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Comparative Study

A Comparative Study on Family Communication Pattern, Perceived Emotional Invalidation, And Self-invalidation Among Young Adults Based on Sibling Status

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ABSTRACT

During the transitional phase of young adulthood, individuals tend to experience emotional turmoil and are more likely to turn to one's family for emotional support. This is especially true in Indian context. However, to the extent emotional support is offered within the family, emotional invalidation is also prevailing due factors that are unique to Indian context. Existing literature suggest that, one of the contributors of emotional related difficulties in familial context could be communication pattern within the families. Earlier researches indicate that certain communication orientation within family is related to negative emotional outcomes among children of the families suggesting implying possibly invalidating perception by the individuals. Other researchers suggest cognitions and behaviors that reflect self-invalidation which could have possibly arisen from the invalidating perceptions. While, this is an existing notion, every individual is subjected to unique family dynamics and communication patterns and so does individuals who are single-born and those who have siblings. Withstanding this idea, this study intends to study the relationship between family communication patterns, perceived emotional invalidation, and self-invalidation among young adults. In addition to this, this study also focuses on how the relationship between these variables differs for young adults who are single-born and those with siblings.

Keywords: *Family communication pattern, Perceived emotional invalidation, Self-invalidation, young adults, Single-born, individuals with siblings*

I t is an observable notion that young adulthood is a transitioning phase for most individuals. Along with the transitions come stressors that could potentially disrupt the psychological well-being of individuals. Martel (2021) refers these individuals as "Transition-Age-Youth" (TAY) as they are more likely to put up with challenges that are both psychological and maturational in nature. She also adds on that this is the stressful period as they would be functioning, making decisions, managing relationships, building career, and identifying themselves with a not-so-fully developed brain and at the same time striving for financial and emotional self-reliance. While these challenges can be observed globally, young adults of India are distinctive in this aspect. India thriving with a

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collectivistic culture contextualizes the unique challenges faced by young adults (Mishra & Bhatt, 2021).

Indian collectivistic culture not only defines the challenges faced by young adults but also tend to contribute in how those individuals survive these challenges. One of the elements of this collectivistic stance is the family unit and the processes within the family greatly contributes to psycho-social wellbeing of young adult, by fostering better psychological, social, and educational outcomes among them (Afzal et al., 2024). Furthermore, literature specific to Indian context has emphasized family as a major support system that helps individuals eliminate dilemmas and challenges (Kapur, 2022).

Talking about family as a support system, it is inevitable that communication within the family must be positive and healthy. Every family tends to follow a communication pattern that contributes a great deal in fostering support. Previous researches have shown that, certain family communication patterns within the family were more positive and brought better mental health outcomes than others (Zarnaghash et al., 2013; Schrodt et al., 2016; Chernichky-Karcher & Wilson, 2017; & Mansur & Ramadhani, 2020). The Family Communication patterns which were not constructive, especially in terms of providing emotional support, would be more likely to create emotionally invalidating perceptions or experiences within the members of the family. Consistent with this, young adults tending to turn to family for support in times of emotional challenges due to various stressors, more expectedly perceive emotional invalidation consistent with previous researches (Kuo et al., 2022).

Furthermore, from previous research studies on emotional invalidation, we can imply that, invalidating perceptions, and experiences in individuals, especially adolescents and young adults, tend to internalize these invalidating perceptions and engage in self-invalidation which were observed as emotional suppression (Krause et al., 2003), dampening of positive emotions (Zielinski et al., 2022), self-harm (Wijana et al., 2021) and negative affectivity (Greville-Harris et al, 2016).

