers' Health Changes in the Context of Separation from their Children

Health Change	***Context***	***Sup (n=8)***	***Ed1 (n=3)***	***Uni (n=4)***	***Ed2 (n=5)***	***Res (n=3)***	***Text***
Depression	• Returning the child after contact visits • Loss of the child as distinct from the spouse • An older child leaving residency with father • Loss of the child to another man	1		2	1		Returning the children after contact visits *The bad news is you do get depressed, there is no doubt about it. I mean, particularly when the kids leave on a Sunday evening and you go back to an empty house. It's not a good feeling, it's not good at all..*
Anxiety/ Stress	• Worry about child and mother's defacto • Not knowing what was happening to children	2		1			Worry about child and mother's defacto *When my ex-wife's partner came along I was worried. I mean, who is this guy? He's got access to my kids all the time. One of the worst moments was… my 5 year old daughter hugging the guy and not wanting to come with me.*
Suicidal Ideation	• Inability to adjust to loss of his child	1					Inability to adjust to loss of his child *So I went through all the broken hearted stuff and even contemplated suicide to the point where .. She's 23 now and all I can say is that it does change*

Health Change	*Context*	*Sup (n=8)*	*Ed1 (n=3)*	*Uni (n=4)*	*Ed2 (n=5)*	*Res (n=3)*	*Text*
Grief	• Loss of contact over an extended period • Loss of daily contact • Loss of regular contact	5	1	2	2	1	Loss of regular contact *Yeah, adjusting to the change of focus in their lives and doing that from a distance. Not actually having regular contact with them, like pining to see them*
Loneliness/ alienation	• Physical absence • Alienation due to loss of father role	4			1		Physical absence *Sometimes I think it's hurting me more than it should be because I tend to worry too much about what's happening to them during the week and why they haven't rung.. why I haven't seen them for 3 weeks. I get really lonely.*
Powerlessness	• Lack of control over separation from children • Lack of control over the process of separation	3					Lack of control over separation from children *I really felt sort of powerless, and impotent (losing the children)*
Immediate Health Improvement	• Relief having residency of children • Moderating drinking due to children • Quitting binge drinking because of residency			2	1	1	Moderating drinking due to children *I've quit smoking and I don't drink much anymore. A lot of those things have changed for me and particularly week-ends with the kids. You're so busy.*
Health Improvement Over Time	• Responsibilities of looking after children alone • Renewed appreciation of children • Counselling for separation from children			2	1	1	Renewed appreciation of children *I can be quite angry…angry at work or whatever, and they (the kids) walk in the door and this is the new bit of my life…because you realise no matter what else has happened, this is your positive and it always will be*

4.3.3 A QUESTIONNAIRE ANALYSIS OF STRESSORS SINCE SEPARATION

To determine which events or incidents separated fathers identified as most stressful, the pilot questionnaire data were examined and written responses categorised into six areas (Table 8). Fathers in the pilot focus group listed conflict with institutions, conflict over access, health concerns, employment/ resources/ finances, and lifestyle change issues as stressors (see Sup Group, Table 8). The interview groups listed

these issues and two additional stressors, conflict over co-parenting and conflict with the ex-partner over non-parenting matters. Also included, was a percentage total of fathers who reported on each of these areas on the questionnaire.

Table 8. Questionnaire analysis of fathers' reported stressors; and fathers' perceptions of level of conflict with the ex-partner

Stressors (frequency per group)	***Sup n=8***	***Ed1 n=3***	***Uni n=4***	***Ed2 n=5***	***Res n=3***	***% of all fathers who reported the stressor***
Institutional conflict						
Custody disputes, Child Support Agency & Family Services disputes	3	1	3	1	1	**32%**
Court disputes (unspecified)	2		1	1	1	
Domestic Violence Orders & Good Behaviour Bonds			1	1	1	
Property settlement disputes	3			2	1	
Conflict over co-parenting						
Fathers' parenting obstructed			1	3		**22%**
Mothers' neglect		1			3	
Access problems	2		1	2		
Conflict over non-parenting matters						
Abuse, false accusations, fraud by ex-partner			2	3	1	**18%**
Ex-partner's defacto			1	2		
Employment/resources/finances						
Loss of house/business/finances				3		**12%**
Underemployment, loss of job, fear losing job	2			1	2	
Lifestyle changes						
New job, study, & relationship, moving house	3		2			**10%**
Living alone, divorce, family break-up		1		1	1	
Health concerns						
Ill-health of self, parent, ex-partner, child	3			1	1	**6%**
Death of parent, friend	1		1			
Fathers' perception of conflict with ex-partner (mean per group) (0=none; 4=extreme conflict)	1.50	3.3	1.2	2.6	2.7	***Mean of all fathers' reported perception of conflict = 2.1***

Fathers clearly identified various kinds of conflict as the most significant stressors in their lives post-separation. The analysis showed that conflict (institutional conflict, and conflict with the ex-partner over co-parenting, or non-parenting issues) accounted for 72% of all stressors across the interview groups, with other stressors (health, employment/ resources/ finances, and lifestyle changes) accounting for 28%

of total responses. Group differences reveal that although fathers from the lowest SES group, Ed1, reported very few conflictual stressors when asked to list stressors in the open-ended questions, they reported the highest perceived conflict with the ex-partner when rating on the Likert-type scale question. In contrast, the Uni. Group, who reported many stressful life events on the questionnaire, had the lowest perceived conflict with the ex-partner of all the groups in the level of conflict scale.

4.3.4 A TEXTUAL ANALYSIS OF FATHERS' PERCEPTIONS OF CONFLICT -RELATED STRESSORS

To determine fathers' perceptions of conflict-related issues, which were identified as the most significant stressor in the above analysis of the questionnaire data, the transcripts were examined, and text was identified where fathers described perceptions of, or attitudes about, conflict. These perceptions are summarised in Table 9, which shows for each group, the type of issue reported, the number of times these were discussed in the groups, and an illustrative quote from one participant that is typical of that perception.

The focus group (Sup) did not discuss institutional conflict, and most of their discussion involved fathering aspirations and limitations of their fathering role. In contrast, fathers in the interview groups perceived that various authorities treated women more favourably. In particular, contact with schools was perceived as especially problematic. Fathers (except fathers with residency) also perceived that women misused the court procedures to prevent fathers' access and custody, and that court procedures for fathers trying to enforce contact arrangements were too costly, lengthy and ineffectual. Fathers in the interview groups (particularly the university group) identified two predominant issues about their fathering aspirations and limitations: their role of imparting values, educating and nurturing; and the time constraints they face as separated fathers (the fathers with residency did not comment on the latter issue). Fathers' comments on the negative effect of the mother on the father/child relationship were predominantly about the mother's control and manipulation of the child. Fathers were concerned with the ex-partners' gate-keeping role, which prevented fathers participating satisfactorily in their children's lives. Fathers' comments on contact arrangements were predominantly about mode, reliability, and flexibility, such as difficult phone access, mothers attempting to prevent access, including children not being there for the father at pick up time, and inflexible access arrangements.

Table 9. Fathers' Perceptions of Conflict-Related Issues

Perceptions	*Supp (n=8*	*Ed1 (n=3*	*Uni (n=4*	*Ed2 (n=5*	*Res (n=3*	*Total*	*Text example*
Authorities double standards concerning separated fathers versus separated mothers							*School contact*
• Police & Domestic Violence orders/domestic disputes		2			1	**3**	*I remember when I first came to my daughter's preschool to find out where she was going, I didn't even know what the preschool was, I kind of did some detective work. That preschool had to get (ex-spouse's) permission before they talked to me. They treated me like I was some kind of criminal.*
• Courts & mothers' breaking access orders		1				**1**	
• Court favours mothers' custody		1			2	**3**	
• Child abuse by mother not addressed		1				**1**	
• Employers & fathers' sole parenting					1	**1**	
• CSA not enforcing against mother					1	**1**	
• School contact difficult for fathers			4	2		**6**	
• Property settlements too onerous				1	2	**3**	
Court procedures misused							*Mothers using Domestic Violence Orders to stop access*
• Utilised to keep access happening		1	1	1		**3**	*So the whole thing all sort of rolled up, the domestic violence (by the ex-wife) was on the Tuesday and the residency (court hearing) was on the Wednesday .. this has been going on for 6 months I just couldn't cope with it any more. What's the sense in doing it?*
• Too costly/many procedures			2	1		**3**	
• Mothers using DVOs' to stop custody				2		**2**	
• False sexual interference complaints to stop access to children		2		1		**3**	
Fathering aspirations and limitations							*On educating*
• Imparting values/ educating and nurturing	4	6	11	5	7	**33**	*I guess I see my role as trying to help her as much as I can in her life. I look forward to when she's older …and I can pass on a bit of my sort of knowledge and give her the other perspective of what she's getting at home, so she's got some balance there*
• Missing out helping with schooling			1	4		**5**	
• Losing father role to another man			1	1		**2**	
• Lacking input into child's life		3	2			**5**	
• Societal legitimacy of separated fathers	5	1		2	3	**11**	
• Lack of parenting skills	4	1	4	2		**11**	*On time constraints:*
• Activity constraints due to time	1	4	8	3		**16**	*I see a lot of other single dads with me on the week-end and it's easy to pick them a mile away… and there was this guy and said "Your week-end too hey?" And you can see them*
• Lack of immediacy with child's life		2	3	1		**6**	

Perceptions	*Supp (n=8*	*Ed1 (n=3*	*Uni (n=4*	*Ed2 (n=5*	*Res (n=3*	*Total*	*Text example*
							trying to cram everything you should have done during that week into the week-end. You just can't do it.
Negatives effects of mother on father/child relationship							<u>*Children having to hide things from dad*</u> *My sister who's a psychologist… says to (daughter) "How do you feel" And (daughter) who's only 6 says um "I'm not allowed to tell how I feel. And that is one of the most disgusting things that a person can do to a 6 year old to tell them "you're not allowed to tell anybody anything".*
• Mother dictating father's role		2		1	1	**4**	
• Mother's control and manipulation		15	10	7	3	**35**	
• Children hiding things from dad	1	3				**4**	
• Children having to tell on father		3				**3**	
• Undermining father		1	1	1	2	**5**	
Contact/Residency Problems							<u>Difficult phone access</u> *My son's got to the phone….and after he's been talking for a minute, she steps in to find out who he's talking to. He's says "It's Dad" and you hear the tones of his voice change. And "What's he talking about? What's it about? Did he ring you, did you ring him?" Basically, they're not allowed to phone me at all. It was my birthday.*
• Children not available for special days		1	1			**2**	
• Inflexibility		4		1		**5**	
• Unsuitable accommodation		2				**2**	
• Older child not wanting to see father	2		1	1		**4**	
• Children not there at pick up		3			1	**4**	
• Mother preventing access			3	1		**4**	
• Access cut			2			**2**	
• Increase maintenance		1		1		**2**	
• Stress reaction at change-over	3	4				**7**	
• Difficult phone access			2	1		**3**	

4.4 Summary of Findings

Fathers reported a number of negative health and well-being issues, such as high levels of grief and depression, and some alcohol abuse. The high percentages of fathers who reported depression and grief in this study may be due to the fact that all the men in this study lived without partners (the most predictive factor affecting men's adjustment was living alone according to Jordan (1996) and ABS (1997)). Grief, a problem identified by Vogel (1998) as the predominant problem facing separated men, was also significantly reported in this study, particularly in regard to fathers being unable to adjust to the loss of, and separation from, their children, as distinct from separation from their ex-partners. As expected, fathers with residency differed from other groups in that they were less likely to report grief. It appears that interview methods were much more effective than open-ended survey questions, in

qualitatively elucidating depressive symptomatology and grief. Another health concern reported in this study was alcohol abuse, however, it appeared to be under-reported when compared to Australian studies, which have found rates of alcohol abuse in separated men ranging from 26% to 57% (Price, 1987; Webb & Redman, 1990). There is the possibility that problem drinkers do not participate in research studies (Rodgers, 1996), particularly qualitative studies such as this study.

Fathers also reported some positive health benefits particularly relief after a stressful marriage and new opportunities for personal growth. This finding is in accord with other research (Spanier, Thompson & Parting, 1984). Men in the more highly educated, and upwardly mobile groups, appeared to report more positive health changes since separation, possibly indicating better adjustment. This result is consistent with Jordan's (1996) report which found men with lower SES had poorer adjustment after separation. When discussing health changes in the context of separation from children, both fathers with residency and fathers with contact spoke of health and well-being improvements, such as moderating drinking, and a renewed appreciation of their children. However, it is not clear whether these subjective improvements since separation, particularly relief from a stressful marriage, lead to a reduction in grief and depression, and over what time span (Rodgers, 1996).

The finding indicated a number of stressors impacting on separated fathers, however, conflict was clearly identified as the most significant stressor. This finding is not consistent with Jordan's (1996) report which found financial concerns were the worst thing that had happened in the last 10 years for separated men in his study. However, separated fathers may prioritise their stressors differently than do non-fathers. It is possible that fathers' contact with children may bring more contact with the ex-partner, with more possible conflictual issues to resolve over a longer time, compared to a separation without children. Of interest, the lowest SES group, Ed1, reported the highest level of perceived conflict with the ex-partner (based on the Likert-type rating scale). This conflict was detailed in the discussions for this group who spoke, more than any other group, about the negative effects of the mother on the father/child relationship and problems with access to their children. This relationship between conflict with the former spouse and father/child contact has been noted in other research (Ahrons & Miller, 1992; Wall, 1992).

Fathers reported access problems, such as the lack of involvement and the loss of daily and regular contact with their children, as major problems which interfered with their fathering role. Fathers perceived their role as imparting values, educating and nurturing their children as a priority, yet expressed concern about mothers interfering, manipulating, and undermining their fathering aspirations. Fathering aspirations have been well noted in the literature over the past 20 years, in particular by theorists and researchers concerned with generative fathering (Hawkins et al, 1993; Palkovitz, 1997; Snarey, 1993).

There are a number of limitations in the qualitative pilot study. Retrospective self-reports on health concerns are fraught with problems. What is not clear is the health status of these men before separation. The possibility of prior poor health on separation and divorce has been noted by Rodgers (1996) and therefore, the direction of causality cannot be ascertained. Another concern is that the questionnaire required a reasonable level of literacy. It was noted in the group interviews that one of the fathers was illiterate and therefore it is assumed that it is unlikely that illiterate men would be able to participate in this method of research. The implication for the quantitative study is that only literate fathers will participate. Furthermore, the study had a predominance of professional or self-employed men (65%), with 74% belonging to men's support groups and all of them (100%) living alone or with their children. Therefore the study's findings may not be as generalisable to fathers from lower SES brackets, those who are not in support groups and those residing with new partners.

There has also been debate about conceptual and methodological issues in measuring divorce-related stressors (Buehler et al, 1987). It may be that this method of data collection has confounded the event with the level of reaction to the event when categorising the data, although some researchers argue that this may be a valid approach, for example, Lazarus et al (1985). By asking fathers about stressors, are we measuring how many stressors the fathers have, what type, or how distressing the particular stressor is (events such as loss of financial assets may not be mentioned very often in comparison to access to children, but the loss of financial assets may be more stressful to the fathers than access issues)? This lack of distinction may also

lead to ambiguity and hence less likelihood of comparability with the results from other studies. It is necessary to develop a scale that denotes the stressful event and provides a level of reaction to that event.

4.5 Implications for the Quantitative Study from Findings of the Qualitative Study

The focus group and group discussions and the questionnaire of the qualitative pilot study provided some useful information to either partly confirm or question previous research on health and parenting issues for separated fathers. The pilot study's findings appeared to indicate that there was a distinction between grief some fathers report from separation from their children and the grief caused by separation from the ex-partner. However, in a more representative sample and especially one that includes fathers who live with new partners, are these findings still valid? The findings from the pilot study also indicate that fathers with residency of their children suffer less grief than do fathers with access only. So, do fathers with more access to their children also suffer less grief? The analyses of the pilot study attempted to differentiate the overlapping concepts of grief and depression, and whether the same factors, such as conflict with the ex-partner, stressors and generativity impact on grief and on depression. These assumptions required testing in a quantitative study.

The qualitative pilot study also enabled the researcher to trial brief measurement tools and questions that could be replicated or modified for the quantitative study. One of the tools that appeared useful in the pilot study, and could be replicated in a larger more representative quantitative study, was the brief Conflict with the Ex-partner scale. However, another measure from the pilot questionnaire that required modification was the "time spent with children" question, as fathers report it is "flexible access" rather than "time the child spends with father" that is important. The findings from two open-ended questions regarding stressors and health problems in the pilot questionnaire guided the development of: a scale to account for both the stressful event and the father's reaction to the event, and questions to ascertain whether depression and other mood disorders were pre-existing before separation. Findings from the pilot study also confirmed the utility of developing a scale to measure separated fathers' grief and a question to differentiate grief for children and grief for the ex-spouse. As there was little information about alcohol misuse from the

pilot study, and possible underreporting, it was considered important to include a number of questions in the quantitative study on alcohol use, patterns of use, and the consequences of alcohol use, to further elucidate the impact on the health of separated fathers.

