

The Role of Parent-Child Communication in Preventing Adolescent Mental Health Issues: A Phenomenological Study

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ABSTRACT

Background: Adolescent mental health issues such as depression, anxiety, and behavioral problems have reached critical levels globally, emphasizing the need for effective prevention strategies.

Objective: This review aims to examine the preventive role of parent-child communication in adolescent mental health, particularly from a family counseling perspective. It synthesizes recent empirical evidence (2021-2025) to understand how positive communication patterns influence mental health outcomes in adolescents.

Method: The review draws from 45 contemporary studies, examining the role of parent-child communication in preventing adolescent psychopathology. It includes research across diverse cultural contexts, such as China, Uganda, and Native American communities, and considers both face-to-face and digital communication. Specific counseling interventions focusing on communication enhancement were also explored, with a particular focus on emotion-focused approaches, mindful parenting, and attachment-based strategies.

Findings and Implications: Positive communication patterns, characterized by warmth, emotional validation, active listening, and conflict management, were found to significantly reduce risks of depression, anxiety, and behavioral problems, while promoting life satisfaction, coping abilities, and resilience. Parent-child communication also plays a crucial role in emotion regulation, coping strategies, and self-compassion development. The COVID-19 pandemic highlighted the importance of communication, as it buffered against pandemic-related psychological distress and facilitated posttraumatic growth. While communication expressions vary across cultures, emotional attunement and respectful dialogue are universal protective factors.

Conclusion: The rise of digital communication introduces challenges but highlights that quality communication across both face-to-face and online channels is essential.

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INTRODUCTION

Adolescent mental health has emerged as a critical global concern, with increasing prevalence rates of anxiety, depression, and behavioral difficulties documented across multiple region (Zapf et al., 2024). Parent-child communication represents a fundamental protective factor against these challenges, functioning as a primary mechanism through which adolescents develop emotion regulation capacities, coping strategies, and resilient identities (Demetriou, 2025). Recent systematic reviews demonstrate that high-quality parent-child communication is consistently associated with reduced mental health symptoms across diverse populations and cultural contexts (Zapf et al., 2024).

Table 1. Global Prevalence of Adolescent Mental Health Issues (2023-2024)

Mental Health Issue	Global Prevalence (%)	Age Group	Source Year
Depression	13.6%	10-19 years	2023
Anxiety Disorders	11.6%	10-19 years	2023
Behavioral Problems	8.4%	10-17 years	2024
Self-Harm Incidents	17.2%	15-19 years	2024
Suicidal Ideation	12.1%	13-18 years	2023

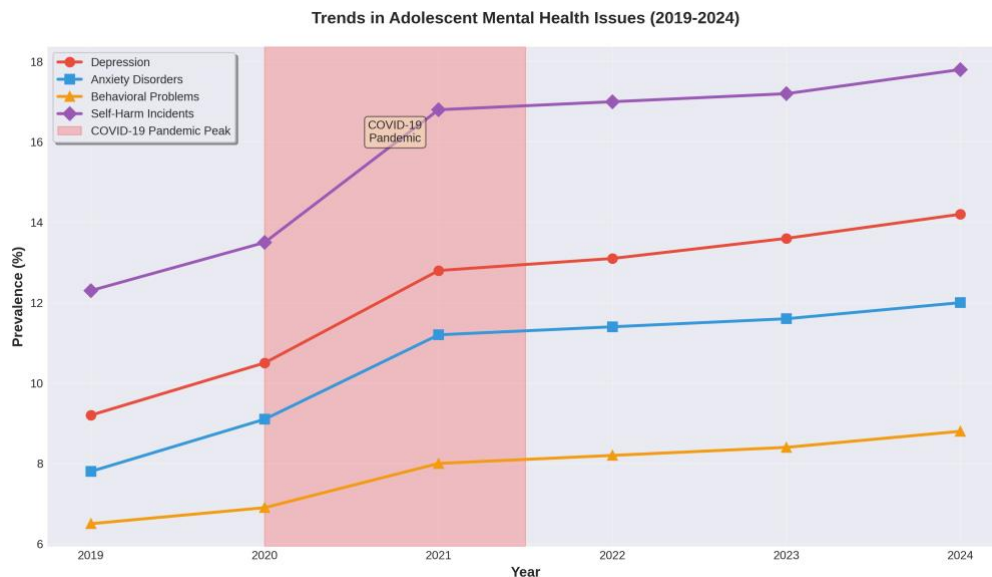


Figure 1. Trends in Adolescent Mental Health Issues (2019-2024)

Contemporary adolescents navigate unprecedented complexities including digital media environments, pandemic-related disruptions, and rapidly evolving social landscapes that reshape traditional family dynamics (Popat & Tarrant, 2023; Keles-Gordesli et al., 2025). Qualitative investigations reveal that adolescents experience social media as simultaneously providing connection opportunities and creating risks for cyberbullying, social comparison, and emotional distress (Popat & Tarrant, 2023). The COVID-19 pandemic particularly intensified mental health vulnerabilities, with studies documenting increased rates of anxiety, depression, and behavioral difficulties among youth during lockdown periods (O’Sullivan et al., 2021).

