

THE DEVELOPMENT AND VALIDATION OF A FAMILY COPING EXPECTATIONS  
MEASURE: SOCIALIZED RESPONSES TO ADVERSE LIFE EXPERIENCES AND THEIR  
ASSOCIATIONS WITH PERSONAL AND RELATIONAL WELLNESS

by  
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## ABSTRACT

### THE DEVELOPMENT AND VALIDATION OF A FAMILY COPING EXPECTATIONS MEASURE: SOCIALIZED RESPONSES TO ADVERSE LIFE EXPERIENCES AND THEIR ASSOCIATIONS WITH PERSONAL AND RELATIONAL WELLNESS

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Drawing upon family communication patterns theory and extant theories of family coping and resiliency, in this study, I developed and validated a new measure of family coping expectations. Participants included 505 adults who reported on their family's expectations for how to communicate and cope with stress and adversity. Results produced a 27-item measure that assessed adults' perceptions of their family's coping expectations across four dimensions: *rely on family support*, *avoid outside help*, *pretend you're OK*, and *cope as we cope*. Tests of concurrent and discriminant validity supported the construct validity of the FCE scale and revealed meaningful associations with mental well-being and relational satisfaction.

## INTRODUCTION

With the COVID-19 crisis of 2020, examining how families cope with difficult and stressful life experiences is both timely and necessary. Researchers have argued that families are one of the primary contexts that influence the development of communication skills and behavioral patterns (Koerner & Fitzpatrick, 2002). As families cope with COVID-19 and other stressors, individual family members' coping may well be guided by the collective family's expectations for dealing with difficulty. Similar to family members' communication being guided by standards for communication (Caughlin, 2003), their coping responses may also be guided by standards or expectations for coping that have implications for identity negotiation (Koenig Kellas, 2005) and personal and relational wellness. As Schrodtt, Witt, et al. (2008) indicated, further research into family communication—and in this case family coping communication—might reveal links to personal well-being, social outcomes, and relational satisfaction. More recently, Afifi et al. (2016) confirmed a few of these additional ties among family relational maintenance, communication, and personal resilience. Part of communicating as a family is talk about hardship, stress, and how to respond. Sometimes, this is merely acknowledging the biological aspects of stress (Afifi et al., 2015), though often it is through communicated support (Lyons et al., 1998). Thus, part of family communication is coping in and with families.

Whether through family-level adversity that must be dealt with as a group, or individual-level adversity that affects each member's life (Olson, 2000), families often face a variety of situations with which they must cope. Over the last several years, scholars have shown increased interest in the various ways that family members make sense of, and respond to, stress and adversity. For example, some researchers investigated the construction of memorable messages

toward resilience in families (Lucas & Buzzanell, 2012), whereas others focused on individual recovery from adverse experiences as an interpersonal resilience-building process within the family (Carr & Koenig Kellas, 2017). Although scholars know that how individuals experience and respond to hardship is an essential part of who they are as individuals (Pasupathi, 2001), questions remain as to how children learn about stress and coping in the first place. One potentially important source of learning about how best to cope with stress and adversity is through parental socialization and the family communication environment.

Whether intentional or not, parental socialization introduces children to various behaviors, mindsets, and communication patterns (Woszidlo & Kunkel, 2018) that likely contribute to how children make sense of adversity. As individuals in a home respond to hardship, families generate different levels of congruence or fidelity in how they perceive and respond to stress as they co-orient themselves toward stressors in diverse ways to make sense of them and to regain what they know as "normal." The family communication environment involves processes of co-orientation that likely create certain expectations of how best to respond to stress and difficulty when family members co-orient their perspectives around trials and tribulations (cf. Koerner & Schrodtt, 2014). These moments, when enacted repeatedly over time, may create family expectations for coping that ultimately guide part of how young adults communicate to cope with stress and adversity. Thus, the primary goal of this study was to begin examining whether or not family coping expectations exist and whether researchers can assess them with an empirically reliable and valid measure. A second goal of the present study involved establishing convergent and discriminant validity for the new inventory using measures of other, theoretically related constructs. To date, scholars do not have a systematic way of evaluating how families create, communicate, and reinforce these potential coping expectations or patterns.



Thus, illuminating the possibility of such expectations, and developing an inventory useful for future research, could provide valuable insight in both the fields of family communication and clinical psychology, both of which provide substantial literature supporting this undertaking.

### **Theoretical Perspective**

#### **Schema Theory, Family Communication Patterns, and Standards**

Several theoretical frameworks provide a justification for evaluating implicit and explicit coping expectations in families. First, schema theory (Axelrod, 1973; Fiske & Taylor, 1991) presents a theoretical framework communication scholars often use as an explanation for long-standing relational patterns (Fitzpatrick, 2004). As “organized knowledge structures” (Schrodt, 2009, pp. 173), cognitive schemas are often unconscious, they tend to stabilize over time, and they are essential for an individual’s information processing. These schemas are not formed or maintained in isolation, but rather, through the influence of the social environment including—and especially—the family communication environment (Koerner & Fitzpatrick, 2002). Families tend to create shared worldviews that are both informed by, and that guide, beliefs and values (Ritchie & Fitzpatrick, 1990). One type of schema—family communication patterns—govern how families co-orient their perspectives during social interactions to make sense of objects in their environment. Scholars, to date, have operated with the understanding that family interactions and relational schemas are interrelated (see Koerner & Fitzpatrick, 2002; Schrodt, 2005, 2020; Schrodt et al., 2007). Family communication patterns (FCPs) are largely governed by these relational schemas and function over time as socialization patterns for children within the family (Schrodt, 2020).

FCP research consistently supports the process of co-orientation (Newcomb, 1953) through which a minimum of two individuals position themselves in similar ways toward an

attitude object. Part of this co-orientation process is an individual's evaluation of the attitude object and their assessment of other people's evaluations (Koerner & Fitzpatrick, 2006).

Whereas the congruence of each of these evaluations between members varies among family types, members eventually create greater or lesser degrees of a shared social reality surrounding these evaluations of various attitude objects in their social or physical environments (Koerner & Fitzpatrick, 2006; see also Schrodtt, 2021). Over time, as schemas are reinforced, they may set expectations for behavioral tendencies and communication patterns (see Caughlin, 2003). When the "object" of family members' sense-making involves stressful or adverse life experiences, their perceptions and interactions about *how* to respond to those experiences may create and shape certain expectations that stabilize over time and become essential for processing future moments of difficulty. Hence, this study seeks to determine if these expectations constitute family members' socialized responses to stress and adversity as the attitude object around which the family must co-orient.

To illustrate, this is most easily seen in parental co-orientation toward politics, which is often discussed within the home in front of children who often adopt, maintain, and reinforce—through conversation orientations and shared experiences—family co-orientation processes surrounding political events (see Graham et al., 2020; Scruggs & Schrodtt, 2021). FCPT scholars have found numerous relational outcomes associated with both of the relational schemas—or orientations—that families invoke in their sense-making activities (i.e., conformity and conversation orientations). Families that develop high *conversation orientations* model more open, flexible, and inclusive communication patterns with their children who, as adults, tend to repeat these patterns of flexible and open communication (Rauscher et al., 2020). This, in turn, likely results in greater communication competence and relational maintenance among family

members (Koesten et al., 2009; Ledbetter, 2009; Schrodt et al., 2009), as well as positive mental well-being (Schrodt, Witt et al., 2008). Conversely, families who stress homogeneity of attitudes, beliefs, and values among family members (i.e., a high *conformity orientation*) typically have more distant sibling relationships (Schrodt & Phillips, 2016) and poorer mental well-being (Horstman et al., 2018). Since family interactions seem to be largely governed by relational schemas that the family creates and reinforces as they co-orient themselves around objects in their environment, it stands to reason that repeated interactions about difficult and/or stressful life events could very well create expectations and standards for how to cope. Although researchers have yet to examine family coping expectations, there is some evidence to suggest that families develop standards for ideal communication with implications for the more general health and well-being of families.

Specifically, Caughlin (2003) sought to evaluate and explain what people consider to be "excellent" family communication; how conscious or subconscious standards are associated with family functioning and satisfaction. Building on Baucom et al.'s (1989) work, Caughlin integrated the idea of *relational standards*—a person's expectations and subsequent evaluations of various relationships—into family communication. Baucom et al. (1989) initially conceptualized these as benchmarks an individual uses in relation to specific relational criteria, such as talking to solve problems, discuss feelings, and evaluate events (Vangelisti & Daly, 1997). Though not isomorphic, ideals and standards are closely related to each other (Simpson et al., 2001), and individuals often struggle to distinguish between their ideals and their standards. Prior to Caughlin's work, researchers applied relational standards through family storytelling to identify how individuals characterized their own families and their ideals through narrative (Vangelisti et al., 1999). Researchers have also identified several connections between relational

satisfaction and family communication standards in the contexts of in-law communication (Rittenour, 2012), stepfamilies (Schrodt, Soliz, et al., 2008), and multiracial/ethnic families (Soliz et al., 2009). Family communication standards provide an example of how expectations develop in families through repeated interactions over time. Consequently, when those interactions revolve around stressful or difficult circumstances, families may develop and reinforce certain tendencies for how to cope with those experiences through communication, leading to coping expectations.

All families must cope with life adversity (McKenry & Price, 2005). Hence, families likely hold certain ideals, enact particular responses, and subsequently experience expectations for how that coping ought to happen. Tying in prior FCP theory and coping-related communication opens the door for understanding how families generate congruence as they respond to stress and co-orient themselves toward stressors in an attempt to regain biopsychospiritual homeostasis (Richardson, 2002; Richardson et al., 1990). As part of a conceptualization of resilience as a process, *biopsychospiritual homeostasis* is “an adapted state of mind, body, and spirit” for an individual or group (Richardson, 2002, p. 311). Returning to a state of biopsychospiritual homeostasis is generally viewed as an optimal outcome of a resilient response to a stressor that has caused a shift in homeostasis in the first place.

