Jurnal Psikologi Teori dan Terapan (JPTT)
Year, Vol. 15, No.03, 281-292
p-ISSN: 2087-1708; e-ISSN: 2597-9035
doi: https://doi.org/10.26740/jptt.v17n03.p281-292

Assosation of Interparental Conflict, Fear of Intimacy, and Mental Health among Youth in Jabodetabek

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Article History
(Filled by editor)

Submitted : January 11th, 2026

Final Revised : October 19th, 2026

Accepted : October 20th, 2026

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Abstract

Background: Young adulthood is a developmental phase that is vulnerable to mental health problems due to academic, relational, and family dynamics. Interparental conflict and fear of intimacy are considered factors that potentially affect mental health, but the relationship between the two has rarely been studied simultaneously. **Objective:** This study aims to determine the relationship between interparental conflict, fear of intimacy, and mental health in young adults in Jabodetabek. **Methods:** This study used a quantitative approach with a correlational design and multiple linear regression analysis. There were 295 participants aged 18–25 years who were recruited through convenience sampling. The instruments used included the Mental Health Continuum–Short Form (MHC-SF), Children's Perception of Interparental Conflict Scale (CPIC), and Fear of Intimacy Scale (FIS). **Results:** The results showed that interparental conflict had a positive and significant association with mental health, while fear of intimacy had a negative and significant association. Both variables simultaneously explained 24.7% of the variation in mental health. **Conclusion:** Family dynamics and emotional relationship patterns play an important role in shaping the mental health of young adults.

Keywords: Interparental conflict; fear of intimacy; mental health; young adults

Abstrak

Latar belakang: Dewasa muda merupakan fase perkembangan yang rentan terhadap permasalahan kesehatan mental akibat tuntutan akademik, relasional, dan dinamika keluarga. Konflik antar orang tua (*interparental conflict*) serta ketakutan terhadap kedekatan emosional (*fear of intimacy*) dipandang sebagai faktor yang berpotensi memengaruhi kesehatan mental, namun keterkaitan keduanya masih jarang dikaji secara simultan. **Tujuan:** Penelitian ini bertujuan untuk mengetahui hubungan antara interparental conflict, fear of intimacy, dan kesehatan mental pada dewasa muda di Jabodetabek. **Metode:** Penelitian ini menggunakan pendekatan kuantitatif dengan desain korelasional dan analisis regresi linear berganda. Partisipan berjumlah 295 dewasa muda berusia 18–25 tahun yang direkrut melalui teknik *convenience sampling*. Instrumen yang digunakan meliputi Mental Health Continuum–Short Form (MHC-SF), Children's Perception of Interparental Conflict Scale (CPIC), dan Fear of Intimacy Scale (FIS). **Hasil:** Hasil penelitian menunjukkan bahwa interparental conflict berhubungan positif dan signifikan dengan kesehatan mental, sedangkan fear of intimacy berhubungan negatif dan signifikan. Kedua variabel secara simultan menjelaskan 24,7% variasi kesehatan mental. **Simpulan:** Dinamika keluarga dan pola relasi emosional berperan penting dalam pembentukan kesehatan mental dewasa muda.

Kata Kunci: Konflik interparental; ketakutan terhadap keintiman; kesehatan mental; dewasa muda

Introduction

Young adulthood is a developmental phase characterized by significant changes in psychological, social, and emotional aspects. At this stage, individuals begin to explore their identity and build more intimate interpersonal relationships (Arnett, 2000). They also begin to face the demands of independence in education, work, and increasingly complex social lives (Papalia et al., 2009). This developmental transition makes young adults vulnerable to psychological stress, especially when faced with future uncertainty and mounting social demands (Papalia & Martorell, 2021). An imbalance in emotional aspects and high social pressures correlate significantly with increased symptoms of anxiety and depression among young adults (Matos et al., 2023). Past experiences and environmental pressures often trigger difficulties in emotion regulation, whereas stable mental health is closely related to increased psychological resilience and a decreased risk of emotional disorders (Fauzi & Suminar, 2023). Mental health during young adulthood is a fundamental aspect affecting an individual's capacity to manage academic and social stress, where increased psychological well-being is closely related to a decreased risk of emotional disorders (Matud et al., 2020). Furthermore, fluctuations in life satisfaction and mental health occurring longitudinally from late adolescence to early adulthood indicate specific psychological vulnerabilities during this transitional phase of life (Marquez et al., 2022).