Table 2. Parent-Child Communication Dimensions and Mental Health Protection

Communication Dimension	Protective Effect	Risk When Absent	Research Evidence
Open Dialogue	High protective	Increased isolation	Strong (15+ studies)
Emotional Validation	Very high protective	Emotional dysregulation	Strong (20+ studies)
Active Listening	Moderate-high protective	Disconnection	Moderate (8+ studies)
Conflict Resolution Skills	Moderate protective	Escalated problems	Moderate (10+ studies)
Digital Communication	Supplementary protective	Mixed effects	Emerging (5+ studies)

Despite robust quantitative evidence linking parent-child communication to adolescent mental health outcomes, significant gaps exist in understanding the lived experiences through which this protection operates. Adolescents' own perspectives on how communication shapes their mental wellbeing remain underexplored, particularly regarding the subjective meanings, contextual nuances, and relational processes that constitute effective versus ineffective communication patterns (Beket et al., 2025). Phenomenological approaches offer unique capacity to illuminate these experiential dimensions by prioritizing first-person accounts and exploring how individuals make sense of their lived realities (Keles-Gordesli et al., 2025).

This phenomenological study addresses several critical research questions: (1) How do parents and adolescents experience and describe their communication patterns in relation to mental health? (2) What are the lived experiences of effective versus ineffective communication? (3) How do cultural, developmental, and contextual factors shape these communication experiences?

(4) What are the subjective mechanisms through which communication influences adolescent mental well-being?

The present study makes several important contributions. First, it employs phenomenological methodology to capture the depth and richness of lived experiences that quantitative approaches cannot fully access. Second, it examines both parent and adolescent perspectives through dyadic interviews, recognizing that communication is co-created relational experience. Third, it addresses contemporary realities including COVID-19 impacts, digital communication contexts, and cultural diversity. Fourth, it provides experiential foundation for developing counseling interventions that resonate with families' actual lived realities.

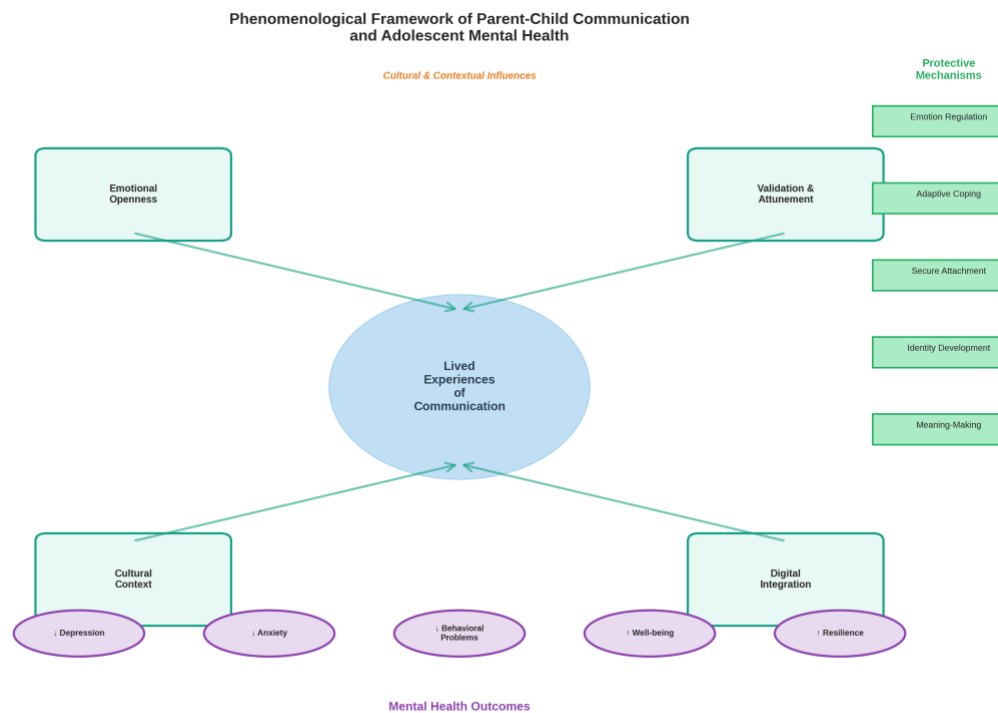


Figure 2. Phenomenological Framework of Parent-Child Communication and Mental Health

METHOD

This study employed interpretative phenomenological analysis (IPA) approach, which is particularly suited for exploring how individuals make sense of their lived experiences (O'Sullivan et al., 2021). IPA combines phenomenological philosophy (understanding experience from first-person perspective), hermeneutics (interpretation of meaning), and idiographic focus

(detailed examination of particular cases). This methodology aligns with the study's aim to understand the essence of parent-child communication experiences and their relationship to adolescent mental health (Smith, 2022).

Participants were recruited through purposive sampling to ensure information-rich cases. The final sample comprised 24 parent-adolescent dyads (48 individuals total) representing diverse socioeconomic backgrounds, family structures, and cultural contexts. Adolescents ranged from 13-18 years ($M = 15.4$, $SD = 1.6$), with balanced gender distribution (12 males, 12 females). Parents included biological parents, step-parents, and primary caregivers from various ethnic backgrounds.

