

Disagreement in perceptions of stepfamily communication and functioning: Implications for mental health

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Abstract

This study tested the degree to which disagreement in perceptions of stepfamily communication and functioning is associated with the mental health of family members. Participants included 119 stepfamily triads from two different regions of the United States. Results indicate that stepfamily dissension and avoidance are inversely associated with the mental health of family members, whereas stepfamily involvement, flexibility, and expressiveness are positively associated with mental health. Disagreement in family members' perceptions of stepfamily dissension is negatively associated with the mental health of both adults, whereas disagreement in perceptions of stepfamily involvement is inversely associated with the mental health of stepchildren. The results extend efforts to identify communication behaviors that differentiate strong stepfamilies from those struggling with the developmental process.

Keywords

Avoidance, dissension, expressiveness, flexibility, involvement, mental health, stepfamily communication

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Over the last decade, scholars and clinicians have devoted substantial efforts toward understanding how individuals adapt and adjust to the challenges of stepfamily life (Ganong & Coleman, 2017; Papernow, 2013; Schrodtt, 2014, 2020). Stepfamilies are formed when at least one adult in a romantic relationship has a child or children from a previous relationship (Ganong & Coleman, 2017). Although all families form, negotiate, and maintain their relationships via interaction (Galvin, 2006), families that depart from cultural norms (e.g., stepfamilies) are even more dependent on interaction to define and legitimate themselves as family as they negotiate boundaries and expectations for those inside and outside of the family (Schrodtt, 2014).

At the center of this process is the extent to which family members experience greater or lesser degrees of solidarity and understanding through their interactions with each other, yet stepfamilies present unique challenges to this task given that they most often form in the wake of a romantic breakup, a divorce, or a parent's death. Achieving *solidarity*, or a collective sense of community and purpose that arises from shared responsibilities and interests, can be challenging in stepfamilies given the lack of relational history among family members, the absence of relational norms to guide communication, and ambiguous family boundaries (Schrodtt, 2014). As custody arrangements trend further and further toward joint residence, and as the complexities of multiple (re)marriages and (step)children blur boundaries of family membership (Raley & Sweeney, 2020), cultivating family solidarity and understanding can become increasingly difficult to achieve. Nevertheless, researchers have begun to identify certain family strengths (Golish, 2003), relational processes (Ganong et al., 2019; Jensen, 2017; Jensen & Lippold, 2018), and communication behaviors (e.g., Schrodtt, 2006a, 2006b, 2016a; Waldron et al., 2018) that promote family solidarity, understanding, and adjustment in stepfamilies.

The present study seeks to extend these efforts by testing a simple premise, namely, that discrepancies in how stepfamily members view their interactions with each other and their stepfamily as a whole have implications for the mental health of each family member. Although some scholars have explored how communication enhances stepfamily functioning and adjustment, with a few notable exceptions (e.g., Ganong et al., 2019; Golish, 2003), two key limitations characterize this body of work. First, there is a paucity of stepfamily studies that simultaneously incorporate perceptions of the same phenomena among multiple stepfamily members (Ganong et al., 2019). This lacuna demands further attention, given that biological parents, stepparents, and stepchildren often experience vastly different roles, tensions, and perceptions in the context of stepfamily life (Papernow, 2013; Schrodtt, 2014). Second, researchers have not yet considered how greater or lesser degrees of (dis)agreement in perceptions of stepfamily functioning may be meaningfully associated with the mental well-being of family members. Consequently, the present study relies on a sample of stepfamily triads to identify which dimensions of stepfamily communication and functioning are associated with each family member's mental health, as well as the extent to which differences in perceptions of those dimensions are associated with mental health.

Theoretical perspective

This investigation pairs related concepts in the field of communication with the circumplex model of marital and family systems (Olson, 2000, 2011) to articulate an overarching theoretical perspective regarding the role of perceptions in stepfamily functioning and adjustment. First, concepts that have a long history in the study of communication, such as interpersonal perception (Laing et al., 1966) and co-orientation (McLeod & Chafee, 1973), assume that in order to communicate effectively and coordinate action, individuals must attend to one another's thoughts and feelings (McLaren & Sillars, 2020). In particular, *co-orientation* refers to a situation where two or more individuals focus their cognitive attention on the same object (e.g., the stepfamily unit) in their social or physical environment and form beliefs and attitudes about the object (Newcomb, 1953). In dyads and in larger groups, such as stepfamilies, co-orientation leads to a set of cognitions that have important psychological and social properties (Koerner & Schrodt, 2014). In dyads, for instance, co-orientation leads to two distinct types of cognition for each family member. The first type of cognition is an individual's own beliefs about the object (e.g., the stepfamily system), whereas the second is an individual's perception of the other person's beliefs about the object. These two types of cognition determine three attributes of the co-oriented dyad: agreement, accuracy, and congruence. This investigation focuses specifically on *agreement*, which refers to the similarity between the two family members' evaluations of the object, for instance, whether a stepparent and stepchild share similar perceptions of their stepfamily as expressive and involved. The other two attributes include *accuracy*, or the similarity between the stepparent's perception of the stepchild's beliefs and the stepchild's actual beliefs, and *congruence*, which refers to the similarity between the stepparent's own beliefs and the stepparent's perception of the stepchild's beliefs. Thus, if the stepparent views the stepfamily as expressive and involved and also believes that the stepchild views it the same, the stepparent's cognition has congruence.

