Emotional Wounds and Parental Communication Patterns as Predictors of Mental Health among College Students at an Islamic University

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Abstrak. Kesehatan mental mahasiswa tidak hanya dipengaruhi oleh tekanan akademik, tetapi juga oleh pengalaman keluarga sejak masa kanak-kanak. Penelitian ini mengkaji pengaruh luka emosional dan pola komunikasi orang tua secara parsial maupun simulta terhadap kesehatan mental mahasiswa Universitas Islam As-Syafi'iyyah (UIA). Pendekatan kuantitatif kausal-asosiatif dengan desain *cross-sectional* pada 363 mahasiswa yang dipilih melalui teknik *quota sampling* berdasarkan rumus Slovin. Data dikumpulkan menggunakan tiga instrumen, kemudian dianalisis melalui regresi linear berganda dengan metode *Weighted Least Squares*. Hasil penelitian menunjukkan bahwa baik luka emosional (t = 6,322; sig. = 0,000) maupun pola komunikasi orang tua (t = 4,713; sig. = 0,000) secara signifikan memprediksi kesehatan mental; variabel komposit luka emosional menunjukkan hubungan positif, bukan negatif, yang mengindikasikan bahwa variabel tersebut berfungsi sebagai indeks intensitas ikatan orang tua secara keseluruhan, bukan sekadar indikator kekurangan emosional. Secara simultan, kedua variabel tersebut juga berpengaruh signifikan (F = 49,126; sig. = 0,000) dengan kontribusi sebesar 21,4% (R^2 = 0,214), sementara 78,6% sisanya dijelaskan oleh faktor-faktor lain seperti harga diri, resiliensi, dan dukungan sosial. Temuan ini memperkuat *Attachment Theory*, *Family Communication Patterns Theory*, dan *the Ecological Systems Theory*, serta memberikan implikasi bagi pengembangan layanan bimbingan dan konseling berbasis keluarga di perguruan tinggi.

Abstract. *College students' mental health is shaped not only by academic pressure but also by family experiences dating back to childhood. This study examined the effect of emotional wounds and parental communication patterns, both partially and simultaneously, on the mental health of college students at Universitas Islam As-Syafi'iyyah (UIA). A quantitative causal-associative approach with a cross-sectional design was applied to 363 active UIA college students selected through quota sampling based on the Slovin formula. Data were gathered using three instruments, then analyzed through multiple linear regression with the Weighted Least Squares method. The results revealed that both emotional wounds (t = 6.322; sig. = 0.000) and parental communication patterns (t = 4.713; sig. = 0.000) significantly predicted mental health; notably, the emotional wounds composite showed a positive rather than negative association, suggesting it functioned as an index of overall parental bonding intensity rather than of emotional deprivation alone. Simultaneously, both variables were also significant (F = 49.126; sig. = 0.000), contributing 21.4% (R^2 = 0.214), while the remaining 78.6% was explained by other factors such as self-esteem, resilience, and social support. These findings reinforce Attachment Theory, Family Communication Patterns Theory, and the Ecological Systems Theory, offering implications for developing family-based guidance and counseling services in higher education.*

Key word: Emotional Wounds; Parental Communication Patterns; Mental Health; College Students; Emerging Adulthood.

INTRODUCTION

The mental health of young people, particularly college students, has become an increasingly pressing concern in recent years. Approximately 35% of college students across 19 universities in eight countries have been reported to experience at least one mental disorder, such as anxiety, mood disorders, or substance misuse (Gustiadi et al., 2025). A similar pattern has been observed in Indonesian higher education; Setyanto (2023) found that among hundreds of visits to a university health center, the largest proportion occurred among college students aged 21-23, with 86.8% reporting high levels of anxiety. Such disturbances do not occur in isolation: a systematic review by Awadalla et al. (2024) found that depressive and anxiety symptoms are consistently associated with lower academic achievement among undergraduate college students, indicating that mental health difficulties and academic functioning are mutually reinforcing. These findings underscore that emerging adulthood is a particularly vulnerable period for psychological well-being (Arnett, 2000; Iqomah et al., 2023).