Chapter Five

The Quantitative Study

A quantitative study was considered the most appropriate methodology to further examine and measure the inter-related effects of grief and depression on separated fathers and to validate a scale to measure separated fathers' grief. Variables identified in the qualitative study and the literature including conflict with ex-partner, stressors, and access to children were examined as to their effects on grief and mental health. The researcher developed scales based on the group interview data and questionnaire from the pilot study to measure stress (to account for both the stressful event and the father's reaction to the event) and access to children, as well as testing the validity of the brief conflict with ex-partner scale devised for the qualitative study.

5.1 Aims and Objectives

Aim 1: To examine which factors impact most on fathers' grief. The specific objectives were to examine:

1. what stressors impact most on separated fathers' grief
2. the impact conflict with the ex-partner has on separated fathers' grief
3. how access to children impacts on separated fathers' grief
4. whether generative fathers suffer more or less grief with separation from their children.

The hypothesis: Generativity, access to children, and conflict with ex-partner, are related to father's grief.

Aim 2: To examine how grief impacts on the mental health of separated fathers. The specific objective was to examine what aspects of the grief response impact most on mental health?

The hypothesis: Grief impacts negatively on the mental health of separated fathers.

5.2 Method

Refer to Chapter Three of this thesis for details of the methodology.

5.3 Analyses

Twelve analyses were conducted. Preliminary analyses were conducted to ascertain acceptable skewness and kurtosis, medians and ranges of the demographic variables, reliabilities, means and standard deviations of all scales, and distributions for categorical variables of interest. Numerous correlational analyses were conducted to select the variables to be entered in the two step-wise logistic regression analyses and to identify specific items within scales that impacted significantly on grief and mental health. The regression analyses were conducted to test the two hypotheses.

5.4 Results

5.4.1 SKEWNESS AND KURTOSIS OF DESCRIPTIVE DATA

Descriptive data were evaluated for skewness and kurtosis. Most data indicated normality, linearity, and homoscedasticity of residuals. Data that did not reveal normal distributions were noted and analysed using statistical adjustment methods. An alpha of $p<0.01$ was used to determine level of statistical significance in preliminary and primary analyses to increase validity of results due to the relatively small sample and the large number of variables. Only those correlations with a $p<0.01$ were be entered in the logistic regression.

5.4.2 MEDIANS AND RANGE ON DEMOGRAPHIC VARIABLES: CHARACTERISTICS OF THE PARTICIPANTS

Eighty fathers participated in the study (Table 10). The median age of the fathers was 43 years, ranging from 23 to 65 years. These fathers had spent a median of 11 years with their ex-partners, and had been separated from these partners for a median of 2 years, with the most recent separation being 3 months and the longest being 14 years. The median number of children was 2 with a range of 1 to 3 children. Their median gross income was $46,000, with a minimum of ‘no reported earnings’ and a maximum income of $250,000.

Of the participants, 45% of the men responded that they had been, or currently belonged, to a men's organization (whether social or educational). The occupational categories reveal that most fathers hold professional or technical positions (79%), with only 21% of fathers recorded as unskilled or in trades (21%). Similarly most fathers had post-secondary qualifications or a degree (71%), with fewer fathers reporting a Year 12 or below education (29%). Just under half of the fathers were in a current intimate relationship (47.5%). Almost half of the fathers lived alone (47%), with 20% living with parents, siblings or friends. However, 16% responded that they lived with their children and another 18% responded that they lived with a new partner.

5.4.3 RELIABILITIES, MEANS AND STANDARD DEVIATION OF ALL SCALES

Some measures were existing scales such as the ABS NHS measures (1995), the DASS (Lovibond & Lovibond, 1995) and the LGS (Snarey, 1993). Other scales were devised from information provided to the researcher by fathers from the pilot study including the Separated Fathers Stressor Scale, the Separated Fathers Access Scale, questions on spousal grief versus separation from children grief, present conflict with the ex-partner as perceived by the father, father's mental health before and after separation, and pattern of alcohol use since separation. Another scale, the Separated Fathers Grief Scale, was adapted by the researcher from an existing scale, the PGS (Potvin et al, 1989), based on the qualitative data analysis from Study 1. Descriptive and psychometric data for the measures based on the fathers from this study are presented in Table 11. In all cases, the levels of observed reliability (Cronbach's alpha coefficients) were satisfactory, and in some cases, excellent. Distributions for categorical variables of interest are presented in Table 12.

Table 10. Characteristics of Separated Fathers in the Quantitative Survey. N=80

Variable	Median	Min.	Max.
Fathers' age	43	23	65
Gross income ($)	46,000	0	250,000
Years with ex-partner	11	1	30
Years since separation	2	0.2	14
Number of children	2	1	3
Belong to a Men's Group			
Yes	N = 36		45.0%
No	N = 44		55.0%
Usual Occupation			
Unskilled	N = 5		6%
Trade	N = 12		15%
Technical	N = 31		39%
Professional	N = 32		40%
Level of Education			
Yr 12 or less	N = 23		29%
Post secondary	N = 24		30%
Degree	N = 33		41%
Has a Current Intimate Relationship			
Yes	N = 38		47.5%
No	N = 42		52.5%
Accommodation			
Live alone	N = 37		46%
Live with friends	N = 12		15%
Live with my children	N = 13		16%
Live with parents/siblings	N = 4		5%
Live with new partner	N = 14		18%

Table 11. Reliabilities, Means and Standard Deviations of Scales

Scale	No of items	Cronbach's alpha coefficient	Mean	SD
Financial insecurity	1	NA	2.20	0 .80
Help seeking	5	0.61	8.15	0 .61
Conflict with ex-partner	1	NA	1.91	1.30
Separated Fathers Access Scale	5	0.90	9.60	3.50
Separated Fathers Stressor Scale	18	0.75	24.00	8.90
Loyola Generativity Scale	20	0.89	31.80	10.30
No. of drinks in last week	1	NA	10.15	13.40
Separated Father Grief Scale	33	0.95	86.60	28.30
Active grief	11	0.93	31.80	11.70
Difficulty coping	11	0.87	29.50	10.10
Despair	11	0.84	25.30	9.10
Depression Anxiety and Stress Scale	42	0.97	40.30	28.40
Depression	14	0.97	17.10	13.10
Anxiety	14	0.95	15.20	10.10
Stress	14	0.92	8.00	8.40

Note. NA = not available as based on a single measure

Table 12. Distributions for Categorical Variables of Interest

Scale	Frequency (n)	%
Drinking Pattern Since Separation		
Never or rarely drink alcohol	12	15
Less	15	19
Same	30	37
More	23	29
Charged with Drink Driving		
Yes	14	18
No	65	82
Depression Before or After Separation		
Neither	12	15
Before only	10	12
After only	36	45
Both before and after	22	28
Anxiety Before or After Separation		
Neither	43	54
Before only	6	7
After only	23	29
Both before and after	8	10
Grieving More for Children or Ex-Partner		
Ex-partner	6	8
Children	49	61
Same for ex-partner and children	13	16
Rarely as I feel over it	12	15

5.4.4 THE RELATIONSHIP BETWEEN THE DEMOGRAPHICS AND THE DEPENDENT VARIABLES (GRIEF AND THE GRIEF SUBSCALES) AND THE DASS ON SEPARATED FATHERS.

Preliminary analyses were conducted to determine relationships between demographics (age, income, time with ex-partner before separation, time since separation, number of children, belonging to a men's group, usual occupation, level of education, intimate relationship, and accommodation) and the dependent variables (grief and the grief subscales) and the DASS. Spearman's correlations were estimated for the continuous variables, and ANOVAS were conducted for the categorical variables (Table 13). Results indicate that none of the demographic variables were statistically significantly related to the dependent variables of grief (or any of the grief subscales) or DASS.

Table 13. Relationships between demographics and the dependent variables, grief (and the grief subscales) and the DASS (depression anxiety and stress)

Variable	Total Grief	Grief Subscales			DASS
		Active	Coping	Despair	
Correlations					
Fathers' age	-0.09	-0.18	-0.07	0.03	0.03
Gross income($)	-0.23	0.01	-0.08	0.05	0.05
Time with ex-partner	-0.04	-0.14	0.01	-0.14	0.01
Time since separation	-0.02	-0.05	-0.01	0.04	0.01
Number of children	0.12	0.06	0.10	0.19	0.00
ANOVAS					
Belong men's group F(1,79)	0.75	0.95	0.96	1.00	0.11
Usual occupation F(7,73)	0.76	0.89	1.19	1.33	1.13
Level of education F(3,77)	0.84	1.05	0.67	1.56	1.41
Intimate relationship F(1,79)	1.20	1.06	1.29	1.03	4.57
Accommodation F(5,75)	1.12	0.53	1.70	0.91	1.57

N = 80
P < 0.01*
P < 0.001**

5.4.5 THE RELATIONSHIPS BETWEEN THE INDEPENDENT VARIABLES WITH THE DEPENDENT VARIABLES (GRIEF AND THE GRIEF SUBSCALES) AND THE DASS ON SEPARATED FATHERS.

Analyses were conducted to determine relationships between the independent variables financial insecurity, relationship with child, father's access, stressors, help-seeking, generativity, level of conflict, number of drinks, drink driving, drinking pattern, past depression, past anxiety, decision to separate, blame for separation, and grief for whom) and the dependent variables grief and the grief subscales (active grief, difficulty coping, despair) and the DASS. Independent variables that had significant relationships with the dependent variable were entered in the hierarchical regression models. Correlations were conducted on continuous variables and ANOVAS were conducted on categorical variables (Table 14).

Table 14. Relationships between independent variables and the dependent variables (grief and grief subscales) and the DASS (depression anxiety and stress) on separated fathers.

Variable	Total Grief	Grief Subscales			DASS
		Active	Coping	Despair	
Correlations					
Financial insecurity	0.39**	0.33*	0.39**	0.31*	0.36**
Relationship child	-0.03	-0.02	-0.08	-0.08	0.08
Dad's Access	-0.33*	-0.42**	-0.26	-0.25	-0.08
Stressors	0.48**	0.52**	0.42**	0.37**	0.31*
Help seeking	0.24	0.18	0.28	0.23	0.22
Generativity	-0.36**	-0.21	-0.37**	-0.44**	-0.26
Level of conflict	0.44**	0.46**	0.35**	0.40**	0.19
Number of drinks	-0.01	-0.08	0.03	0.01	0.09
Anovas					
Drink driving	4.15*	3.61	3.21	3.60	1.01
Drinking pattern	0.79	1.01	1.14	0 .73	0.64
Past depression	0.97	1.52	1.41	1.04	3.42
Past anxiety	1.37	1.05	0.94	1.55	3.11
Decision to separate	1.80	1.15	0.87	1.42	0.73
Blame for separation	1.18	1.77	1.07	0.92	0.82
Grief for whom?	7.07**	8.97**	4.38*	5.07*	5.88*

N = 80
P < 0.01*
P < 0.001**

Results indicate that the independent variables of financial insecurity, father's access, stressors, generativity, level of conflict with ex-partner, drink driving, and 'grief for

whom' were each statistically significantly related to grief and some of the grief subscales. Financial insecurity and stressors were also statistically significantly related to the DASS. These variables were included in the multivariate regression analyses.

Financial insecurity was significantly and positively related to grief ($r = 0.39$; $p < 0.001$) and the DASS ($r = 0.36$; $p < 0.001$), suggesting that the higher a father's perception of financial insecurity, the higher his level of grief, and depression, anxiety and stress. Perceptions of financial insecurity were most significantly related to the second stage of grief, Difficulty Coping ($r = 0.39$; $p <0.001$) but similar results were seen for the other two subscales.

Fathers' access to children was inversely related to grief ($r = -0.33$; $p < 0.01$) suggesting that the more access a father had to his children, the less his grief. Father's access was inversely related to Active Grief ($r = -0.42$; $p < 0.001$) but not to the other two grief subscales.

Stressors were positively related to father's grief ($r = 0.48$; $p < 0.001$) and to the DASS ($r = 0.31$; $p < .01$) suggesting the higher the number and intensity of stressors in a father's life, the higher his grief, depression anxiety and stress. All grief subscales were related to stressors, with the most significant relationship being with Active Grief ($r = 0.52$; $p < 0.001$).

Generativity was inversely related to grief ($r = -0.36$; $p < 0.001$), suggesting that the higher a father's level of generativity the less his grief. This relationship was not significant with Active Grief, but was significant with Difficulty Coping and particularly with Despair ($r = -0.44$; $p < 0.001$).

Conflict with the ex-partner was positively related to grief ($r = 0.44$; $p < 0.001$) suggesting that the more conflict a father perceived with his ex-partner, the higher the father's level of grief. Conflict was related to all grief subscales, and particularly to Active Grief ($r = 0.46$; $p < 0.001$).

Being charged with **drink driving** was related to grief ($F(1,79) = 23.02$, $p < 0.01$) suggesting that a drink-driving conviction was related to level of grief.

The variable "**Who do you grieve for more?"** was related to grief ($F(3,76) = 7.07$, $p < 0.001$) suggesting that the grief separated fathers were experiencing as grief for their children (N=39) rather than for their spouse (N=6), or for both children and spouse (N=13) (Appendix 18). This variable was used to test the validity of the Separated Fathers Grief Scale only (Appendix 18) and was not included in the logistic regression.

The **Depression and Anxiety prior to Separation** variables have been a significant predictors of mental health problems in previous research, but due to the need to reduce the large amount of data in this study by increasing the level of statistical significance to $p < 0.01$, depression and anxiety prior to separation was not significant although there was a trend at $p < 0.05$ (Appendix 19).

Financial insecurity, fathers' access to children, stressors, generativity, conflict with the ex-partner and drink driving were the independent variables selected for the step-wise logistic regression model, as indicated in the modified health model proposed by Bartholomew et al. (1995) in Figure 6, below. This model assumes the predisposing, reinforcing, enabling, behavioural and environmental factors on the left, contribute to grief the outcome on the right, however, the exact nature of the inter-relationships are as yet unspecified.

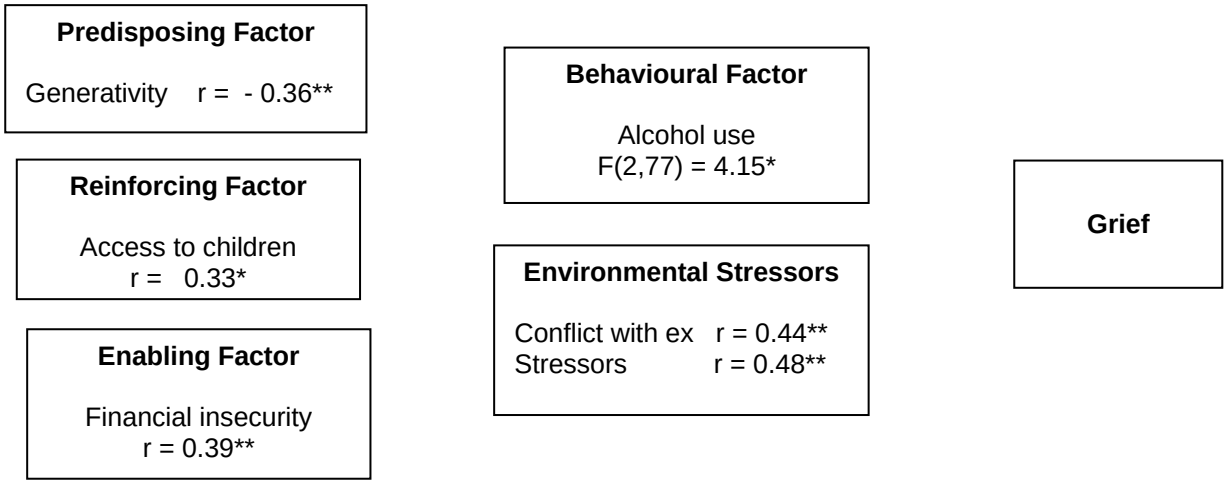


Figure 6. Variables that correlate with separated fathers' grief entered into the modified health model proposed by Bartholomew, Parcel and Kok (1995)

5.4.6 A STEPWISE LOGISTIC REGRESSION ANALYSES OF HYPOTHESIS 1

In order to test the hypothesis that generativity, access to children, and conflict with ex-partner, are independently related to fathers' grief, and controlling for potential confounding variables, a stepwise hierarchical regression analysis was conducted. Variables selected were significantly related to grief and were placed in the steps indicated in the Bartholomew et al. (1995) model.

Step 1: In step 1, generativity (a predisposing factor), access to children (a reinforcing factor), and financial security (an enabling factor) were entered.

Step 2: In step 2, drink driving (a behavioural factor) and conflict with ex-partner and stressors (environmental factors) were entered.

Table 15. Hierarchical logistic regression analysis of the effects of fathers' generativity; access to children; perception of financial insecurity; drink driving; conflict with ex-partner; and stressors; on fathers' grief (N= 80)

Variables	Step 1			Step 2		
	β	ΔR^2	ΔF	β	ΔR^2	ΔF
Step1		**.32**	**F(3,77)=11.73*** **			
Generativity	-.27*			-.30*		
Access	-.32**			-.02		
Financial insecurity	.27*			.14		
Step 2					**.14**	**F(3,77)=6.25****
Drink Driving				-.17		
Conflict with ex				.16		
Stressors				.37*		

p< 0.01*
p< 0.001**
p< 0.0001***

Results of the hierarchical regression analysis indicate that when all the variables are in the equation, a significant amount (46 %) of variance in grief was accounted for (Table 15).