Young adults often experience stress, anxiety, and psychological fatigue that impact emotional well-being and social functioning (Matud et al., 2020). In Indonesia, young adults exhibit high levels of psychological distress due to academic pressure and social role demands (Ningtias & Andriani, 2022). Continuous psychosocial pressure reduces quality of life and increases vulnerability to mental health disorders (Risnawati et al., 2024). The World Health Organization (2022) notes that mental health disorders are a leading cause of disability among young people globally, driven by chronic stress and limited access to psychological support. In Indonesia, data from the 2018 National Health Survey (Riskesdas, 2018) shows a high prevalence of emotional mental health problems among the productive age group. Meanwhile, Hassan et al. (2023) assert that a positive well-being approach provides a comprehensive understanding of mental health by capturing individuals' adaptive daily functioning rather than mere psychopathological symptoms.

Disturbances in mental health dimensions such as low life satisfaction, weak social connectedness, or compromised psychological well-being are associated with increased psychological distress, including anxiety and depression symptoms (Veit & Ware, 1983). Social well-being among young age groups is heavily influenced by how they interact and manage social support amidst modern environmental complexities (Islami & Maryam, 2021). An imbalance between psychological well-being and emotional stress impairs motivation, productivity, and interpersonal relationship quality (Marquez et al., 2022). Therefore, mental health is vital for supporting individual quality of life in young adulthood (Saufi et al., 2024). A major factor affecting young adult mental health is family dynamics, particularly interparental conflict. Interparental conflict acts as a family stressor affecting long-term psychological development (Grych & Fincham, 1990). Children's perceptions of such conflicts, including their intensity, frequency, and resolution, shape emotional and psychological responses (Grych et al., 1992). Intense, unresolved conflicts cause feelings of threat and persistent emotional insecurity (Kerig, 1996). Exposure to intense interparental conflict predicts increased anxiety and internalizing problems as children enter young adulthood (Morbech et al., 2024). Furthermore, multi-level meta-analyses confirm a consistent relationship between high interparental conflict and individual vulnerability to anxiety disorders among young age groups (Ran et al., 2021).

Interparental conflict is associated with increased anxiety and emotional stress in young adults (Ran et al., 2021), as well as decreased psychological well-being, such as lower meaning in life and social relationship satisfaction (Subali & Chusairi, 2023). The risk of emotional disorders increases significantly when individuals are exposed to prolonged family conflict, which hinders healthy emotional development (Hua, 2023). Direct exposure to conflict also increases the risk of emotional disorders persisting into adulthood (Jouriles et al., 2000). However, this impact is not uniform, as childhood conflict experiences may weaken with age as individual emotional regulation skills develop (Neighbors et al., 1997). Longitudinal findings indicate that the impact of early negative experiences changes throughout development (Oldehinkel & Ormel, 2014). Moreover, constructive conflict accompanied by adaptive resolution has different implications compared to prolonged destructive conflict (McCoy et al., 2013).

In addition to family dynamics, individual relational factors play a crucial role in young adult mental health, specifically fear of intimacy, which is defined as the fear or discomfort of forming emotional closeness with others (Descutner & Thelen, 1991). The tendency to avoid emotional closeness due to fear of rejection hinders the formation of social support, a vital protective factor for mental health (Zheng et al., 2025). Fear of intimacy is frequently linked to insecure attachment styles originating from early parental relationships (Bartholomew & Horowitz, 1991). Insecure parenting or exposure to destructive conflicts, such as domestic

violence, forms traumatic experiences that manifest as a fear of emotional closeness in early adulthood (Pertiwi & Kusumiati, 2024). Individuals with a high fear of intimacy tend to avoid emotional openness and limit interpersonal closeness (Laurenceau et al., 1998). This fear significantly correlates with decreased relational satisfaction and an increased tendency to withdraw socially (Lyvers et al., 2021). Additionally, experiential avoidance moderated by fear of intimacy acts as a strong predictor of loneliness and psychopathology symptoms (Maitland, 2020), correlating positively with relational anxieties that severely impact psychological well-being (Anand & Sinha, 2024). Rejection sensitivity further increases fear of intimacy via interpersonal anxiety, impacting mental health outcomes like stress and affective disorders (Giovazolias & Paschalidi, 2022). Such emotional avoidance reinforces psychological distress, especially under conditions of low social support (Forbes et al., 2020).

