



## **Psychological Distress Phenomena in Young Adults Due to Toxic Family Relationships**

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### **Abstract**

**Introduction to The Problem:** Interpersonal relationships within families represent a crucial aspect of individual development, particularly during early adulthood. However, not all family relationships are harmonious; some individuals face toxic relationship dynamics. Toxic relationships in families refer to relationships characterized by harmful interaction patterns, such as excessive control, emotional manipulation, lack of support, and abusive behavior. Studies indicate that toxic family relationships can affect mental health, increasing the risk of depression, anxiety, and post-traumatic stress disorder. **Purpose:** This phenomenological study aims to explore the in-depth experiences of individuals who have encountered such relationships and how they interpret these dynamics. **Design/methods/approach:** A descriptive phenomenological approach was used to understand participants' subjective experiences as they are, without additional interpretation from the researcher. The participant characteristics include young adults aged 18 to 29 years, who are capable of reflecting on their experiences when near or together with their parents. This study employed a questionnaire for data collection. For the psychological distress variable, The Hopkins Symptom Checklist (HSCL)-25 was used, consisting of 2 dimensions: anxiety symptoms (items 1- 10) and depression symptoms (items 11-15). **Findings:** The research results indicate that the majority of females aged 18-20 years tend to experience psychological distress, marked by high levels of anxiety and depression. This phenomenon can be linked to toxic relationships with parents, often characterized by prolonged conflict, poor communication, manipulative behavior, or emotional and physical abuse, thus creating an unstable and high-pressure environment.

**Keywords :** Psychological distress; toxic relationship; parents; anxiety; depression.

### **Introduction**

Interpersonal relationships within families represent one of the crucial aspects of individual development, particularly during early adulthood. This stage is characterized by the search for self- identity, the formation of more independent relationships, and significant decision-making for future life (Arnett, 2000). However, not all family relationships are harmonious; some individuals face toxic relationship dynamics.

Toxic relationships within families refer to relationships characterized by harmful interaction

patterns, such as excessive control, emotional manipulation, lack of support, and abusive behavior (Lancer, 2018). These relationships can significantly impact an individual's psychological well-being. Studies indicate that toxic family relationships can affect mental health, increasing the risk of depression, anxiety, and post-traumatic stress disorder (Cohen & Wills, 1985; Wright et al., 2017).

In early adulthood, individuals are in a challenging transitional phase, where unhealthy family relationships can exacerbate the process of adapting to new responsibilities and role changes (Shulman & Connolly, 2013). According to psychologists, early adulthood typically ranges from 18 to 25 years, although some theories extend it to age 29 (Arnett, 2000; Steinberg, 2011). In the context of cognitive development, Piaget proposed that early adults are in the formal operational stage, where individuals can think abstractly, logically, and systematically (Piaget, 1972). At this stage, individuals also begin to use reflective thinking to solve complex problems, including those in interpersonal relationships. For example, parents who are overly controlling or excessively critical can hinder the development of their child's independence and self-confidence. On the other hand, unresolved family conflicts can trigger negative relationship patterns outside the family environment, including in romantic relationships and friendships (Riggs & Kaminski, 2010).

Distress experienced by young adults due to toxic family relationships can manifest as prolonged feelings of anxiety, anger, and helplessness. This is often caused by continuous emotional pressure, such as feeling unappreciated, receiving demeaning criticism, or facing excessive demands (Hankin et al., 2007). This distress can also affect an individual's ability to carry out daily activities, including work, education, and social relationships (Kansky & Allen, 2018). In the long term, this condition can trigger psychological disorders such as major depression and a tendency to withdraw from social environments.

Given the significant impact of toxic relationships on young adults, this research aims to explore the causal factors, dynamics of toxic relationships, and strategies to address them. Through a deeper understanding of this phenomenon, it is hoped that effective interventions can be identified to help individuals manage and reduce the negative impacts of toxic family relationships.

## **Literature Review**

Understanding mental health in children and adolescents requires comprehension of factors that pose risks to mental health (risk factors) and factors that can protect mental health (protective factors) in children. Risk factors create potential vulnerabilities within the child, while

protective factors generate potential strengths within the child. Daily pressures faced by an individual will lead to stress.

