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AFRICAN AMERICAN STEPFATHER–STEPCHILD RELATIONSHIPS, MARITAL QUALITY, AND MENTAL HEALTH

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Abstract

This study examined associations between stepfather-stepchild relationship quality, stepfathers' depressive symptoms, and two aspects of marriage: marital quality and positive marital interactions. Marital quality was assessed in terms of commitment, trust, passionate and friendship-based love, and happiness. Marital interactions were assessed in terms of intimacy, shared activities, and verbal communication. Using data collected from 149 recently married African American stepfathers, structural equation modeling revealed that when stepfathers reported more positive relationships with their stepchildren, they also reported more positive marital quality and a higher frequency of positive marital interactions (relationship solidifying activities), and that, in turn, was associated with stepfathers experiencing fewer depressive symptoms.

Keywords

African Americans; Stepfamilies; Stepfathers; Mental Health; Depressive Symptoms; Marital Interactions; Marital Quality

More than four-in-ten American families today are stepfamilies (Parker, 2011). Not only are stepfamilies very common, they are complex in both structure and function (Schramm & Adler-Baeder, 2012). For example, stepfamilies face challenges such as negotiating roles, deciding who makes decisions in the family, developing positive stepparent- stepchild relationships, and sharing parenting responsibilities between two sets of parents – biological and step (Adler-Baeder & Higginbotham, 2004). Consequently, boundary ambiguity occurs when roles in stepfamilies are unclear. Unclear roles can have a negative impact on stepparent-stepchild relationships (Adeyemo & Onongha, 2008), which, in turn, may negatively impact marital outcomes and stepfathers' mental health (Shapiro & Stewart, 2012).

The present study focuses on African American stepfathers for several reasons. First, although African American men are nearly twice as likely as African American women to be stepparents (Parker, 2011), the research on African American stepfathers is scant. Second, African American men are especially at risk for depression due to their disproportionate exposure to stressors such as racial discrimination, unemployment, and poverty (Conner et al., 2010). Although some studies have reported that there are no racial differences in mental health, other studies report that African Americans, in general, experience significantly high levels of psychological distress (see Lincoln et al., 2011). Recently, a 2012 report released by the Office of Minority Health indicated that African Americans are 20% *more* likely than Whites to experience serious psychological distress. In addition to being a major health concern, depressive symptoms among African American men, especially fathers, is destructive to the family environment (Sinewicz & Lee, 2011).

Third, very little is known about the mental health of African American men in blended families. Given the three aforementioned points, the present study addresses serious gaps in the family literature. Guided by Family Stress and Family Systems theories, the present study explores African American stepfathers' depressive symptoms in the context of marital and stepfather-stepchild relationships. As illustrated in Figure 1, and further described below, this study investigates how marital quality and positive marital interactions link stepfather-stepchild relationship quality to stepfather depressive symptoms.

Stepfather-Stepchild Relationship Quality

Researchers have noted the need to approach studies of stepfamilies from a family systems perspective in order to develop a better understanding of these complex family processes (Dupuis, 2010; Shapiro, 2014). Because family members are interconnected, and not simply a compilation of individual relationships, research that examines the manner in which subsystems impact each other may offer greater insight in understanding their influence on individual well-being (Higginbotham et al., 2012; Jensen & Shafer, 2013; Schrodtt et al., 2008). The present study examines how stepfather-stepchild relationships affect marital relationships. While it is possible for marital relationships to influence parent-child relationships, a great deal of the literature on stepfamilies underscores how stepparent-stepchild relationships impact marital relationships (Adler-Baeder, Robertson, & Schramm, 2010; Falke & Larson, 2007). Thus, consistent with that literature, our conceptual model, shown in Figure 1, depicts paths from stepfather-stepchild relationship quality to both

marital quality and positive marital interactions. Many of the unique challenges experienced by stepfamilies center around the stepchildren, which, consequently, contributes to challenges within the marriage (Hetherington & Kelly, 2002).