Although interparental conflict and fear of intimacy have been studied separately, research integrating these two variables simultaneously within a multidimensional mental health framework remains scarce. Most family conflict studies focus exclusively on negative psychological disorders, leaving positive well-being approaches relatively rare (Keyes et al., 2008). Conversely, research on fear of intimacy highlights relational aspects like self-esteem or relationship satisfaction without linking them comprehensively to overall mental health (Kurniawan & Kusumaningrum, 2023). While previous studies have connected interparental conflict and self-esteem to codependency, they rarely addressed comprehensive mental health outcomes (Vesfaiz, 2022). Addressing these gaps, this study examines how interparental conflict and fear of intimacy relate to emotional, social, and psychological dimensions of mental health among young adults in Jabodetabek. It is hypothesized that both variables simultaneously serve as significant familial and relational predictors of mental health.

Method

This study used a quantitative approach with a correlational design and multiple linear regression analysis to examine the association between interparental conflict, fear of intimacy, and mental health in young adults. A correlational design was used to identify the statistical relationship between variables without testing causal effects. The research subjects were young adults aged 18–25 years residing in the Jabodetabek area who had a background of living with both parents during their upbringing. The sampling technique used was non-probability sampling, specifically convenience sampling, selected based on accessibility and voluntary participation in accordance with research criteria (Etikan et al., 2016). Convenience sampling involves transparently selecting readily available participants encountered by chance who meet the study criteria (Sari & Ratnaningsih, 2020). A total of 295 participants took part in this study. Data collection was conducted online using Google Forms from September to October 2025. Each questionnaire response was scored according to instrument guidelines, followed by confirmatory factor analysis (CFA) validity and reliability tests to ensure measurement accuracy and consistency (Azwar, 2012).

Sample or Population

The sample in this study consisted of 295 young adults aged 18–25 years residing in the Jabodetabek area. This age range was chosen because it represents early young adulthood, a period characterized by identity exploration, the formation of intimate interpersonal relationships, and increased demands for independence. Jabodetabek was selected as it represents an urban area with high social dynamics and psychosocial pressures. Convenience sampling was chosen for efficient data collection and practical access to participants. Although this technique limits broad generalization, it is appropriate for examining relationships among variables within this specific demographic. Inclusion criteria comprised individuals within the young adult age range who could understand questionnaire instructions and willingly consented to participate, with the parental coexistence criterion specifically referring to their developmental family background..

Data Measurement

Mental health variables were measured using the Mental Health Continuum–Short Form (MHC–SF) developed by Keyes et al. (2008). This instrument consists of 14 items and is measured using a six-point Likert scale. The test results show that this instrument has excellent psychometric quality with a total internal reliability of Cronbach's alpha = 0.942 and McDonald's Omega = 0.943. Construct validity was tested using Confirmatory Factor Analysis (CFA), which showed adequate model fit (CFI = 0.968, TLI = 0.960, RMSEA = 0.0634), with all items having significant factor loadings ($p < 0.001$) in the range of 0.555–0.865.

The interparental conflict variable was measured using the Children's Perception of Interparental Conflict Scale (CPIC) developed by Grych et al. (1992). This instrument consists of 48 items and is measured using a three-point scale. The analysis results showed high total internal reliability with Cronbach's alpha =

0.937 and McDonald's Omega = 0.937. Construct validity was tested using Confirmatory Factor Analysis (CFA), which showed adequate model fit (CFI = 0.903, TLI = 0.889, RMSEA = 0.0468). Several items with standardized estimates below 0.30 were recommended for elimination, and the remaining items had significant factor loadings ($p < 0.001$) ranging from 0.289 to 0.762.