Family Communication Patterns:
One of the ways in which the family system's influential nature can be understood is through the communication within the family members. Family Communication Patterns was collaboratively introduced by two researchers. Initially, in 1988, Fitzpatrick went on describing communication within marital context which later was adapted by Ritchie in 1994 to take a parent-child context of Fitzpatrick's research. By reviewing the work of McLeod and Chaffee done in 1972, Ritchie curated the key dimension of family communication patterns which are Conversation orientation and Conformity orientation (Fitzpatrick & Ritchie, 1994)

Fitzpatrick and Ritchie (1994) refer to Family Communication Pattern as the persistent ways in which members within the families interact and communicate. The researchers even came up with an instrument named 'Revised Family Communication Patterns' questionnaire which classifies Family communication Pattern into two major dimensions namely, Conversation orientation and Conformity Orientation.

Conversation orientation refers to a pattern in which free exchange of ideas are encouraged (Fitzpatrick & Ritchie, 1994). It usually entails open dialogue and a communicative

environment. Researches have shown that individuals in families with conversation orientation, have positive and constructive outcomes such as lower perceived stress, higher self-esteem, and relational satisfaction (Schrodt et at., 2016), mental well-being of young adults (Schrodt & Ledbetter, 2007). In terms of emotional well-being, similar researches have also revealed a positive effect on emotional regulation and self-concept of adolescents (Nasir & Johari, 2024). In addition, Mansur, and Ramadhani (2020) has found that families with high conversation orientation (referred to as pluralistic families) were related to high levels of emotional intelligence, confidence along with being socially skilled and empathetic. Overall, conversation orientation predicts better mental health outcomes (Zarnaghash et al., 2013).

Conformity orientation is another dimension which is characterized by stressing homogeneity over beliefs, values, and attitudes within family members (Fitzpatrick & Ritchie, 1994). This type of orientation focuses less on individual expression as adherence to established norms are crucial and open communication is most usually discouraged. According to existing literature, individuals belonging to families with conformity orientation were found have emotional challenges (Nasir & Johari, 2024). Furthermore, in families high in conformity (with protective family communication style), the children were found to be reserved, less confident and struggled to socialize (Mansur & Ramadhani, 2020). Besides this, other researches have highlighted that in conformity-oriented families, children found it difficult to adjust to parents' deployment while experiencing emotional stress and exhibited behavioural issues (Kennedy-Lightsey & Frisby, 2016).

Fitzpatrick and Ritchie (1994) based on the levels of conversation and conformity orientation; family communication patterns are classified into four family communication styles which are consensual, with an emphasis on both compliance and conversation; pluralistic, where communication is prized but conformity is not; protective, where conformity takes precedence over conversation; and laissez-faire, in which both conformity and conversation are minimal.

Perceived Emotional Invalidation:
Emotional invalidation is a term most used in the clinical context, specifically in case of borderline personality disorder (BPD). Elzy (2013) describes that, emotional invalidation was initially discussed in one of the major theories explaining borderline personality disorder which is the biosocial theory. According to this theory, borderline personality disorder is more likely to develop in individuals with emotional vulnerability along with emotionally invalidating childhood environments or experiences (Linehan, 1933, as cited in, Elzy, 2013). Linehan (1933) had defined emotional invalidation as habitual environments in which emotions of the child or individual are met in "erratic, inappropriate and extreme responses". In essence, the individual's individual emotional expressions are devalued, considered unimportant or disregarded at large. He also described two characteristics of invalidating environments, one being, the others claiming individual's emotional experiences as wrong and the other describing the individual's emotional expressions as socially unacceptable. Overall, emotional invalidation can be referred to a process wherein the individual's emotions are criticized, dismissed, or minimized often giving rise to emotional dysregulation (Linehan, 1933).

Consistent with emotional invalidation, perceived emotional invalidation is a synonymous and specific construct. Rather than an invalidating environment or other's response to

individual emotional expressions, it focuses on how individuals themselves interpret other's responses to their emotions. Zielinski and Veilleux (2018) emphasize that, invalidation is not just about responses from external parties rather, it is about the subjective experience of these responses. They define of perceived emotional invalidation as "any social exchange during which an individual's expressed emotions or affective experiences are met with a response from another person that is perceived by the individual as implying that their emotions or affective experiences are incorrect or inappropriate." It is crucial to understand that regardless of the intent of the social partner in their responses, individuals' subjective perceptions are detrimental to various emotional problem (Zielinski and Veilleux, 2018).