Family stress can also influence how family members behave toward or treat one another. Family Stress Theory posits that stressful events occurring within a family may disrupt a family's equilibrium (McCubbin & Figley, 1983). Stepparent-stepchild relationships tend to be more conflictual (and consequently, can be more stressful) than biological family relationships -- making family adjustment and stability more challenging (Jensen & Shafer, 2013). This can lead to feelings of resentment among family members and further hinder the development of positive stepparent-stepchild relationships (Jensen & Shafer, 2013).

Marital quality and interactions as mediators

As shown in Figure 1, we propose that marital quality and positive marital interactions will mediate the association between stepfather-stepchild relationship quality and stepfather depressive symptoms. In general, married African Americans tend to report low levels of marital quality (e.g., Broman, 2005; Bulanda & Brown, 2007). High overall marital quality helps stepparents adjust better to their new parenting role (Shapiro, 2014) and contributes to positive mental health outcomes for stepparents (Shapiro & Stewart, 2012). The present study contributes to the current literature by considering multiple indicators of marital quality within the context of African American stepfamilies. As depicted in Figure 1, marital quality is conceptualized as reflecting commitment, trust, passionate and friendship-based love, and happiness. Examining *marital commitment* during stressful times underscores behavioral patterns that contribute to the success or failure of marital relationships (Ehrenberg et al., 2012). *Trust* reflects a spouse's expectation of the dependability of his/her partner, which facilitates relationship maintenance (Hurt, McElroy, Sheats, Landor, & Bryant, 2013). Furthermore, experiencing low levels of love may generate negative feelings, such as anger, low self-esteem, hopelessness, social isolation, and loneliness (Fisher et al., 2010) – all of which are indicative of symptoms of depression. Love has been conceptualized as both passion, which refers to an intense longing for another person (Hatfield & Sprecher, 1986), and friendship, which refers to liking and companionship (Grote & Frieze, 1994); both types of love are strongly associated with relationship satisfaction, but few studies have examined both within the context of stepfamilies. Lastly, *marital happiness* is associated with better adjustment to the stepparenting role (Shapiro & Stewart, 2013).

This study investigates multiple aspects of positive couple interactions. First, spending time verbally *communicating* (i.e. everyday talk) is a relationship building activity that can reinforce a sense of coupleness (Golish, 2003) and increase marital satisfaction (Schrodt et al., 2008). Engaging in shared *activities* reinforces more secure marital bonds. This may be especially relevant to couples in stepfamilies where alliances between biological parents and their children may alienate the stepparent (Adeyemo & Onongha, 2008; Golish, 2003). Failure of spouses to engage in activities with their partners has been linked to marital distress which can increase depressive symptoms (Choi & Marks, 2008; author citation). *Physical intimacy* also contributes to positive marital functioning and psychological health

(Floyd et al., 2009). In stepfamilies, physical intimacy may be hindered by the conflictual and ambiguous nature of the stepparent-stepchild relationship (Spacey, 2005).

Current Study

Taken together, the aforementioned summary provides support for the associations presented in the proposed model (see Figure 1). The present study tests two hypotheses. First, we expect a positive stepfather-stepchild relationship to be negatively associated with stepfather reports of depressive symptoms. Secondly, we hypothesize that the association between stepfather-stepchild relationship quality will be indirectly associated with stepfathers' depressive symptoms through (a) marital quality and (b) positive marital interactions.

METHODS

Procedures

The data for this study came from a larger project funded by The National Institute of Child Health and Human Development (author citation). Participants in the larger project were recruited between 2006 – 2009 through marriage license applications filed in a southern state. To be eligible for the larger study, spouses had to be African American, married at the time of their initial interview, and at least 20 years old. Data were collected through face-to-face interviews in the homes of the participants. The average length of the interview was approximately 2 hours. Interviews were initiated within the first year of marriage (Time 1). Subsequent interviews took place approximately 12 months (Time 2) and 24 months (Time 3) following the first interview. Because it was only during the last interview (Time 3) that questions regarding relationships with stepchildren were asked, the present study primarily uses data from the 24 month follow-up. This resulted in a final sample consisting of 149 stepfathers.

