Parental Confirmation and Affection as Mediators of Family Communication Patterns and Children’s Mental Well-Being

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This study examined the extent to which parental confirmation and affection mediate the associations among family communication patterns (i.e., conversation and conformity) and young adult children’s mental well-being (i.e., self-esteem, perceived stress, and mental health). Participants included 567 young adult children from both first-marriage and postdivorce families. Results supported most of the hypothesized relationships among family conversation and conformity orientations, parental confirmation and affection, and young adult children’s mental health and well-being. No significant differences emerged in the associations among mothers’ and fathers’ communication behaviors and children’s well-being. Finally, hierarchical regression analyses revealed that parental confirmation and affection partially mediates the effects of conversation orientations, and fully mediates the effects of conformity orientations, on young adult children’s self-esteem and perceived stress. For mental health symptoms, however, parental confirmation fully mediated the effects of conversation and conformity orientations.

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Over the last two decades, family communication scholars have devoted substantial attention to the influence of family communication patterns on a variety of individual and relational outcomes. Operating primarily from a cognitive orientation to family interaction that is grounded in schema theory (Koerner & Fitzpatrick, 2002a), these scholars have documented the influence of family communication patterns on several behavioral and psychosocial outcomes, including conflict avoidance (Koerner & Fitzpatrick, 1997), reticence (Kelly et al., 2002), interpersonal skill in romantic relationships (Koesten, 2004), children’s resiliency, and depression (Koerner & Fitzpatrick, 1997), among others. In addition, researchers have further demonstrated that family communication patterns are central to family functioning (Schrodt, 2005), so much so that they have been used successfully to predict outcomes for both parents and children (for a detailed review, see Koerner & Fitzpatrick, 2002b).

Despite the value of this research, however, much less is known concerning specific parental communication behaviors that might mediate the associations among family communication patterns and child outcomes, such as well-being. For example, scholars have recently demonstrated that both parental confirmation (Ellis, 2002) and affectionate (Floyd, Hess, Miczo, Halone, Mikkelson, & Tusing, 2005) behaviors are key factors in healthy childhood social development. Such parental communication behaviors are associated with several psychosocial outcomes in children, including self-esteem (Ellis, 2002), satisfaction with the parent–child relationship (Floyd & Morman, 2000), and overall life satisfaction (Young, Miller, Norton, & Hill, 1995).

Although researchers have shown that parental confirmation and affection are associated with several indicators of children’s mental health, much less is known regarding the extent to which these parental communication behaviors are associated with family communication patterns. As Koerner and Fitzpatrick (2002a) noted, “family communication behavior is largely the result of cognitive processes that are determined by family relationship schemas” (p. 87). These family communication schemata, or the beliefs that family members hold about family communication, are (a) initially guided by how parents communicate with each other and with their children, and (b) closely intertwined with the actual communicative behaviors family members engage in within the family (Koerner & Fitzpatrick, 2002b). These beliefs about family communication are likely to influence a young adult child’s well-being, although one might suspect that the communicative behaviors parents enact with their children may be more salient to children, and thus, have an even greater influence on their current well-being, regardless of whether young adult children are currently residing in the same household as their parents. Despite this reasoning, researchers have yet to consider parental behaviors that could potentially mediate the influence of family communication patterns on children’s well-being. Such a focus could potentially yield important insights theoretically as we advance our understanding of belief structures and communication be-
behaviors that constitute family functioning. Therefore, the primary purpose of our investigation is to examine the extent to which parental confirmation and affection mediate the associations among family communication orientations and young adult children’s mental health and well-being.

THEORETICAL PERSPECTIVE

One theory that is particularly useful for examining the influence of family communication patterns on children’s well-being is Koerner and Fitzpatrick’s (2002a) general theory of family communication schemata. According to this perspective, family communication behavior operates primarily from cognitive orientations, or relational schemata, for communication. Two dimensions that have received substantial attention within the family communication patterns research are conversation and conformity orientations (Koerner & Fitzpatrick, 2002a, 2002b). Conversation orientations describe “the degree to which families create a climate in which all family members are encouraged to participate in unrestrained interactions about a wide array of topics” (Koerner & Fitzpatrick, 2002a, p. 85). Families high on conversation orientation are free to interact with one another as they share ideas, express concerns, and participate in decision making, whereas families low on this dimension interact less frequently with each other on a variety of topics, including private thoughts, feelings, and activities.

A conformity orientation, on the other hand, references “the degree to which family communication stresses a climate of homogeneity of attitudes, values, and beliefs” (Koerner & Fitzpatrick, 2002a, p. 85). Families high on conformity tend to have uniform beliefs and values, a hierarchical family structure, and they place family interests before those of individual family members. In contrast, families low on conformity value individual beliefs and opinions, the equality of all family members, and the individual growth of each member of the family (Koerner & Fitzpatrick, 2002b). These two family communication orientations intersect to form a typology of four family types: protective (i.e., high conformity, low conversation), pluralistic (i.e., low conformity, high conversation), consensual (i.e., high conformity, high conversation), and laissez-faire families (i.e., low conformity, low conversation; Fitzpatrick & Ritchie, 1994; Koerner & Fitzpatrick, 2002b).

Building from this perspective, Koerner and Fitzpatrick (2002a) proposed that family communication schemata influence several cognitive and behavioral outcomes, a proposition that has received initial empirical support. For example, family researchers have demonstrated that conversation and conformity orientations are associated with children’s interpersonal skills in romantic relationships (Koesten, 2004), communication apprehension (Elwood & Schrader, 1998), conflict avoidance and management (Koerner & Fitzpatrick, 1997), and assessment of persuasive appeals (Skinner & Slater, 1995). Overall, these studies suggest that
children from families high in conversation orientation are more competent and flexible communicators in a variety of contexts.