The fear of intimacy variable was measured using the Fear of Intimacy Scale (FIS) developed by Descutner and Thelen (1991). This instrument consists of 35 items and is measured using a five-point Likert scale. The test results show high internal reliability with a Cronbach's alpha value of 0.927 and a McDonald's Omega value of 0.910. Construct validity was tested using Confirmatory Factor Analysis (CFA), which showed adequate model fit (CFI = 0.910, TLI = 0.889, RMSEA = 0.0521). Several items with standardized estimates below 0.30 were recommended for elimination, while the remaining items had significant factor loadings ($p < 0.001$) in the range of 0.313–0.718. The collected data were then analyzed using multiple linear regression analysis after all analysis assumptions were met.

Data Analysis

The data obtained from the questionnaires (N = 295) was analyzed using quantitative statistical analysis via IBM SPSS Statistics version 25 and Jamovi. Prior to hypothesis testing, classical assumption tests were conducted. Although formal normality tests were statistically significant, the large sample size (N = 295) along with residual diagnostics and visual inspection through Normal Q-Q Plots—showing that data points reasonably approximated the diagonal reference line—justified proceeding with parametric analysis. Linearity tests confirmed linear relationships between the independent variables and mental health ($p < 0.05$). Multicollinearity tests showed a Tolerance of 0.818 and a VIF of 1.223 (indicating no multicollinearity), while the Durbin-Watson value of 1.698 confirmed the absence of autocorrelation. Heteroscedasticity was satisfied through a random standardized residual scatterplot.

Multiple linear regression analysis revealed that interparental conflict and fear of intimacy simultaneously play a significant role in predicting mental health ($F = 47.895$, $p < .001$), with an R^2 of 0.247, indicating that both variables explain 24.7% of the variance in mental health. Furthermore, partial tests showed that interparental conflict significantly predicted mental health ($B = 0.235$, $t = 4.816$, $p < .001$), whereas fear of intimacy showed a significant negative prediction ($B = -0.231$, $t = -5.646$, $p < .001$).

Result

The description of the research data includes the demographic characteristics of the participants and an overview of each variable. A total of 295 participants were involved in this study. Based on gender, the majority of participants were female (89.5%), while males accounted for 10.5%. Details of the gender distribution are presented in Table 1.

Table 1. Participant Demographic Characteristics.

Characteristics	Category	Frequency (n)	Percentage (%)
Gender	Male	31	10.5
	Female	264	89.5
	Total	295	100.0
Age (years)	18	14	4.7
	19	22	7.5
	20	51	17.3
	21	113	38.3
	22	54	18.3
	23	21	7.1

	24	10	3.4
	25	10	3.4
	Total	295	100.0
Domicile	Bekasi	35	11.9
	Bogor	35	11.9
	Depok	25	8.5
	Jakarta	150	50.8
	Tangerang	50	16.9
	Total	295	100.0

The age distribution shows that participants were aged between 18 and 25 years old, with the largest age group being 21 years old, consisting of 113 people (38.3%). The 22-year-old age group followed with 54 participants (18.3%), followed by the 20-year-old age group with 51 participants (17.3%). There were 22 participants aged 19 (7.5%), while the 23-year-old group had 21 participants (7.1%). The 24- and 25-year-old groups each consisted of 10 participants (3.4%). The distribution of participants places of residence shows a fairly diverse spread across the Jabodetabek area. The majority of respondents reside in Jakarta, namely 150 people (50.8%), confirming that this city is the center of concentration for participants in the study. Tangerang ranks next with 50 participants (16.9%), indicating a significant representation from the capital's buffer zone. Meanwhile, Bekasi and Bogor are each represented by 35 participants (11.9%), reflecting relatively balanced involvement between the two regions. Depok has the smallest number of participants, namely 25 people (8.5%).

