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Examining Mediating role of Gender Roles in the Relationship between Family Communication Orientation and Resilience

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Article Info	ABSTRACT						
Article type:	Objective: The primary objective of the current investigation was to examine the correlation						
Research Article	between the dimensions of family communication patterns and psychological resilience, with						
Article history:	a focus on the mediating role of gender roles.						
Received 27 Nov. 2024	Methods: The methodological framework employed in this study was correlational,						
Received in revised form 21	specifically utilizing structural equation modeling. The statistical sample for this research						
Received in Tevised Torin 21	encompassed students from Shiraz University and Shahid Bahonar University of Kerman in						
Dec. 2024	the year 2022, from which a total of 388 students (comprising 221 females and 167 males)						
Accepted 09 Feb. 2025	were selected to participate in the completion of Ritchie and Fitzpatrick's Revised Family						
Published online 01 Sep. 2025	Communication Patterns Instrument, the abbreviated version of the Bem Gender Role						
	Inventory, and the Freiburg et al. Elder Resilience Inventory.						
Keywords:	Results: The results derived from the structural model analysis indicated that conversation						
Psychological resilience,	orientation exerts a positive direct effect on resilience, whereas conformity orientation						
Family communication	demonstrates a negative direct effect on resilience. Furthermore, conversation orientation						
patterns,	significantly influences resilience through the mediation of both male and female gender						
Gender roles,	roles. In contrast, conformity orientation does not exhibit a significant indirect effect on						
University students	resilience via male and female gender roles.						
	Conclusions: In light of these findings, it can be inferred that familial relationships						
	characterized by conversational engagement facilitate the development of male and female						
	gender roles in individuals, thereby enhancing their ability to effectively navigate challenges.						
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Introduction

Within the field of psychology, greater emphasis has traditionally been placed on psychopathological aspects, with a focus on identifying causes and correlates of psychological disorders. More recently, however, domains such as health and well-being, along with variables like resilience, have attracted considerable scholarly attention (Nath & Pradhan, 2012). When examining these constructs, an essential question arises: how can such qualities be fostered in individuals, and what are the underlying factors that contribute to their development? The present study seeks to address this by exploring some of the antecedents of resilience.

According to Newman and Blackburn (2002), resilience is defined as an ability that enables individuals to withstand adversity. Higgins (1994) further conceptualized resilience as an adaptive process involving simultaneous experiences of suffering and courage, allowing individuals to effectively confront and overcome intrapersonal and interpersonal difficulties. Similarly, Hornor (2017) described resilience as a tendency to return to equilibrium or to accept initial conditions, reflecting a state of invulnerability. In studies of resilience antecedents, both protective and risk factors have been considered across intrapersonal, familial, and environmental domains (Benzies & Mychasiuk, 2009; Buchanan, 2014; Connor & Davidson, 2003; Ellis et al., 2017; Vaishnavi et al., 2007).

One important intrapersonal factor potentially influencing resilience is gender roles. Gender schema theory posits that individuals adapt their behaviors to align with gender-based knowledge acquired during childhood, which subsequently informs gender-related information processing (Eisend, 2019). Gender schemas are not uniform but appear as a spectrum of gendered behaviors depending on contextual factors (Bem, 1981; Cheung, 1996; Dean & Tate, 2017; Liben & Bigler, 2017). Bem (1981) argued that masculinity and femininity should be considered as independent dimensions, such that individuals may possess characteristics of both simultaneously. Korabik and McCreary (2000), in a comprehensive review, outlined three models of gender roles: (1) unidimensional continuum models (e.g., Freud and Jung) in which masculinity and femininity are conceptualized as opposing poles; (2) two-dimensional models (e.g., Bem, 1974), which consider masculinity and femininity as independent dimensions, allowing for high endorsement of both; and (3) multidimensional models (Korabik & McCreary, 2000; Woodhill & Samuels, 2003), which incorporate more than two gender-role dimensions, such as positive femininity, negative

femininity, positive masculinity, and negative masculinity. The present study adopts Bem's (1981) two-dimensional conceptualization of gender roles.