Self-invalidation:
Now that perceived emotional invalidation is being discussed, the emotional outcomes of these perceptions are not the only outcomes by itself. These perceptions can be linked to the individual's tendency to self-direct these perceptions which could be self-invalidation (Linehan, 1993 & Schreiber, 2022). Self-invalidation occurs when individuals perceive their own emotions as inappropriate or undesirable which most usually stems from internalizing negative evaluations of their emotions observed in external sources (Schreiber, 2022). Further, Linehan (1933) posits that self-invalidation is the case when individuals "adopt the characteristics of the invalidating environment."

Schreiber (2022) draws a distinction between self-criticism and self-invalidation by emphasizing more specifically on the emotional expression aspect of invalidation. He further claims that this self-invalidation results in emotional suppression consequently leading to distress and psychopathology. Here, the emotional suppression by self-invalidation is explained to be reflected from the perceived emotional invalidation and internalizing these beliefs onto oneself.

When it comes to the destructive effects of self-invalidation, Linehan (1993) explains, particularly in clinical population, it has been described that, self-invalidation gives way to self-hate because of the individuals' lack of belief in their individualistic perceptions of reality. Additionally, it has been explained that when negative emotional expressions are perceived to be undesirable or something that is discouraged, the individuals' ability to become emotionally aware and label their negative emotions is impaired. Not only this but also the individual tends to not trust their emotional expressions and not engage in "compassionate self-directed behaviors" (Linehan, 1993). He also suggests that such individuals not only internalize these invalidating experiences but also tend to adopt the behavioral expectations that they set for themselves that ends up being unhelpful and destructive. All these effects of self-invalidation suggested from existing literature indicates the intense or extreme points on the spectrum of invalidation. However, these descriptions help understand how devastating it would for an individual and how these incidences might lead to clinical conditions.

Emotional invalidation and sibling status:
As mentioned earlier, emotional invalidation is a critical concern stemming from family dynamics. Adding to these dynamics, sibling status can be a crucial aspect that moderates emotional invalidation among individuals within the family. Siblings can play a pivotal role in this context, where their interactions can either validate or invalidate one another's emotional experiences. Research by Stocker et al, (2020) highlights that individuals with toxic sibling relationships report higher levels of emotional distress, suggesting that negative

sibling dynamics can create environments rife with emotional invalidation. This aligns with the idea that the absence of supportive sibling relationships may contribute to emotional challenges.

Moreover, the nature of sibling relationships can vary greatly between only children and those with siblings, which in turn influences their experiences of emotional invalidation. Only children may face unique pressures, such as heightened parental expectations, that can lead to feelings of inadequacy when their emotional expressions do not align with familial standards. This scenario can imply that only children may be more susceptible to emotional invalidation compared to their peers with siblings, who might offer emotional support during challenging times. Jensen et al. (2020) emphasize that supportive sibling relationships can be helpful in navigating life's challenges. From this it can be implied that sibling relationships characterized by emotional validation can buffer against parental emotional invalidation, indicating the protective role siblings can play. These differences underscore the need to study the proposed relationship based on sibling status of young adults.

Research relevance and Impact:
The relevance of this research lies in its exploration of the relationship between family communication patterns and emotional validation, especially within the framework of family therapy. Communication within families is central to emotional health and relational dynamics, as it influences intimacy, conflict resolution, and decision-making processes (Noller & Fitzpatrick, 1992). Family systems, when shaped by effective communication, are better equipped to navigate mental health challenges, reducing the emotional strain that can arise from high levels of expressed emotion (EE). As Hatfield et al. (1987) noted, EE— particularly criticism and emotional overinvolvement—can significantly worsen mental health outcomes, while lower levels of EE are associated with healthier family dynamics. This research builds on these findings by examining how family communication patterns, particularly emotional validation, can mitigate the detrimental effects of high EE and improve mental health outcomes.