Sample

Stepfathers ranged in age from 22–79 years ($M=41.30$, $SD=11.40$), and their wives ranged in age from 21–71 years ($M=38.26$, $SD=9.58$). Almost half of stepfathers (49.0%) and wives (52.3%) reported this was their first (versus higher-order) marriage. The number of children living in their home ranged from 1–5 (70.5% reported having 1 child), and 8.7% had at least 1 biological child living in the home. The mean age of the children living in the households was 10.7 years ($SD=5.02$). The most commonly reported age of children living in the home was 15 years old. Regarding stepfathers' education, 10.0% reported never completing high school, 34.9% earned a high school diploma, 30.2% completed some college, and 24.8% earned either a technical/trade school degree (6.7%) or an associate's degree or higher (18.1%). On average, they reported an individual annual income of less than or equal to \$35,000.

Measures

Stepfather-stepchild relationship quality—Stepfather-stepchild relationship quality was assessed by rating stepfathers' level of agreement (1=strongly agree; 5=strongly disagree) with three items: *I feel that my stepchildren treat me with respect, I feel that my*

stepchildren love me, and I feel that my stepchildren do not like me. Responses were coded such that high scores reflected more positive relationship quality, and mean scores were computed.

Depressive symptoms—Using the Center for Epidemiological Studies - Depression Scale (CES-D; Radloff, 1977), *Depressed Affect* (5-items; e.g., sad, lonely), *Positive Affect* (4-items; e.g., happy, hopeful), *Interpersonal Problems* (2-items; feeling disliked), and *Somatic Activity* (9-items; e.g., poor appetite, trouble sleeping) were assessed. Stepfathers were asked to report how often during the past week they experienced each symptom, with responses ranging from (1) < 1 day (rarely) to (4) 5–7 days (most of the time). Items comprising each of the four subscales were coded such that higher scores reflected greater depressive symptoms and means were computed. The construct, *depressive symptoms*, was assessed at two time points – (a) at the same time that *stepfather-stepchild relationship quality*, *positive marital interactions*, and *marital quality* were assessed (Time 3) and (b) approximately 12 months prior to those assessments (Time 2). That prior assessment (Time 2) of depressive symptoms was used as a control in the models.

Positive Marital Interactions—Positive marital interactions is a latent construct comprised of three indicators. Husbands reported how often (1 = never; 4 = often) they engaged in *intimate behaviors* such as cuddling, kissing, and making love (6 items); spent time *verbally communicating* about issues such as their day or politics (7 items); and engaged in *shared activities* with their wives such as household chores, working on hobbies, going out (8 items). Items were coded such that higher scores reflected engaging more frequently in positive marital behaviors, and mean scores were computed.

Marital quality—Marital quality is a latent construct comprised of five indicators. Husbands responded to two items assessing *marital commitment* (adapted from Johnson and Rusbult, 1989): how much they would like their marriage to succeed (1 = desperately; 4 = not at all) and how hard they were willing to work to make their marriage a success (1 = I will go to any length; 4 = I have given up). Next, they reported their level of agreement (1 = strongly agree; 5 = strongly disagree) with five items assessing how much they *trusted* their spouse (adapted from Larzelere & Huston, 1980; e.g., I feel that I can trust my spouse completely). *Passionate love* was assessed with 6 items (Hatfield & Sprecher, 1986; e.g., My wife always seems to be on my mind) and *friendship-based love* was assessed with four items (Grote & Frieze, 1994; e.g., I feel our love is based on a deep and abiding friendship). Items were rated using a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree). Lastly, *marital happiness* was assessed by asking a single item, “*All things considered, how happy are you with your marriage?*” (1 = very happy; 5 = very unhappy). All items used to assess marital quality were coded such that higher scores reflected greater quality, and then means were computed for commitment, trust, passionate love, and friendship-based love. Cronbach’s alphas ranged from .68 to .87 for the study variables.