Whereas Caughlin (2003) focused primarily on standards for ideal communication in families, in this study, I shifted the focus to investigate how families respond to difficulty and create sets of ideals, patterns, or expectations for coping in an attempt to regain biopsychospiritual homeostasis. Given research that speaks to family standards of communication and assessments of family coping and resilience, research that integrates both of these areas may reveal further insights regarding how families talk about coping and create

expectations for what constitutes "appropriate" coping. To further contextualize the need for an empirically valid and reliable measure of family coping expectations, I turned to family stress theory.

### **Family Stress Theory and Family Coping**

Early in family resilience research, family sociologists focused on the regenerative power of families as a sole measure of a family's resilience (McCubbin, 1979). This regeneration was the ability of a family to simply tolerate an adversity as if it were an impermeable wall, though it was later expanded as researchers added the criteria of recovering and rebuilding if internal damage was done. Burr (1973) provided an early meta-analysis of this formative research where families were depicted as reactors to life adversity. Additionally, family researchers investigated how the family system adapted and used internal resources in reactions to stress. McCubbin (1979) rightly asserted that, "the family is called upon both to react, and to actively employ coping behaviors within the family system *and* in relationship to the community" (p. 243). Picking up this line of reasoning, Patterson (2002) highlighted the difficulty of defining resilience using the family as the unit of analysis. Rather than continue down this problematic semantic path, I argue that a focus on family coping processes—including and beginning with family coping expectations—might provide a baseline for family resilience to be conceptualized and investigated more clearly.

Furthermore, Houston and Buzzanell (2018) called for the development of scales that conceptualize, test, and validate the interrelationship between communication and resilience-building, which I sought to do with this study. Research cultivating resilience programs that function at the family level must start with investigations into the production of multi-level coping behaviors in environments such as the home (Houston & Buzzanell, 2018). Patterson

(2002) identified several concerns regarding current family coping and resilience measures. However, rather than focus on the proximal coping behaviors that guide how family members cope with a specific stressor, for this study, I explored the potential existence of coping expectations as distal factors that likely guide how family members tend to approach and respond to a variety of stressors, in general.

Several measures of family coping, resilience, and stress exist, but generally these focus on families that have a specific life adversity (i.e., context- or state-like measures), such as a child with a chronic illness, the death of a child/sibling, and military deployment and reintegration, to name a few. Focusing on a more global evaluation of family coping might inform future research in all types of families who experience day-to-day stressors and larger life adversities. Families need not have experienced significant traumas to have developed patterned responses to adversities that lead to better (or poorer) mental health, relational (dis)satisfaction, and other positive (or negative) outcomes (Seery et al., 2010). This "cumulative lifetime adversity" sometimes results in greater resilience (Seery et al., 2010) but sometimes does not, depending upon both genetic and environmental factors (Lemery-Chalfant, 2010). Researchers have identified some factors that may contribute to resilience as both process and outcome, including interpersonal relationship maintenance (Afifi et al., 2016), the use of memorable messages and greater frequencies of family communication (Lucas & Buzzanell, 2012), social support, individual personality, optimism, communication and coping efficacy, and other coping factors (Carr & Koenig Kellas, 2017). These studies provided a basis for understanding some of the factors involved in family-level coping, all of which inform a new measure of family coping expectations. Consequently, based on prior conceptualizations of coping, resilience, and expectations in the family communication and psychology literatures, in this study, *family coping*

*expectations* (FCEs) refer to a preferred set of responses to stress or adversity that are created, accepted, reinforced, and acted out over time within a family unit.

With this conceptualization in mind, in the present study, I drew upon previous empirical measures of coping efficacy, family coping, and family communication standards (Caughlin, 2003; McCubbin, 2016; Olson, 2000, 2011; Sturge-Apple et al., 2010) to develop a new measure of family coping expectations. Although some scholars have advanced measures of family communication standards (Caughlin, 2003), family coping, and coping efficacy (e.g., McCubbin, 2016), to date, researchers do not have an empirically reliable and valid measure of the coping expectations that families develop as they respond to adversity and stress over time. If such a measure can be developed and validated, it would enable future scholars to identify and delineate how certain types of family schemas form and guide family members' communication patterns and responses to difficult life events. Thus, the following research question was advanced for consideration:

*RQ:* What are the internal properties of an empirical measure of family coping expectations?

### **Concurrent and Discriminant Validity**

An important step in developing an empirical measure of family coping expectations is validating the measure using theoretically relevant variables to establish concurrent and discriminant validity for the scale. Accordingly, to establish concurrent validity, several measures were selected on the basis of providing behaviors that should be theoretically related to coping expectations. It is important to note that since I did not know the precise dimensions of family coping expectations, I advanced general predictions rather than directional associations, as some dimensions of the new measure may be positively or negatively valenced and thus,

positively or negatively associated with different validity measures. First, *affectionate communication* is both developmentally necessary and relationally important (Myers et al., 2011), and is conceptualized as "an individual's intentional and overt enactment or expressions of feelings of closeness, care, and fondness" (Floyd & Morman, 1998, p. 145). Affectionate communication includes *verbal*, *nonverbal*, and *supportive* communication behaviors. *Verbal affection* refers to that which is a spoken or written message of fondness and care, whereas *nonverbal affection* encompasses all non-linguistic messages of fondness and care such as touch, hugs, kisses, vocality, and proximity (Hesse et al., 2020). *Supportive* affectionate communication refers to behaviors that convey warmth and care through instrumental or emotional support (e.g., listening to someone's day, celebrating individuals, taking on specific tasks to show affection through help). Research has consistently shown the benefits of affectionate communication for individuals' psychological and physiological health (Floyd et al., 2014; Hesse et al., 2020).

Affection exchange theory (Floyd, 2006) posits that affectionate communication encourages long-term relational health (Hesse et al., 2020; Horan & Booth-Butterfield, 2010), and thus, families that express affection on a regular basis may be more likely to develop prosocial and effective coping patterns than those that do not express affection, given the health benefits of expressing and receiving affection (Hesse et al., 2020). In parent-child relationships, specifically, parents who help their children learn how to discuss and cope with stressful experiences may express different forms of affection during those conversations to reassure and encourage their children. Consequently, as an initial test of concurrent validity for a measure of family coping expectations, I advanced my first hypothesis:

*H*<sub>1</sub>: Family coping expectations are associated with young adult children's reports of their parents' affectionate communication.



Coping, or the process of changing one's state of emotional distress after a stimulus instigates said distress, is positively correlated with mental wellbeing (Afifi et al., 2013; Lucas & Buzzanell, 2012; Richardson, 2002). Whereas some families engage in *communal* coping, or the process of making one's problem "our" problem (Lyons et al., 1998), others may not, presumably leading to different mental health outcomes, relational satisfaction, and future coping capabilities among family members (Lyons et al., 1998). Further, communal coping as a family is associated with an individual's self-esteem (Lyons et al., 1998), their ability to engage others socially, and their relational satisfaction (Afifi et al., 2013). Thus, to further demonstrate the concurrent validity of a new inventory for family coping expectations, I advanced two additional hypotheses:

*H*<sub>2</sub>: Family coping expectations are associated with young adults' mental wellbeing.

*H*<sub>3</sub>: Family coping expectations are associated with young adults' self-esteem.

Family coping expectations should also have a meaningful relationship with FCPs given that both concepts are tied, fundamentally, to processes of co-orientation. That is, if families with high conversation orientations are more likely to discuss a variety of topics in an open and free manner, then conversation orientation should be associated with the expectations that family members develop for how best to cope with stressful experiences. Likewise, the parental pressure to conform to the family's attitudes, beliefs, and values that characterizes a conformity orientation is likely to covary with the family coping expectations that emerge in young adult children, although the precise nature and direction of these associations remains unknown. To test this line of reasoning, I advanced a fourth hypothesis:

*H*<sub>4</sub>: Young adults' reports of family coping expectations are associated with their family communication patterns (i.e., conversation and conformity orientations).

Likewise, one correlate of FCPs is family satisfaction (Schrodt, Witt, et al., 2008). If FCPs are linked theoretically and empirically with family coping expectations, then it stands to reason that these expectations should be associated meaningfully with family satisfaction. For instance, according to Afifi et al.'s (2016) theory of resilience and relational load, relational maintenance (i.e., a behavior that family members enact to provide social support) provides a buffer toward both individual and family level stress while improving relational satisfaction. Thus, family coping expectations that equip and enhance young adults' abilities to cope with stressful experiences may be positively associated with their global feelings of family satisfaction, whereas those expectations that inhibit their abilities to cope may be negatively associated with family satisfaction. To test this, I advanced a fifth hypothesis:

*H<sub>5</sub>*: Family coping expectations should have a meaningful association with family satisfaction.

Finally, a new measure of family coping expectations should demonstrate discriminant validity; that is, it should relate less robustly (if at all) with other constructs that should be theoretically unrelated to coping expectations. Theoretically, family coping expectations exist at the family level of analysis and emerge over time in response to conversations about stress and difficulty. Hence, I reasoned that these expectations should be largely unassociated with two individual traits or dispositions related to communication behavior in general:

*sociocommunicative orientation* and *informational reception apprehension* (IRA). The first trait represents the degree to which people perceive themselves as assertive and responsive individuals. The second represents a cognitive, trait-like anxiety that impairs an individual's ability to manage information (Wheless et al., 1997). Previous research on IRA has identified four dimensions: reading anxiety, listening anxiety, intellectual inflexibility, and technological

anxiety. In this study, however, I used the two dimensions that have received the most attention in IRA research: listening anxiety and intellectual inflexibility (Ledbetter & Schrodt, 2008).