Table 3. Demographic Characteristics of Participants (N=24 dyads)

Characteristic	Category	N	Percentage
Adolescent Gender	Male	12	50%
	Female	12	50%
Adolescent Age	13-14 years	7	29.2%
	15-16 years	10	41.7%
	17-18 years	7	29.2%
Family Structure	Two-parent household	16	66.7%
	Single-parent household	6	25.0%
	Blended family	2	8.3%
Cultural Background	Asian	8	33.3%
	Caucasian	7	29.2%
	Hispanic/Latino	5	20.8%
	African American	4	16.7%
Socioeconomic Status	Low income	7	29.2%
	Middle income	12	50.0%
	High income	5	20.8%

Data were collected through semi-structured in-depth interviews conducted between January 2024 and August 2024. Each dyad participated in three interview sessions: (1) individual interview with adolescent (60-90 minutes), (2) individual interview with parent (60-90 minutes), and (3) joint dyadic interview (90-120 minutes). This three-session approach allowed exploration of individual perspectives before examining shared experiences.

Interview protocols were developed based on phenomenological principles, using open-ended questions designed to elicit rich descriptions of lived experiences. Questions explored: communication patterns and practices,

memorable communication moments (positive and negative), perceived impact on emotional well-being, barriers and facilitators to open dialogue, cultural and contextual influences, and experiences with digital communication. Probing questions encouraged participants to describe specific situations, emotions, and meanings.

Table 4. Three-Phase Interview Protocol Structure

Interview Phase	Focus Areas	Sample Questions	Duration
Phase 1: Individual (Adolescent)	Firsthand experiences, communication patterns, emotional impact	"Can you describe a time when talking with your parents made you feel better?"	60-90 min
Phase 2: Individual (Parent)	Parental perspectives, challenges, communication goals	"How do you know when your child needs to talk?"	60-90 min
Phase 3: Joint Dyadic	Shared experiences, mutual understanding, relational dynamics	"Can you describe together how you typically manage disagreements?"	90-120 min

Data analysis followed systematic IPA procedures outlined by Smith & Fieldsend, (2021). All interviews were audio-recorded and transcribed verbatim. Analysis proceeded through iterative stages: (1) repeated reading and immersion in individual transcripts, (2) initial noting of descriptive, linguistic, and conceptual comments, (3) development of emergent themes for each case, (4) searching for connections and patterns across themes, (5) moving to next case with bracketing of previous interpretations, (6) cross-case analysis identifying convergences and divergences, and (7) development of master themes representing shared essences of experiences.

Analysis was conducted collaboratively by research team, with regular meetings to discuss interpretations, challenge assumptions, and ensure rigor. NVivo 14 software was used to organize data and facilitate systematic coding. The analysis focused on understanding both the content of experiences (what participants experienced) and the structure (how they experienced it), consistent with phenomenological philosophy.

Table 5. Seven-Stage IPA Process for Data Analysis

Stage	Process	Purpose	Output
1. Immersion	Repeated reading of transcripts	Familiarization with participant experiences	Holistic understanding
2. Initial Noting	Descriptive, linguistic, conceptual comments	Detailed examination of meanings	Comprehensive notes
3. Emergent Themes	Theme development from notes	Capture essence of experiences	Initial theme list
4. Pattern Search	Connections across themes	Organize themes meaningfully	Theme clusters
5. Case Progression	Move to next case with bracketing	Maintain idiographic focus	Individual case themes
6. Cross-Case Analysis	Compare patterns across cases	Identify shared experiences	Convergences/divergences
7. Master Themes	Synthesize overarching patterns	Represent collective essence	Final thematic structure

The study received ethical approval from the Institutional Review Board. Informed consent was obtained from all participants, with particular attention to adolescent assent and parental consent. Confidentiality was maintained through pseudonyms and removal of identifying information. Participants were informed of their right to withdraw at any time.

Trustworthiness was established through multiple strategies aligned with qualitative research standards: credibility (prolonged engagement, member checking with participants), transferability (thick description of contexts and processes), dependability (audit trail of methodological decisions), and confirmability (reflexive journaling documenting researcher perspectives).

RESULTS AND DISCUSSION

Phenomenological analysis of the interview data revealed five overarching master themes that capture the essence of how parent-child communication influences adolescent mental health. These themes represent shared experiences across participants while honoring individual variations. Each theme is presented with rich descriptive quotes that illuminate the lived reality of communication experiences, followed by interpretative discussion connecting findings to theoretical frameworks and existing literature.

Emotional Openness as Sanctuary - The Protective Power of Being Heard

The most fundamental and universal experience participants described was the protective power of feeling genuinely heard and emotionally validated. Adolescents consistently described moments of open, emotionally attuned communication as creating a sense of psychological safety that served as foundation for mental well-being. This finding aligns with contemporary research on emotion regulation and family dynamics, which demonstrates that supportive family communication teaches effective emotional management through modeling and positive reinforcement (Morris et al., 2017).

One 16-year-old female participant powerfully articulated this experience: "When my mom really listens, not just hearing words but like, seeing me, understanding what I'm feeling... it's like this weight lifts off. I don't feel alone with my problems anymore. Even if nothing changes in the situation, I feel stronger because someone gets it." Her mother corroborated this experience from her perspective: "I can see the shift in her face, her whole body relaxes when she knows I'm truly present with her emotions, not trying to fix or judge."