According to Mirowsky & Ross (2003), distress is an unpleasant subjective condition. There are two main forms: anxiety and depression. Anxiety manifests as tension, restlessness, worry, irritability, and fear. Meanwhile, depression involves feelings of sadness, loss of spirit, loneliness, hopelessness or worthlessness, wishes for death, difficulty sleeping, crying, feeling that all efforts are futile, and inability to move forward.

According to Matthews (Azzahra, 2016), psychological distress emerges from two key influencing factors. The first is intrapersonal factors, specifically personality traits with emphasis on neuroticism and extraversion. The second involves situational factors, which produce varying effects across individuals. These situational factors encompass several aspects: physiological factors centered on brain mechanisms that both generate and regulate negative impacts, with evidence from brain damage studies demonstrating biological influences on distress responses; cognitive factors that highlight how stressor impacts are shaped by an individual's beliefs and expectations; and social factors that examine the connection between social support networks and distress. Notably, disruptions in social relationships represent a significant potential trigger for psychological distress.

According to Kusumaningrum (Sari, 2021), the psychological impact on individuals is evident through psychological symptoms such as emotional stress and depressive symptoms experienced by mental health caregivers. Clinical disorders are generally experienced by individuals in the form of anxiety, mood changes, and depression. These clinical disorders will affect behavioral adaptation in daily life.

Research by Safitri & Eny (2013) explains that parenting styles play a role in stress levels among adolescents. Psychological studies have shown that parenting styles have a significant correlation with social anxiety disorders (Rachmawaty, 2015). Parenting studies over the years have employed various approaches in parenting practices. Generally, there are three parenting styles used by parents. These three parenting styles are authoritarian, permissive, and authoritative. Authoritarian parenting occurs when parents exercise high control but show low warmth. Permissive parenting is characterized by high warmth with low control. Authoritative parenting involves parents who demonstrate both high warmth and high control (Papalia, Olds & Feldmen, 2007).

According to Baumrind, parental style - particularly from parents who frequently engage in rejection - along with peer rejection, worsens social anxiety in adolescents, damages children's prosocial behavior, or leads to reduced care towards parents, thereby giving rise to hostility (Sari,

2021).

## Methods

Toxic relationships within families are a phenomenon that can affect an individual's emotional, psychological, and social development. These relationships are often characterized by unhealthy communication patterns, emotional manipulation, excessive criticism, or neglect of children's needs (Forward, 2002). Phenomenological research aims to explore the deep experiences of individuals who experience such relationships and how they make meaning of these dynamics.

A descriptive phenomenological approach is used to understand participants' subjective experiences as they are, without additional interpretation from the researcher (Creswell, 2013). The design focuses on the essence of individual experiences to understand the toxic relationship phenomenon holistically. According to Van Manen (1990), the phenomenological method focuses on exploring individual subjective experiences and understanding the meaning behind these experiences. The use of questionnaires in phenomenology is designed to (1) capture participant experience data through open-ended questions; (2) provide an initial structure for deeper exploration; (3) systematically identify patterns of subjective experience. Phenomenological questionnaires differ from quantitative questionnaires because they focus on describing experiences rather than measurements or statistics.

The selection of participants uses purposive sampling, which involves selecting participants who align with the research objectives (Palinkas et al., 2015). The participant characteristics include being aged 18 to 29 years, representing young adults who tend to be capable of reflecting on their experiences when near or together with their parents. Additionally, they must be willing to complete the provided questionnaire.

In this research, data collection uses a questionnaire method. For the psychological distress variable, the measurement tool used is The Hopkins Symptom Checklist (HSCL)-25, which consists of 2 dimensions: anxiety symptoms on items 1-10 and depression symptoms on items 11-15.