Concurrent with this research is additional evidence to suggest that family communication patterns (and schemata) might also be associated with children’s mental health and well-being. For example, researchers have found that conversation orientations are generally associated with beneficial psychosocial outcomes in children, including increased resiliency (Fitzpatrick & Koerner, 2005), decreased reticence (Kelly et al., 2002), and stronger skill in seeking social support (Koerner & Fitzpatrick, 1997). Evidence regarding the association among conformity orientations and mental health outcomes, however, is less clear (Fitzpatrick & Ritchie, 1994; Koerner & Fitzpatrick, 2002a; Noller, 1995). Nevertheless, family researchers have reported small to moderate inverse associations between conversation and conformity orientations (Koerner & Fitzpatrick, 2002b). Given substantial evidence to suggest positive associations among conversation orientations and children’s well-being, then by extension, it stands to reason that conformity orientations may be inversely associated with children’s mental health and well-being. Based on this line of reasoning, the first two hypotheses were advanced for consideration:

H1. Family conversation orientations are positively associated with young adult children’s mental health and well-being.
H2. Family conformity orientations are inversely associated with young adult children’s mental health and well-being.

Despite clear associations among family communication patterns and mental health outcomes, further research is needed to investigate whether specific parental communication behaviors mediate these associations. Given that Fitzpatrick and Ritchie (1994) reported strong, direct associations between schemata for marital communication and parent–child communication, it stands to reason that parental communication behaviors are a particularly salient representation of the larger family communication schemata that guide family interaction. Indeed, the Revised Family Communication Patterns (RFCP; Koerner & Fitzpatrick, 2002b) questionnaire contains many items that directly relate to parental communication behavior (e.g., “In our home, my parents usually have the last word,” “My parents encourage me to express my feelings”). Although Koerner and Fitzpatrick (2002b) acknowledged that family communication schemata are represented and perpetuated through communication behavior, they refrained from differentiating between the cognitive and behavioral aspects of family communication patterns in their assessment instrument. Therefore, it remains unclear what specific parental communication behaviors are associated with family communication schemata and whether such behaviors mediate the associations among conversation and conformity orientations and young adult children’s well-being.
Parental Confirmation and Affection

Two parental communication behaviors that could potentially mediate the effects of conversation and conformity orientations on young adult children’s well-being are parental confirmation (Ellis, 2002) and affection (Floyd, Hess, et al., 2005; Floyd & Morman, 1998, 2000, 2001, 2003; Morman & Floyd, 1999). First, building on the work of Buber (1957) and Laing (1961; also cf. Cissna & Sieburg, 1981), Ellis (2002) conceptualized confirmation as an interactional process which validates the other person as a respected human being. Confirming behaviors reinforce a person’s value, whereas disconfirming behaviors attack a person’s sense of self-worth. In her empirical validation of a parental confirmation scale, Ellis (2002) found that effective parental confirmation behaviors included acknowledging the child’s feelings, asking for the child’s opinion, attending the child’s extracurricular activities, and attentively listening when the child was speaking. Given that a conversation orientation in families inherently communicates to children that their thoughts and opinions are valued, one might reason that such an orientation would be positively associated with parental confirmation. Conversely, a high conformity orientation would stress a homogeneity of values, attitudes, and beliefs among family members, and thus, one might suspect that children would view this orientation as implicitly disconfirming in nature. To test these speculations, two more hypotheses were advanced:

H3. Family conversation orientation is positively associated with parental confirmation.

H4. Family conformity orientation is inversely associated with parental confirmation.

More importantly, in the parent–child relationship, Ellis (2002) reported that parental confirmation is associated with positive psychosocial outcomes. For sons, parental confirmation is positively associated with global self-worth, self-perception of intellectual ability, and self-perception of creative ability. For daughters, however, fathers’ confirmation is positively associated with daughters’ self-perceived physical appearance. Additionally, children whose parents enacted confirming communication behaviors felt more confirmed and approved by both of their parents (Ellis, 2002), a finding that replicates previous confirmation research in father–son relationships (Beatty & Dobos, 1992, 1993). Based on this evidence, then, it stands to reason that parental confirmation would be positively associated with children’s mental health and well-being, although it is less clear as to whether the associations may differ for mothers and fathers. To investigate this line of reasoning, a fifth hypothesis and a research question were advanced:

H5. Parental confirmation is positively associated with young adult children’s mental health and well-being.
RQ1. Are there significant differences in the associations among mothers’ and fathers’ confirming behaviors and young adult children’s mental health and well-being?

A second parental behavior that may mediate the influence of family communication patterns on young adult children’s well-being is affection. Building from the work of Schutz (1958, 1966), Floyd, Hess, and their colleagues (2005) defined affectionate communication as those behaviors which express emotional warmth and love to another person. Verbal affection is expressed through direct statements of warmth and love (e.g., “I love you”), whereas nonverbal affection consists of such behaviors as giving a pat on the back, a hug, or a kiss. Finally, supportive activities express affection through shared activities, such as helping a child with homework or eating a meal together (Floyd, Hess, et al., 2005). Given that families with high conversation orientations inherently value children’s thoughts and opinions on a variety of topics, it stands to reason that such an orientation would be positively associated with young adult children’s reports of parental affection. Families high in conformity, however, may or may not create family environments where parental affection is expressed. Thus, a sixth hypothesis and a second research question were advanced:

H6. Family conversation orientation is positively associated with parental affection (i.e., nonverbal, verbal, and supportive affection).

RQ2. What is the relationship between family conformity orientation and parental affection (i.e., nonverbal, verbal, and supportive affection)?

In addition, researchers have demonstrated that parental affection is positively associated with several well-being outcomes. For example, affection facilitates relational closeness and satisfaction in parent–child dyads (Floyd & Morman, 1998, 2001, 2003) and is associated with decreased loneliness (Downs & Javidi, 1990). The parental support and closeness facilitated by expressions of affection, in turn, tend to be strong predictors of both male and female adolescents’ overall life satisfaction. To replicate these findings in a young adult child sample, then, we advanced the following hypothesis:

H7. Parental affection is positively associated with young adult children’s mental health and well-being.