Data Analysis Plan

Structural Equation Modeling (SEM) was used to analyze the data using MPlus software (Munthen & Munthen, 2007). First, the two factor model with latent constructs, *marital*

quality and positive marital interactions, was evaluated through Confirmatory Factor Analysis (CFA). Next, the structural model evaluated the associations between stepfather-stepchild relationship quality, marital outcomes, and stepfather depressive symptoms. Model fit was evaluated using the Comparative Fit Index (CFI), the Tucker Lewis Index (TLI), and the Root Mean Squared Error of Approximation (RMSEA) (Hu & Bentler, 1999; Kenny, Kashy, & Cook, 2006). Missing data were minimal (< 1%), and full information maximum likelihood (FIML) techniques were used to handle missing data.

RESULTS

Descriptive statistics and correlations are summarized in Table 1. On average, stepfathers reported relatively high levels of relationship quality with their stepchildren. Stepfathers also tended to report high levels of commitment, friendship-based love, happiness, intimacy, and communication. Variables were correlated in the expected directions, and most of the correlations were significant (see Table 1).

Figure 2 illustrates the results of the proposed SEM, controlling for depressive symptoms at Time 2. As stated earlier, we used Time 2 and Time 3 of the larger data set. Time 1 was not used. Stepfather-stepchild relationship quality was only assessed at Time 3. Two models appear in Figure 2. The first model (2a) illustrates results when the latent constructs marital quality and marital interactions are correlated with each other. The second model (2b) illustrates findings when a direct path is considered between the two aforementioned constructs, instead of a correlation. The data fit both models well; model fit for both were as follows: CFI = .98; TLI = .97; RMSEA = .03. For both models, the SEM explains 26% of the variance in depressive symptoms assessed at Time 3.

Correlating marital quality and marital interactions (Figure 2a)

Although stepfather-stepchild relationship quality was not significantly associated with depressive symptoms at Time 3 ($\beta = .04$, $p = 0.68$), it was significantly linked to marital quality ($\beta = .42$, $p = 0.00$); however, it was only marginally linked to marital interactions ($\beta = .14$, $p = 0.08$). Marital quality ($\beta = -.01$, $p = 0.93$) was not significantly associated with depressive symptoms, but the construct, positive marital interactions ($\beta = -.33$, $p = 0.01$) was significantly associated with depressive symptoms. The SEM explains 19% of the variance in marital quality and 8% of the variance in marital interactions. The indirect path from stepfather-stepchild relationship quality to Time 3 depressive symptoms ($\beta = -.042$, $p = .43$, $t = -.80$) was not significant.

Path from marital quality to marital interactions (Figure 2b)

We considered a path from marital quality leading to marital interactions (rather than the reverse) for conceptual reasons: feeling happy with, committed to, trusting, and loving one's wife is likely to lead to a desire to spend more time interacting with one's wife more. This second SEM analysis yielded results similar to the first SEM. The key differences were that stepfather-stepchild relationship quality was no longer significantly linked to positive marital interactions and the SEM now explained 36% of the variance in marital interactions (compared to only 8% in Figure 2a). Also, the indirect effect from stepfather-stepchild

relationship quality to marital quality, to marital interactions, to depressive symptoms was significant for this model ($\beta = -.080$, $p = .055$, $t = -1.92$). Next post-hoc bootstrapping analyses were conducted, and those analyses yielded significant indirect effects at the $p < .10$ level ($\beta = -.080$, $p = .09$, $t = -1.70$).