Individuals present themselves to others through gender roles, which also guide how they cope with challenges. Selectively cultivated traits and roles in men and women often lead to differential value attribution and behavioral expressions. For instance, traits associated with men are typically regarded as more desirable, effective, and socially valued (Regan & Berscheid, 1995). Evidence further indicates that individuals who identify as more masculine tend to demonstrate greater problem-solving abilities (Wang et al., 2013). Research also highlights gender-related differences in cognitive abilities; girls often excel in demanding verbal tasks, whereas boys tend to perform better in complex visuospatial tasks (Reilly et al., 2016). Such findings imply that resilience may be influenced by gender roles (Brems & Johnson, 1989; Shansky, 2015).

Although some gender differences are biologically rooted, stereotypes about gender-related traits and roles are more often shaped by cultural and environmental influences than biological predispositions (Beall & Sternberg, 1993; Epstein, 1997). How individuals internalize and enact masculine and feminine traits, and ultimately experience resilience, depends on their social interactions and environmental feedback. Importantly, family interactions serve as a primary context in which gender roles are shaped. Within the family, individuals assume roles and responsibilities that correspond to their gender identity. As children are defined as sons or daughters, they are assigned specific duties and rights accordingly. Such socialization processes often reinforce gender labels, shaping positive or negative attitudes toward one's gender (Zosuls et al., 2011). Kohlberg (1966) argued that children acquire stable gender-related beliefs based on what they observe and hear about gender, making familial interactions a critical determinant of gender-role development.

The family communication pattern concept, developed by <u>Koerner and Fitzpatrick (2006)</u>, provides a framework for understanding how family communication dynamics influence gender roles. Two orientations are emphasized: conversation orientation and conformity orientation. Conversation orientation reflects the extent to which families encourage open participation and discussion on a wide range of issues, while conformity orientation emphasizes homogeneity of attitudes, values, and beliefs among family members (<u>Fitzpatrick & Koerner, 2005</u>; <u>Koerner & Fitzpatrick, 2012</u>). Through these communicative orientations, families establish expectations for

gendered roles and responsibilities consistent with cultural norms. Consequently, family communication patterns may indirectly influence resilience through the mediation of gender roles. Previous research suggests that family culture and communication foster gendered attitudes and role orientations (Best & Williams, 2001), and family norms regarding gender roles may remain stable or shift rapidly depending on contextual changes. For example, the paternal role in shaping daughters' sense of masculinity has doubled since 1989. Moreover, studies have demonstrated that conversation orientation directly predicts resilience (Amin et al., 2022; Greeff & Human, 2004). Taken together, given the influence of family communication orientations on gender roles, and the role of gender roles in shaping resilience, this study aims to investigate the relationship between family communication orientations and psychological resilience, with gender roles serving as a mediating variable. Specifically, the research seeks to answer the question: Do gender roles mediate the relationship between family communication orientations and resilience? The conceptual model of these relationships is illustrated in Figure 1.

Material and Methods

This study employed a correlational design within the framework of structural equation modeling (SEM). Family communication orientations were considered as the exogenous variable, gender roles as the mediating variable, and psychological resilience as the endogenous variable.

The statistical population consisted of students from universities in Shiraz and Kerman during the 2021–2022 academic year. The sample size was determined based on the number of paths in the structural model, following Kline (2023) recommendation of 20 participants per estimated path. Accordingly, 388 students (221 women and 167 men) were selected as participants. A multi-stage cluster random sampling method was applied for participant selection.

Measures

Resilience Scale for Adults (RSA): The RSA is a 33-item instrument developed by Friborg et al. (2005), comprising five subscales: personal competence (4 items), social competence (6 items), family coherence (7 items), social support (6 items), and personal structure (10 items). Responses are rated on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree), yielding total scores between 33 and 165. <u>Jowkar et al. (2010)</u> confirmed the validity and reliability of the scale in an Iranian context using confirmatory factor analysis and second-order factor

analysis. They reported a Cronbach's alpha of .90 for the total scale, with subscales ranging from .76 to .83. In the present study, Cronbach's alpha coefficients were .88 for personal competence, .81 for social competence, .92 for family coherence, .80 for social support, .80 for personal structure, and .92 for the total scale.