Given that sociocommunicative orientation assesses global perceptions of assertiveness and responsiveness, that IRA represents an individual trait that impairs information processing more generally but not in response to specific stressors, and that both variables measure individual dispositions rather than family-level processes, I reasoned that the associations among family coping expectations and both trait-like variables are likely to be less robust, if not statistically significant, than those found among the concurrent validity measures discussed above.

## **Method**

### **Instrument Development**

To develop a reliable and valid measure of family coping expectations, I used a dual-method process for establishing the content validity of the new measure. First, I held five focus groups to discuss family coping expectations and created an initial pool of 13 items. Focus group participants included 21 young adults ranging in age from 19 to 28, most of whom self-identified as female (80%). Prior to the focus group discussions, participants were provided the list of definitions for *family* (i.e., “the group of people in your household(s) you are related to by blood, law, or other commitment, who you grew up with for the most amount of time OR most formative years”), *coping* (i.e., “the act of responding passively or actively to something that interrupts the “norm” of your life/family's life”), and *expectations* [which indicate the explicit (outright stated) or implicit (implied or made known subtly/indirectly) standards your family has for each other and how it is “appropriate” to cope with stress, adversity, and obstacles”]. I also provided a few guidelines to help structure the discussion, including the prompt of, “a group discussion about your family and how you learned to cope with life adversity, stress, or

obstacles.” I instructed participants to consider some of the things related to coping that they learned from their parents directly or indirectly, if any, and where else they acquired the coping habits they have today. Finally, participants were asked to think of a tagline that summarized or best described their family in regards to coping with stress, life adversity, and obstacles. In focus groups of three to six individuals, I asked participants 11 questions over the course of one hour ranging from their taglines and memorable messages to whether they felt their parents followed their own explicit coping advice or not. Follow up questions were mostly used to clarify clichés, such as “we sweep everything under the rug,” to gain further insight.

Next, I used current literature and existing measures (e.g., Caughlin, 2003; Ledbetter & Schrodt, 2008; McCubbin, 2016; Olson, 2000, 2011; Schrodt & O'Mara, 2019; Sturge-Apple et al., 2010), along with 55 double-spaced pages of focus group transcripts, to assemble a pool of 60 items evaluating family coping expectations (see Appendix). I then asked several scholars in the field of family communication to evaluate the pool of items for face validity, which they confirmed. The final step included the primary goals of this study, namely, to test the factor structure of the pilot inventory and assess the concurrent and discriminant validity of the new measure.

## **Participants**

Participants included 505 adult children ranging from 18 to 51 years of age ( $M = 20.41$ ,  $SD = 3.36$ ) from first-marriage (83.2%,  $n = 420$ ) and post-divorce families (16.8%,  $n = 85$ ). More than half of the participants identified as female (66.7%,  $n = 337$ ) and White (78.6%,  $n = 397$ ), although 9.3% ( $n = 47$ ) identified as biracial, 5.3% ( $n = 27$ ) as Latin/Hispanic ( $n = 27$ ), 3.4% ( $n = 17$ ) as Black/African American, 3.2% ( $n = 16$ ) as Asian Pacific/Asian American and 0.2% as Native American ( $n = 1$ ). For those whose parents were still married, marriage length

ranged from 5 to 60 years ( $M = 25.83$ ,  $SD = 5.6$ ). Participants must have lived away from home for at least three months at some point in their adulthood. Ideally, this provided participants enough distance from their families to be able to reflect on their childhood and enact their coping behaviors away from home. Further, three months excluded those who were over 18 but had not yet graduated or had recently graduated high school, as they may have been less aware of their family coping behaviors compared to other adults in the sample who have lived away from home for some time. Thus, to control for these differences, participants were required to have lived away from home for at least three months.

Prior to moving away from home, participants primarily lived with both parents (adopted or biological) (83%,  $n = 419$ ) or with their mother (adopted or biological) (9.3%,  $n = 47$ ). The rest had lived with their adopted or biological father (2.4%,  $n = 12$ ), one biological/adoptive parent and a stepparent (2.8%,  $n = 17$ ), or “other” (2.4%,  $n = 12$ ). Although some participants were only children (8.9%,  $n = 45$ ), most participants reported having one sibling (42.2%,  $n = 214$ ) or two siblings (28.3%,  $n = 143$ ) at most; still others reported having three (11.9%,  $n = 60$ ) or four or more siblings (8.6%,  $n = 43$ ). Finally, in terms of their religious affiliations, most participants self-identified as Protestant Christian (53.3%,  $n = 269$ ), Catholic (23.2%,  $n = 117$ ), or “spiritual but not religious” (6.9%,  $n = 35$ ). Others identified with agnosticism (6.3%,  $n = 32$ ), nothing in particular (5.3%,  $n = 27$ ), or atheist (2%,  $n = 10$ ). Few identified with other religions such as Latter-Day Saint, Orthodox Greek, Orthodox Russian, Jewish, Muslim, Buddhist, Hindu, or “other” (3%,  $n = 15$ ).

## **Procedures**

Upon receiving IRB approval, I posted invitations to participate on social networking sites such as Facebook and Instagram, sent text messages to personal contacts, and requested

friends to send the information to my social network, asking for individuals who met the criteria and were interested in participating in a survey about their family. Additionally, participants were solicited from a basic communication course at a private, Southwestern university. I asked participants to participate in a 20 to 30 minute Qualtrics survey. Participants completed the anonymous survey on either their smartphones or computers. I designed the survey to randomize several blocks, with each block containing one measure. In this way, the new measure (FCE) was not always presented first—but was always one of the first three blocks—to control for ordering effects. Respondents did not fill out a block regarding parental affection if they indicated that one or both of their parents was deceased or uninvolved in their lives during their childhood (e.g., parental estrangement) (4.4%,  $n = 22$ ).

## **Concurrent Validity Measures**

### ***Affectionate Communication***

Participants' reports of their father's and mother's affection was measured using Floyd and Morman's (1998) Affectionate Communication Index (ACI). The ACI contains 19 items that measure the frequency with which parents express nonverbal (nine items, e.g., "How frequently does your father put his arm around your shoulder?"), verbal (five items, e.g., How frequently does your mother say, 'I like you?'), and supportive affection (five items, e.g., "How frequently does your father give you compliments?"). Reports were obtained using a 7-point frequency scale that ranged from (1) *never* to (7) *always*, with higher scores indicating greater levels of affection received from parents. The ACI produced acceptable internal reliability estimates with McDonald's  $\omega$  coefficients of .88 [95% CI: .86, .89] and .86 [95% CI: .84, .88] for mother's and father's nonverbal affection, respectively; .82 [95% CI: .79, .84] and .81 [95% CI: .78, .84] for mother's and father's

verbal affection, respectively; and .87 [95% CI: .85, .90] and .87 [95% CI: .85, .89] for mother's and father's supportive affection, respectively.

### ***Mental Health***

Young adults' reports of mental well-being were assessed using the 9-item mental health subscale of Dornbusch et al.'s (1991) physical and mental health symptom instrument.

Participants indicated how often over the past two weeks they had felt certain symptoms (e.g., over-tired, nervous, depressed, tense, or without appetite) using a 4-point frequency scale that ranged from (0) *Never* to (3) *Three or more times*. Scores were reverse-coded so that higher scores represented fewer frequencies of mental health symptoms, and thus, better mental health.

The scale produced an  $\omega$  coefficient of .83 [95% CI: .81, .85].

### ***Self-esteem***

Participants completed Rosenberg's (1965) Self-Esteem Scale (SES). The SES consists of 10 items measuring global self-worth (e.g., "I feel that I have a number of good qualities"), and responses were solicited using a seven-point Likert scale that ranged from (1) *strongly disagree* to (7) *strongly disagree*. Rosenberg's SES represents one of the most widely used measures of global self-esteem, and in this study, the SES produced an  $\omega$  coefficient of .90 [95% CI: .89, .92]

### ***Family Communication Patterns***

I measured participants' FCPs using the conversation orientation subscale of the Revised Family Communication Patterns (RFCP) instrument (Ritchie & Fitzpatrick, 1990) and Horstman et al.'s (2018) Expanded Conformity Orientation Scale (ECOS). These measures asked participants to evaluate the extent to which their family's communication patterns reflect conversation (15 items, e.g., "We talk openly about most topics in our family") and conformity

orientations (24 items measuring the four dimensions of *respect for authority*, *experiencing parental control*, *adopting parental values*, and *questioning parental beliefs*, e.g., "My parents often say things like 'you should give in on arguments rather than risk making people mad,'" and "My parents encourage me to challenge their beliefs and ideas," reverse-coded). Researchers have previously established the validity and reliability of both measures (Horstman et al., 2018; Schrodt, 2020; Schrodt, Witt et al., 2008), with previous reliability estimates ranging from .72 to .93 for both measures (Horstman et al., 2018; Schrodt, 2020). In this study, the conversation orientation measure produced an  $\omega$  coefficient of .93 [95% CI: .92, .94]. Likewise, the ECOS produced acceptable internal reliability estimates for conformity orientation with  $\omega$  coefficients of .90 [95% CI: .88, .91] for respecting parental authority, .88 [95% CI: .86, .90] for experiencing parental control, .86 [95% CI: .84, .88] for adopting parental values, and .81 [95% CI: .78, .84] for questioning parental beliefs.