At the same time, the sex composition of the parent–child dyad may also influence how affection is typically expressed by the parent and subsequently received by the child. Most of the previous research on parental affection has focused on father–son dyads (Floyd, Hess, et al., 2005; Floyd & Morman, 1998, 2000, 2001, 2003). In particular, Morman and Floyd (1999) found that fathers
and sons tend to express their affection toward each other through supportive activities, such as doing favors for each other or helping each other with projects, rather than through verbal or nonverbal communication. Although other studies have examined parental affection in parent–child dyads beyond the father–son relationship, the role of affectionate communication in these relationships is less understood. Some research suggests that daughters and sons receive affection in different amounts and process affectionate behaviors differently (Barber & Thomas, 1986; Tucker, 2003; cf. Larson & Richards, 1994) and that mothers and fathers may express affection differently to their children (Condry, Condry, & Pogatshnik, 1983; Felson & Zielinski, 1989), although the precise nature of these differences awaits further investigation. To account for possible differences in the expression of parental affection among fathers and mothers, a third research question was advanced for consideration:

RQ3. Are there significant differences in the associations among mothers’ and fathers’ affectionate behaviors and young adult children’s mental health and well-being?

The final purpose of this study was to examine the combined contributions of family communication orientations, parental confirmation, and affectionate behaviors to young adult children’s mental well-being. Although previous researchers have provided initial evidence to suggest that conversation and conformity orientations are associated with children’s well-being, much less is known regarding specific parental communication behaviors that may mediate the association. Indeed, it seems likely that parents from families high in conversation orientations would be more likely to confirm their children and express affection, whereas parents from families high in conformity orientations would be less likely to confirm their children and express affection. It remains less clear, however, whether these associations would emerge for families high or low on both communication orientations (e.g., consensual and laissez-faire families). Thus, a final research question was advanced to explore this line of reasoning:

RQ4. How, if at all, do parental confirmation and affection mediate the influence of family communication patterns (i.e., conversation and conformity orientations) on young adult children’s mental health and well-being?

METHOD

Participants

The sample consisted of 567 young adult children from first-marriage \((n = 435)\) and divorced families \((n = 132)\) in the Midwest. Participants included 246 men and
321 women, ranging in age from 18 to 36 ($M = 20.0$, $SD = 1.91$). Most participants were White (86.6%), although 4.6% were African American, 2.6% were Asian American, 1.4% were Hispanic American, and the remaining 4.4% reported “other.” Most participants were either first-born (38.4%, $n = 218$) or second-born (33.7%, $n = 191$) children, although 18.0% ($n = 102$) were third-born and the remaining 9.9% ($n = 52$) were born fourth or later. Respondents in first-marriage families reported that their parents had been married an average of 25.6 years ($SD = 5.24$), whereas respondents from divorced families reported an average length of marriage prior to divorce of 11.8 years ($SD = 7.08$) and an average length of time since the divorce of 12 years ($SD = 6.17$). Finally, when asked who their primary caretakers were growing up (or whom they lived with when not in college), most participants reported living with both their mother and father (78.0%, $n = 442$), although 8.6% ($n = 49$) reported living primarily with their mother, 6.5% ($n = 37$) with their mother and stepfather, 2.6% ($n = 15$) with their father and stepmother, 1.6% ($n = 9$) with their father, and the remaining 2.5% ($n = 14$) reporting “other.”

**Procedures**

The researchers solicited direct participation from a variety of undergraduate students at a large, Midwestern university. After obtaining informed consent, participants completed a questionnaire on a volunteer basis, and in classes where instructors granted permission, students were awarded minimal class credit (less than 2%) for participation in the research. All participation took place outside of regular class time, and students completed the questionnaire anonymously. After completing the survey, students were thanked for their participation.

**Measures**

*Family communication patterns.* Participants’ perceptions of family communication patterns were operationalized using the RFCP instrument (Fitzpatrick & Ritchie, 1994; Ritchie, 1991; Ritchie & Fitzpatrick, 1990). The RFCP consists of 26 Likert-type items asking respondents to evaluate the extent to which their family communication patterns reflect conversation (15 items, e.g., “My parents encourage me to challenge their ideas and beliefs”) and conformity orientations (11 items, e.g., “When anything really important is involved, my parents expect me to obey without question”). Responses were solicited using a 7-point scale that ranged from 1 (*strongly disagree*) to 7 (*strongly agree*), with higher scores representing higher conversation and conformity orientations. The validity and reliability of the RFCP is well-established (cf. Fitzpatrick & Ritchie, 1994; Koerner & Fitzpatrick, 2002b), and in this study, the RFCP produced acceptable Cronbach’s alpha coefficients of .91 for conversation orientations and .78 for conformity orientations.
**Parental confirmation.** Participants’ reports of parental confirmation were measured using Ellis’s (2002) Parent Confirmation Behavior Indicator (PCBI). The scale consists of 28 Likert-type items assessing the extent to which respondents feel their parents confirmed them and communicated to them that they were valuable human beings (e.g., “My mother made statements that communicated to me that I was a unique, valuable human being,” “My mother gave me undivided attention when engaged in private conversations”). Participants reported on both their mothers’ and their fathers’ confirmation, and responses were solicited using a 7-point scale that ranged from 1 (strongly disagree) to 7 (strongly agree), with higher scores presenting higher parental confirmation. Ellis (2002) provided evidence of content and construct validity for the PCBI, as well as evidence of internal reliability with previous alpha coefficients of .95 for both mothers and fathers. In this study, the PCBI demonstrated strong internal reliability with alpha coefficients of .94 for mothers and .95 for fathers.