This theme manifested through several sub-dimensions: validation of emotions without dismissal, non-judgmental presence during disclosure of difficult experiences, consistent availability signaling "you can talk to me anytime," and parental ability to tolerate adolescent emotional intensity without becoming defensive or withdrawn. Research on emotional coregulation within families demonstrates that parents' capacity to remain emotionally present during children's distress directly facilitates the development of adaptive emotion regulation strategies.

Table 6. Sub-themes of Emotional Openness and Protection

	Adolescent Experience	Parent Experience	Protective Mechanism
Validation	"They take my feelings seriously"	"I acknowledge emotions before problem-solving"	Emotional regulation
Non-judgmental Presence	"I can tell them anything without fear"	"I listen without criticizing"	Trust building
Consistent Availability	"They make time even when busy"	"I prioritize being accessible"	Secure attachment
Tolerating Intensity	"They don't shut down my strong emotions"	"I stay calm when they're upset"	Co-regulation

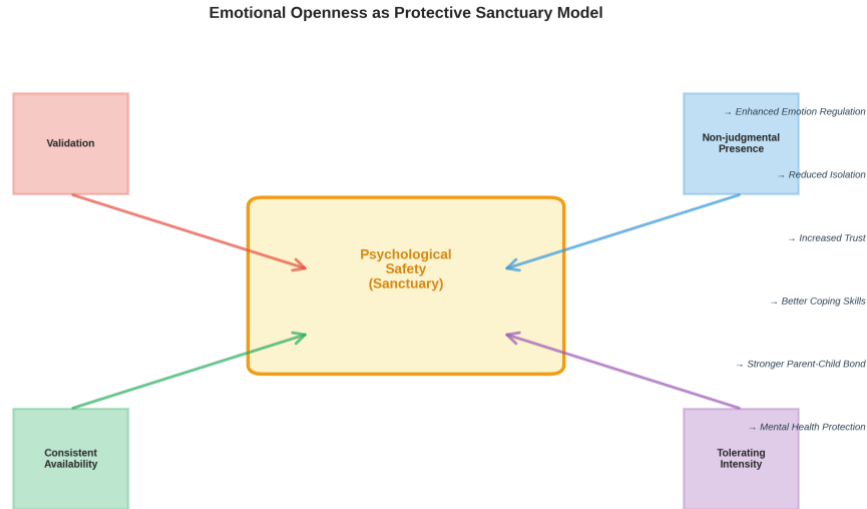


Figure 3. Emotional Openness as Protective Sanctuary Model

These findings align with attachment theory and emotion socialization frameworks, demonstrating that parental emotional responsiveness creates secure base from which adolescents can explore challenges and regulate difficult emotions (Bosmans et al., 2020). The phenomenological lens reveals that protection arises not merely from communication frequency but from quality of emotional attunement—the felt sense of being deeply understood. Contemporary attachment research emphasizes that secure attachment relationships develop through consistent parental sensitivity and responsiveness, creating internal working models that regulate cognition, emotions, and interpersonal behavior (Mikulincer & Shaver, 2019).

Barriers and Breaking Points - When Communication Fails and Vulnerability Emerges

Participants vividly described experiences when communication broke down, creating vulnerability to mental health difficulties. These breakdown moments were characterized by feelings of isolation, misunderstanding, and emotional abandonment that participants directly linked to declining mental well-being. Research demonstrates that dysfunctional family communication patterns correlate strongly with heightened emotion dysregulation, lower self-esteem, and increased depressive symptoms among adolescents.

A 15-year-old male participant described: "There was this period where every time I tried to talk about school stress, my dad would just give me the 'toughen up' speech. After a while, I stopped trying. I felt completely alone with it,

like drowning and nobody noticing. That's when the anxiety got really bad." His father reflected: "I thought I was helping by teaching resilience. I didn't realize I was shutting him out until his grades crashed and the school counselor called."

Communication barriers manifested in multiple forms: parental dismissiveness or minimization of adolescent concerns, competing demands limiting quality time, cultural or generational gaps in emotional expression norms, fear of negative reactions preventing disclosure, and accumulated hurt from past communication failures creating withdrawal patterns. According to attachment theory, adolescents with insecure attachment styles may experience heightened anxiety or avoidance when confronting emotional challenges, as these styles develop through patterns of inconsistent or unsupportive parental responses.

Table 7. Communication Barriers and Mental Health Consequences

Barrier Type	Manifestation	Adolescent Response	Mental Health Impact
Dismissiveness	Minimizing concerns, "It's not that bad"	Emotional withdrawal	Increased anxiety, isolation
Time Scarcity	Constant busyness, rushed interactions	Feeling unimportant	Lower self-worth, depression
Cultural Gaps	Different emotional expression norms	Code-switching, hiding emotions	Identity confusion, stress
Fear of Reaction	Previous negative responses	Self-censoring, secrecy	Internalized problems
Historical Hurt	Accumulated communication failures	Protective withdrawal	Relationship disconnection