Emotional validation within family therapy plays a crucial role in reducing feelings of alienation and fostering a supportive environment, which is essential when managing mental illness. Research, such as that by Miklowitz et al. (2009), emphasizes the importance of integrating emotional validation into family-focused treatments, particularly for adolescents with conditions like bipolar disorder. In families with high EE, where criticism and emotional overinvolvement are prevalent, the presence of emotional validation can serve as a therapeutic buffer, enabling better mental health outcomes. This research seeks to highlight the broader implications of such findings, demonstrating that emotional validation not only improves the therapeutic process but also strengthens the emotional resilience of family members. By focusing on how families can shift from patterns of invalidation to more supportive communication styles, this study underscores the role of emotional validation in fostering psychological well-being not only from a therapeutic stance but also psychological well-being in general, while managing conflicts, disagreements, and other interpersonal concerns within the family.

In conclusion, this research aims to shed light on the intricate dynamics of family communication patterns, emotional invalidation, and their impact on young adults' psychological well-being. By focusing on how emotional experiences within family systems are either validated or dismissed, the study underscores the vital role that family interactions

play in shaping emotional health. The importance of these dynamics is especially evident in the transitional phase of young adulthood, where individuals face numerous psychological and developmental challenges. Understanding these interactions provides a pathway to improving mental health outcomes and fostering healthier familial relationships.

As this research explores emotional validation and its critical role in family systems, it also highlights the potential for therapeutic interventions to mitigate the negative effects of high expressed emotion and invalidation. With a focus on family communication and emotional support, this study has the potential to contribute to more effective strategies in family therapy and mental health interventions. Ultimately, the insights derived from this research are expected to offer valuable implications for both clinical practice and the broader understanding of family dynamics, contributing to a more compassionate and emotionally supportive environment for young adults navigating their developmental journey.

METHODOLOGY

Aim:

The study intends to compare the influence of Conversation orientation and Conformity orientation on self-invalidation of individuals who are only children in the family and individuals with siblings along with the mediating role of perceived emotional invalidation.

Objective:

The objectives of the study include,

- To assess the relationship between conversation orientation, conformity orientation, perceived emotional invalidation and self-invalidation in only children and in individuals with siblings
- To examine whether family communication predict self-invalidation in only children and in individuals with siblings
- To examine the mediating role of perceived emotional invalidation in the relationship between family communication pattern and self-invalidation
- To compare these variables among only children and individuals with siblings

Hypothesis:

- **H0:** There will be no significant relationship between Conversation orientation, perceived emotional invalidation, and self-invalidation among single-born and those with siblings
- **H1:** Conversation orientation will be significantly correlated with perceived emotional invalidation and self-invalidation among single-born and those with siblings
- **H0:** There will be no significant relationship between Conformity orientation, Perceived Emotional Invalidation, and Self-invalidation among single-born and those with siblings
- **H2:** Conformity orientation will be significantly correlated with perceived emotional invalidation, and self-invalidation among single-born and those with siblings
- **H0:** Perceived emotional invalidation does not mediate the relationship between conversation orientation and self-invalidation
- **H3:** Perceived emotional invalidation mediates the relationship between conversation orientation and self-invalidation

- **H0:** Perceived emotional invalidation does not mediate the relationship between conformity orientation and self-invalidation
- **H4:** Perceived emotional invalidation mediates the relationship between conformity orientation and self-invalidation
- **H0:** There will be no significant differences in conversation orientation, conformity orientation, perceived emotional invalidation, and self-invalidation between young adults who are single-born and those who have siblings.
- **H5:** There will be significant differences in conversation orientation, conformity orientation, perceived emotional invalidation, and self-invalidation between young adults who are single-born and those who have siblings.