### ***Family Satisfaction***

To measure family satisfaction, I used an adapted version of Huston et al.'s (1986) measure of relational satisfaction. Initially used to evaluate marital satisfaction, I used this 11-item measure to assess satisfaction with the family as a whole instead of with a specific partner or family member (see Schrodt & O'Mara, 2019). The first 10 items used 7-point semantic differential items with a prompt that asked the participant to reflect on how their relationship with their family had felt in the last month. Participants then responded to this prompt using ten semantic differential scales, such as "*miserable—enjoyable*, *empty—full*, *rewarding—disappointing*, *worthwhile—useless*," with a final global question inquiring about their overall satisfaction (e.g., *extremely dissatisfied* to *extremely satisfied*). Higher scores indicated higher levels of family satisfaction. This measure consistently meets reliability standards, even in modified form, in other studies ( $\alpha = .96$  and  $.85$  in Rittenour & Soliz, 2009;  $\alpha = .99$  in Schrodt



& O'Mara, 2019). In the present study, the adapted satisfaction scale produced excellent internal reliability with an  $\omega$  coefficient of .96 [95% CI: .95, .97].

## **Discriminant Validity Measures**

### ***Sociocommunicative Orientation Scale***

I used Richmond and McCroskey's (1990, 1996) 20-item sociocommunicative orientation scale to assess participants' perceptions of their own assertiveness and responsiveness. *Assertiveness* items evaluated the participant's independence, defensiveness of own beliefs, leadership, aggression, competitiveness, and dominance. *Responsiveness* items evaluated self-perceptions of helpfulness, responsiveness to others, sincerity, warmth, friendliness, and gentleness. Participants indicated the extent to which they felt a characteristic applied to them in social settings using a response format that ranged from (1) *strongly disagree* to (5) *strongly agree*. In previous uses of the measure, the alpha reliability has been consistently above .80, and in this study, the measure produced an  $\omega$  coefficient of .85 [95% CI: .83, .85] for assertiveness and an  $\omega$  coefficient of .83 [95% CI: .81, .85] for responsiveness.

### ***Informational Reception Apprehension Test***

Wheless et al.'s (1997) informational reception apprehension test (IRAT) was used to assess participants' listening anxiety and intellectual flexibility. The listening (IRAT-L) and intellectual inflexibility (IRAT-IF) subscales (Wheless et al., 1997) include 23 Likert items that solicited responses using a 5-point scale that ranged from (1) *strongly disagree* to (5) *strongly agree*. Items included statements that evaluated listening apprehension, such as "While listening, I get nervous when a lot of information is given at once," and intellectual inflexibility, such as "I believe there are at least two sides to every argument and I enjoy listening to all sides" (reverse-coded). Historically, researchers have used the IRAT-L and IRAT-IF successfully and produced

acceptable internal reliability for both subscales (IRAT-L alpha = .90; IRAT-IF alpha = .83) (Horstman et al., 2018). In this study, the IRAT-L produced an  $\omega$  coefficient of .88 [95% CI: .86, .89], whereas the IRAT-IF produced an  $\omega$  coefficient of .79 [95% CI: .75, .82].

## Data Analysis

The research questions were addressed using exploratory factor analysis. Given no a priori set of dimensions with which to specify a factor structure and the more general goal of reducing the total number of items included in the pilot inventory, a principal axis extraction method using Promax with Kaiser Normalization rotation was used to identify an initial factor structure using eigenvalues  $> 1.0$ , scree plots, and both pattern and structure matrices (McCroskey & Young, 1979; Park et al., 2002). After identifying an initial factor structure, estimates of internal reliability for the new inventory was estimated using McDonald's omega. Then, Pearson's product-moment correlations were used to test  $H_1 - H_5$  and to generate estimates of discriminant validity.

## Results

### Factor Analysis of the Pilot Inventory

Sixty items referencing young adult children's perceptions of their family's coping expectations were submitted to an EFA using principal axis factoring with Promax rotation (using the criteria of  $\lambda > 1.00$ , scree plot analysis, total variance explained, and item loadings of at least .40). The Kaiser-Meyer-Olkin measure of sampling adequacy was acceptable (.95), and Bartlett's test of sphericity was significant,  $\chi^2(1770) = 16888.96, p < .001$ , suggesting the appropriateness of factor analysis on these data. Although using the criterion of  $\lambda > 1.00$  revealed a 12-factor solution, the scree plot indicated that a four-factor solution may be more appropriate, as several factors were either uninterpretable or contained single items. After an

iterative process of removing single-item factors and poorly loading items, the final analysis produced a four-factor solution accounting for 63.2% of the variance, with 27 of the original 60 items loading across the four dimensions. Table 1 presents the factor loadings (using pattern and structure matrices), item-total correlations, and inter-factor correlations for each of the four dimensions.

**Table 1***Exploratory Factor Loadings for Items on the Family Coping Expectations Scale (N = 505)*

Items	1	2	3	4	Item-total <i>r</i>
<i>Expectation 1: Rely on Family Support</i>					
1. When dealing with an upsetting event, my family talks openly and frankly about the stressful circumstance.	<b>.73</b> (.76)	.05 (-.32)	-.08 (-.48)	-.03 (-.21)	.73
2. Members of my family expect other family members to help one another during times of hardship.	<b>.62</b> (.56)	-.12 (-.24)	.15 (-.23)	.09 (-.04)	.53
3. Members of my family help each other process our emotions when we are stressed.	<b>.78</b> (.82)	-.02 (-.40)	-.02 (-.52)	-.09 (-.29)	.80
4. When facing difficult times, my family believes that the best pathway forward is to share their feelings about the situation.	<b>.72</b> (.82)	.06 (-.38)	-.19 (-.59)	-.05 (-.28)	.79
5. In difficult times, my family members are expected to communicate their support for one another through affectionate behavior (e.g., hugs, words of affirmation, encouragement).	<b>.80</b> (.80)	.09 (-.29)	-.06 (-.47)	-.01 (-.18)	.77
6. My family insists that other members listen to each other's problems.	<b>.82</b> (.77)	.09 (-.23)	.01 (-.40)	.03 (-.12)	.73
7. When my family is faced with adversity, everyone expects us to tackle the situation as a team.	<b>.83</b> (.75)	.04 (-.21)	.07 (-.33)	.09 (-.05)	.71
8. In stressful circumstances, we expect to depend on each other to get through the hard times.	<b>.80</b> (.75)	.01 (-.27)	.08 (-.36)	.01 (-.13)	.72
9. My family makes me feel as though I have to deal with my problems on my own.*	<b>.57</b> (.72)	-.27 (-.56)	-.03 (-.55)	-.08 (-.37)	.70
10. In times of stress, my family doesn't talk about how we will get through it, they just expect us to deal with it.*	<b>.55</b> (.71)	-.16 (-.52)	-.12 (-.59)	-.12 (-.39)	.69
11. My family believes the best way to overcome hardship is to strategize and plan together.	<b>.81</b> (.73)	.04 (-.22)	.07 (-.33)	.08 (-.06)	.70
<i>Expectation 2: Avoid Outside Help</i>					
12. My family believes counseling is okay if you're struggling and need help because of stress or life adversity.*	-.17 (-.44)	<b>.77</b> (.77)	-.06 (.47)	-.06 (.35)	.71
13. My family believes we shouldn't need counseling because we have faith.	.03 (-.26)	<b>.78</b> (.76)	-.08 (.41)	.08 (.44)	.69
14. My family prefers that we discuss our problems among ourselves, not with people outside of the family.	.26 (-.08)	<b>.51</b> (.57)	.19 (.39)	.10 (.40)	.54
15. When it comes to adversity, my family believes counseling is for the weak.	-.05 (-.40)	<b>.83</b> (.85)	.00 (.52)	-.02 (.43)	.77

**Table 1 continued . . .**

Items	1	2	3	4	Item-total <i>r</i>
16. When coping with stressful circumstances, my family discourages discussions of counseling as a possible solution.	.01 (-.29)	<b>.84</b> <b>(.77)</b>	-.07 (.41)	-.04 (.36)	.70
17. My family feels you shouldn't burden other people outside of the home with the stress you're going through.	.06 (-.32)	<b>.59</b> <b>(.71)</b>	.24 (.56)	.00 (.42)	.67
<i>Expectation 3: Pretend You're Ok</i>					
18. When dealing with or responding to an upsetting event, my family believes it is important to keep up appearances, to make sure everything "looks fine."	.05 (-.32)	-.05 (.39)	<b>.61</b> <b>(.64)</b>	.17 (.43)	.58
19. My family does not think you should let other people know how stressed you are.	.11 (-.39)	.00 (.47)	<b>.89</b> <b>(.81)</b>	-.03 (.38)	.73
20. My family does not think you should let other people know how you're really feeling.	.04 (-.50)	.09 (.56)	<b>.94</b> <b>(.90)</b>	-.14 (.35)	.81
21. My family believes it's better for me not to talk about the things that are stressing me out.	-.17 (-.51)	-.03 (.40)	<b>.62</b> <b>(.69)</b>	-.01 (.32)	.66
22. My family believes it's better for us not to talk about the hard things we are going through.	-.25 (-.60)	-.01 (.47)	<b>.61</b> <b>(.76)</b>	.03 (.38)	.72
<i>Expectation 4: Cope as We Cope</i>					
23. My family is expected to follow my parents' guidance about how to cope.	.12 (-.03)	.05 (.33)	-.05 (.25)	<b>.70</b> <b>(.67)</b>	.60
24. Members of my family are expected to cope with difficult circumstances in a similar manner.	-.01 (-.19)	-.01 (.40)	.03 (.39)	<b>.72</b> <b>(.74)</b>	.66
25. My family expects we will all respond similarly to difficult circumstances.	-.02 (-.17)	.00 (.34)	.03 (.33)	<b>.60</b> <b>(.62)</b>	.54
26. We are expected to follow our parents' examples when dealing with stress.	.07 (-.09)	-.04 (.34)	-.01 (.31)	<b>.78</b> <b>(.74)</b>	.65
27. I notice several inconsistencies between my parents' reactions to their own problems and how they instruct me to deal with my problems.	-.10 (-.23)	.02 (.39)	-.06 (.35)	<b>.69</b> <b>(.70)</b>	.61
Interfactor Correlations					
Factor 1: Rely on Family Support	--				
Factor 2: Avoid Outside Help	-.41	--			
Factor 3: Pretend You're Ok	-.57	.60	--		
Factor 4: Cope as We Cope	-.23	.52	.49	--	
$\lambda$	10.00	3.82	1.76	1.48	
% Variance accounted for:	37.02	14.14	6.50	5.50	

*Note.* Extraction method: Principal axis factoring. Rotation method: Promax with Kaiser Normalization (Kappa = 4). Structure loadings are in parentheses.