Grief accounted for in Step 1: The predisposing, reinforcing and enabling factors of the first step (generativity, access to children and financial insecurity) accounted for a significant increment (32%) of variance in grief.

Grief accounted for in Step 2: Together, behavioural and environmental factors (drink driving, conflict with the ex-partner and stressors) accounted for an additional 14% of variance in grief (although drink driving and conflict were not statistically significant). Generativity and stressors emerged as independent significant correlates of grief. Results suggested that the more generative a father was, the less his grief; and the fewer and less intense the stressors in his life, the less his grief.

The impact of a grieving father's access to his children and his perception of his financial security on his grief were influenced, in part, by such factors as alcohol use (drink driving), conflict with his ex-partner and, most importantly, stressors in his life.

5.4.7 STRESSORS FROM THE SEPARATED FATHERS STRESSOR SCALE THAT RELATE TO GRIEF

In order to determine which stressors in the Separated Fathers' Stressor Scale impacted most on separated fathers in this study, and to further examine the utility of the scale developed from the pilot data for this study, correlational analyses were conducted (Table 16). Of the 18-item scale, five items were significantly related to separated fathers' grief. As a single stressor, financial problems were most related to grief ($r = 0.41$). The higher the rating fathers gave to financial problems, the higher their grief. Three parenting stressors, the ex-partner's parenting ($r = 0.29$), conflict with ex-partner over access and custody ($r = 0.34$), and legal conflict over access and parenting ($r = 0.29$), were each related to grief. Fathers who rated these parenting issues highly also suffered more grief. Fathers' self-esteem problems were also related to grief ($r = 0.31$**). Despite the correlations clearly suggesting more self-esteem problems are related to more grief, it is not possible to decide the cause and effect influences of self esteem and grief from this analysis because of the cross-sectional nature of this study.

Table 16: Correlations between Grief and 18 Stressors in the Separated Fathers Stressor Scale (N = 80)

Stressor	Corr. Coef	Mean	SD
Health of others	0.18	1.8	0.96
Death of friend or family	0.18	0.57	1.00
Work stress	0.21	2.34	0.84
Employment prospects	0.20	1.69	1.05
Financial problems	0.41**	2.40	0.88
Moving house	0.17	1.45	1.24
Study commitments	0.15	0.79	1.04
Legal conflict over property settlement	0.13	1.27	1.36
Legal conflict over access or custody	0.29*	1.45	1.36
DVO or Good Behaviour Bonds	0.14	0.46	0.99
Other legal conflicts	0.10	0.83	1.25
Child Support Agency	0.20	1.14	1.29
Family Services	0.20	0.38	0.88
Problems with child's school	0.20	0.85	0.98
Ex-partner's parenting	0.29**	1.86	1.12
Access/custody problems with ex-partner	0.34**	1.88	1.19
Ex-partner's defacto	0.16	1.05	1.05
Self esteem problems	0.31**	2.09	1.58

Fathers = 80
P≤ 0.01*
P≤ 0.001**

5.4.8 STRESSORS PERTAINING TO CONFLICT WITH THE EX-PARTNER FROM THE SEPARATED FATHERS STRESSOR SCALE WITH THE BRIEF CONFLICT WITH THE EX-PARTNER SCALE

In order to examine the construct validity of the Conflict with the ex-partner brief scale, a correlational analysis was conducted between the scale and selected stressors pertaining to conflict with ex-partner in the Separated Fathers Stressor Scale (Table 17).

Table 17: Correlations between conflict with ex-partner and stressors pertaining to the ex-partner in the Separated Fathers Stressor Scale (N = 80)

Stressor	Corr Coef	Mean	SD
Health of others (child/ex-partner)	0.24	1.8	0.96
Legal conflict over property settlement	0.26	1.27	1.36
Legal conflict over access or custody	0.50**	1.45	1.36
DVO or Good Behaviour Bonds	0.33**	0.46	0.99
Ex-partner's parenting	0.62**	1.86	1.12
Access or custody problems with ex-partner	0.63**	1.88	1.19
Ex-partner's defacto	0.14	1.05	1.05

Fathers = 80
P≤ 0.01*
P≤ 0.001**

Fathers who reported high levels of conflict with their ex-partner on the brief Conflict with ex-partner scale also reported significantly higher levels of stress in the following areas: Legal conflict over access and custody, and Domestic Violence Orders (DVOs) or Good Behaviour bonds, and parenting issues such as the ex-partner's parenting and access/custody problems. These correlations suggest fathers' conflicts with the ex-partners are predominantly related to parenting and access issues.

5.4.9 ITEMS FROM THE SEPARATED FATHERS ACCESS SCALE THAT RELATE TO GRIEF

In order to identify which aspects of access to children (identified in the qualitative study and included in the Separated Fathers Access Scale) impacted on separated fathers' grief, a correlational analysis of the five access factors and grief was conducted (Table 18). Fathers who had less access to their children by phone or mail, or whose children had less access to them by phone or mail, reported higher levels of grief (r = -0.35 and -0.32 respectively).

Fathers whose children were unable to come and go between the mother and fathers' homes reported more grief (r = -0.32). Fathers who could arrange access to the children for special occasions reported less grief (r = -0.25). The item "Child there at pick-up for Dad" was not a significant correlate of grief in this sample of fathers. The

correlations suggest fathers who have flexible arrangements for access to children with their ex-partners suffer less grief when separated from their children.

Table 18. Correlations between grief and Fathers' Access to Children Scale items (N = 80)

Access Factor	Corr Coef	Mean	SD
Dad's access to child by phone or mail	-0.35**	1.98	0.84
Child's access to dad by phone or mail	-0.32**	1.85	0.87
Child there at pick-up time for dad	-0.19	2.34	0.76
Dad can arrange access for special occasions	-0.25*	1.83	0.79
Child comes and goes between homes from Mothers	-0.32**	1.59	0.84

Fathers = 80
P≤ 0.01*
P≤ 0.001**

5.4.10 AN ANALYSIS OF THE GRIEF SUBSCALES AND THE DASS SUBSCALES TO EXAMINE IF THE SECOND STAGE OF GRIEF (DIFFICULTY COPING) BEST CORRELATES WITH DEPRESSION

In order to examine whether the second stage of grief (difficulty coping) best correlates with depression, a correlational analysis of the stages of grief (active, difficulty coping and despair) was conducted on the DASS and the DASS subscales (depression anxiety and stress) (Table 19).

Table 19: Correlations of the Grief Subscales with the DASS and the DASS subscales, depression anxiety and stress

	DASS total	DASS subscale depression	DASS subscale anxiety	DASS subscale stress
Total Grief	**0.70****	0.67**	0.65**	0.62**
Active grief subscale	**0.57****	0.51**	0.55**	0.53**
Difficulty coping subscale	**069****	0.68**	0.64**	0.58**
Despair subscale	**0.65****	0.63**	0.58**	0.57**

Fathers = 80
P≤ 0.01*
P≤ 0.001**

All grief and grief subscales, active grief, difficulty coping, and despair, were significantly and positively correlated with the DASS and its depression, anxiety and stress subscales.

The highest correlations were for the second grief subscale, Difficulty Coping, with the overall DASS (r = 0.69) and the DASS subscale depression (r = 0.68), indicating that the Separated Fathers Grief Scale performs similarly to its predecessor, the PGS (Potvin et al, 1989).

5.4.11 A STEPWISE LOGISTIC REGRESSION ANALYSIS OF HYPOTHESIS 2

A stepwise logistic regression analysis was conducted using the variables significantly related to grief from the grief regression and variables that correlated with the DASS. These were placed in the steps indicated in the Bartholomew et al. (1995) model, to evaluate the hypothesis that grief impacts on the mental health of separated fathers.

Model

The variables that were statistically significantly related to the DASS, perception of financial security and stressors (Table 14), were entered in the hierarchical regression model (Figure 7), as were the variables (generativity and stressors) that were statistically significantly related to grief in the previous hierarchical regression model (Table 15).

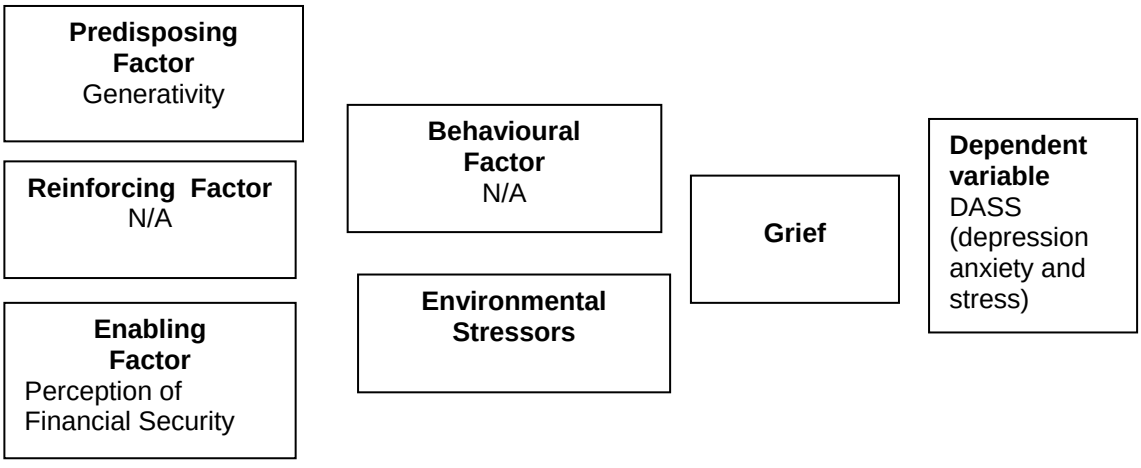


Figure 7. Variables that correlate with separated fathers' depression anxiety and stress entered into the modified health model proposed by Bartholomew, Parcel and Kok (1995)

Step 1: Generativity (predisposing factor) and perception of financial security (enabling factor) were entered in the first step.
Step 2: Stressors (environmental stressors) were entered in the second step.
Step 3: Grief (total grief scale) was entered in the third step.

Results of the hierarchical regression analysis indicated that when all the variables were in the equation, a significant amount (52 %) of the variation in depression anxiety and stress was accounted for (Table 20).

Generativity and perception of financial security entered in Step 1, accounted for 18% of this variance. Only perception of financial insecurity was significantly associated with mental health in this step. Fathers with a perception of their financial security as poor were more likely to report depression, anxiety, and stress.

Stressors entered in Step 2 accounted for an additional 6% of this variance. However, following its addition, generativity and financial security also significantly contributed to mental health

Grief entered in Step 3 accounted for an additional 28% of this variance. Results suggest that the more grief a separated father reported, the more he suffered depression, anxiety and stress. However, the independent contributions of stressors, financial security, and generativity became unimportant to mental health when grief was added.

Results indicate that a generative father with a positive perception of his financial security and few stressors had low levels of depression anxiety and stress, unless he was unable to resolve his grief over separation from his children.

Table 20. Hierarchical logistic regression analysis of the effects of fathers' generativity, stressors, and grief on depression, anxiety and stress (N= 80)

Variables	Step 1			Step 2			Step 3		
	β	ΔR^2	ΔF	β	ΔR^2	ΔF	β	ΔR^2	ΔF
Step 1		**.18**	**F(2,77)=8.21*** **						
Generativity	-0.20			-0.23*			-0.01		
Financial insecurity	0.32**			0 .25*			0.14		
Step 2					**.06**	**F(1,76)=5.57***			
Stressors				0.25*			-0.06		
Step 3								**.28**	**F(1,75)=43.32*** **
Grief							0.68***		

p< 0.05*
p< 0.01**
p< 0.001***

5.5 Discussion

This study confirms the value of researching separated fathers' adjustment, health and parenting issues in the context of adult development theory (Dollahite et al, 1997; Hagermeyer, 1986; Smart, 1979). Previous research on separated men (including separated father populations) have proposed a number of factors to explain poor adjustment in some men, such as living alone, length of separation, time since separation, SES, financial problems, access to children and conflict with the ex-partner (Gibson, 1992; Jordan, 1996). However, by examining these separated fathers' adjustment, health and parenting issues within the concept of generativity, an alternative explanation can be offered for why some separated fathers suffer more grief and mental health problems.

The alternative explanation is that generativity provides a "protective buffer" for fathers adjusting to the losses of separation, in particular, the losses of residency with their children. Direct comparison cannot be made between this study and others due to the non-existence of empirical studies of separated fathers' grief in the context of adult development theory. However, a study by Zeanah et al. (1995) concluded that fathers who demonstrated less "ego strength' (a concept not identical with, but similar to, generativity as an adult developmental concept) had significantly higher self-reported grief (following perinatal loss).

Another developmental concept proposed by Lewis (1986) suggested that the "disequilibrium" (as in the birth of a child) may stimulate a single man previously living a more ego-centric life to create new cognitive functions incorporating an "ethic of care" toward his child. If this concept is applied to separated fathers, it may be that the separation creates a disequilibrium that stimulates those more generative fathers to create new cognitive functions toward forming new lives as separated fathers and developing new strategies for caring for their children. Alternatively, these generative separated fathers' midlife existential anxiety about the finitude of life and their relationship with their children, could stimulate them to seek other ways of contributing to society and leaving a legacy for the next generation (Snarey, 1993). In either explanation, this reorganisation of cognitive structures resulting from disequilibrium could counter grief and mental health problems.

Another developmental explanation is that more parentally generative fathers have higher levels of social-emotional caring of children (McKeering & Pakenham, 2000; Snarey, 1993). These separated fathers, denied the chance to further develop the physical and intellectual components of child caring (such as being there to oversee homework, schooling and taking children to sporting events), concentrate on the social-emotional components which are easier to incorporate into a separated father's life. It is possible that, as in another study by McKeering and Pakenham (2000), the social-emotional aspects of child-caring further develop these fathers as more societally generative, with greater ego-strength (Zeanah et al, 1995) and more capable of adjusting to changed circumstances, and thus less susceptible to grief and depression. Other explanations for more generative fathers suffering less grief and depression may be that fathers who are more generative are also more focused on the

long-term development of the child (Erikson, 1950) rather than focused primarily on the immediate trauma of separation; and that fathers who are more generative are also likely to attract partners who are more generative (Snarey, 1993) and therefore afford fathers less anxiety about the fate of their children when separated from their ex-partners.

A further possibility for the correlation between higher levels of generativity and less grief and mental health problems in separated fathers could lie in studies that reveal the high levels of denial of grief in men (Hughes & Page-Lieberman, 1990; Smith & Borgers, 1988-89) and avoidance of expressions of grief (Johnson & Puddifoot, 1996). These fathers may use denial as a mechanism to concentrate on coping with the difficulties of daily life. The separated fathers in this study, for example, who report less grief also report lower levels on the grief subscale Difficulty Coping. However, this internalisation of grief by fathers may be of short-term benefit only. Studies by Stinson et al. (1992) show that although fathers have lower levels of grief than mothers, their grief scores are more likely to increase over time than mothers' grief scores. The explanation by Stinson et al. (1992) is that men internalise grief and those with severe grief may never resolve it over time.

Another benefit of this study is the development of the Separated Fathers Grief Scale to measure fathers' grief over separation from their children. This scale specifically measures grief over loss of children rather than grief for the ex-partner, which remains a confounding factor for many studies reporting on separated men's adjustment (Gibson, 1992; Jordan, 1996). Furthermore, the benefit of basing the Separated Fathers Grief Scale on the PGS (Potvin et al, 1989) is that the PGS includes guilt and anger dimensions. Symptoms of despair, anger and guilt, such as substance abuse and antisocial behaviours, are endemic in separated-father populations (ABS, 1997, 2000; Cantor & Slator 1995; Gibson, 1992; Jordan, 1996; Rogers, 1996; Umberson & Williams, 1993; Webb et al, 1990; Vogel; 1998), and a scale such as the Separated Fathers Grief Scale is required to capture those dimensions.

The Separated Fathers Grief Scale is useful in differentiating grief from depression in this population and may be generalisable to other studies. In the pilot qualitative

study, depression emerged as the most significant health problem for these fathers. The quantitative study found that high levels of depression as measured by the DASS were related to high levels of grief (which displaced fathers' perceptions of financial insecurity and stressors as independent correlates). The Separated Fathers Grief Scale correlated with the DASS at 0.70, suggesting that only half the variability of grief is explained by depression, pointing to grief being related to, yet a distinct construct from, depression. This is a useful measurement considering that, to date, studies of separated fathers' adjustment have not differentiated between grief, a normal reaction to separation, and depression. The brevity and reliability of the Separated Fathers Grief Scale in this sample of separated fathers indicate that the scale has potential as a measurement instrument in future studies of grief involving the separation of fathers from children.