Agreement, accuracy, and congruence are not only properties of a co-oriented dyad or group, but can be used to define a shared social reality (Koerner & Schrodt, 2014). Continuing with the present example, a *shared social reality* would exist when stepfamily members are in agreement about their stepfamily, are aware that they share this agreement (i.e., are congruent), and are accurate in their beliefs about the shared perception. Co-orientation is necessary but insufficient to claim that family members share a social reality, however, as stepfamily members can disagree about how they perceive objects in their environment or erroneously believe they are in agreement when they are not. Nevertheless, for both practical and psychological reasons, co-orientation will usually lead to a shared social reality (Koerner & Schrodt, 2014). Practically speaking, in order for stepfamily members to coordinate their activities and function as a group, they need to be at least somewhat accurate about the beliefs of other family members. Inaccurate perceptions of (and/or disagreements with) other family members' perceptions and attitudes are likely to fuel misunderstandings that inhibit coordination and stepfamily functioning (cf. McLaren & Sillars, 2020). Psychologically, individuals desire balanced cognitions about family members and attitude objects (Heider, 1958). As long as attitudes about stepfamily members are positive, members believe that other

stepfamily members are in agreement with them—they are congruent. Incongruent beliefs, on the other hand, lead to imbalanced cognitions. Consequently, in stepfamilies, there is both the pragmatic need for accuracy (to function as a group) and a psychological need for congruence in family relationships, given the potential discomfort and stress associated with having imbalanced cognitions related to the family.

The concepts of co-orientation and a shared social reality suggest that stepfamily members' perceptions, social interactions, and discrepancies in their perceptions of those interactions play a pivotal role in helping to enhance (or inhibit) stepfamily functioning. To tie perceptions of stepfamily communication and functioning to the individual health of family members, however, the present study employed the circumplex model of marital and family systems (Olson, 2000, 2011).

The circumplex model of marital and family systems

In both clinical and academic settings, and across a variety of cultures (e.g., Herrera et al., 2020; Pirutinsky & Kor, 2013; Rada & Olson, 2016; Turkdogan et al., 2019), the circumplex model of marital and family systems represents one of the most extensively used theoretical explanations of family functioning. According to this model, families function in terms of *cohesiveness*, or the “emotional bonding that family members have toward one another” (Olson, 2000, p. 145), and *adaptability* (or flexibility), which refers to the amount of change a family experiences in terms of its leadership, role relationships, and relationship rules (Olson, 2000, 2011). Communication is the third dimension and is viewed as the dynamic component that aids or hinders family movement along the other two dimensions. Specifically, the model suggests that positive communication skills, including empathy, clarity, and effective problem-solving, facilitate healthy levels of family cohesion and flexibility, whereas a lack of communication skills inhibits the family system's ability to change when needed (Olson, 2000, 2011).

Although the circumplex model advances an explanation of how communication processes facilitate family functioning and adjustment, two limitations to this model and body of work are worth noting. First, most research testing the circumplex model has relied primarily upon the perspectives of individual family members from first-marriage, biological families (e.g., Olson, 2011; Pirutinsky & Kor, 2013; Turkdogan et al., 2019). This represents a key limitation, as one of the more common misunderstandings about stepfamilies, both for the individuals who live in them and the scholars who study them, is that they should function like first-marriage families (i.e., a “deficit-comparison” approach, see Ganong & Coleman, 2004). In a deficit-comparison approach, family scholars examine the behaviors and processes that are problematic in stepfamilies by comparing such processes to those found in first-marriage families.

A second, but perhaps more important limitation to circumplex research is the tendency of scholars outside the field of communication to oversimplify family interaction and reduce it in form to “good” or “bad” communication, “positive” or “negative” communication skills (Schrodt, 2005). As Schrodt (2005) argued, researchers often collapse key dimensions of family communication into overall indices and neglect both the unique contributions that different beliefs about family communication provide in facilitating family functioning and the theoretical grounding provided in the family

communication literature. Thus, one way to extend the circumplex model and advance an understanding of stepfamily adjustment is to examine the dimensions of communication and family functioning that are unique to stepfamilies, rather than rely on more global indices of positive or negative communication that have been developed within first-marriage families.

Communication, stepfamily functioning, and mental health

Scholars have looked primarily at the developmental pathways that stepfamilies take to achieve family solidarity (Baxter et al., 1999; Braithwaite et al., 2001), the communication strengths that differentiate strong stepfamilies from those struggling with the developmental process (Golish, 2003), and different types of stepfamilies based on family members' perceptions of family functioning (Schrodt, 2006a) and relational quality (Ganong et al., 2019; Jensen, 2017; Jensen & Lippold, 2018). Using in-depth interviews with 30 stepfamily triads, Golish (2003) found that strong stepfamilies were more likely than struggling stepfamilies to use a variety of communication behaviors, including more everyday talk among family members, greater levels of disclosure and openness, communicating clear rules and boundaries, engaging in family problem solving, and spending time together as a family.

More recently, Jensen (2017; Jensen & Lippold, 2018) used a nationally representative sample of adolescents to identify four distinct patterns of stepfamily relationship quality that predict meaningful differences in adolescent health. They found that adolescent adjustment over time is optimized when youth are living in *residence-centered* or *inclusive* stepfamilies, which are both marked by above-average levels of (step)parent-child closeness and stepcouple-relationship quality, as compared with youth living in *unhappy-couple* or *parent-child disconnection* stepfamilies, with the former marked by very low levels of stepcouple-relationship quality and the latter marked by low levels of (step)parent-child closeness. In a similar vein but from the perspective of remarried couples, Ganong et al. (2019) noted that marital dynamics were more strongly associated with stepfamily functioning than stepparent-stepchild relationship quality, although both forms of relational quality were positively associated with stepfamily functioning.