Bem Sex Role Inventory (BSRI): The short form of the BSRI, originally developed by Bem (1981), was used to assess gender roles. The scale consists of 30 items: 10 measuring masculinity, 10 measuring femininity, and 10 neutral items. Items are rated on a five-point Likert scale ranging from 1 (very low) to 5 (very high). Thus, scores on the masculinity and femininity subscales each range from 10 to 50. Bem (1981) reported strong validity for the short form by correlating it with the long form (r = .99) and found high internal consistency reliability ($\alpha = .90$). In the current study, Cronbach's alpha coefficients were .80 for masculinity and .79 for femininity.

Revised Family Communication Patterns (RFCP): The RFCP, developed by Fitzpatrick and Ritchie (1994), is a 26-item self-report instrument designed to measure individuals' perceptions of their family communication patterns. Responses are provided on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The scale consists of two subscales: conversation orientation (15 items) and conformity orientation (11 items). Fitzpatrick and Ritchie (1994) provided evidence for the construct, content, and criterion validity of the instrument and reported Cronbach's alpha coefficients of .89 for conversation orientation and .79 for conformity orientation. In Iran, Koroshnia and Latifian (2007) confirmed the scale's validity and reliability, reporting alpha coefficients of .87 and .81 for the two subscales, respectively. In the present study, Cronbach's alpha was .94 for conversation orientation and .91 for conformity orientation.

Results

Table 1 presents the means, standard deviations, minimum, and maximum scores of the study variables.

Table 1. Descriptive statistics (mean, standard deviation, minimum, and maximum) of study variables

Variable role	Variable	Mean	SD	Min.	Max.
Exogenous	Conversation orientation	44.76	13.17	18	71
	Conformity orientation	34.67	9.78	11	54
Mediator	Masculine gender role	24.57	5.35	9	35
	Feminine gender role	32.64	4.84	21	40
Endogenous	Resilience	116.22	16.96	65	148

Simple bivariate associations between the variables were examined using Pearson's correlation coefficients. The zero-order correlation matrix is reported in Table 2.

Table 2. Zero-order correlation matrix of study variables

Tuble 2. Zero order correlation matrix of study variables									
Variable	1	2	3	4	5				
1. Conversation orientation	1								
2. Conformity orientation	-0.63	1							
3. Masculine gender role	0.21	-0.15	1						
4. Feminine gender role	0.39	-0.30	0.22	1					
5. Resilience	0.62	-0.43	0.59	0.50	1				

As shown in Table 2, most of the relationships between the exogenous, mediating, and endogenous variables were statistically significant. Specifically, conversation orientation was positively and significantly associated with both masculine and feminine gender roles as well as resilience, while conformity orientation showed negative and significant associations with these variables (p < 0.05). In addition, both masculine and feminine gender roles were positively and significantly correlated with resilience.

Before testing the structural equation model, the underlying assumptions were examined. Using SPSS version 23, outliers were identified via boxplots and Mahalanobis statistics and subsequently removed. The skewness and kurtosis values for the variables were within the acceptable range (±1). The independence of data was confirmed using the Durbin–Watson statistic. Multicollinearity was first assessed through Pearson correlations among variables; none exceeded .90, consistent with Tabachnick and Fidell's (2007) criterion. To further examine multicollinearity, tolerance and variance inflation factor (VIF) indices were computed. Tolerance values were greater than .10 and VIF values were below 10, meeting Stevens' (2002) recommendations. Mardia's coefficient of multivariate normality was 2.14, below the critical value of 2.58, indicating multivariate normality.

After verifying these assumptions, the hypothesized model was tested using structural equation modeling. Figure 1 displays the final model.