The study clearly indicates that fathers who report less grief are also more generative. However, other factors that are significantly related to separated fathers' grief are stressors, level of conflict, financial insecurity, fathers' access to their children, and alcohol abuse. The results from this study suggest that the fewer and less intense the stressors in a separated father's life, the less his grief. These results are in accord with findings from Booth and Amato (1991), Jordan (1996) and Shapiro (1996). It appears that access problems with children (measured by the Separated Fathers Stressor Scale and the Separated Fathers Access Scale) and financial insecurity (Jordan, 1996) are the major stressors for separated fathers in this study. Living alone, the most predictive factor affecting men's adjustment according to Jordan (1996) and ABS (1997) data, was not significant in this separated father population.

In the pilot study, fathers clearly identified conflict with the ex-partner as a significant stressor in their lives post-separation. In the quantitative study, fathers who reported high levels of conflict with their ex-partner on the brief Conflict with ex-partner scale, also reported significantly high levels of stress in the following areas: legal conflict over access and custody, and DVOs or Good Behaviour bonds; and parenting issues such as the ex-partner's parenting and access/custody problems, suggesting fathers' conflict with the ex-partners are predominantly related to parenting and access issues. These findings on the relationship between conflict and

access are in accordance with a recent Australian study by Smyth (2004), and other research (Ahrons & Miller, 1992; Wall, 1992). The potential for conflict for separated fathers (as compared to separated men) is exacerbated by having more contact with the ex-partner because of the children, and with more issues of potential conflict such as parenting, maintenance and access issues to resolve over a longer time. Conflict is not only harmful for children but also harmful for the adults concerned (Smyth, 2004), and in this study, conflict is related to levels of grief and mental health problems for these separated fathers.

However, the results of this study, in accordance with a number of studies (Cohen, 1995; Smyth, 2004; Wall, 1992), suggest that separated fathers who suffer less grief have more access to their children and have been able to negotiate flexible access arrangements with the ex-partner. These flexible arrangements include ready and flexible phone/mail access, children being able to move freely between parents' houses, and children being able to attend fathers' special occasions.

In the qualitative study, a number of fathers reported positive health benefits after a short period of adjustment and closer ties with their children some time after separation. However, it is not clear whether subjective reports of improvements since separation (Rodgers, 1996), particularly relief from a stressful marriage, lead to a reduction in grief and depression, and over what time span. In the quantitative study, time since separation did not correlate with levels of grief and depression. A future longitudinal study may find differently. However, this study did find that men who were less depressed were better adjusted (as measured by lower levels of grief), were less affected by stressors in their lives including financial problems, and were more generative.

There are a number of limitations in the quantitative study. The small sample of 80 fathers restricted the type of statistical analyses that could be performed. In future, a larger sample would allow a factor analysis of the Separated Fathers Grief Scale and an examination of the impact of prior mental health problems on grief and depression. Retrospective self-reports on health concerns are fraught with problems and the possibility of prior poor health on separation and divorce has been noted by Rodgers (1996). A larger sample of fathers would allow analyses on effect

modification to determine, for example, if predisposing factors moderate abuse of alcohol relationship with grief.

Although this study (in comparison to the pilot qualitative study) did adequately recruit men from a range of SES and accommodation styles, it is probable that the characteristics of separated fathers who participate in research may be different from those who do not.

Despite the study using three different measures of alcohol use, these fathers appear to be under-reporting alcohol abuse when compared to Australian studies which have found rates of alcohol abuse in separated men ranging from 26% to 57% (Price, 1987; Webb et al, 1990). Possibly, problem drinkers do not volunteer to participate in research studies (Webb et al, 1990), particularly those that involve lengthy questionnaire instruments such as in this study. Although an attempt was made to measure a change in fathers' drinking patterns before and after separation, this study did not attempt to investigate whether alcohol abuse by either fathers or their ex-partners actually lead to separation. Other substance abuse, such as illicit and prescription drug use, was not included in this study due to the complexity of an adequate measurement on such a small sample of 80 fathers and therefore remains another limitation of this research.

Research using the PGS (Potvin et al, 1989) found that Active Grief is higher nearer to the loss of the infant, and then declines. However, in severe grief, Despair does not abate overtime. Although the Separated Fathers Grief Scale is based on the PGS, this study cannot measure whether Active Grief or Despair abate over time, as the study was not designed as a longitudinal study. This is unfortunate in that unresolved grief is an issue for separated men who, as a population (Vogel, 1998), have a high suicide rate compared to the married population (Cantor & Slater, 1995).

5.6 Future Research

Further studies should be conducted with larger samples of separated fathers to further test the reliability and validity of The Separated Father Grief Scale. A larger sample size would also allow identification of variables that may account more

precisely for the variability of grief and depression. A larger sample would also allow a factor analysis of the scale that would reveal whether the items allocated to the three stages of grief load on those particular stages/factors.

The Separated Fathers Grief Scale could also be tested using separated mothers and fathers to see if the similarities with the PGS in this study transfer to both genders. However, careful recruitment would be necessary so that fathers and mothers were matched on similar access to children. This would be difficult as mothers, compared to fathers, are much more likely to have residency with children.

The other scales developed for the study from the qualitative research also require further testing. The brief Conflict with the ex-partner scale may be particularly useful as a quick and efficient measure of conflict for clinicians working with separated fathers. The Separated Fathers Stressor Scale requires refining (as some items suggested by fathers in the pilot study appear to be outliers when tested in the quantitative study), but may be a useful measure that takes account of both the particular stressor as well as the father's reaction to the stressor. The Separated Fathers Access scale is particularly useful as a measure of flexibility of access (rather than time spent with the child), as flexibility appears to be the predominant access concern of the fathers.

Future research could concern itself with investigation into the nature of the relationships among the variables, the relationships among the categories of the model and whether moderating or mediating effects are taking place.

5.7 Public Health Implications of the Research

This research supports the concept of an adult developmental approach in understanding separated fathers' grief and of public health educational programs in increasing generativity, lessening stressors, conflict and access disputes with the ex-partner. Perceptions, beliefs and values appear to be the driving forces behind much of the grief and mental health problems these separated fathers suffer. Education and social/legislative change are required to address these issues (Smyth, 2004; Violi, 2000).

5.7.1 Education

Parenting education with a practical, hands-on approach for young fathers would also increase fathers' involvement with their children, and foster adult development and nurturing behaviour (Snarey, 1993; McKeering & Pakenham, 2000). Education programs for separated fathers with a developmental focus, such as Men Engaging in New Directions (MENDS) and others such programs are recommended. Programs that address parenting concerns, relationship with the ex-partner, health, financial problems, and other potential stressors may reduce fathers' grief and mental health issues enabling them to be more responsive, responsible and effective parents to their children as outlined in the CDFCS report (2000).

Education for clinicians and public health providers is essential so that separated fathers' grief is recognised as an important precursor to mental health problems and that the factors impacting on grief are addressed rather than treating the client/patient for subsequent mental health problems. ABS (2000) data reveal that 23% of separated and divorced men reported a mental illness, and co-morbidity of affective, anxiety or substance abuse disorders for these men was high (ABS 1997) as were rates of alcohol abuse and suicide (Cantor & Slater, 1995; Price, 1987; Webb et al, 1990). However, as only 29% of separated men used mental health services, compared to 46% of separated women (ABS, 1997), it is essential that General Practitioners are alerted to separated fathers' health problems and that others, for example the media, are engaged in promoting help-seeking in this population.

It is recommended that funding be directed to those education program/interventions for separated fathers that emphasise adult development (DFCS, 2000; Hawkins & Dollahite, 1997), because findings from this study indicate that generativity appears to be one of the important belief/value systems in preventing grief and mental health problems.

5.7.2 Social and Legislative Change

It is imperative that social and legislative changes continue to attempt to redress the imbalance between the importance given to mothering and fathering and ensure that

fathering is given equal prominence (CDFCS, 2000), so that fathers' perceptions and experiences of legal and government agencies are more positive, ensuring better compliance and more favourable outcomes for the children of separated parents.

Consensual rather than adversarial legal processes contribute to a positive relationship with the ex-partner, and promote more flexible access to children (Smyth, 2004). In agreement with Smyth (2004), it is recommended that more extensive use of parenting plans (or parenting agreements) that set out children's living arrangements and contact schedules, financial support for the children, parents' decision-making responsibilities, and parental dispute resolution processes be supported adequately by government agencies.

A further recommendation, based on this study and Jordan's (1996) research, is that more consideration be given to financial planning of predictable, long-term monetary input from the parent paying maintenance so that the parent has an increased perception of financial security, thus reducing the potential impact on grief and mental health on the parent providing maintenance.

5.8 Conclusion

The benefits of this research include identifying context-specific factors that exacerbate grief and mental health problems in separated fathers, particularly those that result from fathers' separation from children. To date there are no known Australian empirical studies available on the effects of grief resulting from fathers' separation from children, therefore this research may be used to inform counsellors and clinicians, and public health, social and legislative policy. Of particular import is the development of reliable scales that measure fathers' access to children, conflict with the ex-partner, stressors and grief. These scales will be of benefit to researchers and educators working on separated fathers' adjustment, mental health and parenting. Implications for public health and social/legislative policy are proposed and recommendations are offered within an adult developmental model used in the Australian context.

Appendix 1

Appendix 1. Summary of Grief Conceptual Issues for Separated Fathers

Introduction	• Grief, an affective, cognitive, and behavioural response to losses occurring over the separation process, has active and internalised components • Grief has high correlation with mental illness, especially depression • Separation grief is the major issue facing Australian men • Few studies of fathers' grief over separation from children • Fathers grieve differently to mothers • The investigation and measurement of separated fathers' grief is an important public health issue
Adult developmental theory and separated fathers' grief	• Erikson's theory of generativity a possible explanation of fathers' health outcomes in relation to separation from children • For a highly generative father, does severe grief ensue from separation from his children? • Ideally, measurement of separated fathers' grief will capture the expression, emotions, and cognitions of male grief, within the concept of generativity.
Classic models of divorce grief	• The classic divorce literature, may not accurately describe a grief resulting from separation from children • Spousal separation has a physical finality that does not occur with separated fathers' ongoing contact with their children.
Separation from children and fathers' grief	• 90% of fathers have access to their children, not residency • Fathers identified grief and other psychological problems resulting from unreliable contact, time constraints, and missed opportunities for fathering experiences • Hagemeyer's concept of a series of continuing losses could be incorporated into an instrument measuring grief over separation from children.
Theories of bereavement and grief	Useful theoretical concepts for separated fathers' grief: • Depth of attachment and separation anxiety • Physiological and cognitive aspects of adaptation to change • Premorbid personality of the bereaved • Other concurrent crises or losses • Expected versus sudden loss • Guilt and anger • Stages of grief.
Bereavement studies involving loss of children and gender issues	Useful findings for separated fathers' grief: • level of attachment to the child • anger and denial in grief • fathers may show less active grief, such as crying, sadness, and preoccupation with the loss, but more likely to have difficulty coping, and despair • Despair an indication of serious grief adjustment problems

Appendix 2

Appendix 2. Selected TRIG Studies involving parental loss of children

Study & version of TRIG	**Sample**	**Major findings**	**Recommendations for separated fathers' study**
Nikcevic, Snijders & Nicolades (1999) adjusted version of TIG 1982 - 17 items	207 women who miscarried	Grief in miscarriage as intense as in death of relatives. Grief still there 1-2 years later. Control group differed in grief intensity	Criterion validity – consider fathers who have subsequently reproduced since separation to test for lower grief
Averette (1998) TRIG	442 bereaved parents of school-aged or adolescent children with sudden or expected death	Age of child not significant to intensity of grief especially in sudden death	Consider age of children; suddenness of separation from children
Stiehler (1995) Adapted TRIG (1981)	185 bereaved parents of children who died from homicide (HS); 404 parental non-homicide (NHS)	HS parents higher levels of State Anger (STAXI); and prolonged grief	Additional stressors from interaction with law enforcement & authorities for fathers in conflictual situations– slowness of system to come to "fair" resolution
Neidig & Dalgas (1991) TRIG	22 bereaved parents of children 20 weeks gestation to 32 years	Higher than TRIG norms. Prolongation of grieving – up to 20 years	Mind ceiling effect with TRIG in parental grieving.

Appendix 3

Appendix 3. Selected GEI Studies involving parental loss of children

Study & version of GEI	**Sample**	**Major findings**	**Recommendations for separated fathers' study**
Alderman, Chisholm, Denmark & Salbod (1998) GEI – Loss version (1985)	19 couples - miscarriage	Fathers higher on Denial & Social desirability scales. Lower on grief scales	Mothers' higher grief may be due to emotional plus physical trauma of miscarriage
Hughes & Page-Lieberman (1989) - GEI	51 fathers perinatal loss	Fathers reported less grief than their spouses as per Burgen's construct of centrality	Children more central to sep fathers' lives than perinatal situation
Hughes & Page-Lieberman (1990) GEI	51 fathers perinatal loss	Fathers reported a shorter & milder grief experience compared to mother's loss & GEI "normed" parents (except Denial & Death anxiety scales	Little physical knowledge of child – less grief for fathers less involved before separation?
Smith & Borgers (1988-89) 12 scales of GEI (1985)	115 mothers & 61 fathers - perinatal death	All bereavement scales fathers less grief but higher denial results for pre-infant death. GEI did not reflect changes in grief over time as scale is supposed to.	Fathers' grief equal to mothers when infant died (more "real" to father?). Fathers' grief did not diminish faster than mothers' grief. Fathers saw comments such as "you can always have another" as most hurtful.
Rando (1983) GEI (1978)	27 married couples – child death from cancer	Mothers more intense grief. High pre-death participation behaviour does not predict adjustment. Intensification of grief, not lessening, in 3rd year.	Previous loss associated with more grief. Fathers higher only on Anger scale. Both mother & fathers, who initially express anger, remain angry. "Time does not necessarily heal" say authors.

Appendix 4

Appendix 4. Selected RGEI Study involving parental loss of children

Study & version of RGEI	**Sample**	**Major findings**	**Recommendations for separated fathers' study**
Hankin (1997)	8 mothers & fathers	Social support increase for families	Too small to comment

Appendix 5

Appendix 5. Selected PGS Studies involving parental loss of children

Study & version of PGS	**Sample**	**Major findings**	**Recommendations for separated fathers' study**
Chichester, Puddifoot & Johnson (1999)	323 fathers – miscarriage- measured within 8 weeks after	Lower scores than women on active grief, higher scores than women on difficulty coping & despair. Higher grief with longer pregnancy, & those who saw scans of foetus	Sep fathers may express grief differently to sep mothers. Grief may be delayed until after business of separation is resolved. Grief may be related to age of child or involvement with child
Johnson & Puddifoot (1996)	126 fathers – miscarriage – measured within 8 weeks after	Scores for active grief & difficulty coping were much higher than for despair. Much higher overall scores for men who saw scan & for longer pregnancies. Impact of Events (stress) scores high in avoidance	Sep fathers may show ambivalence due to legitimacy as "sufferers". Sep fathers plans for a life with children disrupted – generativity issues. Cope by avoidance strategies.
Hunfield & Mourik (1996)	13 couples lost an infant – measured at 6 months after	Men's scores were similar to women's scores on all scales. Both were higher on active grief than other 2 scales. Father's scores increased with age of infant, women's did not.	Sep fathers may grief similarly to sep mothers. Fathers may grieve more as children age. Time of measurement after event may relate to severity of grief.
Zenoah, Danis, Hirshberg & Dietz (1995)	82 mother & 47 of their partners who miscarried at 20-44 weeks gestation – measured at 8 weeks	Ego strength most important predictor of adjustment for mothers & fathers – with social support & stressful life events also for fathers, Mother's grief exceeded fathers, but 25% of fathers grieved more than mothers	Personality variables important –ego strength of sep fathers. Some fathers at risk of severe grief. Depression (BDI) correlates more with PGS (.05) than does GEI (.001).
Stinson, Lasker, Lohmann & Toedter (1992)	56 couples – miscarriage to neonatal death – measured up to 6 weeks after	Men's scores more likely to increase over time than women's. Men's scores lower than women's except on the more serious components.	Sep fathers may internalize their grief more than mothers may. Those sep father's with severe grief may not resolve it over time.

Appendix 6

Appendix 6. Selected BI Study involving spousal loss

Study & version of BI	**Sample**	**Major findings**	**Recommendations for separated fathers' study**
Jacobs, Kasl, Ostfeld, Berkman & Charpentier (1986) – revised version	114 bereaved spouses Mean age = 62.5 yrs 39% male	Males & females similar except women reported higher numbness & disbelief (1st stage of grief)	Sep fathers show less initial grief, but similar long term grief ie separation anxiety & depression

Appendix 7

Appendix 7. Selected CBI Study involving parental/spouse/adult children loss

Study & version of CBI	**Sample**	**Major findings**	**Recommendations for separated fathers' study**
Middleton, Raphael, Burnett, Martinek (1997) - CBI	33 parents, 43 spouses, 39 adult children	Scores generally decreased over time; however, no significant differences between groups	No findings on gender – but separation anxiety scale may be useful. Culturally specific study - Brisbane sample
Middleton, Raphael, Burnett & Martinek (1998) – BQ & CBI	36 parents, 44 spouses, 40 adult children	No differences found age or gender. Differences found between expected and unexpected death, accidental & natural death	Separation that is unexpected may result in higher levels of grief. May not show different grieving patterns found by some other scales

Appendix 8

Queensland University of Technology

University Human Research Ethics Committee

APPLICATION FOR APPROVAL TO UNDERTAKE RESEARCH INVOLVING

HUMAN EXPERIMENTATION

UNIVERSITY HUMAN RESEARCH ETHICS COMMITTEE

Reference No.