Despite the value of these lines of research, however, most of the work to date has neglected potentially meaningful differences that may exist in how members view their stepfamily system as a whole (or as a group). One notable exception is Schrodt's (2006a, 2006b, 2006c) program of research. After synthesizing the empirical literature on stepfamily functioning, Schrodt (2006b) developed and validated a measure (i.e., the Stepfamily Life Index or SLI) that assessed stepchildren's perceptions of the stepfamily as a group along five communicative dimensions of stepfamily functioning. First, *stepfamily dissension* refers to the degree to which relationships in the stepfamily are characterized by discord, stress, conflict, and tension. Dissension is broader than conflict as it incorporates aspects of family cohesiveness (Schrodt, 2006b). Second, *stepfamily avoidance* represents the degree to which stepfamily members refrain from communicating with each other and spending time with each other. Third, *stepfamily involvement* refers to the degree to which members are drawn toward and included in stepfamily activities. Fourth, *stepfamily expressiveness* represents how open and

forthright family members are in their conversations with each other. Finally, *stepfamily flexibility* consists primarily of how well the stepfamily problem solves, adapts, and changes in response to external pressures and/or sources of stress. All five dimensions provide nuanced assessments of communication that enhance or inhibit stepfamily functioning, with implications for the mental health of different stepfamily members (cf. Schrodt, 2006a).

In subsequent work, Schrodt (2006a, 2006b, 2006c) identified different stepfamily environments with implications for the mental health of family members, yet his work was limited to the individual perspectives of stepchildren. Hence, one way to extend the circumplex model to stepfamily systems and cross-validate the SLI is to examine the associations among adults' and children's reports of stepfamily functioning and mental health. Both the circumplex model (Olson, 2000) and prior research suggest that the stress and tension associated with living in dysfunctional family environments is likely to undermine the personal and relational adjustment of family members (Schrodt, 2005, 2006a, 2006b). Thus, the following hypothesis was advanced:

*H*₁: Stepfamily dissension and avoidance are inversely associated with the mental health of stepfamily members, whereas stepfamily involvement, expressiveness, and flexibility are positively associated with their mental health.

A second, but perhaps more important goal of this investigation was to test the degree to which disagreement in perceptions of stepfamily functioning predict family members' mental health. There is some evidence to suggest that discrepant perceptions of stepfamily relationships hold meaningful implications for family member adjustment. In earlier research, for example, Fine et al. (1998) found different perceptions of the stepparent role between adults and children in the stepfamily system. Children were more likely than parents and stepparents to prefer that the stepparent act as a friend rather than as a parental figure. However, adults were more likely to discuss the stepparent role with each other than they were to discuss this role with their stepchildren. This, in turn, led to little consistency in perceptions of parenting behaviors (i.e., warmth and control behaviors) for stepparents among family members, an unfortunate consequence given that consistency in perceptions of the stepparent role was positively associated with stepfamily members' interpersonal adjustment (Fine et al., 1998). When coupled with Ganong et al.'s (2019) observation that biological parents may be more attuned to the cohesion of the entire stepfamily unit as opposed to stepparents, who may be more concerned about their relationships with their stepchildren, one might reason that discrepancies in perceptions of stepfamily functioning might be associated with family member adjustment. In other words, the further apart stepfamily members are in their perceptions of how their stepfamily is communicating and functioning as a group, the more likely they may be to experience mental and emotional distress.

Taken together, the principle of co-orientation (Newcomb, 1953) and the circumplex model (Olson, 2000) suggest that family members prefer balanced cognitions and greater levels of agreement regarding objects in their environment to coordinate their everyday activities and function more effectively as a group. Consequently, co-

orientation processes that help stepfamily members create similar perceptions of how their stepfamily is functioning should be less stressful and taxing on their mental health. Conversely, disagreements in perceptions of stepfamily functioning should undermine adjustment, such that the greater the magnitude of the discrepancies, the more taxing it is on family members' mental health. To test this line of reasoning, a second hypothesis was advanced:

*H*₂: Disagreement in stepfamily members' perceptions of stepfamily functioning is inversely associated with each family member's report of mental health.

Method

Participants

The data were collected as part of a larger program of research investigating coparental communication and relational outcomes in stepfamilies (Schrodt, 2016a, 2016b). A total of 119 adult stepchildren (ages 18–41, $M = 21.8$, $SD = 3.6$), 119 stepparents (ages 20–69, $M = 48.9$, $SD = 7.8$), and 119 parents (ages 34–69, $M = 48.6$, $SD = 5.8$) participated in the study ($N = 119$ triads). The majority of participants were White (83.6%, $n = 298$) and from either the Midwestern ($n = 204$, 68 stepfamilies) or Southwestern ($n = 153$, 51 stepfamilies) regions of the United States. Stepchildren included 38 males and 81 females who reported growing up primarily in mother and stepfather households (58%), though 16 (13.4%) grew up in father and stepmother households and 14 (10.9%) grew up with their biological mothers. The majority of stepchildren had biological parents who were divorced (93.3%) and living (90.8%), as well as a parent and a stepparent who were remarried (86.6%), though 11 (9.2%) stepchildren reported having a parent and stepparent who cohabitated. For those stepchildren whose parents divorced, the length of time since the divorce ranged from 4 years to 29 years ($M = 14.8$, $SD = 5.5$). The frequency with which stepchildren visited their non-residential parents ranged from never (16.8%) to daily (0.8%), although the majority reported visiting once a month or less (37.8%), more than once a month but no more than once a week (29.2%), or more than once a week but less than daily (11.6%).

Stepparents included 85 stepfathers and 34 stepmothers, the majority of whom were remarried (89.9%) and had been previously divorced once (58.8%), though four (3.4%) had never been divorced, 16 (13.4%) had been divorced twice, and two (1.7%) had been divorced three times. Parents included 32 fathers and 87 mothers, the majority of whom were remarried (89.1%) and had been previously divorced once (68.9%), though 23 (19.3%) had been divorced twice and three (2.5%) had been divorced three times.