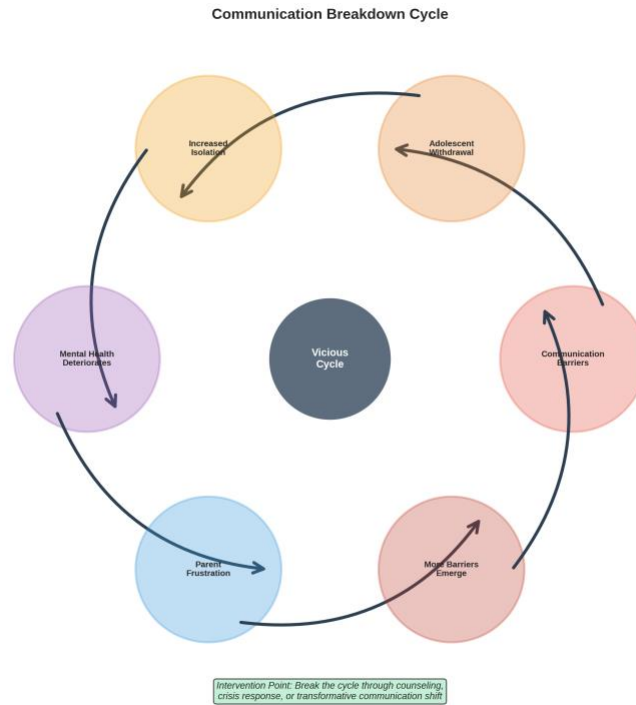


Figure 4. Communication Breakdown Cycle

The phenomenological data reveals that communication barriers are experienced not as isolated incidents but as accumulating patterns that erode trust and create self-protective withdrawal. This finding has critical implications for counseling, suggesting that intervention must address not only current communication but also repair of historical relational wounds. Individuals who strengthen their emotional regulation skills typically perform their responsibilities more effectively, as these capabilities translate into improved functioning across academic and social contexts (Roberts et al., 2014).

Cultural Narratives and Contextual Realities – Communication as Culturally Situated Practice

Participants' experiences revealed that parent-child communication occurs within cultural contexts that powerfully shape what can be expressed, how emotions are validated, and what constitutes "good" communication. These cultural dimensions were experienced as both resources and constraints, reflecting broader patterns of how sociocultural variation influences the manifestation of core relational processes within families.

An Asian-American adolescent described navigating multiple cultural scripts: "At home, there's this expectation that you don't burden parents with emotional stuff, you handle it yourself. But at school, everyone's like 'talk to your parents

about everything.' I'm caught between worlds. When I do open up to my mom, she tries, but I can tell she's uncomfortable. It's not her fault—it's how she was raised."

Cultural influences manifested through emotional expression norms (collectivist restraint versus individualist expressiveness), hierarchical respect traditions versus egalitarian dialogue expectations, gender role expectations shaping communication topics, immigration experiences creating dual cultural navigation, and religious or spiritual frameworks providing alternative communication pathways.

Table 8. Cultural Dimensions Shaping Communication Experiences

Cultural Dimension	Traditional Pattern	Contemporary Adaptation	Tension Points
Emotional Expression	Restraint, indirect communication	Direct emotional sharing	Intergenerational conflicts
Family Hierarchy	Respect through obedience	Mutual respect with dialogue	Authority challenges
Gender Expectations	Topic limitations by gender	Equal communication access	Role confusion
Immigration Context	Maintain heritage culture	Bicultural integration	Cultural identity strain
Spiritual Framework	Religious guidance primary	Secular mental health discourse	Value system conflicts

Cultural Context Model of Parent-Child Communication

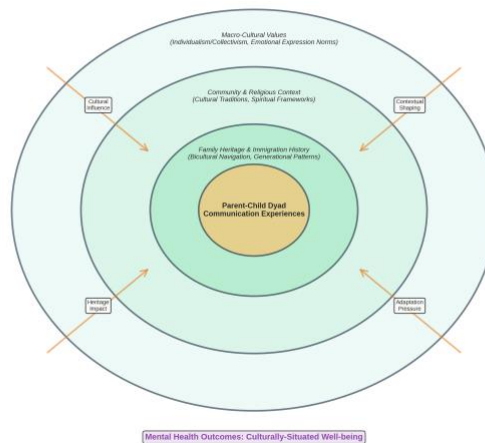


Figure 5. Cultural Context Model of Communication

These findings extend previous research by illuminating the lived experience of cultural navigation. Rather than viewing culture as static variable,

phenomenological analysis reveals culture as dynamically negotiated in each communicative moment. Counseling implications suggest need for culturally humble approaches that honor traditional patterns while creating space for adaptive evolution.

Digital Spaces as Double-Edged Sword - Technology-Mediated Connection and Distance

Contemporary parent-child communication experiences are inextricably intertwined with digital technologies. Participants described complex, often contradictory experiences of technology as both facilitating and hindering meaningful connection. Digital parental awareness—encompassing both protective and supportive dimensions—plays a mediating role in shaping the quality of parent-child relationships in the digital era (Toran et al., 2024).

A 17-year-old described: "Texting my mom during the day about random stuff actually makes me feel connected. But when we're home together and she's on her phone, it's like she's not really there. It's weird—technology brings us closer and pushes us apart at the same time." Her mother acknowledged: "I text her supportive messages, thinking I'm being a good parent. But she's right—sometimes I miss the actual moment right in front of me."