1. QUT requires investigators (both staff and students) to conform to the National Health and Medical Research Council (NH&MRC) Statement on Human Experimentation and Supplementary Notes.

2. The University Human Research Ethics Committee of QUT Council is empowered to ensure that all applications for research grants from the NH&MRC and all other research projects involving human (and animal) experimentation associated with QUT comply with the NH&MRC Statement and Supplementary Notes.

3. QUT is of the view that a substantial number of research projects involving humans are subject to ethical approval by the University Human Research Ethics Committee. A researcher who is unclear as to whether their research requires ethical clearance should refer to the University's exemption provisions (MOPP D/6.3.2) and complete a *Checklist for Researchers* (available at http://www.qut.edu.au/draa/or/arcnew.html) or upon request from the Secretary of the University Human Research Ethics Committee).

4. This proforma sets out a number of questions which are intended to raise some of the ethical issues which commonly arise. A copy of the NH&MRC Statement and Supplementary Notes and University policy (MOPP D/6.3) must be read when completing this form. Ethical approval must be obtained prior to commencement of the research project.

5. All questions on the proforma must be answered in detail and all answers must be typewritten (font size should be not less than 10 point). You must also submit a research plan (either a grant application or another detailed document) and the consent form to be used (where applicable). The completed proforma must be signed by all Chief Investigators, the Head of School and the research supervisor (where applicable) and submitted with the research plan to the Secretary, University Human Research Ethics Committee, QUT Secretariat, located at Room 304, Level 3, U Block, Gardens Point. Failure to ensure that all signatories have endorsed the application may delay consideration of your application.

6. Applications must be submitted to the Secretary at least 10 working days prior to the date of the meeting at which the application will be considered. Applications received after this date will be referred to the Committee's next scheduled meeting.

Is this proposal a renewal application? NO

If yes, please indicate the reference number of your original application: N/A

Title of Project:

The impact of parenting beliefs and behaviours on the health and well-being of separated fathers

Investigators:

Chief Investigat	Title (eg. Prof, Dr, Mr/s	First name	Surname
	Ms	Helen	McKeering

Other Applicant(s	Title (eg. Prof, Dr, Mr/s	First name	Surname
	Dr	Jan	Nicholson

All members of the research team should be listed as applicants. When an application is for approval of a Masters or PhD project, the student should be named as the Chief Investigator. When an application is for an undergraduate or honours project or a Graduate Diploma, the student should be named as a co-applicant with the supervisor listed as the Chief Investigator.

School/Centre:	Centre for Public Health Research, School of Public Health	
Contact Person: (If not the Chief Investigator)	As above	
Address for corresponde	QUT, Victoria Park Rd, Kelvin Grove, Q 4059	
Telephone:	(b/h)3864-5612	(a/h)32681216
Facsimile:	3864-3369	
Email:	h.mckeering@qut.edu.au	

Grant Information:

Is this protocol the subject of a grant application? NO

If yes, please specify the granting scheme

N/A

Do you require notice of ethical approval to be forwarded to the granting body? N/A

Student project information:

Is this project a component of an undergraduate or postgraduate course? YES

If YES, please specify the course or degree program.

Doctor of Philosophy (IF49)

1. DESCRIPTION OF PROJECT

(a) Please describe the project **in terms which are easily understood by the lay reader,** using simple and non-technical language:

Men's roles within families have become highlighted through the changes to family stability and the increasing proportions of modern families that are experiencing separation and divorce. There now exist a sizeable minority of families where fathers are absent, or where fathers are sole carers for children either on a full-time or part-time basis.

This research will examine the impact of fathering on men's health and wellbeing, with a focus on the relationship between men's fathering role ideal (for example, a man may perceive himself as a "provider" father; or as a father primarily involved in child-parent interaction; or mixtures of both) and their actual father role. It is expected that many separated fathers' actual roles may be different from their father role ideal, and this discrepancy may lead to ill-health and low levels of well-being. Secondly, we will examine differences between fathers' desire to nurture their children (nurturant desire); and the amount and type of child caring they are involved in. It is proposed that the discrepancy between a father's nurturant desire and the amount of child caring he is able to do, may lead to ill-health and low levels of well-being.

Due to the lack of previous research conducted in this area, we will undertake a qualitative study with the aims of assessing (1) the extent and range of father involvement in particular child care activities (2) how fathers express nurturant desire, (3) categorization of types of father role and (4) the relationships between child care involvement and nurturant desire; ideal and actual father role; and men's health and wellbeing. In addition, the research will (5) identify other factors (for example, social support, or child caring skills) that may contribute to a father's quality of parenting, and have an indirect effect on his health and wellbeing.

(b) Will the project involve Australian Indigenous community issues? NO

If YES, please explain

N/A

2. POTENTIAL RISKS

(a) What are the material risks to the participants, during and/or after the study? (Refer to the 'Guidelines to assist QUT researchers in the drafting of informed consent packages for participants' for a definition of *material risks*)

It is possible that during the focus group discussion, some fathers may feel some psychological distress, or anger, when discussing issues that have immediate personal relevance ie child access arrangements; conflict with their child's biological mother. It is not expected that this will be a common occurrence within the focus group.

(b) Are the risks higher than for routine clinical tests and examinations or normal day-to-day living? NO

All fathers will have confronted some distressing situations following separation from their children and/or former spouse/partner. Although a 1-2 hour group discussion may, at times, be emotionally intense (as a number of issues are raised in a short amount of time), the intensity of the situation is countered by the support of the other participants who are all separated fathers.

(c) How are the risks to be minimised during the study?

Please explain.

Fathers will be in a supportive environment in that all the men in the focus group will be separated fathers. The researchers moderating and observing are psychologists and will guide discussion away from the more contentious topics that are peripheral to the study. For example, although child access arrangements, conflict with the ex-spouse, and family court matters will no doubt be raised by the participants, day-to-day parenting issues are the focus of the study. In addition, the focus group will be structured to highlight the positive aspects of parenting (for example, many fathers enjoy the freedom of being able to decide which activities to be involved in with their children, without interference from the children's mother). Balance is thus provided to the more immutable and negative aspects of separated parenting such as child access arrangements.

(d) How are the risks to be managed if they occur during the study or arise after the completion of the study?

Please explain.

Participants will be reminded at the beginning of the focus group that some issues may cause personal distress or anger. If a father becomes distressed, this will be handled in a sensitive manner. Fathers may also withdraw from the discussion at any time, with the option to rejoin later, if they so desire. Debriefing will occur after each focus group. It will also be suggested to participants that counselling is available from the Men's Help Line. A list of counsellors in private practice, specialising in men's relationship problems will also be made available on request.

(e) Will the project involve the use of any hazardous substance or specified dangerous goods as defined by the Qld Workplace Health and Safety Act? (You may wish to discuss this with your Health and Safety Representative). NO

If yes, please provide details of the **hazardous substance or specified dangerous goods, and** attach approval notification from your Faculty or School Health and Safety Committee.

N/A

(f) Does this project require Institute Biosafety Committee (IBC) approval (for example, does this project involve work with any human pathogen; or any human blood, body fluids or tissues, etc)? NO

If yes, please provide details of the **materials and / or procedures which require approval and** attach notification of approval from the IBC.

N/A

(g) Does this project involve the administration of any recombinant DNAs? NO

If yes, please attach notification of approval from the IBC.

3. POTENTIAL BENEFITS

(a) Please describe the potential benefits to participants or contribution to the general body of knowledge.

Little research has been undertaken on the health of separated fathers; or on the relationship between health and changes to the parenting role. Identifying those predictors of physical and mental health, and well-being, for separated fathers, will promote community and social policy debate about constructive ways to ensure fathers' adjustment post-separation.
For the individual focus group members, the discussion will provide an opportunity to (1) discuss ideas and feelings about parenting as a separated father; (2) meet other men in a similar position; (3) highlight the positive aspects of parenting, as well as acknowledging the negative.

(b) Explain how these benefits outweigh the risks involved in the study.

Separated fathers often perceive themselves as "outsiders" in society, and marginalised by the Family Court. These focus groups will acknowledge separated fathers thoughts and emotions; which in itself will provide individual and group benefits, despite the potential for psychological distress.

4. PARTICIPANTS IN THE STUDY

(a) Please provide details of the intended participants in the study.

All participants will reside in the Brisbane metropolitan area. and will be separated from their children's biological mother. The men may or may not be remarried, and will have varying amounts of access to their biological children. Fathering situations will range from little or no access to children, to fathers who are sole parents with residency of their children.

(b) Please provide details of how the subject pool:

- **was / will be identified;**
- **will be initially approached; and**
- **will be recruited.**

Fathers will be recruited through groups such as Parents without Partners, Lone Fathers, Men's Health and Well-being Association; Dads Inc. The researchers have made contacts with representatives from most of these groups through the recent Men and Family Relationships Conference in Canberra in June 98. Representatives from these groups will be contacted by telephone and the research project explained. The researchers will then speak about the research project to the group's members, at the group's regular meeting time. At this meeting, information kits will then be distributed to interested members who wish to be involved with the research focus groups. Those fathers interested in participating will be asked to contact us individually by phone.

(c) Are participants in this research minors under 18 years of age NO

(d) Do you propose to SCREEN or assess the suitability of the participants for the study? YES

If YES, how? If NO, please explain

When individual participants phone to indicate their interest in participating in the focus groups, it will be explained that because of the comparative nature of the project, (1) fathers must have cohabited with their children's mother for at least 2 years after the birth of the first child (so that a father would have potentially established numerous child caring activities that he can undertake independently of the child's mother);
(2) and now must be presently separated for at least one year, (so that a new parenting pattern has been established, post-separation)

(e) Will any treatment known to be beneficial be withheld from one group of participants, ie. the control group? NO

N/A

(f) Will you intentionally be recruiting a member of the Australian Indigenous communities? NO

If YES, please explain why

N/A

5. CONSENT

Researchers should refer to the 'Guidelines to assist QUT researchers in the drafting of informed consent packages for participants'**. C**onsent should be obtained in writing unless there are good reasons to the contrary. If the consent of the participants will not be obtained in writing, please explain why.

(Note: With regard to anonymous questionnaires and surveys, verbal consent followed by completion of the survey (where it is clear on the front of the survey that participation is voluntary) is sufficient. However the questionnaire coversheet should still provide the potential subjects with the normal assurances (see the 'Guidelines to assist QUT researchers in the drafting of informed consent packages for participants'). Where the survey involves sensitive issues such as sexuality, religion etc. informed written consent is required).

Consent form and information sheet attached

You must attach a copy of the proposed consent form/participant information statement (*Guidelines to assist QUT researchers in the drafting of informed consent packages for participants* are available at http://www.qut.edu.au/draa/or/arcnew.html or upon request from the Secretary of the University Human Research Ethics Committee). The Guidelines detail the elements which should be included in an informed consent package)

NOTE: If minors are participants, their consent may also be required, depending upon their age, level of understanding and nature of the research.

6. CONFIDENTIALITY

(a) How will confidentiality of the records of the study be protected during the study and in the publication of results?

Notes, demographic information, audio taped discussions, and transcriptions from tapes, will be coded (so that only the researchers will be able to identify the participants), and kept in locked storage in the Centre for Public Health Research for 5 years. Individual, or community group identifying information, will be withheld from publication. Participants, who may know one another from the association from which they were recruited, will be instructed to keep individual participant's identity and information offered in the discussion, confidential (see focus group protocol).

(b) How will collected data be stored during the study and for the requisite five years after the completion of the study?

Records of the study including notes, demographic information, tape discussions, and transcriptions from tapes, will be stored in a locked filing cabinet in the Centre of Public Health Research. Identifying information will be stored separately from raw data.

(c) Will the research involve the collection or disclosure of personal information by an agency to which the Commonwealth Privacy Act applies (eg hospital, Commonwealth Department, etc) that may involve a breach of an Information Privacy Principle? NO

If yes, please explain the reason why personal information is needed and justify how the public interest in the research outweighs to a substantial degree the public interest in the protection of privacy.

N/A

(NOTE: If the data to be collected does not include information that would identify individuals, or if the consent of individuals to the release of the information is to be obtained, the Information Privacy Principles will not be breached.)

7. QUT SERVICES

If either the conduct of the project, or the project's participants will require access to a QUT service (eg QUT Counselling Service) you must attach a letter of approval from the manager/director of that service. This letter should indicate their willingness and ability to perform the role anticipated by the application.

8. DURATION

(a) Duration of the experimentation / data collection phase of the study

from ____25 / 9 / 98_____ to ___25 / 6 / 99_____

(b) Total duration of the study

from ____25_ / 19 / 98_____ to _____31 /1 2 / 99_____

9. OTHER ETHICAL CONSIDERATIONS

Are there any features of the proposal which raise special ethical considerations?

If this is a renewal application, please briefly indicate progress to date and whether any ethical concerns have arisen.

If this application is linked with an existing research project please briefly describe the relationship between the two projects.

N/A

10. BACKGROUND / LITERATURE REVIEW AND RESEARCH PLAN / METHODOLOGY

If this project is the subject of a grant application, please attach a summary of the application. Otherwise briefly provide evidence that the proposed research is based on knowledge of the relevant literature, drawing attention to any particular concerns that have been expressed about this type of experimentation.

Where this has not been addressed above, please attach a research plan/methodology which describes the nature of the research, including the scope and limitations of the project; and provide details of the methodology/procedures which involve human subjects.

11. DECLARATION BY APPLICANT(S) (PLEASE SIGN WITH A BLACK PEN)

Title of Project:

The impact of parenting beliefs and behaviours on the health and well-being of separated fathers

- We have considered the ethical implications of this proposed research and deem the measures taken to be appropriate and in accordance with the National Health and Medical Research Council Statement on Human Experimentation and Supplementary Notes.

- We will notify the University Human Research Ethics Committee immediately of any adverse effects arising from this study (eg unexpected adverse outcomes, unexpected community / subject risk factors or complaints, etc).

- We will request approval from the University Human Research Ethics Committee for any divergence from the protocol stated in this proposal.

(**Note** - All investigators must sign this application)

Name:	Ms Helen McKeering	**Qualifications:**	B.A. (Hons)
Signature:		**Date:**	
Name:	Dr J. Nicholson	**Qualifications:**	Ph.D
Signature:		**Date:**	

12. DECLARATION BY POSTGRADUATE RESEARCH SUPERVISOR (where applicable)

Title of Project:

The impact of parenting beliefs and behaviours on the health and well-being of separated fathers

I have considered this application and the ethical implications of the proposed research and believe that the study will be conducted in accordance with national and QUT guidelines for the ethical conduct of experimentation involving human participants. The qualifications and experience of all investigators are appropriate to the study to be undertaken.

Name:	Dr J. Nicholson	**School:**	School of Public Health
Signature:		**Date:**	

13. DECLARATION BY HEAD OF SCHOOL / CENTRE DIRECTOR*[1]

NOTE: When the head of school or centre director is also a listed applicant, the dean should sign below.

I have considered this application and the ethical implications of the proposed research and certify that the study will be conducted in accordance with national and QUT guidelines for the ethical conduct of experimentation involving human participants. The qualifications and experience of all investigators are appropriate to the study to be undertaken.

Name: Prof B. Oldenburg **Position:** Head of School

Signature: **Date:**

*1 Only University Research Centres and Key Centres directors may sign.

COMMENTS ON ETHICAL/RESEARCH CONSIDERATIONS:

BACKGROUND / LITERATURE REVIEW AND RESEARCH PLAN / METHODOLOGY

BACKGROUND

The impact of men's roles within families has come under increasing scrutiny in recent years. In part this focus has been driven by the changed role of women in Western societies. Greater control over reproduction, increased participation of women in the workforce and education, and delayed marriage have been associated with a reduced emphasis on the centrality of the child-rearing and home-making roles for women. These normative shifts for women have, in turn, been associated with an increased demand for men to take on a greater share of the domestic and parenting duties (Meyers, 1993; Hawkins, Christiansen, Sargent & Hill, 1993).

Men's roles within families have also become highlighted through the changes to family stability and the increasing proportions of modern families that are experiencing separation and divorce. There now exist a sizeable minority of families where fathers are absent, or where fathers are sole carers for children either on a full-time or part-time basis.

The impact of men's changing roles within the family has been investigated from a variety of philosophical paradigms including exchange, conflict, resource and feminist theories (Hawkins, 1993). However, this examination has typically focussed on the impact of men's roles on other members of the family, especially their children, and from a perspective of under-involvement. Other studies have focused on fathers' psychopathology and have examined the impact of fathers' substance abuse and mental health status on children (Almeida & Galambos, 1991; Gallimore & Kurdek, 1992).