**Parental affection.** Participants’ reports of parental affection were measured using Floyd and Morman’s (1998) Affectionate Communication Index (ACI). The ACI consists of 19 Likert-type items assessing the frequency with which a person expresses nonverbal (nine items, e.g., “How frequently does your father hug you?”), verbal (five items, e.g., “How frequently does your father say ‘I love you?’”), and supportive affection (five items, e.g., “How frequently does your father help you with your problems?”). Separate reports were obtained for both mothers and fathers using a 7-point scale that ranged from 1 (strongly disagree) to 7 (strongly agree), with higher scores representing higher parental affection. Floyd and Morman (1998) reported evidence of convergent and discriminant validity for the ACI, as well as previous alpha coefficients ranging from .73 to .81 for all three subscales. In this study, the ACI produced acceptable Cronbach’s alpha coefficients of .88 and .86 for mothers’ and fathers’ nonverbal affection respectively, as well as .81 and .79 for mothers’ and fathers’ verbal affection and .83 and .84 for mothers’ and fathers’ supportive affection.

**Children’s mental health and well-being.** Three separate measures were used to assess young adult children’s mental health and well-being. First, participants completed Rosenberg’s (1965) Self Esteem Scale (SES), the most widely used measure of global self-esteem in personality theory and research (Blascovich & Tomaka, 1991; Corwyn, 2000). The instrument is a 10-item Likert-type scale asking respondents to reflect on their overall assessment of their self-worth (e.g., “I feel that I have a number of good qualities”). Responses were solicited using a 7-point scale that ranged from 1 (strongly disagree) to 7 (strongly agree), with higher scores representing greater self-esteem. Communication scholars have previously reported strong reliabilities for the SES (Floyd, Hess, et al., in press; Schrod, 2003), and in this study, the scale produced an alpha coefficient of .88.
Second, participants completed the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983), a 14-item instrument asking participants how often, in the previous month, they had experienced stress, nervousness, anger, and difficulty dealing with changes (among other indicators) using a 5-point scale that ranged from 1 (never) to 5 (very often). Higher scores represented greater perceived stress, and therefore, poorer mental health. The validity and reliability of the PSS is well established (cf. Cohen et al., 1983; Floyd, Hess, et al., in press), and in this study, the PSS produced an alpha coefficient of .83.

Finally, respondents completed the mental health subscale of Dornbusch, Mont-Reynaud, Ritter, Chen, and Steinburg’s (1991) physical and mental health symptom instrument. The nine-item, mental health subscale asks participants to think about their state of mind over the past 2 weeks and identify how often they have felt overtired, nervous or worried, “low” or depressed, tense or irritable, sleepless, without appetite, apart or alone, like running away from everything, or as if they were eating too much. Responses were solicited using a 4-point frequency scale that ranged from 0 (never) to 3 (three or more times), and higher scores represented more frequent mental health symptoms, and thus, poorer mental health. In this study, the mental health subscale produced an alpha coefficient of .81.

Data Analysis

The hypotheses were tested using one-tailed Pearson product–moment correlations. The first research question was addressed using Hotelling’s $t$ tests for correlated correlations. The second research question was addressed using two-tailed Pearson product–moment correlations. The third research question was again addressed using Hotelling’s $t$ tests for correlated correlations. Finally, the fourth research question was addressed using a series of hierarchical regression analyses. Separate models were estimated for children’s self-esteem, perceived stress, and mental health across parents’ confirming and affectionate behaviors. In each model, control variables were entered at step 1, family conversation and conformity orientations were entered at step 2, and parental confirmation and affectionate behaviors were entered at step 3 to determine whether such behaviors mediated the influence of family communication patterns on children’s well-being. Given concerns over Type I error, a Bonferroni adjustment was employed for Pearson product–moment analyses, setting alpha at $p < .01$.

RESULTS

Preliminary Analysis

Descriptive statistics, including means, standard deviations, and Pearson product–moment correlations for all variables included in the study, are reported in Ta-
### TABLE 1
Descriptive Statistics and Pearson Product–Moment Correlations Among all Variables\(^a\)

<table>
<thead>
<tr>
<th>Variables</th>
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<td>1. Conversation orientation</td>
<td>4.87</td>
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<td>2. Conformity orientation</td>
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<td>3. Confirmation</td>
<td>5.68</td>
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<td>4. Verbal affection</td>
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<td>5. Nonverbal affection</td>
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<td>6. Supportive affection</td>
<td>5.80</td>
<td>1.10</td>
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<td>.54</td>
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<td>8. Verbal affection</td>
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<td>9. Nonverbal affection</td>
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<td>10. Supportive affection</td>
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<td>11. Self esteem</td>
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<td>.35</td>
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<td>12. Perceived stress</td>
<td>2.92</td>
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*Note.* All correlations are significant at \(p < .01\) unless designated otherwise.

\(^a\)\(N = 567.\)

\(^*p < .05. \, \dagger p > .05.\)
table 1. Given previous evidence to suggest that biological sex may be differentially associated with children’s perceptions of parental confirmation (cf. Ellis, 2002) and that divorce impacts children’s mental health (Amato, 2001; Lamb, Sternberg, & Thompson, 1999), differences in self-esteem, perceived stress, and mental health among male and female children from divorced and nondivorced households were examined using two 1-way analyses of variance. For biological sex, the results revealed no significant difference for self-esteem, although men did report less perceived stress than women, $F(1, 564) = 6.85, p < .01, \eta^2 = .01$, and fewer mental health symptoms than women, $F(1, 564) = 17.18, p < .001, \eta^2 = .03$. Likewise, the results for divorce revealed no significant differences in self-esteem or perceived stress among children from divorced and nondivorced families, although children from divorced families reported more mental health symptoms than children from nondivorced families, $F(1, 564) = 6.85, p < .05, \eta^2 = .01$. Consequently, biological sex and divorce were dummy-coded and entered as control variables, with sex (1 = female, 0 = male) entered in the regression models for perceived stress and mental health, and divorce (1 = divorced, 0 = nondivorced) entered in the regression model for mental health.