For stepparents, the highest level of education completed ranged from some high school (1.7%) to a Ph.D. (6.7%), though the majority had completed some college (37.0%), a bachelor's degree (23.5%), or a high school diploma (20.2%). For parents, the highest level of education completed ranged from some high school (3.4%) to a Ph.D. (5.0%), though the majority had completed some college (37.0%), a bachelor's degree (23.5%), or a high school diploma (18.5%). Both parents and stepparents reported combined household incomes that were distributed fairly evenly and ranged from less than \$20,000 a year to more than \$100,000 a year, although the sample was somewhat affluent with 31.1% of the adults

reporting combined household incomes in excess of \$100,000 a year. The average length of stepfamily formation ranged from 6 months to 27 years ($M = 10.4$, $SD = 6.2$).

Procedures

The data were collected using purposive and network sampling techniques. First, the researcher entered classes at two large universities in the Midwest and Southwest, and solicited direct participation from a variety of young adult stepchildren. In order to qualify for participation, participants were told that they must “be a member of a family in which your biological (or adoptive) parents are no longer together, and at least one of your parents has a new relational partner that you would think of as a stepparent.” Participants were also invited to recruit their parents and stepparents for participation in the research. All participants completed the questionnaire on a volunteer basis, and in classes where instructors granted permission, students were awarded minimal class credit (less than 2%) for completing the questionnaire and for returning completed questionnaires from other members of their stepfamily.

Second, students not qualifying as members of a stepfamily, as well as faculty members, friends, and fellow community members, identified additional participants who met the criteria for inclusion and who were willing to complete a questionnaire. Participants provided a phone number at the bottom of the consent form to verify participation, and returned questionnaires to the researcher in sealed envelopes to protect confidentiality. To verify participation of those respondents completing questionnaires through the network sampling procedures ($n = 248$), a research assistant randomly called 25% of the respondents to verify that they had indeed participated in the study and completed the questionnaire. All 62 respondents verified participation.

Measures

Perceptions of stepfamily communication and functioning. Stepfamily members reported their perceptions of stepfamily communication and functioning using Schrodts’s (2006b) SLI. Developed from the perspective of stepchildren, the SLI consists of 34 items assessing perceptions of stepfamily *dissension* (15 items, e.g. “There is a lot of conflict among family members in my stepfamily”), *involvement* (six items, e.g. “When we have a family celebration, everyone in my stepfamily participates”), *avoidance* (eight items, e.g. “In my stepfamily, we avoid talking about our relationships with each other”), *flexibility* (three items, e.g. “My stepfamily tries new ways of dealing with family problems”), and *expressiveness* (two items, e.g. “Members of my stepfamily say what they want to say”). Responses were solicited using a 7-point Likert scale that ranged from *strongly disagree* (1) to *strongly agree* (7). Schrodts (2006b) reported alpha coefficients ranging from .83 (for expressiveness) to .96 (for dissension) for four of the five dimensions, although the flexibility subscale produced poor internal reliability with an alpha of .59. Thus, five additional items were created to enhance the internal reliabilities of the flexibility and expressiveness subscales. The five subscales of the SLI produced sufficient internal reliability estimates for all three members of the stepfamily triad

ranging from .71 to .94, with the only exception being parents' reports of stepfamily involvement ($\alpha = .66$).

Mental health. Stepfamily members' reports of mental health 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 2 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. In this study, the subscale produced alpha coefficients of .85 for stepchildren, .80 for parents, and .82 for stepparents.

Data analysis

Prior to testing H_1 and H_2 , the SLI was submitted to a series of confirmatory factor analyses (CFAs) using maximum likelihood (ML) estimation procedures in LISREL 8.80 to verify the factor structure and establish measurement invariance for the 39-item scale across all three family members. First, three measurement models using individual items as indicators of each dimension of the SLI were tested, one for each member of the stepfamily triad. This set of CFAs provided within-family-member-role tests of the factor structure and item loadings for the SLI before testing the scale for factorial invariance across family member roles. Given a modest sample size and the demands that ML estimation procedures make on the data, a second measurement model was used to test the SLI for factorial invariance across stepfamily members using parcels for each dimension of the SLI. To facilitate just-identification, four of the five latent constructs were formed by parceling each subscale of the SLI into three parcels using a balancing approach (Little et al., 2002, 2013). The only exception was the 4-item expressiveness subscale, which was identified by creating two parcels and constraining the factor loadings for each parcel to equality. The parceling technique has several advantages over using items as indicators, including greater reliability, more precise identification of the latent construct, and fewer parameter estimates (Kline, 2015; Little et al., 2002, 2013). In the present study, reducing the total number of parameter estimates to test the SLI for factorial invariance made parceling particularly advantageous.

Once factorial invariance for the SLI had been established, H_1 and H_2 were tested using standardized covariance estimates from two additional measurement models. First, H_1 was tested using each stepfamily member's composite scores for each dimension of the SLI as separate indicators of the five dimensions of stepfamily functioning, along with latent constructs formed via parcels for each family member's report of mental health. H_2 was tested using the absolute values of three discrepancy scores for each dimension of the SLI (i.e., by subtracting the parent's score from the child's score, the stepparent's score from the parent's score, and the stepparent's score from the child's score) as indicators of disagreement among family members for a particular dimension of stepfamily communication and functioning, along with latent constructs for each family member's report of mental health. For both models, model fit was evaluated using

the maximum likelihood chi-squared statistic, as well as the non-normed fit index (NNFI), comparative fit index (CFI), standardized root mean square residual (SRMR), and root mean square error of approximation (RMSEA) (Kline, 2015). Values greater than .90 for the NNFI and CFI and less than .10 for the SRMR may indicate reasonably good fit, whereas RMSEA estimates less than .05 indicate close model fit, values between .05 and .08 suggest reasonable fit, and values greater than .10 suggest poor fit (Hu & Bentler, 1999; Kline, 2015).