The impact of men's roles on their own well-being has been a comparatively neglected area of research, and the evidence that does exist seems contradictory. For example, a study by Dickstein et al. (1991) found that men are finding their increased family roles to be personally detrimental, with increased demands on fathers resulting in negative changes to fathers' levels of wellbeing and psychological distress. In contrast, other research has demonstrated that men are happiest and healthiest when they are married and residing with their children (Umberson, 1987). Even for divorced and separated fathers, the higher levels of depression and negative self-image which are normally associated with this group of fathers compared to married fathers, are compensated for by the presence of children when the father is a sole carer (Risman, 1986).

The impact of men's roles within families on their own health and wellbeing, is likely to be mediated by variety of variables, including the values, beliefs and attitudes of the individual. Each man's view of fathering will be determined by his level of personal development, ethnic background, own upbringing, and the demands of his

partner and society more broadly (Snarey, 1993). Fathers who consider themselves "good fathers" may consider the father role to be that of provider, with a distant style of psychosocial involvement such as moral guardian. Other "good fathers" may perceive the father role to predominantly involve child-parent interaction with a "hands-on" approach such as a large participation in childcare activities, and a more emotional psychosocial involvement. Many fathers will incorporate mixtures of both dimensions in their ideal father role.

Fathers who see their primary fathering responsibility as financial provider may feel very differently about their work and the importance it has in their lives (Hyde, Essex & Horton, 1993) than those fathers who see father-to-child interaction as the primary focus of fathering. These "provider" orientated fathers who find themselves with fewer economic resources after divorce or separation may well have lower levels of well-being and ill-health as there is a discrepancy between their ideal father role and their actual role.

Similarly, the "child-parent interaction" orientated fathers for whom the primary father role equates to father-child interactions, may also suffer ill-health if there is a discrepancy between their ideal and actual role. This may occur through reduced access following divorce or separation. This study will investigate the discrepancy between the ideal and the actual role of a father and its effect on his mental and physical health and well-being.

Within the type of father role an individual may adopt, each father varies on the level of desire he has to care for his offspring (nurturant desire). Higher levels of nurturant desire are positively related to the amount and type of child caring activities (fathering behaviour) a father is involved with on a daily basis (Snarey, 1993). Furthermore, fathers' nurturant attitudes, beliefs and behaviours have been positively related to well-being. However, for separated fathers the picture is more complicated. The father who is involved, rather than disengaged, with his children after the divorce, still experiences loss and sadness regarding the visiting situation (Tepp, 1983). Other fathers are not upset by having little or no contact with their children (Dudley, 1991). However, those fathers who were most strongly bonded to their children pre-divorce were the most apt to reduce contact after the divorce – the implication being that in order to cope with their unhappiness with the changed familial status, these men withdrew (Kruk, 1991). This study will investigate the discrepancy between a father's desire to nurture and care for his children and the amount of involvement in child care activities that he is able to undertake. For separated fathers with little or no access to their children, the discrepancy is expected to be large and negatively associated with these fathers' levels of health and well-being

RESEARCH METHOD AND PLAN

Aims: This research will examine the impact of fathering on men's health and wellbeing, with a focus on the extent to which there is concordance between men's actual and ideal fathering roles; and concordance between their nurturant desire and

fathering behaviour. Due to the lack of previous research conducted in this area, we will undertake a qualitative study with the aims of assessing (1) the extent and range of father involvement in particular child care activities (2) how fathers express nurturant desire, (3) categorization of types of father role and (4) the relationships between child care involvement and nurturant desire; ideal and actual father role; and men's health and wellbeing. In addition, the research will (5) identify other key variables that may mediate the impact of fathering on men's health and wellbeing, and (6) determine the utility of key quantitative measures to be employed in subsequent research.

Design and Sample: A convenience sample of fathers will be recruited from a variety of sources including recruitment through men's groups, parenting associations, and other community services/ agencies. Three types of fathers will be recruited in order to investigate the effects of varying amounts of father-child interaction on fathers' health:

- *Group 1* will consist of fathers who are sole parents in that the father has either been granted custody by the court, or through agreement with the mother of the children. These fathers will have the children in their care at least 5 days/week of a typical week.
- *Group 2* will consist of fathers who do not have custody but have access to their children at least 2 days/fortnight on a typical week.
- *Group 3* will be comprised of fathers who do not have custody and who have either no access to their children or limited access at a level of less than 2 days/fortnight.

Method:

At least six, and no more than ten focus groups will be conducted, involving between 50 and 100 separated fathers. Groups will be composed of each of the three types of fathers listed above. Group discussions will focus on identifying fathers' perceptions regarding the fathering behaviours and cognitions that impact on their adjustment post-divorce. While external factors that impact of adjustment will be noted (e.g. conflict with ex-spouse, family court experiences, child support agreements), these factors will not be the central focus of discussion. Each focus group will be conducted by a moderator and observer from the research team, and will last for between 1 and 2 hours. A detailed focus group protocol will be developed, containing: instructions for facilitating structured, non-directive focus groups; key themes to be explored; and examples of open-ended, non-biasing questions to be used to promote discussion. Discussions will be tape recorded with the participants' permission. At the end of the focus group, participants will be asked to complete key quantitative measures, and feedback will be sought on the usefulness of the measures and the extent to which they address central issues. Participant demographic data will be recorded including fathers' age, occupation, income, ethnicity and educational level; number, gender and ages of children; fathers' remarriage status, number of years of separation/divorce from the children's biological mother; and current family characteristics.

Data Analysis and Interpretation:

Focus group discussions will be audiotaped and transcribed in their entirety. Initial transcription will be done to computer disk by a trained transcriber. After checking for errors and omissions, transcripts will be coded using NUDIST software. Coding will enable identification of key themes and exploration of the relationship between themes. Data will be explored to identify those personal beliefs, behaviours, attitudes and values that fathers most emphasise in describing the impact of their post-separation fathering roles, as well as those external factors that impact upon them.

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Almeida, D.M. & Galambos, N.L. (1991). Examining father involvement and the quality of father-adolescent relations. Journal of Research on Adolescence, 1(2), 155-172

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Appendix 9

SEPARATED FATHERS RESEARCH PROJECT

Investigating the parenting and health concerns of separated fathers

QUT SCHOOL OF PUBLIC HEALTH
FACULTY OF HEALTH
QUEENSLAND UNIVERSITY OF TECHNOLOGY

WHAT IS THE PURPOSE OF THE PROJECT?

Aims: We are interested in the health and well-being of separated fathers. Through this project, we want to find out how separated fathers:

- think and feel about themselves as parents
- spend their time with their children
- cope with life as a parent after separation

Significance: While society expects fathers to be more involved in looking after children on one hand, the increasing divorce rate makes it difficult for many fathers to care for their children on a day-to-day basis. However, there is also an increasing number of dads with full-time care of their children.

Impact: Fathers may have special parenting concerns and health problems after separation. Society, health professionals, families, and the courts, need to be made more aware of fathers' parenting and health concerns

HOW DO WE FIND OUT ABOUT YOUR CONCERNS?

The focus group: If you agree to take part in the project, you will be one of a number of separated fathers, (consisting of separated, divorced or sole parent fathers) who meet in a discussion group. The group discussion will help the researchers to gather ideas and information about the experiences of being a separated father. You do not have to prepare for this discussion.

What will be discussed? Group discussions will focus on identifying how fathers think and feel about a number of issues such as fathering, their role, and their health, since separation.

How is a focus group conducted? The focus group will be conducted by Jan and Helen and will last for between 1 and 2 hours. Key questions will be discussed by the group such as "What do you and your children do together now that you are separated?

POTENTIAL RISKS

It is possible that during the discussion, some fathers may feel some distress, sadness, or anger, when discussing issues such as child access arrangements, and conflict with their ex-spouse. However, fathers will be in a supportive situation with other separated fathers. The focus group leaders are trained psychologists, and referrals to counselling agencies such as Men's Help Line (Ph: 3830 0055) will be made if needed.

INQUIRIES

Questions related to this project are welcome at any time. Please direct them to the project team on the back of the brochure. If you have any concerns in relation to the ethical conduct

of this project you may contact the Secretary of the University Human Research Ethics Committee (QUT) on 3864 2902.

Freedom of Consent

Participation in this project is entirely
voluntary and you are free to withdraw from the focus group at any time without comment or penalty.

Confidentiality

Any information that would identify you as an individual, will only be revealed to the researchers and group members. When the results of the study are published, we will ensure that you will remain anonymous.

Acknowledgment

Thank you for considering to participate in this study. Your help is greatly appreciated in the completion of Helen McKeering's Doctor of Philosophy degree. When you have come to a final decision as to whether or not you will participate in this study, please phone Helen on ***3864 5612.***

HOW TO APPLY

Contact: Separated Fathers Research Project, Centre for Public Health Research,
School of Public Health, Kelvin Grove Campus, O Block, QUT, 4059. Phone: (07) 3864 5612

PROJECT TEAM

Ms Helen McKeering, PhD Candidate, Psychologist, QUT

Dr Jan Nicholson, Research Fellow, Psychologist, QUT

Appendix 10

CENTRE FOR PUBLIC HEALTH RESEARCH

FOCUS GROUP PROTOCOL

The impact of parenting beliefs and behaviours on the health and well-being of separated fathers

Introduction:

1. Welcome participants and introduce researchers
2. Seat participants around a table
3. Distribute name tags - first names only
4. Distribute consent forms and demographic data sheets (see attachments) and ask participants to fill them in
5. Reiterate important points from information sheet previously distributed regarding:

- Confidentiality of discussion
- Safe storage of an data collected
- Management of any psychological distress or anger reactions to discussion topics
- Freedom to withdraw at any time

Meeting protocol:

1. Emphasise a range of views are sought
2. There are no right or wrong answers
3. All participants to have a say. If a participant is silent on an issue, researchers do not know if the participant agrees or disagrees with the views put forward by others.
4. Suggest that participants say what they think and not what others expect them to say
5. Remind them that the discussion is to be tape recorded; reassure regarding confidentiality; and confirm previous consent
6. Facilitator to ask each to introduce himself around the group and volunteer a little about himself ie how many children, how long separated, how often he sees his children
7. Facilitator introduces topics for discussion (see attachment)
8. Moderator records key themes emerging from discussion on butchers paper
9. At end of discussion of each topic, facilitator summarises the main points and asks for any addition/deletions.
10. Debriefing , information regarding future feedback, and thanks
11. Refreshments

Equipment:

- Tape recorder and 2 tapes
- Butchers paper and 2 markers
- Name tags
- Refreshments for after discussion

Appendix 11

CENTRE FOR PUBLIC HEALTH RESEARCH

An investigation of the health, and well-being of separated fathers

Focus Group Questions

Examples:

- What are the differences between the role fathers had when they lived with their children and the children's mother, and their role now as a separated father?

- What are the positive and negative aspects, of being a separated father?

- What types of child care activities fathers are involved in with their children now eg playing with them, offering advice, helping with a school assignment?

- In an ideal parenting situation, what activities would fathers like to be involved in with their children?

- What does a man in the community and in society in general, do to make the world a better place for his children?

- What are the positive and negative health and well-being changes since separation eg physical health, mental health, exercise, smoking drinking, prescription drugs?

Appendix 12

CENTRE FOR PUBLIC HEALTH RESEARCH

An investigation of the health, and well-being of separated fathers

Demographic data of Participants

Name:_____

Address:_____

_____

Postcode:_____

Home phone:_____**WorkPhone:**_____

E-mail:_____

Fax: _____

You do not have to fill in your name, address, or phone numbers unless you would like to be contacted later for the second part of our research. Your address will also enable us to send you feedback on this, the first part of our study.
Please separate this page from the following pages to ensure confidentiality of your responses.

==========

Your answers on the following pages will help us to ensure that we talk to a broad range of fathers of various ages, occupations, and educational levels. We also need to hear from fathers who spend varying amounts of time with their children ranging from those fathers who never see their children to fathers who are sole parents. Some fathers will have stepchildren. Some fathers will have current relationships and others will not. Thank you for your time in filling out this form.

1 Your age: _____

2 Your occupation: _____

3 Educational level (please circle the highest level attained):

1 Year 12 or below
2 post secondary ie diploma, associate diploma, certificate
3 degree ie undergraduate and post graduate

~~~~~~

4 How long did you live with your last spouse/partner before separation? _____

5 How long has it been since separation from your spouse/partner? _____

6 Circle the number below which best describes the level of conflict between you and your ex-shouse/partner:

0	1	2	3	4
No Conflict	Some Conflict	Moderate Conflict	A lot of Conflict	Extreme Conflict

7 What is the gender and age of each of your children from your previous relationship, how much time does each spend with you, and on a scale of 1 to 7, how do you and each child get along together (1=not at all; 7 = extremely well)?
For example:
Male / 15 years old / all the time/4
Male / 4 years old / 2days/week./7
Female / 2years old / don't see her at all/not applicable

Gender	Age	Time child spends with me	How we get along (Scale of 1 to 7)

_____

~~~~~~

8 Have you remarried or are you living in a marriage-like relationship? _____

9 If so, for how long?_____

10 Have you any step children from this current relationship? _____

11 If so, is there any extreme conflict between you and any one of the stepchildren?

_____

12 Do you and your new partner have children born to the both of you? _____

13 If you are not remarried or living in a marriage-like relationship, do you have a relationship with a partner you are not living with or with someone you are dating regularly?

_____

14 If you have a current wife, partner, or romantic relationship, please circle the number below which best describes your happiness in your present relationship. The middle point "happy" represents the degree of happiness of most relationships.

0	1	2	3	4	5	6
Extremely unhappy	Fairly unhappy	A little unhappy	Happy	Very happy	Extremely happy	Perfect

15 What, if any, stressful life events have happened since separation? For example: custody issues, court appearances, loss of employment:

_____
_____
_____
_____
_____
_____

16 List the activities you most enjoy with your children. For example: coaching him in basketball, reading bedtime story, discussing life and its meaning

._____
_____
_____
_____

17 List the activities you dislike doing with your children

_____
_____
_____
_____

18 List any health problems you have had during, and after, you separated. For example: depression, stomach ulcers, excessive drinking, excessive smoking.

_____
_____
_____
_____

19 Do you belong to or have you attended a men's support group? _____

20 If so, which one? _____

Appendix 13

University Human Research Ethics Committee
and
University Animal Ethics Committee

CHECKLIST FOR RESEARCHERS

Reference No.
SF 1

Section One

Q.A **Animal** [ ]

Q.B Human [X]

Section Two

Project Title	Separated Fathers project – Study 2
Chief Investigator	Helen McKeering
FACULTY	Health
SCHOOL	Public Health
TELEPHONE	3636 5473
EMAIL	Helen_Mckeering@health.qld.gov.au
CONTACT ADDRESS	105 Zillman Rd Hendra, Q 4011
Supervisor (If relevant)	Dr Carla Patterson
TELEPHONE	3864 5795
EMAIL	c.patterson@qut.edu.au

tion Three

se insert **Y**es or **N**o to indicate your answer to the following questions

Q.1	**Respondent's identity**	**Q.8**	**Pain / psychological distress**
Q.2	**Unable to consent**	**Q.9**	**Ionising radiation**
Q.3	**Minors**	**Q.10**	**Commonwealth Privacy Act**
Q.4	**Dependent relationship**	**Q.11**	**Inducements**
Q.5	**Cultural issues**	**Q.12**	**Sensitive information**
Q.6	**Treatment**	**Q.13**	**Deception**
Q.7	**Tissue extraction**	**Q.14**	**Liability**

Section Four

Q.15

Subject Pool : separated fathers generally from the Brisbane metropolitan area and surrounding districts

Approach: Separated fathers who will be sought through newspaper advertising in the Courier Mail, men's support groups, and through QUT and UQ email. The separated fathers will be asked to contact the researcher through a phone number or email address if interested in participating in research into separated fathers parenting and health issues

Recruitment: On answering online or via the researcher's phone number, the potential participant will be asked if he would be willing to complete a survey which will be posted or emailed to him. If the questionnaire is to be posted, he will be asked for his name, address. He will be informed that the returned questionnaire will have a cover sheet with his name and address and phone number that will be removed before data is recorded.

Screening: potential participants will be included if they have lived with the child/children at some stage before separation; have a child 18 or under; appear to have reasonable English communication skills or someone who can interpret the questionnaire for them.

No special ethical issues

Q.16

Data collection procedures

Questionnaire will be sent to the fathers through the post or email with a request to return the questionnaire within 2 weeks.

If the questionnaire is not received, a followup email or phone call will be issued within the following 2 weeks by the researcher

When the questionnaire is received, the coversheet will be removed before data is recorded for de-identification purposes

Questionnaire attached

Q.17

Consent

Consent is assumed when potential participants return the questionnaire

Section Five

Please insert **Y**es or **N**o to indicate your answer to the following questions. In answering questions 19 – 21 you may also have to provide some additional information by way of explanation of your answer.

Q.18 **Drug trial / invasive / sensitive** yes

Sensitive personal information – however, the questions on alcohol use and health are standard instruments used in the National Health Survey. The participants will not be identifiable as the questionnaire does not ask for participants names.