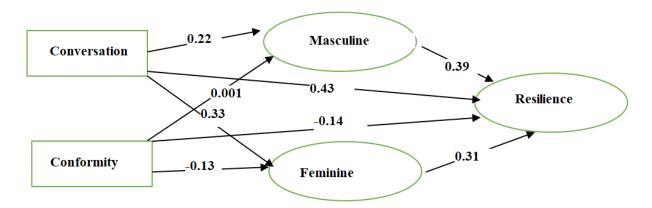


Figure 1. Final structural model of the study

As shown in the final model, the coefficient of determination (R²) for resilience was .80, indicating that the predictors explained 80% of its variance. Model fit indices are reported in Table 3.

Table 3. Fit indices for the final model

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Model	X ² /DF	P	CFI	NFI	IFI	RFI	TLI	AGFI	RMSEA	PCLOSE
Before modification	7.82	0.001	0.58	0.86	0.59	0.50	0.54	0.58	0.15	0.001
After modification	1.74	0.001	0.96	0.91	0.95	0.89	0.96	0.90	0.05	0.24

The table reports absolute indices (chi-square, root mean square residual, and goodness-of-fit index), incremental indices (comparative fit index, normed fit index, incremental fit index, relative fit index, and Tucker–Lewis's index), and parsimonious indices (adjusted goodness-of-fit index). The initial model did not show satisfactory fit. However, after model modification, including the removal of the nonsignificant path from conformity orientation to masculine gender role, the overall fit improved to acceptable levels.

After establishing model fit, the regression weights were examined. To test the mediating role of gender roles in the relationship between family communication orientations and resilience, the bootstrap method in AMOS was employed. Table 4 presents the direct, indirect, and total effects of the study variables.

Table 4. Direct, indirect, and total effects of study variables using bootstrapping

Path	Direct effect	P	Indirect effect	Р	Total effect
Conversation> Resilience	0.43	0.001			
Conformity> Resilience	-0.14	0.001			-0.14
Conversation> masculine gender role	0.22	0.002			
Conformity> masculine gender role	0.001	0.92			
Conversation> feminine gender role	0.33	0.001			
Conformity> feminine gender role	-0.13	0.05			
Conversation> masculine gender role>Resilience			0.10	0.01	0.53
Conformity> masculine gender role>Resilience					
Conversation> feminine gender role>Resilience			0.12	0.01	0.55
Conformity> feminine gender role>Resilience		-			

As indicated in Table 4, conversation orientation had a positive and significant effect on resilience $(\beta = .43, p = .01)$, whereas conformity orientation had a negative and significant effect $(\beta = -.14, p = .01)$. Moreover, conversation orientation indirectly and positively influenced resilience through masculine gender role $(\beta = .10, p = .01)$ and feminine gender role $(\beta = .12, p = .01)$. However, conformity orientation did not exert a significant indirect effect on resilience through gender roles.

Discussion

This study examined the relationship between family communication orientations and resilience, with gender roles as mediators. The findings indicated that conversation orientation had a direct positive effect on both masculine and feminine gender roles as well as resilience, while conformity orientation had a direct negative effect on feminine gender role and resilience. Furthermore, conversation orientation indirectly affected resilience through both masculine and feminine gender roles. However, masculine and feminine gender roles did not significantly mediate the relationship between conformity orientation and resilience. These findings are discussed below.

The results demonstrated that conversation orientation had a direct positive effect on resilience, consistent with the studies of Amin et al. (2022), Greeff and Human (2004), and Woodhill and Samuels (2003). This can be explained by the fact that individuals in families with high conversation orientation benefit not only from familial support in maintaining warm, intimate, and friendly relationships, but also from opportunities to strengthen their personal competence, independence, and use of cognitive abilities. Such individuals can express their needs and desires more openly and employ reasoning and problem-solving skills (Koerner & Fitzpatrick, 2012).

Thus, resilience—which encompasses social support, family coherence, personal structure, and social competence—is likely to increase in families with stronger conversation orientation.

Another important finding was that conversation orientation positively predicted both masculine and feminine gender roles. This result aligns with studies by <u>Best and Williams (2001)</u>, and <u>Reilly et al. (2016)</u>. Families with high conversation orientation foster open dialogue and warm interactions (<u>Koerner & Fitzpatrick, 2006</u>), allowing children to express and develop a broad range of psychological traits. Consequently, such families create conditions in which children can experience both masculine and feminine psychological roles, leading to stronger and more adaptive gender role development.