Digital communication experiences encompassed: text messaging as low-barrier entry for difficult topics, social media creating parental surveillance tensions, video calls during parental absence maintaining connection, phone presence during face-to-face time as distraction, and online resources facilitating psychoeducation about mental health. Research demonstrates that parent-child communication serves as a critical mediating mechanism between parents' awareness of children's technology use and parenting stress, highlighting the importance of intentional digital parenting practices (Kahraman, 2025).

Table 9. Digital Communication: Facilitative and Hindering Experiences

Digital Aspect	Facilitative Experience	Hindering Experience	Adolescent Preference
Text Messaging	Low-pressure sharing of feelings	Misunderstood tone, shallow exchanges	Mixed - depends on topic
Social Media	Shared interests, connection points	Privacy invasion, monitoring stress	Generally negative
Video Calls	Face-to-face during separation	Not substitute for physical presence	Positive for distant parents
Phone Presence	Quick access to parent	Divided attention, feeling unimportant	Strongly negative
Online Resources	Mental health information access	Overwhelming, self-diagnosis issues	Positive with guidance

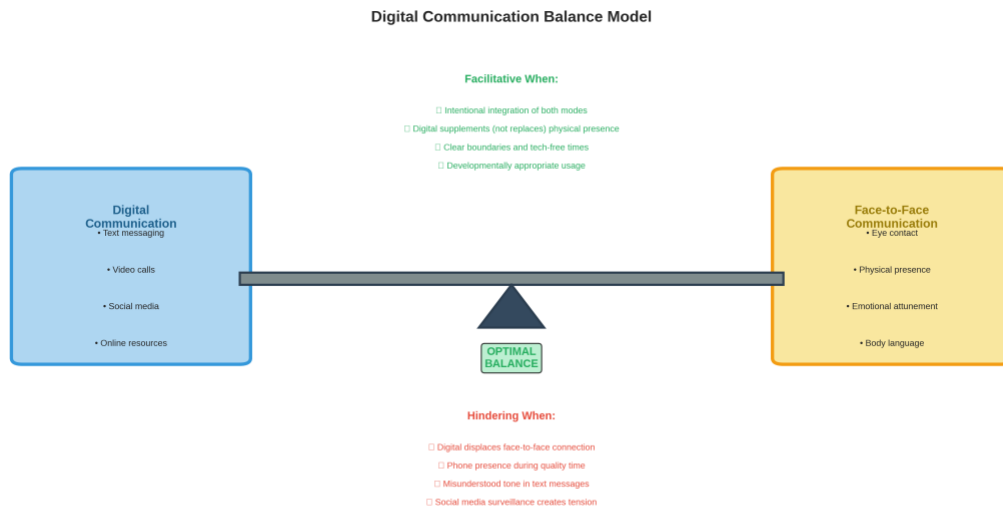


Figure 6. Digital Communication Balance Model

Phenomenological analysis reveals that technology's impact depends not on presence or absence but on intentionality and integration with face-to-face communication. Adolescents valued technology as supplementary connection tool but experienced it as harmful when it displaced embodied presence. Social media use creates both communication barriers and emotional distance when misused, yet can strengthen family bonds when utilized mindfully with appropriate boundaries (Tahir et al., 2025). Counseling approaches must address explicit technology norms and mindful usage within families, recognizing that parental mediation strategies differ in effectiveness based on socioeconomic resources and digital literacy (Livingstone et al., 2015; Odgers & Jensen, 2020).

Transformative Moments - When Communication Shifts and Healing Begins

Perhaps most importantly, participants described breakthrough moments when communication patterns shifted, often following crisis or intentional intervention. These transformative experiences were characterized by profound relief, renewed hope, and strengthened relational bonds. Emotion-focused therapeutic approaches, grounded in attachment science, have demonstrated effectiveness in facilitating such transformations by enabling clients to access and restructure maladaptive emotional patterns.

One mother and daughter described their turning point: "After I was hospitalized for anxiety, we started family therapy. The therapist helped us actually hear each other. There was this one session where I finally told my mom how scared I was, and she cried with me instead of trying to fix it. That was the moment everything changed." Her mother added: "I realized I'd been so focused

on solutions that I missed her need for me to just be with her in the pain. Once I learned to do that, she started coming to me again."

Transformative moments included: breakthrough conversations following crisis, counseling-facilitated communication learning, intentional family rituals creating regular connection, parental vulnerability modeling emotional openness, and forgiveness processes healing past communication wounds. Contemporary research on emotionally focused couple therapy emphasizes understanding emotion regulation in distressed relationships, demonstrating that therapeutic interventions targeting emotional processes can significantly improve relational functioning.