Q.19 **Standard instrument** yes

Most of the items are standard well used measures or variants of measures used by reputable researchers:

National Health Survey (for health and well-being, and alcohol usage), The Loyola Generativity Scale (parental nurturance), Jordan (separation adjustment) The DASS (Depression, Anxiety and Stress Scale), plus a variant of the Perinatal Grief Scale modified for separated fathers,

Q.20 **Risks easily managed?** yes

The researcher is a psychologist. Any fathers who contact the researcher with problems will be referred to Men's Help Line or MENDS support group.

Q.21 **Evaluative / Quality Assurance?** Evaluative

Separated fathers parenting and health issues will be examined to ascertain predisposing factors to risk such as conflict with the ex-spouse, limitations on access to children, level of parental nurturance, time since separation, social support

Q.22 **Multi-institution project?** NO

Section Six

DECLARATION BY CHIEF INVESTIGATOR

Having completed a checklist for this project, I believe that this project is either:

eligible for expedited ethical review

I will notify the University Human Research Ethics Committee immediately of any adverse effects arising from this study (eg unexpected adverse outcomes, unexpected community / subject risk factors or complaints, etc).

I will request approval from the University Human Research Ethics Committee for any divergence from the protocol which would result in any change to my answers to:

- questions one to fourteen (Section Three) for exempt projects; or
- questions eighteen to twenty-one (Section Five) for projects submitted for expedited review.

Signed: _____

Date: _____ / _____ / _____

Chief Investigator to circle as required

Please forward advice to Research Students Section Y / N Relates to: _____ study
Please forward advice to Research Grants Section Y / N Relates to: _____ grant

DECLARATION BY POSTGRADUATE RESEARCH SUPERVISOR (IF APPROPRIATE)

I believe that this project is:

exempt from ethical clearance by the University OR eligible for expedited ethical review

(please circle)

The qualifications and experience of the Chief Investigators is appropriate to the study to be undertaken.

Signed: _____

Date: _____ / _____ / _____

HEAD OF SCHOOL / CENTRE DIRECTOR

NOTE: When the head of school or centre director is also a listed applicant, the dean should sign below.

I believe that this project is:

exempt from ethical clearance by the University OR eligible for expedited ethical review

(please circle)

The qualifications and experience of the Chief Investigators is appropriate to the study to be undertaken. The research merit and safety issues associated with this research have been considered and approved. If you believe further consideration of the research merit and safety issues is required please indicate in an attachment the level of review to date and your specific concerns.

Signed: _____

Name (print): _____

Position: _____

Date: _____ / _____ / _____

Separated Fathers Project - Study 2

Researchers: Helen McKeering and Dr Carla Patterson

Commencement date: July 14 2003
Completion date: July 14 2004

This quantitative study will survey 170 separated fathers from Brisbane and surrounding districts. Fathers will be sought through newspaper advertising, email and men's support groups and asked to respond to a questionnaire. The aim of the research is to ascertain what factors impact on fathers health and well-being and separation adjustment. The questionnaire will include scales that measure fathers' levels of nurturance, access to children, conflict with the ex-spouse, time since separation, length of relationships, health, including mental health status, and level of unresolved grief.

This questionnaire has been prepared from the information obtained from Separated Fathers – Study 1. That study used a group interview data collection method of face-to-face

interviews. Although there were some contentious and emotional issues raised, it appeared that the men were grateful for an opportunity to be able to air their problems and concerns about their children. Some fathers did phone me later about how to access help and I referred them onto avenues such as Men's Helpline, a clinical psychologist, or men's support groups. The experience appeared positive for the men involved.

It is hoped that the results of the research will highlight separated fathers' health problems, their reaction to grief, and the factors which impact on depression, anxiety and stress in their lives. This information will hopefully inform health promotion programs on methods to educate separated fathers to adjust to their situation while informing social policy makers of the impact of separation on fathers and their parenting.

Appendix 14

QUT Media Release

Study to unlock how dads handle isolation

A QUT researcher has launched a study into separated fathers in a bid to help combat depression and the high risk of male suicide.

Helen McKeering, from the Centre for Public Health and Research, said there had been little research done into how men were affected by separation from their kids, despite many studies into the effects of separation on mothers and children.

She said Father's Day, which falls on September 7 this year, was one of the toughest times for men to be without their children.

"Often their children are with another father (the ex-wife's new partner) … that's very hard for them to take on days like Christmas Day and Father's Day," she said.

Ms McKeering has conducted a preliminary study with 30 fathers but now needs to find 200 separated dads from around Queensland to help her research project.

She hopes the results will be used to guide health promotion programs and help fathers to better adjust to new family situations and work out the best post-divorce arrangements.

The psychology and teaching graduate, who is also a medical education officer for Queensland Health, has also constructed a grief scale in a bid to measure men's emotions.

"For separated fathers, the loss of satisfactory contact with children may result in unresolved grief," she said.

"This grief may be associated with an elevated risk of suicide which, in Australia, is six times higher for separated men than for married men.

"Stressors include loss of income, loss of family, breakdown of social networks, change in housing, and ongoing conflict with the ex-spouse."

Ms McKeering urged fathers who were depressed after marriage break-downs to seek help from a counsellor – particularly around trigger times like Father's Day.

She said just because men didn't always show obvious signs of emotions, didn't mean they weren't feeling them.

"Men often show their love through doing things, rather than talking about it," she said.

"When a man says to his wife 'Of course I love you – didn't I just wash your car?', he's not being facetious, he means it."

The researcher said fathers who were separated from their children had less time to do things for them to show they cared, which increased feelings of isolation and loss.

Ms McKeering needs separated dads with a child or children under 18 to be part of her survey. For a copy of the questionnaire, contact her on **07 3321 0151** or email: h.mckeering@student.qut.edu.au for a hardcopy.

Appendix 15

SEPARATED FATHERS RESEARCH PROJECT
Investigating the parenting and mental health concerns
of separated fathers

QUT SCHOOL OF PUBLIC HEALTH
FACULTY OF HEALTH
QUEENSLAND UNIVERSITY OF TECHNOLOGY

WHAT IS THE PURPOSE OF THE PROJECT?
Aims: The aim of the research is to inform health and social policy makers of the challenges facing separated fathers. This questionnaire has been composed from the concerns raised by separated fathers at earlier face-to-face group interviews with me in 2000. It is hoped that this further study will be able to

Significance: While society expects fathers to be more involved in looking after children on one hand, the increasing divorce rate makes it difficult for many fathers to care for their children on a day-to-day basis. However, there is also an increasing number of dads with full-time care of their children.
Impact: Fathers may have special parenting concerns and health problems after separation. Society, health professionals, families, and the courts, need to be made more aware of fathers' parenting and health concerns.

CONSENT & CONFIDENTIALITY ISSUES:
Thank you for participating in this survey. Your answers are voluntary and confidential and will not be used for purposes other than the present research. You are under no obligation to complete the questionnaire, even if you have indicated your willingness to do so at our initial contact. Your answered will not be identifiable to anyone else than to the researchers. All returned questionnaires will have this front cover removed. The questionnaire is time consuming and may at times be confronting for some fathers. Some fathers may feel relief that their collective views on separated fathering can be aired. If you have problems you would like to talk about please phone Men's HelpLine, MENDS, or myself.

POTENTIAL RISKS

It is possible that during the completion of the questionnaire some fathers may feel some distress, sadness, or anger, when completing questions on issues such as child access arrangements, and conflict with their ex-spouse. If you feel distressed by the process, please contact counselling agencies such as Men's Help Line (Ph: 3830 0055) if you need help.

INQUIRIES

Questions related to this project are welcome at any time. Please direct them to Helen McKeering – contact details on the back of the brochure. If you have any concerns in relation to the ethical conduct of this project you may contact the Secretary of the University Human Research Ethics Committee (QUT) on 3864 2902.

ACKNOWLEDGMENT
Thank you for considering to participate in this study. Your help is greatly appreciated in the completion of Helen McKeering's Doctor of Philosophy degree. When you have come to a final decision as to whether or not you will participate in this study, please phone Helen on ***3321 0151.***

WHO SHOULD APPLY
Fathers:
- with a child or children to the age of 18
- who are separated or divorced from the children's biological mother

HOW TO APPLY
Contact: Helen McKeering, Separated Fathers Research Project ,Centre for Public Health Research, School of Public Health, Kelvin Grove Campus,O Block, QUT, 4059. Phone: (07) 3321 0151

Appendix 16

CENTRE FOR PUBLIC HEALTH RESEARCH

An investigation of the health and well-being of separated fathers

Consent and confidentiality issues**: Thank you for participating in this survey. Your answers are voluntary and confidential and will not be used for purposes other than the present research. You are under no obligation to complete the questionnaire, even if you have indicated your willingness to do so at our initial contact. Your answered will not be identifiable to anyone else than to the researchers. All returned questionnaires will have this front cover removed. The questionnaire is time consuming and may at times be confronting for some fathers. Some fathers may feel relief that their collective views on separated fathering can be aired. If you have problems you would like to talk about please phone Men's HelpLine, MENDS, or myself.**

Aims and background to this questionnaire: **The aim of the research is to inform health and social policy makers of the challenges facing separated fathers. This questionnaire has been composed from the concerns raised by separated fathers at earlier face-to-face group interviews with me in 2000. It is hoped that this further study will be able to measure fathers' distress or adjustment to being a separated father.**

How to complete the questionnaire: **After reading the instructions for each section, either fill in the answer or, where requested, circle the number of the response that best suits your opinion. Some of the questions will seem repetitive but all questions have been chosen for a specific measurement purpose. Please check that you have answered as many questions as possible, and that you have not missed a page, as the more you complete, the more useful your questionnaire will be.**

Feedback: **If you would like feedback on this study, please fill in your name and address below. On receipt of this survey, I will detach this page from the questionnaire and store separately from your answers and post a summary of results back to you in the future. Please mail back the questionnaire the large envelope provided. Thank you very much for your assistance with this important research.**

Name: _____

Address:_____

_____

_____ **(postcode)**

Researcher: **Helen McKeering, Centre for Public Health Research, Faculty of Health, Queensland University of Technology, Kelvin Grove Campus, Kelvin Grove, Queensland 4059, Australia . Phone:(07) 3321 0151 Fax:(07) 3636 7800 or E-mail : h.mckeering@student.qut.edu.au**

1. Do you presently live: (please circle one)

1 alone

2 with a friend/s

3 with your children

4 with parents or brother/sister

5 with new partner

2. Which of these statements best describes how you feel about your financial situation? (Circle one only)

1 I feel financially secure most of the time

2 I feel financially secure some of the time

3 I do not feel financially secure at all

3. Do you belong to/have you attended, a men's support group? (Circle one)

1 Yes (if yes, which one?_____)
2 No

4. At this present time, do you feel at least one of your parents support you? (Circle one only)

1 yes

2 no

3 usually

4 parents not alive

5. Do you feel at least one of your brothers or sisters support you since the separation? (Circle one only)

1 yes

2 no

3 usually

4 don't have brother or sister

6. Do you feel most of your friends support you since the separation? (Circle one only)

1 yes

2 no

3 usually

4 have no close friends

7. Do you have an intimate relationship with a partner or have someone you are dating regularly? (Circle one)

1 Yes
2 No

If you have answered yes, please circle the number below which best describes your happiness in your present relationship or dating partner. The middle point "happy" represents the degree of happiness of most relationships**.**

0	1	2	3	4	5	6
Extremely unhappy	**Fairly unhappy**	**A little unhappy**	**Happy**	**Very happy**	**Extremely happy**	**Perfectly happy**

8. What is the gender and age of each of your children from your LAST previous relationship, how much time does each spend with you, and on a scale of 1 to 7, how do you and each child get along together (1=not at all; 7 = extremely well)?

For example**:**
Male / 15 years old / all the time/4
Male / 4 years old / 2 days per week/7
Female / 2years old / don't see her at all/not applicable

Gender	*Age*	*Time child spends with me*	*How we get along (Scale of 1 to 7)*

9. When the children are with their mother (please circle one number per line):

	Never or rarely	*Usually*	*Always*
a. I feel I can phone/email whenever I want to	**1**	**2**	**3**
b. The children can phone/email whenever they want to	**1**	**2**	**3**
c. I can rely on the children being there at pick-up time	**1**	**2**	**3**
d. I can change access arrangements for special occasions	**1**	**2**	**3**
e. The children can come and go between homes	**1**	**2**	**3**

10. When the children are with you (please circle one number per line):

	Never or rarely	*Usually*	*Always*
a. Their mum can phone/email them whenever she wants to	**1**	**2**	**3**
b. Children can phone/email mum whenever they want to	**1**	**2**	**3**
c. She can rely on the children being here at pick-up time	**1**	**2**	**3**
d. She can change access arrangements for special occasions	**1**	**2**	**3**
e. The children can come and go between homes	**1**	**2**	**3**

11. With regard to stressors in your life in the last 12 months (please circle one per line):

	Rarely stressful	*Sometimes stressful*	*Often stressful*	*Has not happened*
Health of others (children/ex/partner)	**1**	**2**	**3**	**4**
Death of a friend/family member	**1**	**2**	**3**	**4**
Work stress	**1**	**2**	**3**	**4**
Employment prospects	**1**	**2**	**3**	**4**
Financial problems	**1**	**2**	**3**	**4**
Moving house	**1**	**2**	**3**	**4**
Study commitments	**1**	**2**	**3**	**4**
Legal conflict over property settlement	**1**	**2**	**3**	**4**
Legal conflict over custody or access	**1**	**2**	**3**	**4**
DVO/ Good Behaviour Bond	**1**	**2**	**3**	**4**
Other legal conflict	**1**	**2**	**3**	**4**
Conflict with Child Support Agency	**1**	**2**	**3**	**4**
Conflict with Family Services	**1**	**2**	**3**	**4**
Problems with children's school	**1**	**2**	**3**	**4**
Conflict with ex-partner parenting	**1**	**2**	**3**	**4**
Conflict with ex-partner over access/custody	**1**	**2**	**3**	**4**
Conflict over ex-partner's defacto	**1**	**2**	**3**	**4**
Self esteem problems	**1**	**2**	**3**	**4**
Other stressors?	**1**	**2**	**3**	**4**

Describe these other stressors:

_____

_____

12. Have you ever sought any help for any emotional distress since separation, from any of the following people?

	Never	*Sometimes*	*Often*
Minister/priest	**1**	**2**	**3**
Doctor	**1**	**2**	**3**
Psychiatrist	**1**	**2**	**3**
Psychologist or counsellor	**1**	**2**	**3**
Other person	**1**	**2**	**3**

Who? _____

13. **Our attitudes and experiences are often formed by the relationships we have with others in society. As individuals, we all at some stage, help other people. This may however, be difficult when we are is distress ourselves This set of questions examines these attitudes and relationships**

Circle one number for each statement.

	Never applies to you	*Sometimes applies to you*	*Usually applies to you*	*Veryoften applies to you*
1. I try to pass along the knowledge I have gained through my experience	**0**	**1**	**2**	**3**
2. I do feel that others need me	**0**	**1**	**2**	**3**
3. I think I would like the work of a teacher	**0**	**1**	**2**	**3**
4. I feel as though I have made a difference to many people	**0**	**1**	**2**	**3**
5. I do volunteer work for a charity	**0**	**1**	**2**	**3**
6. I have made and created things that have had an impact on people	**0**	**1**	**2**	**3**
7. I try to be creative in most things I do	**0**	**1**	**2**	**3**
8. I think I will be remembered for a long time after I die	**0**	**1**	**2**	**3**
9. I believe society cannot be responsible for providing food & shelter for all homeless people	**0**	**1**	**2**	**3**
10 Others would say that I have made a unique contribution to society	**0**	**1**	**2**	**3**
11 If I were unable to have children of my own, I would like to adopt children	**0**	**1**	**2**	**3**
12 I have important skills that I try to teach others	**0**	**1**	**2**	**3**
13 I feel that I have done nothing that will survive after I die	**0**	**1**	**2**	**3**
14 In general, my actions have a positive effect on others	**0**	**1**	**2**	**3**
15 I feel as though I have done nothing of worth to contribute to others	**0**	**1**	**2**	**3**
16 I have made many commitments to many different kinds of people, groups and activities in my life	**0**	**1**	**2**	**3**
17 Other people say I am very productive	**0**	**1**	**2**	**3**
18 I have a responsibility to improve the the neighbourhood in which I live	**0**	**1**	**2**	**3**
19 People come to me for advice	**0**	**1**	**2**	**3**
20 I feel as though my contributions will exist after I die	**0**	**1**	**2**	**3**

14. On what days in the last week did you have alcohol (tick either none or some), and how many standard drinks (please enter number):

DAY	NUMBER OF STANDARD DRINKS
Monday	**( )**
Tuesday	**( )**
Wednesday	**( )**
Thursday	**( )**
Friday	**( )**
Saturday	**( )**
Sunday	**( )**

15. Have you ever been charged with drink driving? (Circe one)

1. Yes
2 No

16. Comparing the present time, with the majority of time before separation, are you drinking (Circle one of the below to complete the sentence)

1 **Have never or rarely drunk alcohol**

2 The same

3 **Less**

4 **More**

If you answered more or less to the above question, what has changed in your life for you to drink either more, or less, than before separation?