Family Communication Patterns, Parental Confirmation, and Children’s Well-Being

The first hypothesis predicted that family conversation orientations would be positively associated with young adult children’s mental health and well-being, whereas the second hypothesis predicted that family conformity orientations would be inversely associated with well-being. Pearson product–moment correlations (see Table 1) revealed a positive association between conversation orientation and self-esteem ($r = .35, p < .001$), as well as inverse associations with perceived stress ($r = -.29, p < .001$) and mental health symptoms ($r = -.13, p < .01$). Conversely, a conformity orientation is inversely associated with self-esteem ($r = -.20, p < .001$) and positively associated with perceived stress ($r = .15, p < .001$) and mental health symptoms ($r = .14, p < .01$). Thus, the first two hypotheses were supported.

The next set of hypotheses predicted that family conversation orientations would be positively associated with parental confirmation (H3), whereas family conformity orientations would be inversely associated with parental confirmation (H4). Again, the results supported both hypotheses as a conversation orientation that is positively associated with the confirming behaviors of both mothers ($r = .50, p < .001$) and fathers ($r = .51, p < .001$), whereas a conformity orientation is inversely associated with both mothers’ ($r = -.36, p < .001$) and fathers’ ($r = -.28, p < .001$) confirming behaviors.

The fifth hypothesis predicted that parental confirmation would be positively associated with young adult children’s mental health and well-being. Pearson
product–moment correlations revealed that parental confirmation is positively associated with children’s self-esteem ($r_{\text{mothers}} = .39, p < .001$; $r_{\text{fathers}} = .40, p < .001$) and inversely associated with both perceived stress ($r_{\text{mothers}} = -.29, p < .001$; $r_{\text{fathers}} = -.33, p < .001$) and symptoms of poor mental health ($r_{\text{mothers}} = -.24, p < .001$; $r_{\text{fathers}} = -.25, p < .001$). Thus, the hypothesis was supported. In addition, the first research question inquired as to whether the associations among confirming behaviors and children’s well-being were different for mothers and fathers. A series of Hotelling’s $t$ tests for correlated correlations revealed no significant differences among the associations for mothers’ and fathers’ confirmation and children’s mental health and well-being.

Family Communication Patterns, Parental Affection, and Children’s Well-Being

The sixth hypothesis predicted that family conversation orientations would be positively associated with parental affection. The results indicated that a conversation orientation is positively associated with parents’ nonverbal affection ($r_{\text{mothers}} = .46, p < .001$; $r_{\text{fathers}} = .48, p < .001$), verbal affection ($r_{\text{mothers}} = .44, p < .001$; $r_{\text{fathers}} = .48, p < .001$), and supportive affection ($r_{\text{mothers}} = .54, p < .001$; $r_{\text{fathers}} = .55, p < .001$). Thus, the hypothesis was supported.

The second research question examined the relationship between family conformity orientations and parental affection. Two-tailed Pearson product–moment correlations revealed that a conformity orientation is inversely associated with both mothers’ and fathers’ supportive affection ($r_{\text{mothers}} = -.16, p < .001$; $r_{\text{fathers}} = -.12, p < .001$), as well as fathers’ nonverbal ($r = -.13, p < .01$) and mothers’ verbal affection ($r = -.11, p < .01$).

The final hypothesis (H7) predicted that parental affection would be positively associated with young adult children’s mental health and well-being. The results revealed that parents’ nonverbal affection ($r_{\text{mothers}} = .21, p < .001$; $r_{\text{fathers}} = .20, p < .001$), verbal affection ($r_{\text{mothers}} = .17, p < .001$; $r_{\text{fathers}} = .18, p < .001$), and supportive affection ($r_{\text{mothers}} = .33, p < .001$; $r_{\text{fathers}} = .35, p < .001$) were positively associated with children’s self-esteem. Conversely, mothers’ nonverbal affection ($r = -.12, p < .01$), fathers’ verbal affection ($r = -.15, p < .001$), and parents’ supportive affection ($r_{\text{mothers}} = -.22, p < .001$; $r_{\text{fathers}} = -.25, p < .001$) are inversely associated with perceived stress. In terms of children’s mental health symptoms, however, the results revealed that parental affection is largely unrelated to children’s mental health with only fathers’ supportive affection being inversely associated with mental health ($r = -.14, p < .01$; see Table 1). With the exception of mental health symptoms, then, the results provide general support for the hypothesis. In addition, the third research question explored whether there were differences in the associations among mothers’ and fathers’ affectionate behaviors and children’s well-being. Consistent with the results for parental confirmation, Hotelling’s $t$ tests re-
vealed no significant differences in the associations among parental affection behaviors and children’s well-being.

**Tests of Mediation for Parental Confirmation and Affection**

The fourth and final research question sought to explore the extent to which parental confirmation and affection mediate the associations among family conversation and conformity orientations and young adult children’s mental health and well-being. According to Baron and Kenny (1986), four conditions must be met for mediation. First, the predictors (conversation and conformity orientations) and outcome variables (self-esteem, perceived stress, and mental health) should be significantly associated before the mediator is entered into the model. Second, the predictor should also be significantly associated with the mediators (parental confirmation and affection). Third, the mediators should be significantly associated with the outcome variable. Finally, the associations between the predictors and the outcome variables should be reduced after controlling for the relationship between the mediators and the outcome variables. To be considered full mediation, this association should be reduced to nearly zero (Baron & Kenny, 1986). For partial mediation, this relationship needs to be significantly reduced. A significant decrease in the size of this path can be verified with the Sobel test (Sobel, 1982). Finally, given no significant differences in the associations among mothers’ and fathers’ confirming and affectionate behavior scores, both scores were averaged together to create composites representing parental confirmation and the three types of parental affection.