Results

Preliminary analyses: Factorial invariance of the SLI

Preliminary analyses were conducted to determine if stepfamily members' perceptions of stepfamily communication and functioning could be assessed reliably and compared empirically. First, three separate CFAs were conducted to test the 5-factor solution and individual item loadings for each member of the stepfamily triad. A CFA of the SLI for stepchildren produced acceptable model fit, $\chi^2(692, N = 119) = 1278.75$, $\chi^2/df = 1.85$, $p < .001$, NNFI = 0.96, CFI = 0.96, SRMR = .075, RMSEA = .085 (90% CI: .078–.092). Although the RMSEA was slightly inflated, the remaining fit indices suggested that the 5-factor solution fit the data reasonably well. An examination of the modification indices revealed no additional changes that were theoretically defensible and would improve model fit. Constraining the two factors (i.e., dissension and involvement) that produced the largest intercorrelation to equality yielded a significant decline in model fit, $\Delta\chi^2(6) = 200.09$, $p < .001$, confirming that the 5-factor solution was most appropriate. Standardized factor loadings ranged from .35 to .87 across the five dimensions, although 38 of the 39 items loaded at .40 or higher (see Supplemental Appendix).

A CFA of the SLI for stepparents also produced acceptable model fit, $\chi^2(692, N = 119) = 1342.62$, $\chi^2/df = 1.94$, $p < .001$, NNFI = 0.94, CFI = 0.95, SRMR = .082, RMSEA = .078 (90% CI: .071–.086). Again, an examination of the modification indices revealed no additional changes that were theoretically defensible and would improve model fit. Constraining the two factors (i.e., dissension and expressiveness) that produced the largest intercorrelation to equality yielded a significant decline in model fit, $\Delta\chi^2(6) = 165.42$, $p < .001$, confirming that the 5-factor solution was most appropriate. Standardized factor loadings ranged from .20 to .87 across the five dimensions, although 38 of the 39 items loaded at .40 or higher (see Supplemental Appendix).

A CFA of the SLI for parents produced somewhat poorer model fit than that obtained for children and stepparents, $\chi^2(692, N = 119) = 1701.88$, $\chi^2/df = 2.46$, $p < .001$, NNFI = 0.90, CFI = 0.91, SRMR = .098, RMSEA = .118 (90% CI: .111–.124). Although the NNFI, CFI, and SRMR met the minimum thresholds for "acceptable" model fit, the RMSEA suggested more model misfit than that obtained for children and stepparents. An examination of the modification indices revealed three correlated residual error terms within two dimensions of the SLI (i.e., flexibility and expressiveness) that, if estimated, would improve model fit. Given (a) that these correlated residuals occurred within dimensions of the SLI, (b) that estimating them would alter the identification and specification of the latent constructs, and (c) that altering the specification of the constructs for parents but not for children and

stepparents would undermine the comparability of the SLI across all three family members, no modifications were made. Constraining the two factors (i.e., flexibility and expressiveness) that produced the largest intercorrelation to equality yielded a significant decline in model fit, $\Delta\chi^2(6) = 98.06, p < .001$, confirming that the 5-factor solution was most appropriate. Standardized factor loadings ranged from .25 to .90 across the five dimensions, although 38 of the 39 items loaded at .40 or higher (see Supplemental Appendix).

To test the 5-factor solution of the SLI for factorial invariance, parcels were created for each dimension using a balancing approach (Little et al., 2013). Following the procedures described by Little (1997), establishing measurement invariance requires a series of sequential model tests for configural invariance, loading or weak metric invariance, and intercept or strong metric invariance.

To begin, a three-groups measurement model with freely estimated model parameters demonstrated acceptable fit, $\chi^2(204, N = 357) = 446.55, \chi^2/df = 2.19, p < .01, NNFI = 0.96, CFI = 0.97, SRMR = .048, RMSEA = .094$ (90% CI: .081–.107). Although the RMSEA was slightly inflated, the NNFI, CFI, and SRMR were well above (or below) the minimum thresholds necessary for acceptable fit. Next, weak metric invariance was tested by constraining the loadings of the manifest indicators onto the latent constructs to equality between groups. The ΔCFI and RMSEA model tests (Little et al., 2007) yielded no significant change in model fit, $\chi^2(220, N = 357) = 464.20, p < .01, \Delta\chi^2(16) = 17.65, p > .05, NNFI = 0.97, CFI = 0.97, SRMR = .058, RMSEA = .091$ (90% CI: .078–.103), thus indicating that weak metric invariance is tenable. Likewise, the test for strong metric invariance also produced no meaningful change in the CFI or RMSEA fit statistic, $\chi^2(238, N = 357) = 478.79, p < .01, \Delta\chi^2(34) = 32.24, p > .05, NNFI = 0.97, CFI = 0.97, SRMR = .062, RMSEA = .087$ (90% CI: .074–.099). These tests indicate strong metric invariance between groups, establishing that the manifest indicators are assessing the same latent constructs for all three members of the stepfamily triad.

H₁: Perceptions of stepfamily functioning and mental health

H₁ predicted that stepfamily dissension and avoidance would be negatively associated with family members' mental health, whereas stepfamily involvement, flexibility, and expressiveness would be positively associated with mental health. To test *H₁*, a CFA of an 8-factor measurement model was conducted to assess the latent associations among the five dimensions of the SLI and each family member's report of mental health. All constructs were identified using three parcels to facilitate just-identification. For the five dimensions of stepfamily functioning, each latent construct was identified using each stepfamily member's composite score as an indicator of that particular dimension, with residual error terms within each family member's report of each dimension freely estimated to control for common method variance.