Table 2. Descriptive Statistics of Study Variables

Variable	Min	Max	Empirical Mean	SD	Hypothetical Mean	Category
Interparental Conflict						
Conflict Properties	1.00	3.00	2.1895	0.52065	2	High
Threat	1.00	3.00	1.7285	0.50360	2	Low
Self-Blame	1.00	3.00	2.6456	0.42677	2	High
Stability	1.00	3.00	2.4059	0.62223	2	High
Triangulation	1.00	3.00	2.1051	0.56805	2	High
Total Interparental Conflict	1.04	3.00	2.2149	0.39967	2	High
Fear of Intimacy						
Fear of Intimacy	1.35	4.38	2.8164	0.61559	3	Low
Mental Health						
Emotional Well-being	1.00	3.00	2.2079	0.45891	3.5	Low
Social Well-being	1.00	3.00	1.8881	0.48469	3.5	Low
Psychological Well-being	1.17	6.00	3.9508	1.11369	3.5	High
Total Mental Health	1.22	4.00	2.6823	0.52650	3.5	Low

Descriptive analysis of interparental conflict revealed that four of its five dimensions, namely conflict properties, self-blame, stability, and triangulation, were categorized as high. In contrast, the threat dimension was categorized as low. Overall, the total interparental conflict score was in the high category. For fear of intimacy, the empirical mean was 2.8164, which was slightly below the hypothetical mean of 3. This indicates that participants' fear of intimacy was generally in the low category. Mental health was measured using the Mental Health Continuum–Short Form (MHC-SF), which comprises three dimensions: emotional well-being (EWB), social well-being (SWB), and psychological well-being (PWB). The descriptive analysis showed that EWB and SWB were in the low category, whereas PWB was in the high category. Overall, the total mental

health score was categorized as low. The descriptive statistics for all study variables and their respective dimensions are presented in Table 2.

The Kolmogorov–Smirnov and Shapiro–Wilk normality tests indicate that the data are not statistically normally distributed. However, visual inspection using Q–Q plots shows a pattern of points close to the diagonal line, so the data are considered to have a near-normal distribution and meet the requirements for parametric analysis. Figure 1. Normality test for the interparental conflict (CPIC) variable, Figure 2. Normality test for the Fear of Intimacy (FIS) variable, Figure 3. Normality test for Mental Health (MH).

Figure 1. CPIC normality test

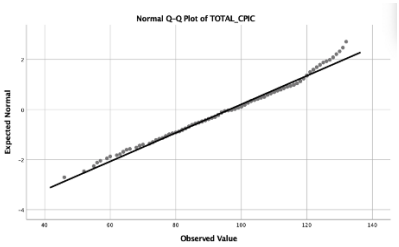


Figure 2. FIS normality test

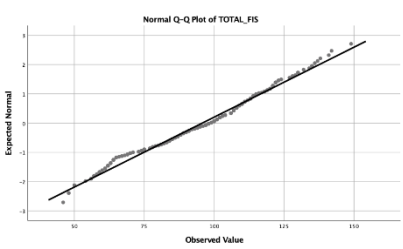
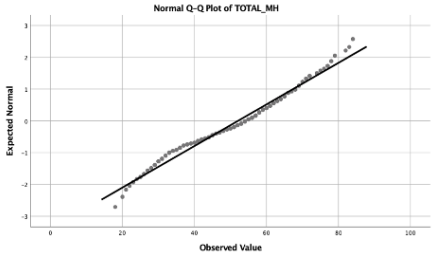


Figure 3. MH normality test



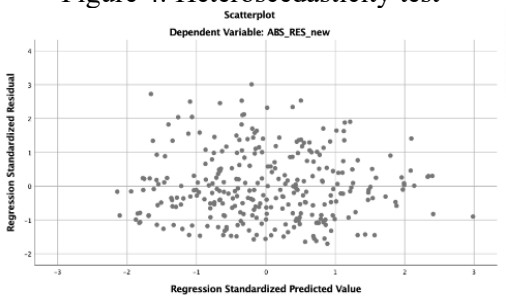
The linearity test shows that the relationship between interparental conflict and fear of intimacy on mental health is linear. The Significance of Linearity value is < .05 and the Deviation from Linearity is > .05 for both variables. The results are shown in Table 3.