Each item in the HSCL-25 is measured using a Likert scale with 4 response options: not at all, a little, sometimes, and often:

Anxiety Score = ITEMS 1-10 10

Depression Score DSM IV = ITEMS 11-25 15

TOTAL SCORE = ITEMS 1-25 25

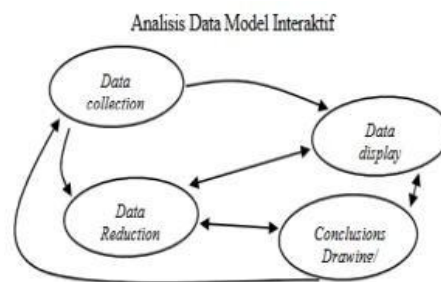
Interpretation:

Score 0 - 1.75 : no anxiety/depression problems  
Score 1.76 - 3.00 : has anxiety/depression problems

Score 3.01 - 4.00 : has severe anxiety/depression problems

Based on these calculations, if the score is  $\geq 1.75$ , it can be concluded that the individual is experiencing psychological distress (Sandanger et al., 1999). The HSCL-25 used in this study is an adaptation into Indonesian.

The data analysis conducted in this study employs the phenomenological data analysis method, also known as FDA. Data analysis is used to minimize and limit findings to create data that is organized, structured, more systematic, and more meaningful. The interactive analysis pattern proposed by Miles and Hubern (Zulfirman, 2022) consists of 3 components: (1) data reduction, (2) data presentation, and (3) conclusion drawing/verification. This interactive analysis pattern can be seen in figure 1:



**Figure 1.** Interactive Model Data Analysis Pattern

In this study, the data analysis results are as follows: Data Collection is the stage of gathering as much research data as possible through observation methods, interviews, or analysis of various documents (surveys, questionnaires, and related documents) that enable researchers to draw conclusions and take action.

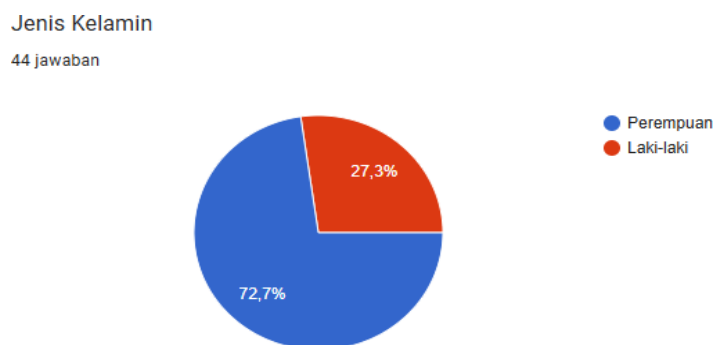
Data Reduction is the stage involving the process of selection or filtering, focusing attention, and simplification of all types of information supporting research data obtained and recorded during the field research process. This stage serves as a narrative presentation that can be well understood and leads to accountable conclusions.

Data Presentation is the stage that represents the process of organizing information that enables conclusions to be drawn in qualitative research. This presentation facilitates researchers in understanding the problems that occur and planning subsequent actions.

Decision Making and Verification is the final stage that involves the process of drawing conclusions from analyzed data to be checked against obtained evidence.

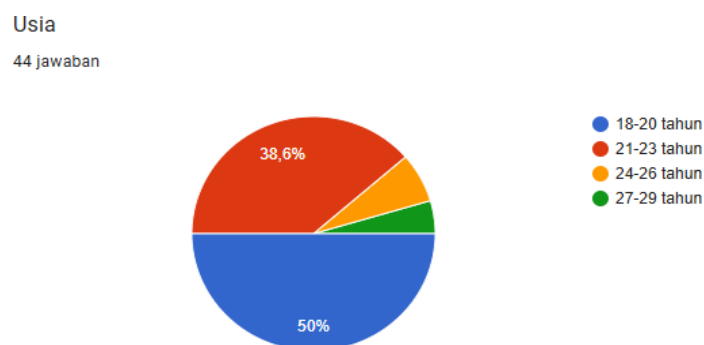
## Result

Based on the research findings, derived from interviews with several respondents, it was concluded that they experienced rapid heartbeat, anxiety, and fear when parents began asking about future plans.