\* Items are reverse-coded.

The first factor to emerge from this analysis accounted for over 37.0% of the variance and reflected an expectation that young adults would rely on their families for support when facing difficult or adverse life experiences. Eleven of the 27 items loaded on the first factor and assessed the degree to which members can expect other family members (a) to help one another in times of hardship, (b) to depend on each other, (c) to tackle difficult situations together as a team, and (d) to help one another talk through and process their feelings about upsetting events. Thus, the first factor was labeled *rely on family support*, with higher scores representing greater expectations that family members can and should rely on family support when dealing with stressful or adverse circumstances.

The second factor to emerge from the analysis accounted for 14.1% of the variance and communicated an expectation that family members should avoid outside help, particularly counseling. Six of the 27 items loaded on the second factor and assessed the degree to which family members believe that counseling is for the weak, that problems should only be discussed with other family members, and that other people outside of the home should not be burdened by the stress that individual family members are going through. Hence, the second factor was labeled *avoid outside help*, with higher scores representing stronger expectations that family members will avoid seeking outside assistance for their problems.

Factor three accounted for 6.5% of the variance and reflected the expectation that family members should keep up appearances during stressful times and not let other people, including other family members, know about their stressors and hardships. Five of the 27 items loaded on the third factor and measured the extent to which the family believes it is important to make sure everything “looks fine.” This included prohibitions against talking about difficulties with others and/or letting others know how stressed one feels. Although the third factor shared similar

elements with factor two, in that thoughts and feelings of stress and difficulty should not be expressed, the third factor contained both a unique element of “fake it till you make it” and an implicit prohibition against talking about difficulty with other family members. Hence, the third factor was labeled *pretend you're ok*, with higher scores representing greater expectations that family members maintain appearances and manage their difficult and stressful moments on their own.

The fourth and final factor to emerge from the analysis accounted for 5.5% of the variance and conveyed the expectation that family members cope with difficulty in a manner similar to that of parents. Five of the 27 items loaded on the fourth factor and assessed the expectation that family members follow parents' guidance about how to cope, follow parents' examples when dealing with stress, and more generally mirror the coping patterns and responses of other family members as a whole. Thus, the final factor was labeled *cope as we cope*, with higher scores representing stronger expectations of similarity in family members' responses to stress and difficulty.

Following recent recommendations for assessing internal reliability (i.e., Hayes & Coutts, 2020; Goodboy & Martin, 2021), McDonald's (1999) omega was calculated for each of the four sub-scale using 10,000 bootstrapped samples in PROCESS (ver. 3.1) to obtain 95% confidence intervals. Each of the subscales produced acceptable internal reliability ranging from a coefficient  $\omega$  of .82 [95% CI: .79, .85] for *cope as we cope*, to a coefficient  $\omega$  of .87 [95% CI: .84, .89] for *pretend you're ok*, a coefficient  $\omega$  of .87 [95% CI: .85, .89] for *avoid outside help*, and a coefficient  $\omega$  of .93 [95% CI: .92, .94] for *rely on family support*. Total scores were calculated for each subscale by averaging items within each scale.

In response to the *RQ*, the EFA of the pilot inventory produced a four-factor solution, retaining 27 of the 60 items from the initial pool and measuring expectations that family members should *rely on family support*, *avoid outside help*, *pretend you're ok*, and *cope as we cope*. Given that each dimension reflects an implicit expectation of how family members should cope with stress and difficulty, I labeled the new inventory the Family Coping Expectations (FCE) Scale.

### **Concurrent and Discriminant Validity Tests**

The second set of analyses tested  $H_1 - H_5$  to provide evidence of concurrent validity for the FCE scale.  $H_1$  predicted an association between young adults' reports of their parents' affectionate communication and family coping expectations. As noted in Table 2,  $H_1$  was mostly supported with three dimensions of the FCE scale (*relying on family support*, *avoiding outside help*, and *pretending you're ok*) displaying meaningful associations with reports of mother's and father's affection. Only one dimension of FCEs, *cope as we cope*, was unassociated with both parents' affection, save for negligible associations with supportive affection.



**Table 2***Descriptive Statistics and Pearson's Product-Moment Correlations for Parents' Affectionate Communication and the FCE Scale*

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10
1. FCE: FamSup	4.99	1.22	--									
2. FCE: AvHelp	2.77	1.26	-.40**	--								
3. FCE: Pretend	2.88	1.29	-.57**	.55**	--							
4. FCE: WeCope	3.53	1.18	-.21**	.46**	.40**	--						
5. Mom: <sup>a</sup> NVAff	3.50	1.15	.45**	-.18**	-.24**	-.05	--					
6. Mom: <sup>a</sup> VAff	3.87	1.49	.45**	-.18**	-.19**	-.06	.69**	--				
7. Mom: <sup>a</sup> SupAff	5.95	1.07	.60**	-.26**	-.33**	-.14**	.59**	.60**	--			
8. Dad: <sup>b</sup> NVAff	2.87	1.09	.44**	-.14**	-.26**	-.03	.72**	.55**	.45**	--		
9. Dad: <sup>b</sup> VAff	3.39	1.48	.48**	-.16**	-.23**	-.06	.55**	.73**	.44**	.69**	--	
10. Dad: <sup>b</sup> SupAff	5.47	1.30	.59**	-.26**	-.40**	-.14**	.41**	.42**	.60**	.59**	.64**	--

*Note.* FamSup = rely on family support. AvHelp = avoid outside help. Pretend = pretend you're ok. WeCope = cope as we cope. NVAff = nonverbal affection. VAff = verbal affection. SupAff = supportive affection.

<sup>a</sup> *N* = 501. <sup>b</sup> *N* = 488.

\*\* *p* < .001.

$H_2$  predicted an association between young adults' reports of mental well-being (i.e., mental health symptoms) and FCEs. As shown in Table 3, three of the four dimensions of FCEs (i.e., *rely on family support*, *avoid outside help*, and *pretend you're ok*) were associated with mental health symptoms, although the association between *avoid outside help* and symptoms was negligible in magnitude. Likewise,  $H_3$  predicted an association between young adults' self-esteem and FCEs. The results indicate that all four dimensions of FCEs were associated with young adults' self-esteem (see Table 3), though again, the inverse association between *cope as we cope* and self-esteem was negligible in magnitude. Nevertheless,  $H_2$  and  $H_3$  were supported.

**Table 3***Descriptive Statistics and Pearson's Product-Moment Correlations for FCEs, Mental Well-being, FCPs, and Family Satisfaction*

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8	9	10	11	12
1. FCE: FamSup	4.99	1.22	--											
2. FCE: AvHelp	2.77	1.26	-.40**	--										
3. FCE: Pretend	2.88	1.29	-.57**	.55**	--									
4. FCE: WeCope	3.53	1.18	-.21**	.46**	.40**	--								
5. MHS	2.62	0.72	-.26**	.13**	.20**	.09	--							
6. Self-esteem	5.06	1.11	.36**	-.23**	-.28**	-.17**	-.48**	--						
7. FCP: Converse	4.89	1.16	.75**	-.41**	-.52**	-.25**	-.29**	.40**	--					
8. ECOS: RPA	5.75	0.94	.12**	.12**	.10*	.25**	-.02	-.03	.01	--				
9. ECOS: EPC	3.91	1.44	-.36**	.44**	.46**	.42**	.24**	-.31**	-.45**	.33**	--			
10. ECOS: APV	4.07	1.31	-.15**	.38**	.34**	.50**	.11*	-.16**	-.26**	.40**	.66**	--		
11. ECOS: QPA	3.47	1.24	.28**	-.20**	-.25**	-.12**	-.18**	.13**	.52**	-.34**	-.30**	-.27**	--	
12. FamSat	5.70	1.24	.67**	-.34**	-.41**	-.23**	-.35**	.44**	.67**	.05	-.39**	-.22**	.30**	--

*Note.* FCE: FamSup = rely on family support. FCE: AvHelp = avoid outside help. FCE: Pretend = pretend you're ok. FCE: WeCope = cope as we cope. MHS = mental health symptoms. FCP: Converse = conversation orientation. ECOS: RPA = respect parental authority. ECOS: EPC = experiencing parental control. ECOS: APV = adopting parental values. ECOS: QPA = question parental authority. FamSat = family satisfaction.

*N* = 505.

\**p* < .05. \*\**p* < .01.