Research design:
This current study follows a quantitative approach. As, it intends to look for relationship between family communication pattern and self-invalidation and how perceived emotional-invalidation mediates this relationship, it would be correlational in nature. In addition, it is also cross-sectional in nature as it intends to measure the family communication patterns, perceived emotional invalidation and self-invalidation of two groups such as young adults who are only children and young adults who have siblings at a single point in time.

Sampling:
A sample size of 165 young adults, belonging to the age group 18 to 25 years are appropriate for the current study consistent with previous studies. Since the study is comparative in nature, the samples are of 84 young adults who are only children and 81 young adults those who have siblings. The samples are of Indian origin and are selected using the method of snow-ball sampling.

Inclusion criteria:
- Individuals who can understand and complete questionnaires in English.
- Individuals who have a family background (Nuclear, extended/joint, single parent) are included

Exclusion criteria:
- Individuals who have diagnosed mental health conditions are excluded.
- Individuals who have physical disabilities or chronic illnesses are excluded.

Statistical analysis:
The statistical analysis of the study includes Pearson correlation to test if there is positive association between family communication pattern, perceived emotional invalidation, and self-invalidation. To examine the effect of family communication pattern on self-invalidation, along with the mediating effect of perceived emotional invalidation and, regression analysis is employed. An independent sample t-test to examine the differences between young adults who are the only children and those who have siblings.

Tools used:
- **Revised Family Communication Patterns Questionnaire (RFCP):** Revised Family Communication Patterns Questionnaire was developed by Ritchie and Fitzpatrick (1994). It contains 26-items formulated differently for parent's and children. The children's version of the questionnaire is used in this study to measure

family communication pattern as perceived by young adults. This scale contains two major dimensions namely conversational orientation and conformity orientation. The responses are given in 5-Likert scale. The responses are given scores from 1 to 5 for 'Disagree strongly', 'disagree', 'neutral', 'agree' and 'agree strongly'. The reliability values for each dimension are 0.84 and 0.76 respectively. It is also observed to have good validity.

- **The Perceived Invalidation of Emotion Scale (PIES):** The Perceived Invalidation of Emotion Scale developed by Zielinski and Veilleux (2018) was used to measure Perceived emotional invalidation. It is a 10-item self-report scale which has a five-point Likert scale as response category. The responses are given scores of 1, 2, 3, 4, and 5 respectively for 'Almost never', 'Sometimes', About half the time', 'Most of the time', and 'Almost Always'. The Cronbach's alpha value of this scale is good (0.91 and 0.93) indicating that the scale is highly reliable. In addition, it also has modest convergent validity, good divergent validity, concurrent validity as well as incremental validity.

- **The Self-Invalidation Due to Emotions Scale (SIDES):** The Self-Invalidation Due to Emotions Scale developed by Schreiber and Veilleux (2022) was used to measure the level of self-invalidation in terms of sub-scales Self-invalidation due to high emotional experience and self-invalidation due to low emotional experience. It has 10-items divided under each sub-scale. The responses follow a 6-point Likert scale. The responses are given scores from 1 to 6 for 'Very untrue of me', 'untrue of me', 'slightly untrue of me', 'slightly true of me', 'true of me' and 'very true of me'. The scale was found to indicate good reliability for both high emotional experience (α = .80) and low emotional experience (α = .8) subscales. Furthermore, the convergent, divergent, and incremental validity of the scale has been established.