Table 3. Linearity Test

Variable	Sig. Linearity	Sig. Deviation from Linearity	Conclusion
Interparental Conflict	0.000	0.120	Linear
Fear of Intimacy	0.000	0.547	Linear

The heteroscedasticity test using a scatterplot shows that the distribution of points appears random and does not form a specific pattern. The residual points are scattered above and below the zero line without showing a converging or diverging pattern, so it can be concluded that the residual variance is constant. Thus, the regression model does not experience heteroscedasticity. Figure 4 shows the description.

Figure 4. Heteroscedasticity test



The multicollinearity test aims to ensure that the independent variables do not have a high correlation with each other. The Tolerance and Variance Inflation Factor (VIF) values are used as indicators. The data shows a Tolerance value of 0.818 and a VIF value of 1.223 for both variables, meaning that all of them do not show multicollinearity**.** Table 4 shows the description.

Table 4. Multicollinearity Test

Variable	Tolerance	VIF	Conclusion
Interparental Conflict	0.818	1.223	No multicollinearity
Fear of Intimacy	0.818	1.223	No multicollinearity

Multiple linear regression analysis was conducted to examine the associations of interparental conflict and fear of intimacy with mental health. The overall regression model was statistically significant, $F(2, 292) = 47.895$, $p < .001$, indicating that interparental conflict and fear of intimacy jointly contributed to the prediction of mental health. The regression coefficients showed that interparental conflict was positively associated with mental health ($B = 0.235$, $t = 4.816$, $p < .001$), whereas fear of intimacy was negatively associated with mental health ($B = -0.231$, $t = -5.646$, $p < .001$). The model explained 24.7% of the variance in mental health ($R^2 = .247$; adjusted $R^2 = .242$). The complete regression results are presented in Table 5.

Table 5. Multiple Linear Regression Analysis

Predictor	B	t	p
Constant	51.667	7.037	< .001
Interparental Conflict	0.235	4.816	< .001
Fear of Intimacy	−0.231	−5.646	< .001

Table 6. Coefficient of Determination

Model	R	R^2	Adjusted R^2	Std. Error of the Estimate	Durbin–Watson
1	0.497	0.247	0.242	13.292	1.698*

The regression model summary showed an R^2 value of 0.247, indicating that interparental conflict and fear of intimacy jointly explained 24.7% of the variance in mental health, while the remaining 75.3% was attributable to other factors not included in the model. The adjusted R^2 value of 0.242 suggests that the model's explanatory power remained relatively consistent after adjustment for the number of predictors and sample size. Furthermore, the Durbin–Watson value was 1.698, which was close to the reference value of 2, suggesting no substantial autocorrelation in the regression residuals. These results are presented in Table 6.

Discussion

Based on the results of the study, all hypotheses proposed were accepted. These findings indicate that interparental conflict and fear of intimacy have a simultaneous effect on mental health in young adults. The results of the study were understood with reference to previous theories and studies and by considering the developmental stage of the respondents. The results of testing the first hypothesis show that interparental conflict has a positive and significant effect on mental health. This finding differs from most previous studies, which state that conflict between parents has a negative impact on psychological well-being. Morbech et al. (2024) found that family conflict is associated with higher levels of anxiety and emotional stress. Rhoades (2008) reported a relationship between parental conflict and emotional distress, while Harold and Sellers (2018) explained that unresolved conflict can trigger emotional insecurity.

These differences can be explained from a developmental perspective. Oldehinkel and Ormel (2014) explain that the impact of negative childhood experiences tends to weaken with age, so that childhood conflicts do not always have a significant impact on mental health in adulthood. In addition, the Mental Health Continuum–Short Form measurement tool used in this study assesses mental health conditions in the past month (Keyes et al., 2008), so that parental conflicts in the past may no longer have a strong emotional impact. This is in line with Neighbors et al. (1997), who found that parental conflicts that occurred years earlier were no longer related to psychological functioning in early adulthood. In young adulthood, individuals also begin to develop more mature emotional regulation and coping mechanisms. Park et al. (2020) showed that emotional regulation skills develop rapidly in early adulthood. In addition, the type of conflict experienced also influences its impact. McCoy et al. (2013) explain that constructive conflict does not always have a negative impact on mental health. Thus, the parental conflict experienced by respondents does not always reflect conditions that are detrimental to psychological well-being.