DISCUSSION

A notable gap in family science literature are studies of African American stepfathers – even the growing fathering literature has not yet explored this topic. This scientific gap in knowledge is particularly worrisome during the early period in marriage, because such a period can be the most vulnerable for this group, as family members are learning and adjusting to their new roles. The present study addresses this gap, and it does so with methodological rigor. Using SEM afforded us the opportunity to (a) create latent constructs (unobserved variables) with multiple indicators of marital quality and marital interactions, and (b) test for the complex process of mediation. Unexpected findings arose as a result of this rigor.

Our findings suggest that stepfather-stepchild relationship quality is positively associated with marital quality. Unexpectedly, stepfather-stepchild relationship quality was not directly associated with stepfather depressive symptoms. Although this finding does not support our hypothesis, it does suggest the need for further research in this area. However, for now, we can only conclude that the relationship quality African American men have with their stepchild(ren) is more strongly associated with the marital relationships of these men than with their mental health. Additionally, whereas stepfathers' reports of marital quality were not directly associated with their depressive symptoms, positive marital interactions (that is, actual behaviors) were found to be significantly associated with stepfathers experiencing depressive symptoms less often. This finding is consistent with previous literature indicating that actual behaviors in marital relationships contribute to mental health (Choi & Marks, 2008; Fisher et al., 2010; Shapiro & Stewart, 2012; Wickrama & Bryant, 2012).

Despite being significantly correlated with one another, our findings support evidence for the independent influence of marital quality and marital interactions on African American stepfathers' mental health. Perhaps how one behaves with a spouse is more indicative of closeness than are reports of marital quality. The absence of shared activities with one's partner can be distressful and, perhaps, that distress contributes to depressive symptoms (Wickrama & Bryant, 2012). Also, there exists the gender stereotype suggesting that "love is central to a woman and peripheral to a man" (Perrin et al., 2011, p. 613), which is consistent with Talcott Parsons' classic notion that women are expressive and men are instrumental (Parsons & Bales, 1955). This may explain why feelings such as those associated with happiness, longing for one's wife, or feelings of jealousy (a component of the love measures used in the study) were not significantly associated with stepfathers' depressive symptoms. Instead men tend to "do" – that is, do things, and perhaps, that is why "doing" things for/with their wives is associated with lower depressive symptoms more so than their feelings for their marriages/wives. Rarely have marital studies – particularly those focusing on African Americans – assessed both marital quality and positive marital interactions.

Importantly, our assessment of marital quality reflected multiple (five) indicators, rather than relying on a single general measure of marital happiness.

A few limitations of this study merit discussion in fully interpreting the results. First, our sample is unique, meaning the sample is limited to African American stepfamilies. Although, this is a strength of the study, caution is warranted when generalizing or comparing our findings to stepfamily households reflecting other racial/ethnic groups. Additionally, the relatively small sample of stepfathers (N=149) may have limited the power and ability to identify statistically significant results. The small sample size also restricted our ability to examine other important variables that may have an influence on the associations examined (e.g., gender of children, number of children and their ages). Lastly, our availability of data reflective of our construct of interest (namely, stepchild-stepfather relationship quality) was limited to one time point. Although previous research suggests that stepfather-stepchild relationships grow stronger over time and become more similar to biological father-child relationships as the stepfather and stepchild get to know one another (King, 2006), the cross-sectional nature of the present study limited our ability to make long-term inferences regarding changes in stepchild-stepfather relationship quality over time. This also hindered our ability to investigate complex variations (non-linear patterns) in changes associated with those relationships over time. Despite these limitations, this study enriches our understanding of the family environment of African American stepfamilies. The conceptual framework presented underscores the complexity of intrapersonal, interpersonal, and familial factors affecting African American stepfamilies.