RESULTS

Table No. 1 shows the demographic data of the participants (n=165)

Demographic Variables	Category	Frequency	Percentage
Gender	Male	50	69.7%
	Female	115	30.3%
Sibling Status	Single-born	84	50.9%
	With Siblings	81	49.1%
Age	18 – 21 years	106	64.24%%
	22- 25 years	59	35.75

Table 1 indicates the demographic data of participants. From the demographic data, it shows that 115 participants are females which account for 30.3%. The remaining participants totaled to 50 who are males, accounting for 69.7%. Sibling status was categorized into single born and those with siblings, whereby, the former accounted for 84 participants at 50.9%, while the latter also had 81 participants accounting for 49.1%. The age of the respondents was categorized whereby, 106 participants accounted for 64.24% aged between 18 to 21 years and the remaining 59 participants accounting for 35.75% were aged between 22-25 years. This is a diverse population that is mainly young adults, with fair balance in sibling status and primarily females.

Table No. 2 shows the descriptive statistics for Family communication patterns, perceived emotional invalidation and self-invalidation for young adults (n=165)

Variables	N	Mean	Standard Deviation	Standard Error Mean
Conversation Orientation	84	52.86	10.667	1.164
	81	50.10	9.934	1.104
Conformity Orientation	84	33.14	6.724	0.734
	81	37.12	7.610	0.846
Perceived Emotional Invalidation	84	24.01	7.462	0.814
	81	23.32	8.538	0.949
Self-invalidation due to High emotionality	84	4.11	1.414	0.154
	81	4.12	1.345	0.149
Self-invalidation due to Low emotionality	84	2.51	1.410	0.154
	81	2.33	1.466	0.163
Self-invalidation	84	6.58	1.964	0.216
	81	6.46	1.981	0.220

Table 2 Descriptive statistics for the three measures that included family communication patterns, perceived emotional invalidation, and self-invalidation for participants. For conversation orientation, single-born individuals scored at a mean of 52.86 (SD = 10.667), while their counterparts with siblings scored 50.10 (SD = 9.934). For conformity orientation, single-born participants scored at a mean of 33.14 (SD = 6.724) in contrast to 37.12 (SD = 7.610 by those participants with siblings). Regarding perceived emotional invalidation, the mean score is at 24.01 (SD = 7.462) among single-born participants and 23.32 (SD = 8.538) among others who have siblings. For self-invalidation due to high emotionality, scores were the same for both single-born people at 4.11 (SD = 1.414) and those with siblings at 4.12 (SD = 1.345) The scores for self-invalidation due to low emotionality were 2.51 (SD = 1.410) for single-born people and 2.33 (SD = 1.466) for those with siblings. Mean self-invalidation scores were 6.58 (SD = 1.964) for single-born participants and 6.46 (SD = 1.981) for those having siblings.

Table No. 3 shows the independent sample t-test for difference between single-born and individuals with siblings

Variables	t	df	p	Mean Difference
Conversation orientation	.099	165	.088	2.758
Conformity Orientation	-3.56	165	.000**	-3.981
Perceived Emotional Invalidation	.55	165	.580	.691
Self-invalidation (High emotionality)	-.076	165	.940	-.016
Self-invalidation (Low emotionality)	.798	165	.426	.179
Self-invalidation	.394	165	.694	.122

Table 3 indicates the independent samples t-test results, which revealed a significant difference in conformity orientation between single-born and individuals with siblings, with individuals with siblings reporting higher levels of conformity orientation (M = 37.12, SD = 7.61) compared to single-born (M = 33.14, SD = 6.72), t (163) = -3.56, p < .001. This finding suggests that families with multiple children tend to foster a greater emphasis on

adherence to family norms and expectations, which can influence the emotional and behavioral dynamics among siblings.