$H_4$  predicted that young adults' reports of FCEs would be meaningfully associated with their family communication patterns (i.e., conversation and conformity orientations). As noted in Table 3, all four dimensions of the FCE scale produced meaningful associations with family conversation and conformity orientations (as indicated by the four dimensions of the ECOS), respectively, although three of the four associations between the *respect for parental authority* subscale of the ECOS and dimensions of the FCE scale were negligible in magnitude. Nevertheless,  $H_4$  was supported.

Finally,  $H_5$  predicted meaningful associations between FCEs and family satisfaction. As noted in Table 3, *rely on family support* was positively associated with family satisfaction, whereas expectations that family members should *avoid outside help*, *pretend you're ok*, and *cope as we cope* were inversely associated with family satisfaction. Thus,  $H_5$  was supported.

The final set of analyses tested the FCE scale for discriminant validity. As noted in Table 4, with the exception of a small but meaningful association between *rely on family support* and young adults' responsiveness ( $r = .26, p < .01$ ), all other associations between dimensions of FCEs and young adults' sociocommunicative orientation, listening anxiety, and intellectual inflexibility were non-significant or negligible in magnitude (ranging from .09 to .13). Thus, the results provided excellent, albeit preliminary support for the discriminant validity of the FCE scale.

**Table 4***Discriminant Validity Estimates for Dimensions of the FCE Scale (N = 505)*

Variables	<i>M</i>	<i>SD</i>	1	2	3	4	5	6	7	8
1. FCE: FamSup	4.99	1.22	--							
2. FCE: AvHelp	2.77	1.26	-.40**	--						
3. FCE: Pretend	2.88	1.29	-.57**	.55**	--					
4. FCE: WeCope	3.53	1.18	-.21**	.46**	.40**	--				
5. Assertiveness	3.58	0.66	.01	.06	.05	.03	--			
6. Responsiveness	4.22	0.58	.26**	.13**	.13**	.10*	-.11*	--		
7. IRAT-LA	2.74	0.67	-.04	.02	.04	.04	-.16**	.09*	--	
8. IRAT-IF	2.38	0.58	-.05	.04	.003	-.004	-.12**	.02	.72**	--

*Note.* FCE: FamSup = rely on family support. FCE: AvHelp = avoid outside help. FCE: Pretend = pretend you're ok. FCE: WeCope = cope as we cope. IRAT-LA = listening anxiety. IRAT-IF = intellectual inflexibility.

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

### Post Hoc Analysis

Post hoc analyses were conducted to explore whether key demographic information about participants and their families was associated with the four dimensions of the FCE scale. First, a series of Pearson correlations revealed mostly non-significant associations between participant age, average talk time with mother and father in a typical week, number of siblings (as a proxy for family size), and the four dimensions of the FCE scale, save for negligible associations between *rely on family support* and participants' age ( $r = -.09, p < .05$ ) and average talk time with mother ( $r = -.10, p < .05$ ), as well as between number of siblings and both *pretend you're ok* ( $r = .11, p < .05$ ) and *cope as we cope* ( $r = .11, p < .05$ ). Independent samples t-tests revealed no significant differences between sons and daughters in their reports of three of the four subscales of the FCE instrument, with the exception being *avoid outside help*,  $t(502) = 2.05, p < .05, d = .20$ , as sons were more likely to endorse this family coping expectation ( $M = 2.93, SD = 1.12$ ) than daughters ( $M = 2.69, SD = 1.30$ ). Likewise, no significant differences emerged among three of the four coping expectations based on the divorce status of parents, save for *rely on family support*,  $t(502) = -2.72, p < .01, d = .32$ , as young adults from divorced families ( $n = 85$ ) were less likely to endorse this family coping expectation ( $M = 4.68, SD = 1.21$ ) than those from first-marriage families ( $n = 419$ ) ( $M = 5.07, SD = 1.20$ ). This difference should be interpreted with caution, however, given the disproportionate number of participants from first-marriage families relative to post-divorce families in the sample. Taken as a whole, the post hoc analyses provided further support for the validity of the FCE scale.

### Discussion

The primary goal of this study was to examine whether family coping expectations can be assessed using an empirically reliable and valid measure. A second goal was to establish

convergent and discriminant validity for the new inventory. Informed by prior research, and based on the focus group discussions in the present study, it does appear as though family members possess cognitive schemas surrounding family coping that create standards for what might be considered optimal responses to stress and adversity. Testing the initial inventory produced a new scale that possesses sufficient internal reliability and construct validity and holds promise for advancing our understanding of how families create and employ expectations for coping with stress and life adversity. The four dimensions, *rely on family support*, *avoid outside help*, *pretend you're OK*, and *cope as we cope*, provide preliminary evidence supporting the existence of coping expectations that young adults learned from their families. Not only were each of the four dimensions of FCEs internally consistent, but they each demonstrated meaningful associations with external validity measures that were consistent with extant theories of family communication patterns and coping outcomes. Consequently, this attempt at developing and validating a FCE scale provided at least three implications worth noting.

First, the four dimensions that emerged are meaningful as they show what kinds of coping expectations are most salient among young adult children (recognizing, of course, the limitations of a homogenous sample). Specifically, the first and primary expectation was *relying on family support*, which is, presumably, an adaptive coping mechanism based on the centrality of family relationships and the health outcomes of having positive support from family members (Petronio & Child, 2020). Based on the mean for this expectation, it appears that families may experience a common expectation to rely on other family members for social support when faced with difficult or trying circumstances, as well as to be available and relied upon when other members are in need. Extant literature supports the notion that relying on family support constitutes an adaptive strategy that promotes healthy forms of coping (Wills et al., 1996). This

study adds to that conversation by demonstrating meaningful associations between this family coping expectation and mental well-being and self-esteem (see Table 3). Given that coping can be viewed at times as a communal process (Lyons et al., 1998), it is reasonable to assume that many family members engage in this communal, discursive process with those closest to them. However, not everyone feels relationally close with their family of origin and the *expectation* of relying on the family for support might become a burdensome standard for those who would rather seek social support outside of the family. Thus, an important direction for future research would be to examine whether the associations reported here for this dimension of FCEs and indicators of mental health depend on the relational quality individuals have with other family members.

The second implication of this research revolves around the fact that the other three dimensions of the FCE scale reflect maladaptive expectations for coping, meaning they represent expectations that encourage behaviors that undermine positive health and coping outcomes. Specifically, *avoiding outside help* included four items that indicate either the avoidance of counseling (e.g., “My family believes counseling is for the weak”) or the use of counseling only in response to an extreme or extenuating circumstance. The fact that an aversion to seeking professional help emerged as one form of coping expectation is both intriguing and disconcerting. Those who grew up in a home that encouraged an expectation of *avoiding outside help* might feel shame or guilt if, as adults, they find that they need professional counseling or desire to see a therapist for any reason. They also may not wish to disclose this information to family members because of the expectation that this is something to be avoided. In the future, it may be beneficial to investigate how individuals who believe they need counseling cope with that desire when raised to believe that one should avoid outside help for their problems. This



may also have implications for friendships and future marriages if individuals are raised to believe that their problems are “their business” and that they should not seek outside help, be it from religious organizations, friends, professional counseling, or otherwise.

The second maladaptive expectation, *pretend you're OK*, is the third dimension that emerged in the FCE scale. This kind of “fake it till you make it” mindset, if reinforced over time and into adulthood, may encourage unhealthy coping behaviors of concealing true feelings, being disingenuous with how one is doing, or hiding the depth of mental health problems. For example, a child in a home with a family who expects members to *pretend you're OK* might struggle with depression after a difficult or stressful experience, yet may not inform the parents or other close family members and friends, inhibiting much needed resources that can come from seeking professional help or social support. Other items in this dimension ask about the degree to which the family is open about struggles, which of course, contributed to the inverse association that this coping expectation has family conversation orientation (see Table 3). One meaningful implication of this association is that a family's conversation orientation is likely to influence not only the family's openness about a wide variety of topics in general, but specifically those that encourage adaptive coping behaviors.

Finally, *cope as we cope* appears to be a maladaptive dimension of family coping expectations due to the inflexibility and potential stress associated with emphasizing a “one size fits all” approach to coping. That is, this expectation may create unrealistic expectations that children must cope in the same manner as their parents, even if those parental coping behaviors are not particularly productive. Perhaps parents who struggle to cope themselves with stress and adversity possess less cognitive flexibility and complexity (cf. Koesten et al., 2009), which in turn discourages them from giving their children more freedom in decision-making when it

comes to handling difficult or stressful life circumstances. This may undermine their abilities to help their children adapt and learn alternative methods of coping for different kinds of stressors. On one hand, in the case of adaptive, healthy parental coping behaviors, the expectation that all family members should cope with stress and adversity in the same way is unrealistic and likely to induce stress, given individual variability in people's temperaments, thresholds for stress, and coping skills. Given that this type of coping expectation is positively associated with family conformity orientation (see Table 3), and in particular experiencing parental control and pressure to adopt parental values, it may be that this expectation flows from a larger family conformity mindset that extends to coping behaviors. On the other hand, it may be an equally problematic expectation if parents are relatively poor at coping with their own stress and yet encourage their children to cope in the same way. Regardless, this final type of coping expectation may open new opportunities to investigate the intergenerational transmission of coping inefficacies or lack of resilience as parents pass on their (mal)adaptive coping strategies to their children. Likewise, future researchers might examine whether some families shame or become frustrated by children who choose not to uphold certain family coping expectations for one reason or another.