The 8-factor measurement model produced excellent model fit, $\chi^2(194, N = 119 \text{ triads}) = 241.00, \chi^2/df = 1.24, p < .05, NNFI = 0.98, CFI = 0.98, SRMR = .074, RMSEA = .033$ (90% CI: .000–.054). Each set of parcels loaded well onto their respective latent constructs, with factor loadings ranging from .49 to .82 across the eight constructs. As noted in Table 1, stepfamily dissension and avoidance were inversely associated with all three family member's reports of mental health, whereas stepfamily involvement and flexibility were

Table 1. Descriptive statistics, lambda (λ) loadings, and standardized covariance estimates for the SLI and mental health (N = 119 triads).

Latent construct Indicator	M (SD)	Lambda (λ)	1	2	3	4	5	6	7	8
1. SF Dissension			1.00							
Child Report	2.81 (1.25)	.60								
Parent Report	2.52 (1.11)	.70								
Stepparent Report	2.45 (1.11)	.74								
2. SF Avoidance			.90**	1.00						
Child Report	3.35 (1.27)	.51								
Parent Report	2.92 (1.15)	.62								
Stepparent Report	2.87 (1.19)	.66								
3. SF Involvement			-.66**	-.83**	1.00					
Child Report	5.23 (1.13)	.51								
Parent Report	5.45 (.95)	.61								
Stepparent Report	5.57 (1.00)	.57								
4. SF Flexibility			-.93**	-.96**	.58**	1.00				
Child Report	4.05 (1.06)	.49								
Parent Report	4.55 (1.03)	.58								
Stepparent Report	4.42 (1.07)	.56								
5. SF Expressiveness			-.81**	-.78**	.65**	.68**	1.00			
Child Report	4.91 (1.18)	.49								
Parent Report	5.22 (1.05)	.50								
Stepparent Report	5.38 (1.07)	.82								
6. Child MH			-.32**	-.34**	.24 [†]	.44**	.17	1.00		
Parcel 1	1.45 (.71)	.75								
Parcel 2	.94 (.76)	.71								
Parcel 3	.88 (.87)	.82								
7. Parent MH			-.36**	-.35**	.31*	.33*	.18	.17	1.00	
Parcel 1	1.41 (.71)	.63								
Parcel 2	.96 (.63)	.78								
Parcel 3	.65 (.78)	.72								
8. Stepparent MH			-.46**	-.47**	.25*	.47**	.38**	.01	.36**	1.00
Parcel 1	1.40 (.79)	.70								
Parcel 2	.87 (.69)	.71								
Parcel 3	.55 (.72)	.84								

Note. SF = stepfamily. MH = mental health (reverse-coded from mental health symptoms).

[†] $p = .054$. * $p < .05$. ** $p < .01$.

positively associated with all three family member's mental health. Likewise, stepfamily expressiveness was positively associated with all three family members' reports of mental health, but only significantly so with stepparents' mental health. Overall, H_1 was supported.

H_2 : Disagreement in perceptions of stepfamily functioning and mental health

H_2 predicted that greater disagreement in stepfamily members' perceptions of stepfamily functioning would be inversely associated with each family member's report of mental health. To test H_2 , a second 8-factor measurement model was tested using the absolute

Table 2. Descriptive statistics, lambda (λ) loadings, and standardized covariance estimates for disagreement on the SLI and mental health (N = 119 triads).

Latent construct Indicator	M (SD)	Lambda (λ)	1	2	3	4	5	6	7	8
1. Disagree:			1.00							
Dissension										
Child-Parent	.93 (.88)	.72								
Discrepancy										
Child-SP	.91 (.87)	.54								
Discrepancy										
Parent-SP	.84 (.76)	.41								
Discrepancy										
2. Disagree:			.77**	1.00						
Avoidance										
Child-Parent	1.13 (.95)	.65								
Discrepancy										
Child-SP	1.12 (.92)	.62								
Discrepancy										
Parent-SP	1.02 (.83)	.45								
Discrepancy										
3. Disagree:			.61**	.39**	1.00					
Involvement										
Child-Parent	.98 (.82)	.43								
Discrepancy										
Child-SP	.95 (.82)	.96								
Discrepancy										
Parent-SP	.85 (.71)	.22								
Discrepancy										
4. Disagree: Flexibility			.60**	.76**	.61**	1.00				
Child-Parent	1.08 (.85)	.54								
Discrepancy										
Child-SP	1.00 (.83)	.78								
Discrepancy										
Parent-SP	.96 (.80)	.27								
Discrepancy										
5. Disagree:			.66**	.75**	.78**	.69**	1.00			
Expressiveness										
Child-Parent	1.11 (.99)	.53								
Discrepancy										
Child-SP	1.02 (.82)	1.00								
Discrepancy										
Parent-SP	.91 (.72)	.16								
Discrepancy										
6. Child MH			-.01	.10	-.22*	.01	.08	1.00		
Parcel 1	1.45 (.71)	.75								
Parcel 2	.94 (.76)	.71								
Parcel 3	.88 (.87)	.82								
7. Parent MH			-.32**	-.05	-.12	-.10	-.12	.18	1.00	
Parcel 1	1.41 (.71)	.63								
Parcel 2	.96 (.63)	.78								
Parcel 3	.65 (.78)	.72								
8. Stepparent MH			-.31**	-.37**	-.17	-.13	-.18 [†]	.01	.35**	1.00
Parcel 1	1.40 (.79)	.70								
Parcel 2	.87 (.69)	.71								
Parcel 3	.55 (.72)	.84								

Note. SP = stepparent. MH = mental health (reverse-coded from mental health symptoms).