Implications

Although stepfamilies face several challenges, targeted programs for stepfamilies are limited and programs specific to African American stepfamilies are virtually non-existent. Many studies have either not addressed African American stepfamilies in their sample or opted to simply control for race (Adler-Baeder et al., 2010). The findings of this study can provide guidance to professionals who work with African American stepfathers who are adjusting to their parental role and stepfamily. Adler-Baeder and Higginbotham (2004) recommend that stepfathers spend time developing their relationship with their stepchildren as they, separately, develop their relationship with their spouse. In other words, stepfathers should attend to subsystems (i.e., stepfather-stepchildren and husband-wife subsystems) rather than attending to the family as a whole. This suggests that examining family relationships as subsystems – as we did in this study – was, indeed, appropriate. Given that it is more likely for African American men to become stepfathers than African American women to become stepmothers, more programs should be catered to this population in order to address the complex processes that the present study identifies.

Findings also suggest that while stepfamily relations may not be strongly associated with African American stepfathers' mental health, their mental health may instead influence their relations. This study specifically assessed depressive symptoms experienced by African American stepfathers at the same time that stepfather-stepchild relationship quality was assessed and also one year before that relationship quality was assessed. Stepfathers experiencing depressive symptoms at that earlier time point reported (a) less positive

stepfather-stepchild relationship quality and (b) engaging in fewer relationship building behaviors with their wives such as talking, participating in activities, and engaging in intimacy. These findings suggest that it may be useful for professionals or counselors to address depressive symptoms when working with stepfathers before they enter into a new family environment. Pre-screening for indicators of depression can help professionals identify and address mental health concerns that could spill over and influence family functioning. Increased efforts need to be made in creating programming tailored to African American stepfathers because the lack of resources currently provided may negatively contribute to their mental health and their adjustment to stepfamily living. Additional research is needed, particularly research that will facilitate the development of stepparenting programs, that are culturally sensitive to meet the needs of African American stepfathers.

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Figure 1.
Conceptual Model

Figure 2.

a. Marital quality and marital interactions correlated.

b. Path linking marital quality and marital interaction

NOTE: + $p < .10$; * $p < .05$; ** $p < .01$; *** $p < .001$. Standardized path coefficients are shown.

Data are from Time 2 and Time 3 of the larger study. Time 1 data were not used. Time periods are one year apart.

Model Fit When Positive Marital Quality is Correlated with Positive Marital Interaction: CFI = .99; TLI = .98; RMSEA = .03; SRMR = .04

Model fit was the same regardless of whether a correlation or a path linked Marital Quality to Marital Interactions.

Table 1

Bivariate correlations among study variables

	1	2	3	4	5	6	7	8	9	10	11
1 Stepparent-Stepchild Relationship Quality	1										
2 Depression (Time 3)	-.08	1									
3 Commitment	.28**	-.16	1								
4 Trust	.42**	-.23**	.49**	1							
5 Passionate Love	.22**	.09	.52**	.55**	1						
6 Friendship-Based Love	.38**	-.12	.50**	.77**	.62**	1					
7 Happiness	.28**	-.19*	.53**	.64**	.48**	.63**	1				
8 Verbal Communication	.13	-.35**	.20*	.30**	.18*	.20*	.22**	1			
9 Shared Activities	.19*	-.20*	.24**	.42**	.31**	.34**	.35**	.41**	1		
10 Intimacy	.08	-.30**	.21**	.40**	.31**	.34**	.29**	.44**	.55**	1	
11 Depression (Time 2)	-.17*	.41**	-.04	-.19*	.03	-.07	-.14	-.18*	-.23**	-.11	1
Mean	4.14	1.29	3.37	3.74	3.74	4.02	4.44	3.32	2.71	3.34	1.31
SD	.69	.34	.60	.77	.55	.55	.97	.52	.52	.54	.34
Minimum	2.00	1.00	1.00	1.20	1.50	1.75	1.00	2.00	1.25	1.50	1.00
Maximum	5.00	2.65	4.00	5.00	5.00	5.00	5.00	4.00	3.88	4.00	2.75
Cronbach's Alpha α	.87	.72	.70	.88	.78	.75	---	.83	.68	.81	.86

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

Happiness was assessed with 1 item; thus no alpha can be computed.