The study also found that both masculine and feminine gender roles had positive effects on resilience, in line with previous research by Wang et al. (2013), Reilly et al. (2016), and Shansky (2015). This may be attributed to the broader range of coping resources that individuals with both gender role traits possess, enabling them to better manage challenges. For example, feminine traits such as empathy, compassion, and sensitivity to others' needs (Bem, 1981) facilitate social support and competence, thereby enhancing resilience. In contrast, masculine traits such as independence, assertiveness, decisiveness, and leadership promote personal and social competence, equipping individuals to withstand adversity (Bem, 1981).

The findings further revealed that conversation orientation indirectly influenced resilience through masculine and feminine gender roles. This can be explained by the fact that individuals raised in conversation-oriented families develop critical thinking, reasoning, problem-solving, and debate skills (Koerner & Fitzpatrick, 2006), which foster a more nuanced understanding of gender roles. In turn, this balanced perception enables them to utilize gender role traits effectively in promoting resilience. Moreover, by reducing bias toward specific gender role stereotypes, such family environments foster adaptability and competence that contribute to resilience (Bem, 1981).

In contrast, conformity orientation had a direct negative effect on resilience. In conformity-oriented families, where members are expected to adhere strictly to parental authority, individuals have fewer opportunities to develop coping resources. This finding is consistent with <u>Amin et al.</u> (2022), <u>Greeff and Human (2004)</u>, and <u>Woodhill and Samuels (2003)</u>. In such families, children often feel shame and guilt when their views diverge from parental expectations, which undermines their personal and social competence and prevents them from experiencing resilience.

The study also found that conformity orientation negatively affected feminine gender roles but did not significantly influence masculine gender roles. The negative effect on feminine roles is consistent with prior research by Bem (1981), Woodhill and Samuels (2003), and Zosuls et al. (2011). Gender role development is shaped through gradual learning within family and social contexts. In conformity-oriented families, children are discouraged from expressing traits freely, leading to the suppression of feminine characteristics such as emotional warmth and empathy. On the other hand, the lack of effect on masculine gender roles is in line with Zosuls et al. (2011). Although conformity-oriented families restrict self-expression, they do not systematically suppress masculine traits, but rather limit the overall opportunity for balanced gender role development. Finally, the results showed that conformity orientation did not indirectly influence resilience through gender roles. This may be due to the restrictive nature of conformity-oriented families, where children are encouraged to align with parental beliefs and values while neglecting their own needs and interests (Koerner & Fitzpatrick, 2006). Such environments inhibit the development of both positive feminine traits (e.g., empathy, nurturance) and positive masculine traits (e.g., perseverance, independence), preventing individuals from leveraging these qualities to enhance resilience.

The present study had several limitations. First, data collection was restricted by the COVID-19 pandemic and the prevalence of online learning, which may have affected participants' responses. Future research should replicate this study using in-person data collection methods to obtain more precise results. Second, the sample consisted only of university students, limiting the generalizability of the findings to other populations, such as school students or broader community groups. Third, the study did not examine the role of biological sex in the relationships among the variables, which future research should address.

Despite its limitations, this study provides valuable insights for families and practitioners. The positive direct and indirect effects of conversation orientation on resilience highlight the importance of fostering open, supportive family environments where individuals can freely express their opinions and traits. Family counselors are encouraged to promote such environments as they facilitate resilience development. Conversely, the negative effect of conformity orientation on resilience suggests that overly rigid family structures may undermine children's coping abilities. Parents should be made aware that enforcing strict conformity can limit children's

problem-solving, decision-making, and emotional regulation skills, ultimately reducing their resilience.

Future research should examine the moderating role of gender in the relationships among the variables, as well as the influence of situational and cultural factors. For example, investigating cultural values could provide a deeper understanding of how family communication orientations interact with broader cultural contexts to shape resilience. Replicating this study in diverse populations and at different times, beyond the unique circumstances of the COVID-19 pandemic, would enrich the findings and clarify the generalizability of the observed relationships.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Islamic Azad University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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