**Self-Esteem.** The first hierarchical regression model, using children’s self-esteem as the criterion variable, produced a significant correlation coefficient, $R = .48, F(6, 559) = 28.49, MSE = .792, p < .001$, accounting for 23% of the shared variance in self-esteem. At step 1, conversation and conformity orientations were significant predictors of self-esteem, $\Delta R^2 = .13, F$ change $= 43.15, p < .001$ (see Table 2). At step 2, parental confirmation and supportive affection were significant predictors of children’s self-esteem, $\Delta R^2 = .10, F$ change $= 18.48, p < .001$, reducing the paths for conversation orientation from .32 ($p < .001$) to .08 ($ns$) and for conformity orientation from –.11 ($p < .01$) to –.04 ($ns$). Separate Sobel tests were conducted for parental confirmation and supportive affection, respectively, to determine whether each parental behavior fully or partially mediated the influence of family conversation and conformity on children’s self-esteem. After removing parental affection from the model, the first test revealed that parental confirmation partially mediates the influence of conversation orientations ($z = 6.06, p < .01$) and fully mediates the influence of conformity orientations ($z = -4.37, p < .01$) on children’s self-esteem. Likewise, after removing confirmation from the model, the second test revealed that parents’ supportive affection partially mediates the influ-
ence of conversation orientations \(z = 4.99, p < .01\) and fully mediates the influence of conformity orientations on self-esteem \(z = -3.54, p < .01\).

**Perceived stress.** The second hierarchical regression model, using biological sex as a control variable and perceived stress as the criterion variable, produced a significant correlation coefficient, \(R = .41, F(7, 557) = 16.00, MSE = .239, p < .001\), accounting for 17% of the shared variance in perceived stress. At step 1, biological sex was a significant predictor of perceived stress, \(\Delta R^2 = .01, F \text{ change} = 6.37, p < .05\) (see Table 3). After controlling for biological sex, at step 2, family conversation and conformity orientations were significant predictors of perceived stress, \(\Delta R^2 = .11, F \text{ change} = 33.60, p < .001\). At step 3, parental confirmation was a significant predictor of perceived stress, \(\Delta R^2 = .05, F \text{ change} = 8.43, p < .001\), reducing the paths for conversation orientation from \(-.29 (p < .001)\) to \(-.15 (p < .01)\) and for conformity orientation from \(.10 (p < .05)\) to \(.03 (ns)\). The Sobel test revealed that parental confirmation partially mediates the influence of conversation orientations on children’s perceived stress \(z = 4.62, p < .01\) and fully mediates the influence of conformity orientations on children’s perceived stress \(z = -3.39, p < .01\).

**Mental health.** In the final hierarchical regression model, biological sex and divorce were entered as control variables, conversation and conformity orientations were entered as predictor variables at step 2, and only parental confirmation was entered at step 3, given the nonsignificant associations among parental affection and mental health. Using mental health as the criterion variable, the overall model produced a significant correlation coefficient, \(R = .36, F(5, 560) = 17.00, MSE = .385, p < .001\), accounting for 13% of the shared variance in mental health

### TABLE 2
Summary of Hierarchical Regression Analysis for Variables Predicting Young Adult Children’s Self-Esteem

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<th>Variables Entered</th>
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<th>(SE)</th>
<th>(\beta)</th>
<th>(t)</th>
<th>(F)</th>
<th>(\Delta R^2)</th>
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<td>-.04</td>
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\(aN = 567.\)

\(^*p < .01.\)
### TABLE 4
Summary of Hierarchical Regression Analysis for Variables Predicting Young Adult Children’s Mental Health Symptoms

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<th>Variables Entered</th>
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<th>t</th>
<th>F</th>
<th>ΔR²</th>
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<td>.11</td>
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<td>.01</td>
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<td>2. Divorce</td>
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</tr>
<tr>
<td>Step 2</td>
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<td>.16</td>
<td>4.06**</td>
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<td>.11</td>
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<td>−6.95**</td>
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<tr>
<td>1. Biological sex</td>
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<td>.05</td>
<td>.15</td>
<td>3.68**</td>
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<td>.05</td>
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<td>−.15</td>
<td>−2.75**</td>
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<td>.02</td>
<td>.03</td>
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<td>4. Parental confirmation</td>
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<td>−4.94**</td>
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<td>7. Parents’ supportive affection</td>
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<td>−.04</td>
<td>−.62</td>
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</table>

Note. Higher mental health scores represent poorer mental health.

*aN = 567.

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

### TABLE 3
Summary of Hierarchical Regression Analysis for Variables Predicting Young Adult Children’s Perceived Stress

<table>
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<th>Variables Entered</th>
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<th>F</th>
<th>ΔR²</th>
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<td>.05</td>
<td>.11</td>
<td>2.52*</td>
<td></td>
<td>.01</td>
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<tr>
<td>2. Divorce</td>
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<tr>
<td>Step 2</td>
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<td>1. Biological sex</td>
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<td>.04</td>
<td>.16</td>
<td>4.06**</td>
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<td>.11</td>
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<tr>
<td>2. Conversation orientation</td>
<td>−.14</td>
<td>.02</td>
<td>−.29</td>
<td>−6.95**</td>
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<td>3. Conformity orientation</td>
<td>.06</td>
<td>.02</td>
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<td>2.34*</td>
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<td>Step 3</td>
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<tr>
<td>1. Biological sex</td>
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<td>2. Conversation orientation</td>
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<td>7. Parents’ supportive affection</td>
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<td>.03</td>
<td>−.04</td>
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*aN = 567.

*p < .05. **p < .01.
symptoms. At step 1, biological sex and divorce were significant predictors of mental health, $\Delta R^2 = .04$, $F$ change = 11.44, $p < .001$ (see Table 4). After controlling for sex and divorce, at step 2, family conversation and conformity orientations were significant predictors of mental health symptoms, $\Delta R^2 = .04$, $F$ change = 12.36, $p < .001$. At step 3, parental confirmation was a significant predictor of mental health, $\Delta R^2 = .05$, $F$ change = 33.64, $p < .001$, reducing the paths for conversation orientation from $- .12$ ($p < .01$) to .03 (ns) and for conformity orientation from .13 ($p < .01$) to .06 (ns). Again, the Sobel test revealed that parental confirmation fully mediates the influence of both conversation orientations ($z = 2.86$, $p < .01$) and conformity orientations ($z = -2.88$, $p < .01$) on children’s mental health. Interestingly, parental confirmation also reduced the path for divorce from .10 ($p < .05$) to .04 (ns), in essence, fully mediating the influence of divorce on children’s mental health ($z = -2.33$, $p < .02$).