Table No 4.1 shows Pearson correlation matrix for Conversation orientation and Conformity orientation, Perceived Emotional Invalidation, and Self-invalidation of single-born (n=85)

Variables	Perceived emotional invalidation	Self-invalidation (High emotionality)	Self-invalidation (Low-emotionality)	Self-invalidation
Conversation Orientation	-.446**	.092	-.356**	-.159
Conformity Orientation	.417**	.148	.215*	.242*
Perceived emotional invalidation	-	.106	.400**	.375

Table 4.1 indicates the Pearson correlation matrix for single-born individuals (n = 85) shows significant relationships between family communication patterns, perceived emotional invalidation, and self-invalidation. Conversation orientation is moderately and negatively correlated with perceived emotional invalidation (r = -.446, p < .01) and self-invalidation due to low emotionality (r = -.356, p < .01), indicating that higher levels of open communication are associated with lower perceived emotional invalidation and self-invalidation in low emotionality contexts. In contrast, conformity orientation shows a moderate, positive correlation with perceived emotional invalidation (r = .417, p < .01), and a weak but significant positive correlation with both self-invalidation due to low emotionality (r = .215, p < .05) and overall self-invalidation (r = .242, p < .05). Lastly, perceived emotional invalidation has a moderate, positive correlation with self-invalidation due to low emotionality (r = .400, p < .01) and overall self-invalidation (r = .375, p < .01), consistent with the literature on emotional invalidation as a precursor to maladaptive self-perceptions.

Table No 4.2 shows Pearson correlation matrix for Conversation orientation and Conformity orientation, Perceived Emotional Invalidation, and Self-invalidation of individuals with siblings (n=81)

Variables	Perceived emotional invalidation	Self-invalidation (High emotionality)	Self-invalidation (Low-emotionality)	Self-invalidation
Conversation Orientation	-.148	-.041	-.018	-.041
Conformity Orientation	.192	.116	-.016	.067
Perceived emotional invalidation	-	.109	.099	.147

Table 4.2 indicates the Pearson correlation matrix for individuals with siblings (n = 81) shows weaker and fewer significant relationships between family communication patterns,

perceived emotional invalidation, and self-invalidation compared to the single-born group. Conversation orientation is not significantly correlated with perceived emotional invalidation (r = -.148, p > .05), self-invalidation due to high emotionality (r = -.041, p > .05), self-invalidation due to low emotionality (r = -.018, p > .05), or overall self-invalidation (r = -.041, p > .05).

Furthermore, Conformity orientation shows a weak, non-significant positive correlation with perceived emotional invalidation (r = .192, p > .05) and self-invalidation due to high emotionality (r = .116, p > .05), as well as near-zero correlations with self-invalidation due to low emotionality (r = -.016, p > .05) and overall self-invalidation (r = .067, p > .05). Lastly, perceived emotional invalidation shows weak, non-significant positive correlations with self-invalidation due to high emotionality (r = .109, p > .05), low emotionality (r = .099, p > .05), and overall self-invalidation (r = .147, p > .05).

Table No 5.1 showing the regression analysis of conversation orientation, conformity orientation, and perceived emotional invalidation for single born (n=85)

Variable	R	R Square	Adjusted R Square	Std. Error
Conversation Orientation	.446	.199	.189	.840
Conformity Orientation	.417	.174	.164	.853

Table 5.1 indicating the regression analysis for single-born individuals (n = 85) reveals that both conversation orientation and conformity orientation moderately predict perceived emotional invalidation. For conversation orientation, the model shows that it explains 19.9% of the variance in perceived emotional invalidation (R² = .199), with an adjusted R² of .189 and a standard error of .840. For conformity orientation, the model explains 17.4% of the variance in perceived emotional invalidation (R² = .174), suggesting a moderate level of mediation. This indicates that families emphasizing conformity and adherence to norms are associated with higher levels of perceived emotional invalidation.

Table No 5.2 showing the regression analysis of perceived emotional invalidation, and self-invalidation for single born (n=85)

Variable	R	R Square	Adjusted R Square	Std. Error
Perceived Emotional Invalidation	.375	.141	.130	.931

Table 5.2 indicating the regression analysis for single-born individuals (n = 85) shows that perceived emotional invalidation explains a modest proportion of the variance in self-invalidation. The model reveals that perceived emotional invalidation accounts for 14.1% of the variance in self-invalidation (R² = .141), with an adjusted R² of .130 and a standard error of .931.