### **Theoretical and Practical Applications**

Theoretically, it is worth noting that while FCEs are related to family communication patterns, they are distinct from these schemas. The more general orientations to communication that families develop are associated with but distinct from schemas specific to how families respond to relational and health challenges. Whereas conversation orientation is positively associated with *rely on family support*, for example, the magnitude of the association is not so great as to suggest that the two constructs are isomorphic. Clearly, an orientation to openness with the family constitutes a fundamental component to an expectation of relying on internal

family support when faced with stress. Nevertheless, there may be other theoretical predictors of a family coping expectation to rely on family support unaccounted for by the family's conversation orientation. In fact, young adults could choose to eschew this family coping expectation once they leave home, even if their family's conversation orientation remains unchanged, although this is unlikely to be the norm. Conversely, two dimensions that are part of a family's conformity orientation—experiencing parental control and pressure to adopt parental values—are negatively associated with relying on family support. This suggests that young adults from families who are high in conformity orientation may be less likely to rely on internal family support when faced with stress.

It is also worth noting that the three maladaptive dimensions of FCEs are negatively associated with both conversation orientation, whereas they are positively associated with most dimensions of conformity orientation. This may provide a meaningful new direction for family communication scholars interested in identifying explanatory mechanisms that tie FCPs to personal and relational health. FCEs might provide new and meaningful explanatory mechanisms that link FCPs to certain kinds of health, coping, and resiliency outcomes. For example, given the associations for convergent and discriminant validity of the FCE scale reported here, researchers may find that coping expectations help explain the associations between FCPs and young adult children's mental health, self-esteem, and relational satisfaction with family members.

Practically speaking, this new measure of family coping expectations allows scholars to advance knowledge of coping, resilience, and family communication in meaningful ways for practitioners and family members themselves. First, people who cling more tightly to maladaptive expectations from their family growing up might be more likely to struggle with

stress and adversity in general. For example, if a young adult was encouraged to *avoid outside help* growing up, upon arriving at a university and experiencing significant stress as a student, this individual's determination to uphold the family expectation may be a factor that reduces the likelihood that they will utilize campus support. Alternately, a young adult who was encouraged to *pretend you're OK* may not see the value in sharing emotional struggles, identity crises, or the overwhelming stress they're experiencing if they uphold their family's expectation to act like "everything is fine." This set of findings could provide meaningful information for campus life counselors and professionals seeking to protect and ensure healthy matriculation rates for their campus communities. Practitioners may find that investigating young people's family coping expectations may shed new light on their aversion to seeking the proper kinds of help when needed.

Second, previous studies have shown that receiving social support is beneficial to one's health, and thus, people should desire it, not avoid it (Caughlin, 2004; Lyons et al., 1998; Prati & Pietrantonio, 2009). Pretending to be fine or ignoring a problem does not allow individuals to cope through talk, which some studies show is central to the process of moving forward and building resilience (see Pennebaker et al., 1990). Third, social learning theorists have long held that observing maladaptive behaviors is not particularly helpful for health and wellness (Woszidlo & Kunkel, 2018), particularly when it comes to learning how to communicate and cope with stress and adversity. By way of an example, the National Institute of Health indicates in several studies that children of alcoholics are at significantly higher risk of being alcoholics in adulthood themselves (Sher, 1997). Although this is an extreme example of poor coping habits, other potentially maladaptive habits are likely transfer from parent to child, such as argumentativeness and aggressiveness (Martin & Anderson, 1997). Thus, it seems plausible to

suggest that maladaptive coping expectations may transfer from parent to child for those who hold tightly to a *cope as we cope* mindset. Clearly, based on the associations reported here with a battery of personal and relational health outcomes, the three dimensions of FCEs that are maladaptive likely encourage individuals to do things that are not helpful for coping with stress. As Schrodt (2020) explained in his research on emotion labor in parent-child relationships, individuals who repeatedly fake emotions in response to the conversational demands of other family members are more likely than not to experience diminished mental health due to the taxing nature of such cognitive and emotional demands. Hence, those who uphold the expectation to *Pretend you're OK* may experience similar cognitive and emotional demands that heighten stress and lead to poorer mental health and relational satisfaction with other family members (Schrodt & O'Mara, 2019).

Clinicians, practitioners, scholars, and family members themselves need to understand the potential, negative health implications of the coping expectations that families create and sustain through social interaction. For practitioners and families, this could aid in reframing how one thinks about stress and their responses to it in light of potentially maladaptive coping expectations. Parents may need to be more cognizant of the expectations they are communicating to ensure their young adults are learning adaptive, prosocial, and helpful strategies for managing stress and adversity. For those individuals who do not hold any of the four coping expectations presented here (or who hold them less tightly), perhaps there are other expectations that, while less commonly held, are equally informative in guiding coping responses. In that case, FCEs could become a heuristic tool that sensitizes young adults to the possible standards they feel they must uphold when coping, whether they were learned from friends, media, or other sources of socialization beyond the family.

### **Limitations and Directions for Future Research**

Although this preliminary attempt to identify and validate the elements of an empirical measure of family coping expectations was successful, certain limitations should encourage caution when interpreting the results. This study relied upon an ethnically and culturally homogenous sample of young adult students from a private university who were predominantly White, female, and moderately affluent, limiting the generalizability of the findings to the demographic characteristics of the sample. Future research can remedy this by seeking out more diverse samples to determine the extent to which coping expectations are a function of culture, religious beliefs, family dynamics, or other sociodemographic characteristics. Further, each participant was only one representative of each family, which limits inferences from these results to the perspectives of individuals. Future scholars can extend the validity testing done here by testing the measurement invariance of the FCE scale across vertical and horizontal relationships within families. These kinds of studies would provide greater understanding of the interactions between family member's expectations, as well as further evidence regarding the (in)consistencies of family coping expectations across the family unit.

Scholars might also address the limitations of this cross-sectional study by conducting a confirmatory factor analysis using a second sample. Finally, although it is not an inherent limitation of the study, the data were collected during the COVID-19 pandemic, thus providing important contextual information for any investigation of coping, resiliency, and personal and relational well-being. Without data prior to the pandemic, there is no way to know how much the associations reported here were influenced by the unprecedented circumstances of COVID-19 experienced by these participants. At a minimum, the pandemic may have provided participants a recent and specific situation from which to draw information about how their family has

functioned in times of crisis, and in what ways their expectations of themselves and other members influenced their satisfaction and mental well-being during this time of stress and uncertainty.

Future researchers might consider how reliance on family support depends on the health of the family. For example, does the expectation to rely on family support, which is generally adaptive, become maladaptive when the family is enabling their adult children or constraining their decisions and growth (e.g., in the case of helicopter parenting or parentification)? What are the boundary conditions of family support for it to remain healthy and adaptive? Investigating the cultivation of healthy levels of independence rather than the cultivation of codependence is an area for future research that would greatly expand our understanding of both FCEs and family communication more broadly. It is also worth noting that, based on the means for each of the four dimensions, the expectation to *rely on family support* may occur more often than expectations to *cope as we cope*, to *avoid outside help*, and to *pretend you're ok*. Thus, another future direction might consist of comparing the *reality* of participants' FCEs with what they think *ideal* families should expect, similar to Caughlin's (2003) distinction between ideal and actual family communication.

Despite these limitations and the preliminary nature of this study, this attempt to create and validate a measure of family coping expectations that is empirically reliable, valid, and experientially grounded was largely successful. This first step toward better understanding families as "classrooms for coping" provides valuable information about family interactions, communication patterns, and mental and relational wellness that could lead to greater theoretical and practical application in the future. Consequently, scholars may find a wealth of knowledge in this area of family communication through future use of the FCE scale.

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## Appendix A

### Demographic Questions

**1. What is your gender?**

Male

Female

Male to Female Transgender

Female to Male Transgender

Non-binary

Other (please specify)

**2. What is your age?**

**3. What is your race? Check all that apply.**

Latinx or Hispanic

Black or African American

White

Native American

Asian, Asian Pacific, or Asian American

Biracial (please specify) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

**4. Who do you currently live with (or when you lived at home, who were your primary caretakers?)**

Mother (biological or adoptive)

Father (biological or adoptive)

Both mother and father

Mother and stepfather

Father and stepmother

Mother and Mother

Father and Father

Other (please specify) \_\_\_\_\_

**5. How would you describe your sexual orientation?**

Gay

Lesbian

Bisexual

Pansexual

Queer

Fluid

Asexual

Straight

Other (please specify) \_\_\_\_\_

**6. If your parents are still married, how long have they been married (in years) ?**

**7. Are both of your biological (or adoptive) parents living? Yes / No**

**8. Are your biological (or adoptive) parents divorced? Yes / No**

**9. If you answered "yes" to the previous question, how long has it been since your parents divorced?**

**10. On average, how often to you talk with your MOTHER during a typical week?**

Hours \_\_\_\_\_

Minutes \_\_\_\_\_

**11. On average, how often do you talk to your FATHER during a typical week?**

Hours \_\_\_\_\_

Minutes \_\_\_\_\_

**12. How many siblings do you have?**

**13. Please indicate the number which BEST REPRESENTS your birth order:**

First

Second

Third

Fourth

Fifth

Sixth

Seventh

Eighth

Ninth

Tenth

Eleventh

Twelfth

Thirteenth

**14. What is your present religion, if any?**

Protestant Christian

Mormon (Latter-Day Saint)

Catholic

Orthodox Greek

Orthodox Russian

Messianic Jew

Jewish (religious Jew, regardless of ethnicity)

Muslim

Buddhist

Hindu

Atheist

Agnostic

Something else (please specify) \_\_\_\_\_

Nothing in particular

Spiritual, but not religious

### Family Coping Expectations Inventory

**For the following items, please indicate what degree of agreement you believe best describes your family. Please do your best to answer each question and leave none blank. Options: *Strongly Disagree, Disagree, Somewhat Disagree, Neither agree nor disagree, Somewhat Agree, Agree, Strongly Agree.***