The results of the second hypothesis testing show that fear of intimacy plays a negative and significant role in mental health. Individuals with high levels of fear of intimacy tend to experience barriers in opening up and building close relationships, thereby increasing the risk of distress. These findings are consistent with the research by Lyvers et al. (2017), which shows the relationship between fear of intimacy and negative mood, as well as Maitland et al. (2020), which explains that fear of intimacy can increase symptoms of depression

due to limited social activities and utilization of social support. From a developmental perspective, young adulthood is an important phase in building close and meaningful relationships. Arnett (2000) states that this period is characterized by relationship exploration and the formation of emotional closeness. Previous studies linked interparental conflict and self-esteem with codependency, yet rarely addressed overall mental health (Vesfaiz, 2022). Therefore, barriers to intimacy can impact mental health. This is in line with Riazi and Manouchehri (2024), who emphasize that intimacy is a basic psychological need that contributes to mental health. The results of the third hypothesis show that interparental conflict and fear of intimacy simultaneously contribute to mental health. These findings indicate that past relational experiences and current relational dynamics both contribute to psychological well-being, albeit through different mechanisms. Family conflict has a long-term influence that can change over time, while fear of intimacy reflects current relational challenges and has a more immediate impact.

Overall, the findings of this study indicate that past family conflict does not always have a negative impact on young adults, especially if the conflict has ceased or is more constructive in nature. One model that can explain the positive relationship between interparental conflict and mental health is The Process Model of Forgiveness (Enright & Fitzgibbons, 2000), which views forgiveness as a psychological process of making more adaptive sense of conflict experiences. In line with this, Oldehinkel and Ormel (2014) and Neighbors et al. (1997) show that the influence of negative childhood experiences can weaken with age. Conversely, barriers to building close relationships appear to have a more direct role in mental health, as shown by Lyvers et al. (2017).

Conclusion

This study aims to examine the role of interparental conflict and fear of intimacy on mental health in young adults. Based on the analysis results, all hypotheses proposed were accepted. Interparental conflict was found to have a positive and significant effect on mental health, indicating that the higher the level of conflict between parents perceived by respondents, the higher their reported mental health scores. These findings indicate that parental conflict in the context of this study is associated with better mental health in young adults. In addition, fear of intimacy was found to have a significant negative effect on mental health. Young adults with higher levels of fear of intimacy tend to have poorer mental health, as reflected in their limited ability to form close relationships and obtain emotional support. The analysis also shows that interparental conflict and fear of intimacy simultaneously play a significant role in mental health, contributing 24.7%, while the rest is influenced by other factors outside this study. Overall, these findings confirm that family experiences and relational dynamics continue to play an important role in shaping the mental health of young adults, albeit through different mechanisms.

Further research should consider contextual factors that were not examined in this study, such as the respondents' residential status, parental relationship status, and the timing of interparental conflict, in order to gain a more comprehensive understanding of the influence of family conflict on young adults' mental health. In addition, the use of a longitudinal design could help examine changes in the influence of interparental conflict and fear of intimacy on mental health as individuals develop. Practically, the findings of this study can be used by counselors and psychologists to develop interventions that focus on improving relational skills, particularly in helping young adults overcome fear of intimacy and build healthier relationships, in order to support their mental health.

Several limitations of this study should be noted when interpreting the findings. First, the predominantly female sample (89.5%) limits the generalizability of the findings to broader populations. Second, the proposed explanations involving emotional regulation, coping mechanisms, and theoretical models were not measured directly as variables in this study, but rather serve as theoretical perspectives. Therefore, these mechanisms should be interpreted cautiously as exploratory frameworks rather than definitive causal explanations. Future research should consider alternative explanations, measurement issues, and potential confounding variables to further examine the association between interparental conflict and mental health while strictly maintaining the correlational design perspective.

Acknowledgment

The author expresses sincere gratitude to all participants who willingly devoted their time to this study, as well as all parties who provided assistance and support during the research and data collection process.

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