DISCUSSION

The principal goal of this research was to examine the extent to which parental confirmation and affection mediate the associations among family communication patterns and young adult children’s mental health and well-being. In general, the results indicate that parental confirmation and affection partially mediate the influence of conversation orientations, and fully mediate the influence of conformity orientations, on children’s self-esteem and perceived stress (although confirmation was the only significant mediator for stress). At the same time, parental confirmation fully mediates the effects of both conversation and conformity orientations, as well as divorce, on children’s mental health. Consequently, these results clearly highlight the importance of parental confirmation to children’s mental health and well-being, further confirming Watzlawick, Bavelas, and Jackson’s (1967) assertion that confirmation may be the “greatest single factor ensuring mental development and stability” (p. 84).

Consistent with previous research (cf. Koerner & Fitzpatrick, 2002b), the first two hypotheses predicted that conversation orientations would be positively associated with young adult children’s mental health and well-being, whereas conformity orientations would be inversely associated with health and well-being. The results supported both hypotheses. When families, and particularly parents, create a climate in which all family members are encouraged to participate in unrestrained interactions about a variety of topics, children are more likely to develop greater self-esteem and to report less perceived stress and fewer mental health symptoms. On the other hand, when family communication patterns stress homogeneity of attitudes, values, and beliefs, and produce interactions that focus on conformity and conflict avoidance, children are less likely to develop greater self-esteem and more likely to report greater perceived stress and poorer mental
health. In one sense, our results are consistent with previous research noting that conversation orientations are inversely associated with children’s anxieties, such as communication apprehension (Elwood & Schrader, 1998). In a different sense, however, our results provide evidence contrary to extant research, as Koerner and Fitzpatrick (1997) found that conformity orientations are inversely associated with depression. Although we did not measure depression per se, our results do suggest that conformity orientations are inversely associated with children’s mental health and well-being, although the effect sizes were marginal at best.

Perhaps a more plausible explanation for the mixed findings on conformity orientations can be found by examining possible mediators for children’s health and well-being, such as parental confirmation and affection. Thus, the next set of hypotheses (H3 and H4) predicted that conversation orientations would be positively associated, and conformity orientations inversely associated, with parental confirmation, and such was the case. Parents who encourage their children to discuss topics openly and freely are, in essence, acknowledging their children as valuable individuals and communicating that their opinions and beliefs are valued. When parents emphasize strict conformity to parental authority and encourage conflict-avoidant behaviors, however, such patterns tend to disconfirm children as valuable and unique individuals from whom parents can listen and learn. Consistent with Schrodt’s (2005) findings, family expressiveness (or conversation) is positively associated with healthy family functioning and children’s emotional bonding in families, so much so that it mitigates the negative influence of structural traditionalism (i.e., conformity) on family flexibility. Not surprisingly, our results also indicate that parental confirmation is positively associated with young adult children’s mental health and well-being (H5), further confirming Ellis’s (2002) findings that parental confirmation is positively associated with a variety of healthy child outcomes, including global self-worth, intellectual and creative abilities, and satisfaction with appearance. Contrary to Ellis’s (2002) research, however, our results (RQ1) did not provide evidence to suggest that the associations among mothers’ and fathers’ confirming behaviors and children’s well-being are significantly different.

An equally important parental behavior thought to influence child well-being is parental affection, and thus, our sixth hypothesis and second research question sought to explore the extent to which family communication patterns are associated with parents’ nonverbal, verbal, and supportive affection, respectively. Consistent with our line of reasoning, conversation orientations are positively associated with all three forms of parental affection. Parents who encourage children to engage in dialogue about a variety of topics and to discuss their ideas freely are more likely to express verbal affection (e.g., saying “I love you”), nonverbal affection in the form of hugs, pats on the back, and kisses, and supportive affection by Praising their children and helping them with their problems. When parents stress conformity, however, such orientations are inversely associated with all three forms of parental affection, although the effect sizes are marginal at best.
In previous research, Floyd and his colleagues (Floyd, Hess, et al., 2005; Floyd, et al., in press; Floyd & Morman, 1997, 1998, 2000, 2001) demonstrated the benefits of expressing and receiving affection in both nonfamilial (Floyd & Morman, 1997) and familial relationships (Floyd & Morman, 2000, 2001; Floyd & Morr, 2003). Consistent with this research, we predicted (H7) that parental affection would be positively associated with young adult children’s mental health and well-being, and in general, our hypothesis was supported. When parents express verbal, nonverbal, and supportive displays of affection, children are more likely to report higher self-esteem and less perceived stress. These results mirror Floyd, Hess, et al.’s (in press) findings that trait affection is positively associated with self-esteem and inversely associated with depression, stress, and fear of intimacy. With the exception of fathers’ supportive affection, however, our results suggest that parental displays of affection are relatively unrelated to mental health. Although we were somewhat surprised by this finding, the instrument we used to measure mental health asked participants to report the frequencies with which they experienced a variety of mental health symptoms during the past 2 weeks prior to completing the survey. Thus, the lack of evidence linking parental affection to children’s mental health may have less to do with our theoretical reasoning and more to do with the limitations of our operationalization of mental health in this study. Despite the results for mental health, however, the findings for self-esteem and perceived stress confirm the psychosocial benefits of parental affection, benefits that apparently do not differ based on either mothers’ or fathers’ displays of affection (RQ3).