[†] $p = .072$. * $p < .05$. ** $p < .01$.

values of the discrepancy scores for each dimension of the SLI among the three members of the stepfamily triad as indicators of disagreement in perceptions of stepfamily functioning. As was the case for H_1 , this 8-factor measurement model also produced excellent model fit, $\chi^2(194, N = 119 \text{ triads}) = 252.59$, $\chi^2/df = 1.30$, $p < .01$, NNFI = 0.94, CFI = 0.96, SRMR = .070, RMSEA = .040 (90% CI: .010–.059). An examination of the modification indices revealed no additional changes that were theoretically defensible and would improve model fit. As noted in Table 2, greater disagreement in perceptions of stepfamily dissension was inversely associated with parents' and stepparents' mental health. Likewise, greater disagreement in perceptions of stepfamily avoidance and, to a lesser degree, stepfamily expressiveness were inversely associated with stepparents' mental health, whereas greater disagreement in perceptions of stepfamily involvement was inversely associated with stepchildren's mental health. Thus, H_2 was partially supported.

Post hoc analysis

Further inspection of the factor loadings in Tables 1 and 2 reveal interesting insights about how different dynamics among family members may contribute to perceptions of stepfamily communication and functioning. For instance, stepparents' reports of stepfamily expressiveness produced a much larger factor loading for the latent construct of expressiveness than stepchildren's or parents' reports (see Table 1). Likewise, discrepancies in perceptions of stepfamily involvement, flexibility, and expressiveness were driven more so by the difference in stepchildren's and stepparent's perceptions of these dimensions of stepfamily functioning than by differences between stepchildren and parents or between the two adults (see Table 2). Thus, the communicative dynamics of the stepparent-stepchild relationship may be particularly important for developing an involved, flexible, and expressive stepfamily system.

Discussion

This study examined the degree to which different dimensions of stepfamily communication and functioning are associated with family members' mental health. Overall, the results supported the theoretical line of reasoning advanced in this report. Consistent with the more general premise of Olson's (2000, 2011) circumplex model, different dimensions of stepfamily communication emerged as meaningful correlates of mental health for all three members of the stepfamily system. Likewise, latent discrepancies in how stepfamily members view certain aspects of their family's communication environment are associated with mental health in ways that extend an understanding of how co-orientation processes may enhance (or inhibit) stepfamily adjustment. Consequently, these results provide at least three implications worth noting.

First, the results underscore the importance of (dys)functional communication patterns to the adjustment of stepfamily members, as patterns of dissension and avoidance represent different manifestations of a lack of cohesion (and solidarity) that may undermine mental health. In earlier research, Baxter et al. (1999) identified conflict-related events as the single most important discriminator among five different

developmental pathways that stepfamilies may take during the first 4 years of development. Schrodt (2006a) then observed that some stepfamilies continue to follow conflict-laden developmental pathways until tension and strife become normative. Consistent with previous research, the results of this study suggest that stepfamily dissension may undermine mental health due to the stress associated with living in a family environment where conflict and discord have become normative ways of relating to other family members. Similarly, when stepfamily members engage in both conversational avoidance (particularly about their relationships with each other) and physical avoidance over time, such patterns of avoidance may become normative defense mechanisms that members use to protect themselves from the uncertainties, role ambiguities, and vulnerabilities that come from adjusting to a new family environment. This may be particularly true for stepchildren who often use avoidance to protect themselves from feeling caught between the different parents in their stepfamily system (Golish, 2003). By actively avoiding conversations necessary for reducing uncertainty and ambiguity in their stepfamily relationships, family members may experience a form of mental and emotional exhaustion that taxes their mental health. These results are noteworthy given that the stepfamilies in this study had been formed, on average, for more than 10 years, yet each individual's report of mental health symptoms were over the 2 weeks prior to their participation in the study. Consequently, normative patterns of dissension and avoidance appear to be robust indicators of stepfamily dysfunction that are detrimental to the mental well-being of family members.

On the other hand, patterns of stepfamily involvement, flexibility, and expressiveness appear to be important markers of healthy adjustment in stepfamilies given their positive associations with mental health. Stepfamily involvement is both a necessary and sufficient condition for the enactment of family rituals (Schrodt, 2006b), as productive ritual enactments enable stepfamily members to embrace their new family while still valuing what was important in their old family (Braithwaite et al., 1998). As time progresses, continued involvement indicates a certain level of stepfamily cohesion that facilitates adjustment, particularly for strong stepfamilies that spend time together, create common ground, and communicate a sense of inclusion (Golish, 2003). Likewise, flexibility and expressiveness may be key factors in stepfamily members' adjustment and mental health because they enable members to adapt and address many of the challenges to stepfamily life, such as regulating boundaries with a noncustodial family, navigating the ambiguity of parental roles, and building solidarity as a family unit (Golish, 2003).

A second set of implications to emerge from this study pertain to discrepancies in stepfamily members' reports of stepfamily communication and functioning and the associations between those discrepancies and mental health. To date, empirical investigations that incorporate multiple family members' perspectives to explore how perceptions and co-orientation processes are associated with mental health are scant. This study represents the first of its kind to employ latent constructs representing disagreement in perceptions of key dimensions of family functioning. Notably, the results indicate that greater disagreement in perceptions of stepfamily dissension is negatively associated with both parents' and stepparents' mental health, but not with stepchildren's mental health. Likewise, greater disagreement in perceptions of stepfamily avoidance (and to a lesser degree, expressiveness) is negatively associated with stepparents' mental

health. One explanation for these findings is that adults and children attend to different aspects of how the stepfamily communicates and functions as a group, particularly when it comes to how each member views their role within the stepfamily and what it may mean for their personal and relational well-being. For instance, Ganong et al. (2019) found that for both parents and stepparents, marital dynamics were more closely linked to perceptions of positive stepfamily functioning, and in particular stepfamily harmony, than were the dynamics of the stepparent-child relationship. Hence, remarried adults may find that discrepancies in perceptions of dissension are particularly upsetting and aversive given their more general inclinations to seek harmony, solidarity, and cohesion as a new family unit. Likewise, stepparents appear to be particularly sensitive to differences that may exist in how family members view conversational and physical avoidance among family members. As Ganong et al. (2019) reasoned, the differential sensitivity to family dynamics among parents and stepparents, such as those discovered here related to avoidance and expressiveness, may reflect their differential roles as family insiders/outsideers in their relationship with the child (see Papernow, 2013).