Table 10. Elements and Impacts of Transformative Communication Experiences

Transformation Element	Description	Participant Experience	Long-term Impact
Crisis as Catalyst	Mental health crisis prompting change	"Rock bottom opened our eyes"	Sustained commitment to communication
Therapeutic Facilitation	Counselor-guided communication	"Safe space to be honest"	New communication skills learned
Intentional Rituals	Regular designated connection time	"Friday dinner talks, no phones"	Consistent communication foundation
Parental Vulnerability	Parent sharing own struggles	"Knowing my dad struggles too helped"	Mutual empathy development
Forgiveness Process	Repairing past communication hurts	"We talked about all the times we hurt each other"	Renewed trust

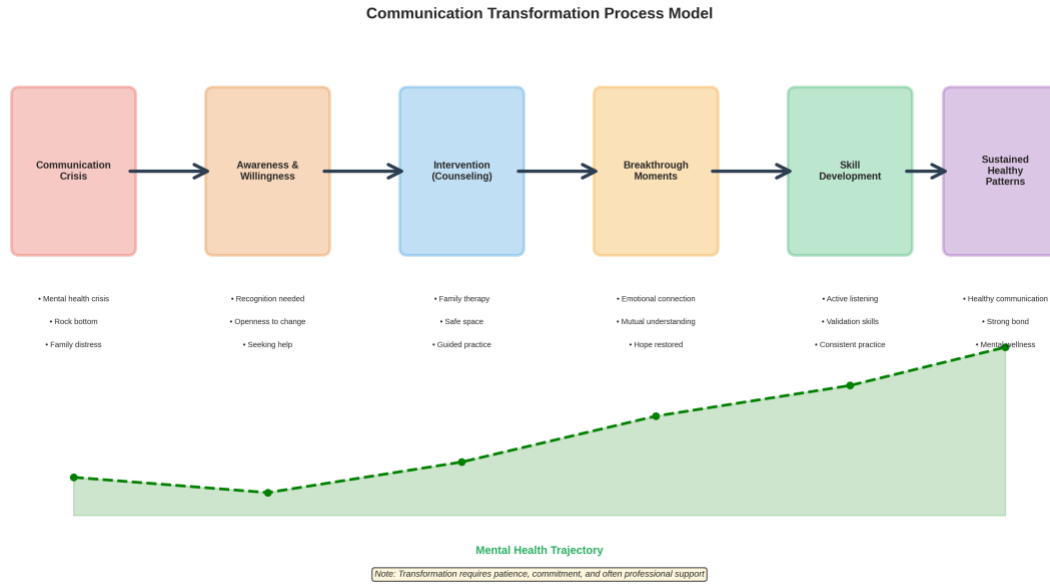


Figure 7. Communication Transformation Process Model

These transformation narratives provide hope and evidence that communication patterns can change even after prolonged difficulties. The phenomenological data suggests that transformation requires acknowledgment of pain, willingness to change, often external support (counseling), consistent practice, and patience with setbacks. These findings directly inform intervention design for family counseling programs, suggesting that attachment- and emotion-focused parenting interventions offer valuable alternatives to behavioral approaches by addressing underlying relational dynamics (Beyens et al., 2024).

Integrated Discussion: Theoretical and Practical Implications

The convergence of phenomenological themes across diverse participants provides compelling evidence for parent-child communication as robust protective factor against adolescent mental health difficulties. However, the lived experience data extends beyond simple correlation to illuminate the experiential mechanisms through which protection operates.

Theoretically, findings integrate attachment theory (secure base for emotional exploration), emotion socialization frameworks (parental validation teaching emotion regulation), and family systems perspectives (communication as relational co-construction) (Mikulincer & Shaver, 2019). The phenomenological lens adds critical dimension by revealing that these theoretical constructs are not abstract variables but lived, felt experiences that adolescents and parents navigate daily. Family resilience dimensions—particularly shared belief systems, communication processes, and organizational resources—serve as

protective factors during adversity, buffering against the negative impacts of stressors on family well-being (Prime et al., 2020; Walsh, 2020).

The study reveals multiple pathways through which communication protects mental health: (1) emotional pathway—validation and co-regulation preventing emotion dysregulation, (2) cognitive pathway—collaborative problem-solving developing adaptive coping, (3) relational pathway—secure attachment providing safe haven during stress, (4) identity pathway—authentic communication supporting healthy self-development, and (5) meaning-making pathway—dialogue helping adolescents construct coherent narratives of challenges.

Table 11. Multiple Pathways of Communication-Based Mental Health Protection

Pathway	Mechanism	Phenomenological Evidence	Mental Health Outcome
Emotional	Validation → co-regulation	"They help me calm down"	Reduced anxiety, better emotion management
Cognitive	Problem-solving together	"We figure things out as team"	Adaptive coping, reduced helplessness
Relational	Secure attachment maintenance	"I know they're there for me"	Lower isolation, secure identity
Identity	Authentic self-expression	"I can be myself with them"	Positive self-concept, reduced confusion
Meaning-Making	Collaborative narrative construction	"They help me understand what I'm going through"	Coherence, reduced distress