Our fourth and final research question explored the extent to which parental confirmation and affection mediate the associations among family communication patterns (i.e., conversation and conformity) and young adult children’s mental health and well-being. In terms of self-esteem, our results indicate that parental confirmation and supportive affection partially mediate the influence of conversation orientations, and fully mediate the influence of conformity orientations, on children’s self-esteem. Overall, the model accounted for 23% of the shared variance in self-esteem and this result is meaningful, given that we operationalized self-esteem as a global trait in this study. Although parents who encourage their children to express their ideas freely and openly may enhance their children’s self-esteem, such parents may find that further communicating to their children in ways that acknowledge, value, and support them as worthwhile human beings only adds to their children’s sense of self-worth. In other words, a child’s self-esteem may have less to do with the larger family conversation orientation parents adopt and more to do with specific parental behaviors that communicate value to the child, although a conversation orientation continues to exert a positive influence on the child’s self-esteem.

At the same time, parental confirmation and affection fully mediates the influence of conformity orientations on children’s self-esteem. In essence, when par-
ents confirm, praise, and support their children in their times of need, such behaviors mitigate the negative influence of family conformity on children's self-esteem. In fact, Koerner and Fitzpatrick (2002b) argued that the influence of conformity orientations on children's resiliency is highly context dependent. When the influence of the authority figure (or in this case, the parent) is positive, conformity orientation is associated with resiliency, whereas when the influence of the authority figure is negative, such conformity is associated with lower resiliency. Consistent with Koerner and Fitzpatrick's (2002b) reasoning, our results tend to suggest that parents who maintain a conformity orientation while communicating that their children are valuable, worthwhile human beings may continue to build a positive sense of self in their children.

In terms of children's perceived stress, similar trends emerged. After controlling for initial sex differences, parental confirmation emerges as a significant predictor of children's perceived stress, one that partially mediates the influence of conversation orientations, and fully mediates the influence of conformity orientations, on children's perceived stress. Overall, the model accounted for 17% of the shared variance in perceived stress, and again, these results are meaningful given that perceived stress was measured by asking participants to report the extent to which they experienced a variety of stressors over the past month prior to completion of the survey. Across both global and situational measures of well-being, then, parental confirmation emerges as a potentially potent mediator of children's well-being. When parents spend time and communicate with their children in ways that confirm them as valuable human beings, such behaviors are likely to enhance the information processing and coping skills that children may glean from family conversation orientations. At the same time, such parental behaviors buffer children from the negative effects of high conformity orientations on perceived stress. Koerner and Fitzpatrick (2002b) noted that the benefits associated with membership in different family types (i.e., pluralistic, consensual, protective, and laissez-faire families) may depend, in part, on the extent to which a conformity orientation either equips children in their development of peer relationships or becomes counterproductive in such efforts. Based on our results, then, one might reason that families high in both conversation and conformity orientations (or consensual families) may be as equally healthy for children as those high in conversation and low in conformity (or pluralistic families), so long as parents couple their family communication patterns with confirming behaviors.

Finally, our results suggest that parental confirmation, when combined with biological sex, divorce, and family communication patterns, accounts for 14% of the shared variance in children's mental health symptoms. Contrary to the results for self-esteem and perceived stress, parental confirmation fully mediates both conversation and conformity orientations on children's mental health. These results are meaningful, given that mental health symptoms were measured by asking participants to report the symptoms they had experienced over the 2-week period prior
to completing the survey. Evidently, parents who confirm their children and support them well after their children leave home may be providing a source of support and encouragement that often buffers their children from stressors that can lead to poorer mental health. More importantly, our results further suggest that parental confirmation fully mediates the effects of divorce on children’s mental health. In recent research, Amato and Afifi (in press) found that children’s feelings of being caught, which are often the result of parents’ communication behaviors, mediate the influence of divorce on children’s subjective well-being and mental health. Although we did not measure feelings of being caught in this study, our results are nevertheless consistent with Amato and Afifi’s (in press) research, as parental confirmation may, in fact, buffer children from the harmful effects that divorce can have on their well-being. At the very least, future researchers should continue to explore parental communication behaviors that may mitigate the effects of divorce on children’s mental health and well-being.

In general, then, the results of this study offer three implications worth noting. First, the results highlight the importance of examining parental communication behaviors that could potentially mediate or moderate the influence of family communication patterns on child behavioral and psychosocial outcomes. Although most scholars would agree that family communication is inherently complex, most of the previous studies examining conversation and conformity orientations have focused almost exclusively on the main and interaction effects of these two dimensions. Very little attention has been paid to specific parental behaviors that could potentially mediate the effects of family communication environments on child outcomes, and although we concur with Koerner and Fitzpatrick (2002b) that conversation and conformity orientations play a crucial role in family functioning, we nevertheless would add that parental confirmation plays as large, if not an even larger role in the development of healthy, well-functioning children. Second, our results provide pragmatic utility in that they identify specific communication behaviors parents can enact with their children that may not only enhance their self-esteem, but may also reduce their perceived stress and provide a source of social support for coping with events that threaten mental health. Finally, our results identify parental confirmation as an additional parental behavior that mitigates the deleterious effects of divorce on children’s mental well-being.

Despite these implications, however, the results should be interpreted within the limitations of the research design. The use of self-report methods and the homogeneous sample (e.g., predominantly White, undergraduate students) warrant caution, as does the nonexperimental design of the research. For example, the associations reported here may differ, in part, as a function of relying on young adult children who may or may not be living at home. At the same time, parent–child interaction is bidirectional and thus, the associations reported here shed little insight into how young adult children’s responses to their parents’ communication behaviors shape future family interactions. As such, statements of causality based on the
results of statistical techniques useful for making causal inferences, such as hierarchichal regression, must be treated with caution given the correlational data analyzed in this report.

Future researchers might address these limitations by employing longitudinal research designs with a much more diverse sample of young adults. Researchers might also consider adding to these efforts by examining other parental communication behaviors that could potentially mediate the effects of family communication patterns on children’s well-being. For example, family scholars might design structural equation models that include parental confirmation and affection, as well as parents’ demand–withdraw patterns and conflict tactics, and explore the direct and indirect effects of conversation and conformity on children’s well-being through these parental communication behaviors. Through these efforts, family communication scholars may further our understanding of the associations among family communication patterns and children’s well-being.

REFERENCES