1. When dealing with an upsetting event, my family talks openly and frankly about the stressful circumstance.

2. When facing something stressful or an adverse circumstance, my family doesn't discuss what's wrong, we go on like things are normal.
3. When dealing with or responding to an upsetting event, my family believes it is important to keep up appearances or make sure "everything looks fine."
4. My family does not think you should let other people know how stressed you are.
5. My family does not think you should let other people know how you're really feeling.
6. My family believes it's better for me not to talk about the things that are stressing me out.
7. My family believes it's better for us not to talk about the hard things we are going through.
8. Members of my family expect other family members to help one another during times of hardship.
9. Members of my family help each other process our emotions when we are stressed.
10. When facing difficult times, my family believes that the best pathway forward is to share their feelings about the situation.
11. In difficult times, my family members are expected to communicate their support for one another through affectionate behavior (e.g. hugs, words of affirmation, encouragement).
12. My family insists that other members listen to each other's problems.
13. When facing difficult or trying circumstances, my family makes me feel as though we should not talk about it.
14. My family believes counseling is okay if you're struggling and need help because of stress or life adversity.
15. My family believes we shouldn't need counseling because we have faith.
16. My family expects us to seek outside help to get through difficult times.
17. My family prefers that we discuss our problems among ourselves, not with people outside of the family.
18. When it comes to adversity, my family believes counseling is for the weak.
19. When coping with stressful circumstances, my family discourages discussions of counseling as a possible solution.
20. My family feels you shouldn't burden other people outside the home with the stress you're going through.
21. During difficult times, my family believes we should ask friends, neighbors, and extended family for help.
22. When my family is faced with adversity, everyone expects us to tackle the situation as a team.
23. In stressful circumstances, we are expected to depend on each other to get through the hard time.
24. My family makes me feel as though I have to deal with my problems on my own.
25. My family believes we should depend more so on people outside of the family than on each other in times of hardship.
26. In times of stress, my family doesn't talk about how we will get through it, they just expect us to deal with it.
27. My family believes the best way to overcome hardship is to strategize and plan together.

28. My family believes that the best way to prepare for difficult times is to anticipate their occurrence.
29. In difficult times, my family expects us to naturally find our "rhythm" and move forward.
30. My family believes in a "hands-off" approach to dealing with stressful circumstances.
31. My family is expected to follow my parents' guidance about how to cope.
32. Members of my family are expected to cope with difficult circumstances in a similar manner.
33. Everyone in my family is given the freedom to deal with stress however they see fit.
34. My parents like to use memorable messages (*e.g. repeatable phrases, mantras, motto's, etc. "you can do hard things; "Smith's are strong."*) to help us cope with difficult times.
35. My family expects we will all respond similarly to difficult circumstances.
36. Under stress, my parents make us feel as though we need to do what they tell us to do, even if it was not what they would do themselves.
37. We are expected to follow our parents' examples when dealing with stress.
38. When facing their own stressful circumstances, my parents often tell me, "Do as I say, not as I do."
39. I notice several inconsistencies between my parents' reactions to their own problems and how they instruct me to deal with my problems.
40. My parents expect that we cope the same way they do.
41. When I need to talk about my own problems, my family makes me feel as though they are unavailable.
42. In difficult times, my family underestimates how much I need their help.
43. In difficult times, my family makes me feel as though my problems are my problems, not their problems.
44. My parents were/are intentional in helping us learn how to cope with difficult circumstances.
45. My family feels that yelling or lashing out are acceptable responses to stress or hardship.
46. During stressful circumstances, my family encourages watching TV or "zoning out" through other activities.
47. In difficult times, my family expects us to "sweep things under the rug."
48. During hard times, my family insists that we talk about it all the time.
49. My family believes if we just wait long enough, our problems will eventually go away.
50. My family expects outside support from community programs designed to help families in difficult times.
51. During difficult times, my family encourages exercising to cope with the stress.
52. My family believes that distractions are helpful for coping with difficult situations.
53. When responding to an upsetting experience, my family thinks that it's my responsibility to address whatever it is that's upsetting me.
54. I often hear my family members say things like, "Get over it."
55. My family expects me to view stress as a normal part of life.
56. There are times I remember my parents saying things like, "cry me a river."

- 57. When facing something upsetting, my family insists that we "suck it up" and "deal with it."
- 58. My family expects hard or bad things to happen when we make bad choices.
- 59. My family understands that difficulties occur unexpectedly and through no fault of our own.
- 60. My family insists that I have the power myself to overcome stressful or difficult circumstances.

**Affectionate Communication Index**

**Directions:** For this next section, please circle the number which best represents how frequently your **MOTHER** communicates affection to you.

How frequently does your <i>mother</i> . . .	Never	Seldom	Occasionally	Sometimes	Often	Very Often	Always
1. Hold your hands?	1	2	3	4	5	6	7
2. Kiss you on the lips?	1	2	3	4	5	6	7
3. Kiss you on the cheeks?	1	2	3	4	5	6	7
4. Give you a massage?	1	2	3	4	5	6	7
5. Put her arm around your shoulder?	1	2	3	4	5	6	7
6. Hug you?	1	2	3	4	5	6	7
7. Sit closely to you?	1	2	3	4	5	6	7
8. Look into your eyes?	1	2	3	4	5	6	7
9. Wink at you?	1	2	3	4	5	6	7
10. Say "You're a good friend"?	1	2	3	4	5	6	7
11. Say "I like you"?	1	2	3	4	5	6	7
12. Say "I love you"?	1	2	3	4	5	6	7
13. Say "You're my best friend"?	1	2	3	4	5	6	7
14. Say how important your relationship is to her?	1	2	3	4	5	6	7
15. Help you with your problems?	1	2	3	4	5	6	7
16. Acknowledge your birthday?	1	2	3	4	5	6	7

17. Share private information with you?	1	2	3	4	5	6	7
18. Give you compliments?	1	2	3	4	5	6	7
19. Praise you for your accomplishments?	1	2	3	4	5	6	7

**Family Satisfaction Measure**

*Directions: We would like you to think about your relationship with your family over the last month.*

1. Please indicate which word more closely aligns with how you feel about your family over the past month.

Miserable	Enjoyable
Hopeful	Discouraging
Free	Tied Down
Empty	Full
Interesting	Boring
Rewarding	Disappointing
Doesn't give me much chance	Brings out the best in me
Lonely	Friendly
Hard	Easy
Worthwhile	Useless

2. All things considered, how satisfied have you been with your relationship with your family the past month?

Extremely satisfied,  
 Moderately satisfied,  
 Slightly satisfied,  
 Neither satisfied nor dissatisfied,  
 Slightly dissatisfied,  
 Moderately dissatisfied,  
 Extremely dissatisfied

**Family Communication Pattern Conversation Orientation Subscale and ECOS**

For the following statements, determine to what degree they apply to your family or are true of your family. (Strongly Disagree (1), Disagree (2), Somewhat disagree (3), Neither agree nor disagree (4), Somewhat agree (5), Agree (6), Strongly agree (7))

1. My parents expect us to respect our elders.

2. In our home, I am expected to speak respectfully to my parents.
3. My parents have clear expectations for how a child is supposed to behave.
4. When I am at home, I am expected to obey my parents' rules.
5. My parents insist that I respect those who have been placed in positions of authority.
6. My parents emphasize certain attitudes that they want the children in our family to adopt.
7. In our home, my parents have the last word.
8. My parents expect me to trust their judgment on important matters.
9. I am expected to follow my parents' wishes.
10. My parents feel it is important to be the boss.
11. My parents become irritated with my views if they are different from their views.
12. My parents try to persuade me to views things the way they see them.
13. My parents say things like "You'll know better when you grow up."
14. My parents say things like "You may not understand why we are doing this right now, but someday you will."
15. My parents say things like "My ideas are right and you should not question them."
16. In my family, family members are expected to hold similar values.
17. My parents tend to be very open about their emotions.
18. I am expected to adopt my parents' views.
19. My parents encourage me to adopt their values.
20. Our family has a particular way of seeing the world.
21. I feel pressure to adopt my parents' beliefs.
22. I am expected to challenge my parents' beliefs.
23. In our home, we are allowed to question my parents' authority.
24. In our home, we are encouraged to question my parents' authority.
25. My parents encourage open disagreement.

Instructions: Indicate how often your parents say the follow things to you. For each item, do they say it often, sometimes, rarely, or never? (Often (1), Sometimes (2), Rarely (3), Never (4))

1. Say that you should always look at both sides on an issue.
2. Say that getting your ideas across is important, even if others don't like it.
3. Ask for your opinion when family is discussing something.
4. Say that every member of your family should have some say in family decisions.
5. Admit that kids know more about some things than adults do.



## VITA

Born November 12, 1996, in Dallas, Texas, Payton Olivia Weinzapfel is the daughter of Christopher and Jennifer Weinzapfel. She is sister to Bailey, Avery, Londyn, Maya, and Payge—her closest allies and biggest cheerleaders. She was homeschooled and graduated in 2015. Payton attended East Texas Baptist University and earned a Bachelor of Arts in both Speech Communication and Theatre Arts in 2019.

After earning two bachelor's degrees, Payton pursued her master's full-time at Texas Christian University in the Communication Studies program. During this time, she taught as a graduate teaching assistant for the basic speech course in the Communication Studies department. After graduating in May of 2021 with her master's, Payton will begin seminary to pursue her doctorate.