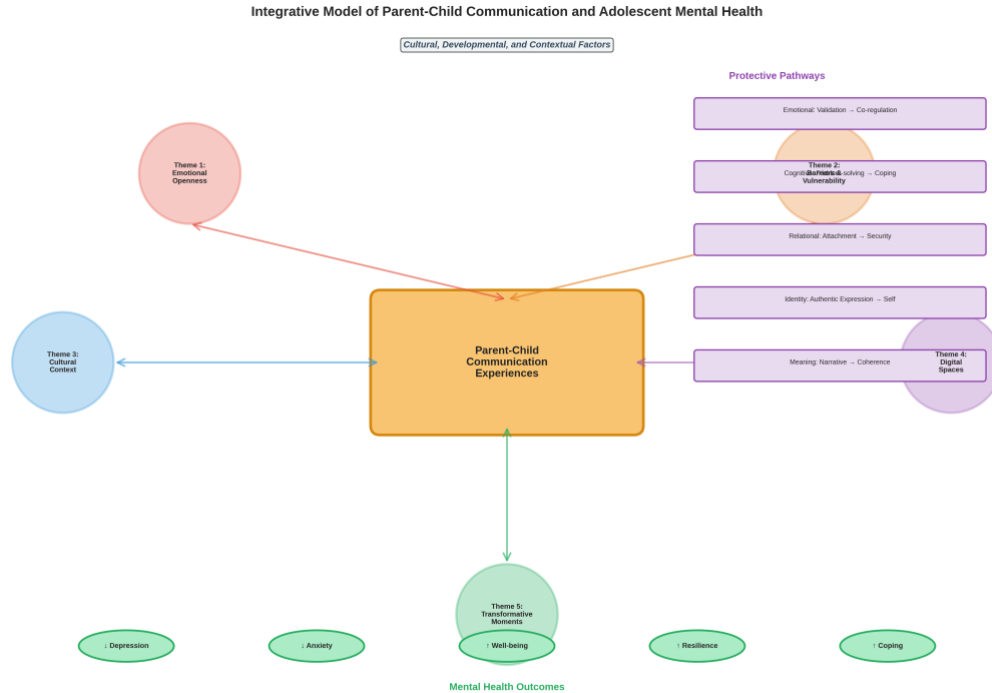


Figure 8. Integrative Model of Parent-Child Communication and Mental Health

Practical Implications for Family Counseling

Translation of phenomenological findings into counseling practice requires approaches that honor lived experiences while providing structured guidance. Assessment should explore communication from both parent and adolescent perspectives, attending to quality dimensions (emotional attunement, validation, availability) rather than just frequency. Counselors should inquire about specific communication moments—both positive and negative—to understand family's unique patterns.

Intervention should address multiple levels: (1) skill-building—teaching specific communication behaviors like active listening, validation, non-defensive responding, (2) emotional competence—developing parental ability to tolerate and co-regulate adolescent emotional intensity, (3) cultural adaptation—honoring traditional values while creating space for necessary evolution, (4) digital literacy—establishing intentional technology use norms (Ereskici et al., 2024), and (5) repair processes—healing historical communication wounds through forgiveness work.

The phenomenological data suggests that effective intervention must balance structure (teaching specific skills) with authentic presence (modeling the very qualities of attunement being taught). Counselors can use participants' quotes

and experiences to normalize struggles, validate efforts, and inspire hope for transformation.

Table 12. Multi-Level Counseling Intervention Framework Based on Phenomenological Findings

Intervention Level	Focus	Strategies	Expected Outcome
Assessment	Understanding current patterns	Individual and dyadic interviews, communication observation	Comprehensive picture of family communication
Skill Building	Teaching specific behaviors	Active listening training, validation practice, role-plays	Improved communication competence
Emotional Work	Developing parental capacity	Emotion tolerance exercises, co-regulation practice	Enhanced emotional attunement
Cultural Integration	Honoring and adapting traditions	Cultural genogram, values clarification	Culturally congruent communication
Digital Norms	Intentional technology use	Family media plan, tech-free time agreements	Balanced digital/face-to-face communication
Repair Work	Healing past hurts	Forgiveness processes, accountability dialogues	Renewed trust and connection

Limitations and Future Directions

Several limitations warrant consideration. The phenomenological approach, while providing rich depth, limits generalizability—findings represent experiences of these 24 dyads and may not capture all possible communication experiences. Sample was limited to families willing to participate in intensive interview process, potentially excluding most distressed families. Cross-sectional design captured experiences at single point; longitudinal phenomenological research tracking families over time could illuminate how communication experiences evolve.

Future research should explore several directions: (1) longitudinal phenomenological studies examining communication transformations over adolescent development, (2) phenomenological investigations of specific populations (LGBTQ+ adolescents, adolescents with chronic illness, immigrant families), (3) father-adolescent communication experiences specifically, given predominance of mother participation, (4) phenomenology of failed communication interventions to understand when change efforts do not work,

and (5) integration of phenomenological insights with quantitative outcome measurement to bridge experiential understanding with efficacy evidence.

CONCLUSION

This phenomenological study explores the impact of parent-child communication on adolescent mental health, revealing five key themes: emotional openness as protection, communication barriers creating vulnerability, cultural influences, digital communication as a double-edged sword, and transformative healing moments. The findings highlight that quality communication, characterized by attunement, validation, and authentic presence, serves as a robust protective factor, fostering emotional regulation, coping, relational security, and identity development. For family counseling, the study emphasizes the need for interventions that respect cultural contexts, teach specific communication skills, and address both in-person and digital communication.

Methodologically, this study contributes through its rigorous application of interpretative phenomenological analysis to capture the lived experiences of both parents and adolescents in dyadic interviews, moving beyond surface-level survey data to illuminate the experiential mechanisms underlying communication's protective effects. The study's originality lies in its integration of contemporary contexts—including COVID-19 impacts, digital communication realities, and cultural diversity—with phenomenological depth, providing evidence-based yet experience-grounded foundations for family counseling interventions that honor the authentic lived realities families navigate in preventing adolescent mental health difficulties.

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