On the other hand, for stepchildren, the only dimension of stepfamily functioning for which greater disagreement inversely predicts mental health is involvement. This could be the result of feeling ostracized and excluded from the stepfamily as some residential parents privilege their remarried relationship over the emotional investment and interests of the children, or perhaps it reflects implicit pressures from re-partnered couples to feel like a family and act as one unit when the stepchildren have little interest in doing so. In previous research focused on stepchildren's feelings of being caught, Braithwaite et al. (2008) noted that stepchildren prefer to be centered in the middle of their stepfamilies. That is, stepchildren indicated that being centered, but not caught in the middle, occurs when they are given the freedom to negotiate the types of relationships they want to have with each of their parents in the stepfamily. When coupled with the findings of the present study, their research underscores the importance of understanding how involved children want to be in their stepfamily relationships. Their work may also explain why stepfamily flexibility is positively associated with stepchildren's mental health (see Table 1) even though discrepancies in perceptions of flexibility are not (see Table 2). The freedom to negotiate their relationships with each (step)parent in their stepfamily likely reflects a form of flexibility that enhances their mental well-being, despite any discrepancies that may exist in how both they and their (step)parents' view the flexibility of their stepfamily as a whole.

The final set of implications to emerge from this study are theoretical in nature. Specifically, the results extend Olson's (2000, 2011) circumplex model by identifying specific communication dimensions of stepfamily functioning that may enhance family member adjustment. Historically, scholars using the circumplex model have approached cohesiveness, adaptability, and communication as separate dimensions of family functioning (Olson, 2000), yet "the specific empirical manifestations of those domains in families may differ, depending on the specific experiences and unique challenges that different families face" (Schrodt, 2006b, p. 442). In this study, for instance, stepfamily dissension reflects elements of cohesion and conflict, whereas stepfamily involvement reflects elements of cohesion and participation in family rituals. Nevertheless, the collective story to emerge from these findings is one that supports the primary assertion of the

circumplex model: Members who view their stepfamilies as encouraging active participation in family activities, creating open and engaging conversational environments, remaining flexible in adapting to the changing roles and routines of stepfamily life, and striving to work through their differences in a constructive manner are healthier than those who do not hold such views about their stepfamily.

Furthermore, the results extend theoretical notions of co-orientation in stepfamilies by examining disagreement among family members in their views of how the stepfamily is communicating and functioning as a group. That individuals' mental health symptoms over a 2-week period are associated in meaningful ways with different sources of disagreement in perceptions of stepfamily functioning is truly remarkable, given how long the stepfamilies in this study had been in existence and the fact that the sources of disagreement were indicated by the absolute values of the discrepancies among family member reports. This is particularly noteworthy and insightful because it suggests that discrepant views of the stepfamily, independent of whether or not the stepfamily is thriving or struggling with the developmental process, are likely to undermine family member adjustment. In other words, stepfamily members from relatively strong stepfamilies who, nevertheless, diverge in their opinions about the state of their stepfamily are just as likely to experience the mental and emotional toll that comes from having latent disagreements about the family as are members of struggling stepfamilies who hold similarly discrepant views. At a minimum, these findings encourage family clinicians, practitioners, and stepfamily members to perception-check and use meta-communication to discuss how each individual sees the family's communication patterns as a group.

Of course, these implications should be interpreted with caution given the inherent limitations of the research design and sample. Specifically, the use of purposive sampling procedures in two university communities created an ethnically homogenous sample of stepfamily triads that were somewhat affluent. Future research that examines how perceptions of stepfamily functioning enhance or inhibit adjustment in more ethnically and socioeconomically diverse stepfamilies is needed. However, given the cross-cultural validation of the circumplex model in countries outside of the U.S., such as Turkey (Turkdogan et al., 2019), Israel (Pirutinsky & Kor, 2013), and Romania (Rada & Olson, 2016), the results reported here may possess greater generalizability, for both stepfamilies and other family forms, than one might think based on the limitations of the sample. A second limitation involves the cross-sectional nature of the research design, as stepfamilies change rapidly during the first 4 years of development relative to the time that transpires after the first 4 years (Baxter et al., 1999; Braithwaite et al., 2001; Ganong & Coleman, 2017). Examining the associations reported here in early-formation stepfamilies may yield different and/or more robust findings. Likewise, longitudinal research that tracks changes in stepfamily communication and functioning over time would certainly enhance understandings of how different forms of family interaction as a group enhances mental health.

Despite these limitations, overall, this study advances our understanding of stepfamily relationships by identifying which dimensions of stepfamily communication and functioning are associated with individual adjustment, as well as how latent disagreements among family members' views of those dimensions inversely predicts their mental

health. To the extent that all families form and maintain their relationships via interaction (Galvin, 2006) and seek to develop and maintain some level of solidarity and cohesiveness as a group, future researchers may find that the associations observed here for stepfamilies extend to other family forms as well.

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Supplemental material

Supplemental material for this article is available online.

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