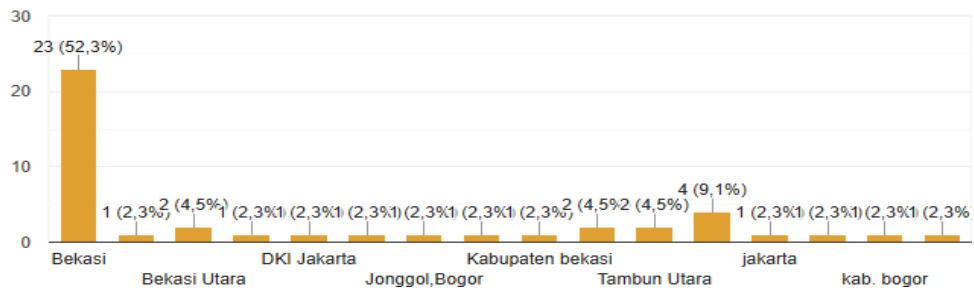
**Figure 2.** Gender Distribution of Respondents

Several respondents reported feeling uncomfortable when parents compared their achievements to those of others. This sometimes led to sleep difficulties due to rumination, triggering concerns about their inability to achieve success according to parental expectations.



**Figure 3.** Age Distribution of Respondents

Based on the questionnaire data, there were 44 respondents with 72.7% female and 27.3% male participants, ranging in age from 18 to 29 years. The participants in this study were residents of Jabodetabek (Jakarta, Bogor, Depok, Tangerang, and Bekasi metropolitan area). This is illustrated in the diagram below:



**Figure 4.** Questionnaire Distribution in the Greater Jakarta Area (Jabodetabek)

Based on the HSCL-25 questionnaire results, the Psychological distress levels data can be seen in the following table:

**Table 1.** Description of Psychological Distress Levels (Anxiety Symptoms)

Score	Category	N	%
0 – 1,75	No anxiety	8	18,18
1,76 – 3,00	Anxious	34	77,27
3,01 – 4,00	Severe anxiety	2	4,54
	Total	44	100%

**Table 2.** Description of Psychological Distress Levels (Depression Symptoms)

Score	Category	N	%
0 – 1,75	No depression	4	9
1,76 – 3,00	Depression	33	75
3,01 – 4,00	Severe depression	7	16
	Total	44	100%

The tables above show that 34 respondents (77.27%) experienced psychological distress with anxiety symptoms, and 2 respondents (4.54%) tended to have severe anxiety symptoms. Additionally, 33 respondents (75%) experienced psychological distress with depression symptoms, and 7 respondents (16%) tended to have severe depression symptoms.

## **Discussion**

The research findings indicate that the majority of women aged 18-20 years tend to experience psychological distress, characterized by high levels of anxiety and depression. This phenomenon can be linked to toxic relationships within the family, which are often marked by prolonged conflict, poor communication, manipulative behavior, or emotional and physical abuse, creating an unstable and stressful environment. Children growing up in these conditions often become witnesses or even direct victims of such negative dynamics, which can affect their mental health. As a result, children tend to internalize family stress, which increases the risk of anxiety, depression, and feelings of insecurity in adulthood.

Furthermore, toxic relationships within the family can disrupt supportive parenting patterns, as parents who are preoccupied with internal conflicts often become less responsive to their children's emotional needs. This can lead to children feeling they lack adequate support to face other life pressures, such as academic challenges or social relationships.

According to Conger et al. (2010), intense and recurring conflicts between parents can create a stressful family environment, which significantly increases the risk of emotional disorders in children. Children exposed to such conflicts often internalize the stress they witness, which can manifest as anxiety, depression, or behavioral problems during adolescence and early adulthood. Another study by Harold et al. (2004) also explains that toxic relationships within the family affect children's psychological well-being not only directly but also through changes in parenting patterns. Parents involved in prolonged conflicts often demonstrate less responsive parenting, excessive criticism, or even neglect, which contributes to children's psychological distress.

These findings support the need for family-based intervention approaches. Therefore, interventions focusing on improving family dynamics, including family counseling or communication skills training for parents, are crucial for creating a more emotionally healthy environment and supporting children's well-being.

## **Conclusion**

The observed phenomenon shows that women aged 18-20 years experiencing psychological distress tend to be influenced by toxic relationship dynamics within their families. This stressful family environment not only increases the risk of anxiety and depression but also affects less supportive parenting patterns, which further exacerbates the psychological impact on children. These findings emphasize the importance of family-based interventions focusing on improving parental relationships to create a more stable environment that supports one's mental health.



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