Table 5.3 showing the regression analysis of Conversation orientation, Conformity orientation, and Self-invalidation (n=85)

Variable	R	R Square	Adjusted R Square	Std. Error
Conversation Orientation	.159	.025	.013	.991
Conformity Orientation	.242	.059	.047	.974

Table 5.3 indicating the regression analysis for single-born individuals (n = 85) indicates that neither conversation orientation nor conformity orientation significantly predicts self-invalidation. For conversation orientation, the model shows that it accounts for only 2.5% of the variance in self-invalidation (R^2 = .025), with an adjusted R^2 of .013 and a standard error of .991. This suggests a very weak explanatory power, indicating that conversation orientation has minimal impact on self-invalidation.

Similarly, for conformity orientation, the model explains 5.9% of the variance in self-invalidation (R^2 = .059), with an adjusted R^2 of .047 and a standard error of .974. This also indicates a weak relationship between conformity orientation and self-invalidation. The low R^2 values for both predictors suggest that other factors not included in the model may have a more significant influence on self-invalidation among single-born individuals.

Table No 5.4 showing the mediation analysis of Conversation orientation, Conformity orientation, Perceived Emotional Invalidation and Self-invalidation

Variable	R	R Square	Adjusted R Square	Std. Error
Conversation Orientation	.375	.141	.119	.936
Conformity Orientation	.386	.149	.128	.932

Table 5.4 indicates the results obtained through mediation analysis for single born individuals. For conversation orientation, the analysis indicates a weak direct effect on self-invalidation (R^2 = .025), suggesting that it does not significantly predict self-invalidation on its own. However, conversation orientation moderately predicts perceived emotional invalidation (R^2 = .199), which in turn affects self-invalidation (R^2 = .141). This establishes that the relationship between conversation orientation and self-invalidation is primarily indirect, with perceived emotional invalidation acting as a partial mediator.

Similarly, the results for conformity orientation show a weak direct effect on self-invalidation (R^2 = .059), indicating a limited direct relationship. Yet, conformity orientation significantly predicts perceived emotional invalidation (R^2 = .174), which also significantly impacts self-invalidation (R^2 = .141). This indicates that the mediation effect is again indirect, with perceived emotional invalidation serving as a mediator in the relationship between conformity orientation and self-invalidation.

DISCUSSION

The study examined the relationships between family communication patterns (conversation and conformity orientation), perceived emotional invalidation, and self-invalidation among single-born individuals and those with siblings. Key findings revealed that conformity orientation significantly differed between the two groups, with individuals with siblings reporting higher levels of conformity orientation (M = 37.12) than single-born individuals (M = 33.14), suggesting that larger families may foster greater adherence to norms and family expectations, as supported by previous research (Jenn et al., 2018; McHale, Updegraff & Whiteman, 2012).

For single-born individuals, conversation orientation was negatively correlated with perceived emotional invalidation and self-invalidation due to low emotionality, indicating

that open family communication reduces feelings of invalidation (Schrodt et al., 2008). Conformity orientation, conversely, was positively correlated with perceived emotional invalidation and self-invalidation, aligning with findings that hierarchical family structures can suppress emotional expression (Koerner & Fitzpatrick, 2002).

Regression analysis further revealed that perceived emotional invalidation is a moderate predictor of self-invalidation, confirming the role of emotional invalidation in fostering negative self-perceptions (Krause et al., 2003). Mediation analysis demonstrated that both conversation and conformity orientation impact self-invalidation moderately and indirectly through perceived emotional invalidation, highlighting the importance of emotional validation in family dynamics.

For individuals with siblings, the relationships between family communication patterns, emotional invalidation, and self-invalidation were weaker, possibly due to the buffering effect of sibling relationships (Brody, 2004). The overall findings underscore the complex role of family communication patterns in shaping emotional and self-perceptual outcomes among young adults, with emotional invalidation acting as a critical mediator in these processes.

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