_____
_____
_____
_____
_____
_____
_____
_____

17 Compare your health *before* and *after* separation *by ticking* if you had the problem. The time frame is anytime before or after separation

	Before separation	After separation
1. felt severely depressed		
2. took medication for depression		
3. severe anxiety, panic attacks		
4. took medication for anxiety		
5. thought about suicide		
6. had a breakdown		
7. was hospitalised for mental illness		

18 This following set of questions refers to you mental and emotional health and the symptoms you experienced. Please read each statement and circle a number 0, 1, 2, or 3 that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

	Never	*Sometimes*	*Usually*	*Veryoften*
1. I found myself getting upset by quite trivial things	**0**	**1**	**2**	**3**
2. I couldn't seem to get going	**0**	**1**	**2**	**3**
3. I had a feeling of faintness	**0**	**1**	**2**	**3**
4. I experienced breathing difficulty (eg excessively rapid breathing, in the absence of physical exertion)	**0**	**1**	**2**	**3**
5. I felt sad and depressed	**0**	**1**	**2**	**3**
6. I found it hard to calm down	**0**	**1**	**2**	**3**
7. I perspired noticeably (eg sweaty hands) in the absence of high temperatures or physical exertion	**0**	**1**	**2**	**3**
8. I found my self getting impatient when I was delayed in any way (eg lifts, traffic lights, being kept waiting)	**0**	**1**	**2**	**3**
9. I found myself in situations which made me so anxious I was most relieved when they ended	**0**	**1**	**2**	**3**
10. I tended to over-react to situations	**0**	**1**	**2**	**3**
11. I found myself getting upset very easily	**0**	**1**	**2**	**3**
12. I felt I had nothing to look forward to	**0**	**1**	**2**	**3**
13. I couldn't seem to experience any positive feeling at all	**0**	**1**	**2**	**3**
14. I found that I was very irritable	**0**	**1**	**2**	**3**
15. I was aware of dryness in my mouth	**0**	**1**	**2**	**3**
16. I felt I had lost interest in just about everything	**0**	**1**	**2**	**3**
17. I could see nothing in the future to be hopeful about	**0**	**1**	**2**	**3**
18. I was aware of the action of my heart in the absence of physical exertion	**0**	**1**	**2**	**3**
19. I felt scared without any good reason	**0**	**1**	**2**	**3**
20. I felt life wasn't worthwhile	**0**	**1**	**2**	**3**
21. I felt I was rather touchy	**0**	**1**	**2**	**3**
22. I felt I was using a lot of nervous energy	**0**	**1**	**2**	**3**
23. I couldn't seem to get enough out of the things I did	**0**	**1**	**2**	**3**
24. I had a feeling of shakiness (eg legs going to give way)	**0**	**1**	**2**	**3**
25. I felt down-hearted and blue	**0**	**1**	**2**	**3**
26. I found it difficult to work up the initiative to do something	**0**	**1**	**2**	**3**
27. I found it hard to wind down	**0**	**1**	**2**	**3**
28. I was intolerant of anything that kept me from getting on with what I was doing	**0**	**1**	**2**	**3**
29. I had difficulty swallowing	**0**	**1**	**2**	**3**
30. I feared I would be "thrown" by some trivial	**0**	**1**	**2**	**3**

but unfamiliar task				
31. I felt I was pretty worthless	**0**	**1**	**2**	**3**
32. I was unable to become enthusiastic about anything	**0**	**1**	**2**	**3**
33. I was worried about situations in which I might panic and make a fool of myself	**0**	**1**	**2**	**3**
34. I was in a state of nervous tension	**0**	**1**	**2**	**3**
35. I was close to panic	**0**	**1**	**2**	**3**
36. I felt I wasn't much as a person	**0**	**1**	**2**	**3**
37. I found it difficult to relax	**0**	**1**	**2**	**3**
38. I felt terrified	**0**	**1**	**2**	**3**
39. I experienced trembling (eg in the hands)	**0**	**1**	**2**	**3**
40. I found myself getting agitated	**0**	**1**	**2**	**3**
41. I felt that life was meaningless	**0**	**1**	**2**	**3**
42. I found it difficult to tolerate interruptions to what I was doing.	**0**	**1**	**2**	**3**

---

19 When was the last time you consulted a doctor about your own health? (circle only one)

A Less than 3 months ago

B 3 months ago to less than 6 months

C 6 months to less than 12 months

D 12 months or more

E never/very rarely/don't know

20 What was your gross income from all sources (wages, pensions, dividends, rents, interest, rents etc) as per your 2000/2001 income tax declaration (if not completed yet, please estimate): $_____

21 If you have custody/residency of the children, please circle one

I *receive* maintenance *regularly* as a residential father

2 I *receive* maintenance *irregularly* as a residential father

3 I *never receive maintenance* as a residential father

If your ex-partner has custody/residency of the children, please circle one

1 I *pay* maintenance *regularly* as a non-residential father

2 I *pay* maintenance *irregularly* as a non-residential father

3 I *never pay maintenance* as a non-residential father

Would you like to comment on your answer?

_____

_____

22 Method of payment (circle one)

1 I received/paid maintenance in cash regularly

2 I received/paid maintenance *in cash irregularly*

3 I received/paid maintenance *in kind regularly* (school fees, food etc)
4 I received/paid maintenance *in kind irregularly* (school fees, food etc)

5 I have never received/paid maintenance

Would you like to comment on your answer?

Circle the answer which best applies to you

23 In general, you would say that your health is**:**
Excellent

2 very good

3 good
4 fair

5 poor

24 Compared to one year ago, how would you rate your health in general now?
1 much better now than one year ago
2 somewhat better now than one year ago
3 about the same as one year ago
4 somewhat worse than one year ago
5 much worse than one year ago

25 During the past four weeks, have you had any problems with your work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

(a) cut down on the amount of time you spend on work or other activities (circle one)
1 yes 2 no
(b) accomplished less than you would like (circle one)
1 yes 2 no
(c) didn't do work or other activities a carefully as usual (circle one)
1 yes 2 no

26 During the past four weeks, to what extent has your physical or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups (circle one)?

1 not at all
2 slightly
3 moderately
4 quite a bit
5 extremely

27 These questions are about how you feel and how things have been with you during the <u>past four weeks.</u> For each question, please circle the one answer that comes closest to the way you have been feeling.

	All of the time	Most of the time	Some of the time	A little of the time	None of thetime
Did you feel full of life?	1	2	3	4	5
Have you been a very nervous person?	1	2	3	4	5
Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5
Have you felt calm and peaceful ?	1	2	3	4	5
Did you have a lot of energy?	1	2	3	4	5
Have you felt down?	1	2	3	4	5
Did you feel worn out?	1	2	3	4	5
Have you been a happy person?	1	2	3	4	5
Did you feel tired?	1	2	3	4	5

28 During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives etc). (Circle one).

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

29 How true or false is each of the following statements for you (circle one)?

(a) I seem to get sick a little easier than other people
1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

(b) I am as healthy as anybody I know
1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

(c) I expect my health to get worse
1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

(d) My health is excellent

1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

30 Please circle the answer which best describes how you feel ?

	Strongly agree	***Moderately agree***	***Agree***	***Moderately disagree***	***Strongly disagree***
1. I feel depressed	5	4	3	2	1
2. I feel empty inside	5	4	3	2	1
3. I feel a need to talk about the children	5	4	3	2	1
4. I am grieving for the children	5	4	3	2	1
5. I am frightened	5	4	3	2	1
6. I very much miss the children	5	4	3	2	1
7. It is painful to recall memories about being separated from them	5	4	3	2	1
8. I get upset when I think about the children	5	4	3	2	1
9. I cry when I think about the children	5	4	3	2	1
10. Time passes so slowly since they left	5	4	3	2	1
11. I feel so lonely since being separated from them	5	4	3	2	1
12. I find it hard to get along with certain people	5	4	3	2	1
13. I can't keep up with my usual activities	5	4	3	2	1
14. I have considered suicide since being separated from the children	5	4	3	2	1
15. I feel I have adjusted well to the separation	5	4	3	2	1
16. I have let people down since the separation from my children	5	4	3	2	1
17. I get cross with my friends and family more than I should	5	4	3	2	1
18. Sometimes I feel like I need a professional counsellor to help me get my life together	5	4	3	2	1
19. I feel as though I am just existing and not really living since the separation from the children	5	4	3	2	1
20. I feel somewhat apart and remote even among friends	5	4	3	2	1
21. I find it difficult to make decisions since I lost the children	5	4	3	2	1
22. It feels great to be alive	5	4	3	2	1
23. I take medicine for my nerves	5	4	3	2	1
24. I feel guilty when I think about the children	5	4	3	2	1
25. I feel physically ill when I think about them	5	4	3	2	1

26. I feel unprotected in a dangerous world	5	4	3	2	1
27. I try to laugh but nothing seems funny anymore	5	4	3	2	1
28. The best part of me died when the children & I were separated	5	4	3	2	1
29. I blame myself for the separation from my children	5	4	3	2	1
30. I feel worthless since the separation from them	5	4	3	2	1
31. It is safer not to love	5	4	3	2	1
32. I worry about what my future will be	5	4	3	2	1
33. Being a separated parent means being a second class citizen	5	4	3	2	1

31 **At this point in time since separation, I grieve (circle one)**

1 more for the loss of my partner

2 more for the loss of my children

3 the same for partner and children

4 rarely, as I feel over it all

32 Your age**:** _____

33 Circle the number which best corresponds to your current employment status.

1	**2**	**3**	**4**	**5**	**6**	**7**
full-time employment	part-time employment	self employed	home duties	student	unemployed	on leave

34 Your usual occupation if in paid/self employment:

---

35 Educational level (please circle the highest level attained):

1 Year 12 or below
2 Post secondary ie diploma, associate diploma, certificate
3. Degree ie undergraduate and post graduate

36 **How long did you live with your last spouse/partner <u>before</u> separation**? _____

37 How long has it been <u>since</u> separation your spouse/partner?_____

38 **Who made the decision to separate?** (please circle one)
1 Yourself
2 Your ex-partner
3 Both of you

39 **Who do you blame for the separation?** (please circle one)
1. Yourself
2. Your ex-partner
3. Both of you

40 **Circle the number below which best describes the <u>present</u> level of conflict between you and your ex-spouse/partner as perceived by <u>you:</u>**

0	**1**	**2**	**3**	**4**
No Conflict	Some Conflict	Moderate Conflict	A lot of Conflict	Extreme Conflict

41 **Your postcode is:**_____

42 **You heard about this survey from:**_____

Appendix 17

Textual analyses of fathers' health changes since separation

Health Change	*Definitions*	*Supp N=8*	*Ed1 N=3*	*Uni N=4*	*Ed2 N=5*	*Res N=3*	*Text*
Depression	Respondent used the terms "depression' and "depressed"	1	4	4	6	2	*Depression…can't sleep the way I used to. I'm always tired. I had approximately 11 months off work through depression.*
Depressive type symptoms	Respondent used these words or a variant: tiredness, unhappiness, poor self-esteem, moodswings, sleep problems, confusion, hopelessness, powerlessness, low motivation. Each symptom reported 1 to 4 times	2	3	3	2		*Moodswings. Cycles of elation which was great. I'd never had so much fun, I felt like a teenager again, to bad depression like what's my role*
Anxiety/ stress	Respondent used variants of the words :anxious, panic attack, Worry, stress"; or statement implied chronic uneasiness	2	3	2	2	1	*Anxiety/stress. Every time you go to court you'd be up there with the butterflies and the adrenalin and this went on for months leading up to it and you'd get the result and you'd walk out of the courtroom and whew I don't have to worry about that again, but blow me down 3 weeks later she does the same thing and you're back.*
PTSD/ breakdown	Respondent used the terms "PTSD" or "breakdown"; all these respondents were hospitalised		2			1	
Suicidal ideation	Respondent used a variant of the word "suicide", or implied an intention, or attempt, to suicide	1			1	1	*Suicidal ideation. But I sort of went into depression … I just couldn't get back up. A couple of times I've taken a few extra tablets, more than I should have.*
Alcohol abuse	Respondents indicated that "drinking" was a problem for them; or indicated that they drank heavily		2	1		1	

	after separation						
Grief	Respondent used a variant of the word "grief", or statement implied a sense of loss	5	1	3	3	1	*Grief. So my contact visits are a mixture of good and bad…How much longer is this going to go on (separated parenting). It's very upsetting*
Loneliness /alienation	Respondent used a variant of the word "lonely", or statement implied a sense of being alone, unwanted, or emotional distance	7		2	2		*Loneliness. I was pretty bad and deteriorated fairly badly. A lot of that was the isolation up here because I'd left*
Anger	Respondents used variants of the word "anger", or implied loss of control; or the wish to harm others		1	2		1	Anger. I *ended up in the psych department for 3 days… better to stay alive than kill someone. So I went back (home) for a couple of weeks to calm down and get over things.*
Physical	Respondent used variants of the following: weight gain, weight loss, poor diet, lack of exercise.		3	4			*Physical. I wouldn't eat properly because I'd be at work, so I was getting KFC or MacDonalds and blowing up like a balloon. I didn't do any exercise.*
Immediate health improve-ment	Respondent implied their health had improved since separation; includes expressions of relief, or relief from stress		2	4	5	3	*Relief. And it was like real relief and while it hurt at the time, you know, shock, horror, I can't believe it, it was like this isn't half bad.*
Health improve-ment over time	Respondent described a cycle of health changes from poor to improved, or changed his health behaviours			4	3	2	*Health improvement over time. Yeah before the separation I was pretty stressed and kind of headaches.. and pains in my stomach…when we actually separated and moved out, I felt so relieved, …I felt really good. But then I think, then came the loneliness. Um that sort of made me depressed and so I was going around without my goals Going to work and going home and what have you. I got in touch with exercise and … so now I'm feeling physically (fit). So I guess I'm feeling better in myself*

Appendix 18

Who do you grieve for more?: This variable was used to test the validity of the Separated Fathers Grief Scale to ascertain that fathers who scored high levels of grief on the scale were actually grieving for their children rather than the ex-partner. Results indicate the Separated Fathers Scale is correlated with who fathers report they are grieving for ($F(3,76) = 7.07^{**}$. The table below identifies that most fathers are grieving for their children rather than the ex-partner, and therefore suggests that the Separated Fathers Grief Scale is measuring fathers' grief for their children rather than grief for the ex-partner. This variable is a test variable only and will not be entered into the future hierarchical regression analyses

Appendix 18: Frequencies of responses to the Question: Who do you grieve for most?

Who is father grieving for more	More for partner	More for children	Same for both	Rarely as I'm over it
Frequency	6	49	13	12

Appendix 19

Depression and anxiety prior to separation variable is a significant predictor of mental health problems in previous research but due to the large amount of data and the need for statistical data reduction methods in this study, depression and anxiety prior to separation is not significant at $p < 0.01$, although there is a trend at $p < 0.05$. However, the variable should be included in future studies.

Appendix 19. Frequencies of separated fathers who reported depression or anxiety or took medication for depression and anxiety

	Depression	**Medication for depression**	**Anxiety**	**Medication for anxiety**
Not applicable	12	43	43	62
Before separation but not after	10	6	6	2
After separation but not before	36	26	23	14
Both before & after	22	5	8	2
Total	80	80	80	80

Appendix 20

Appendix 20. Comparison of the PGS with the Separated Fathers Grief Scale.

Criteria	PGS and Applicability to Separated Fathers Grief Scale
Gender differentiation of grief	Bereaved fathers exhibit high levels of unresolved grief, Despair, which includes guilt and anger dimensions. Symptoms of despair, anger and guilt, such as substance abuse, and antisocial behaviours are endemic in separated father populations.
Distinct from depression	As a factor, the grief subscale, Difficulty Coping had the highest correlation with depression, (as measured by the SCL-90; and the DASS) for both bereaved and separated fathers. Total PGS score correlates with the SCL-90 depression at .73; and total Separated Fathers' grief scores correlates with the DASS at .70, suggesting only half the variability of the grief are explained by depression, pointing to grief being related to, yet a distinct construct, from depression.
Differentiates normal & pathological grief	Research using the PGS, found that Active Grief is higher nearer to the loss of the infant, and then declines. However, in severe grief, Despair does not abate overtime. This study was not designed as a longitudinal study and therefore cannot arrive at the same result; however, unresolved grief is particularly an issue for separated men who as a population (Vogel), have a high suicide rate compared to the married population (Cantor).
Grief correlates with health measures and some similar stressor variables	The PGS scale has been tested extensively and correlates with many scales including depression, life events, stress, social support, and other grief measures. The Separated Fathers Grief Scale also correlated with similar constructs such as depression, life stressors, and access to children.
Reliability	The PGS has excellent reliability with mother and father populations of perinatal bereavement. The Separated Fathers Grief Scale also has excellent reliability in the father populations (not tested with mothers)
Brevity	Both scales have a 33 item, 5 point Likert scale ranging from strongly agree to strongly disagree with a neutral midpoint. Separated fathers, as with many male populations, have poorer response rate than females, so brief instrument such as this, is preferable

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