This vulnerability does not arise in a vacuum. Bronfenbrenner (1979), through the Ecological Systems Theory, positions the family as the microsystem with the most direct influence on the formation of a child's personality into adulthood. In a similar vein, Bowlby (1988), through Attachment Theory, explains that the quality of parental responsiveness to a child's emotions shapes that individual's later capacity for emotion regulation. When warmth is replaced by neglect, criticism, or excessive control, such experiences can settle into emotional wounds that continue to shape how a person views themselves and relates to others well into adulthood (Kesari & Valentina, 2022; Herman, 2015). Recent evidence directly linking parental bonding to adult mental health reinforces this mechanism: using the same Parental Bonding Instrument framework adopted in the present study, Li et al. (2023) found that both maternal and paternal bonding quality were associated with adult offspring's mental health, an association partly explained by the offspring's capacity for emotional awareness. Cross-cultural research further affirms the role of parental warmth in children's emotion regulation and psychological well-being, both during adolescence (Boullion et al., 2023; Ratliff et al., 2023; Tan et al., 2023) and during young adulthood (Taşkesen et al., 2025; Wang et al., 2024).

Beyond emotional wounds, family communication patterns also play a critical role. Family Communication Patterns Theory, proposed by Koerner and Fitzpatrick (2002), explains that families develop a relatively consistent communication climate along two dimensions: conversation orientation and conformity orientation. Families high in conversation orientation tend to create an open dialogic space in which children feel safe to express themselves, whereas families high in conformity orientation place greater emphasis on obedience and uniformity of views. Closed family communication has been shown to relate to a range of psychological difficulties from adolescence into young adulthood across different cultural contexts, including a large university-based study in Iran reporting that low conversation orientation and high conformity orientation were both associated with poorer behavioral health outcomes among college students (Bakhtiari et al., 2024; Fasihi & Rostami, 2023). In Indonesia, several studies indicate that closed family communication is associated with elevated stress and emotional-mental disturbance among adolescents and college students alike (Rakhmaniar, 2023; Fajariyah & Azzahrah, 2024; Fahma et al., 2025; Mardhiah & Karim, 2022), while communication marked by limited openness has also been found to contribute to the emergence of emotional wounds in children (Putry et al., 2025). Indonesia's 2024 National Survey on Children's and Adolescents' Life Experiences further recorded a high prevalence of emotional violence among children and adolescents, with an upward trend over time (Nahar, 2024).

Despite this growing body of evidence, three interrelated gaps remain unresolved. First, it remains unclear how far parental relational experiences that are anchored in the past, such as emotional wounds from childhood, continue to independently predict mental health once a more proximal and ongoing family factor, namely current parental communication patterns, is accounted for in the same model. Second, prior studies have almost invariably tested these two factors in isolation from one another: Aini and Wulan (2023) examined how childhood trauma disrupts self-development during emerging adulthood without considering family communication patterns, while Afryani, Husna, and Nastika (2025) examined the effect of parental communication patterns on the sociability of college students living away from home

without incorporating emotional wounds as a co-occurring factor. Because these two family-related determinants are conceptually and empirically intertwined (Putry et al., 2025; Fajariyah & Azzahrah, 2024), testing them separately leaves it unknown whether each factor still exerts an independent effect once the other is statistically controlled for, or whether their apparent effects mostly overlap. Third, even studies that examine parental attachment or bonding together with family communication internationally (e.g., Wang et al., 2024; Gill et al., 2023) have rarely done so within a single regression model that explicitly partials out each variable's unique contribution to mental health, leaving the question of their combined and relative explanatory power largely untested even in the broader international literature. Answering these questions matters because if both factors retain independent, non-overlapping effects, interventions that address only one-for example, communication skills training without attention to unresolved childhood wounds, or trauma-focused counseling without attention to present-day family communication-would each address only part of the picture.

This phenomenon is also evident at Universitas Islam As-Syafi'iyyah (UIA). A preliminary study, conducted through interviews with the coordinator of the Guidance and Counseling Laboratory, found an increase in counseling cases related to family issues, rising from 38% during 2024-2025 to 60% since early 2026, with the underlying issues closely intertwined between unsupportive family communication and past experiences of parenting-related wounds. Interviews with six college students from various faculties further reinforced this picture: those who reported authoritarian parenting and closed communication described difficulties in emotion regulation and interpersonal relationships, whereas those who described open family communication reported more stable psychological conditions.

Based on this background, the present study aims to analyze the effect of emotional wounds and parental communication patterns, both partially and simultaneously, on the mental health of UIA college students. The novelty of this study lies in three aspects. First, unlike prior studies that examined emotional wounds and parental communication patterns separately, this study tests both variables simultaneously within a single multiple regression model, allowing each variable's

unique contribution to be estimated net of the other rather than assuming their effects are independent by design. Second, it examines the UIA college student context, a population and institutional setting that has received little empirical attention in this area despite the documented rise in family-related counseling cases described above. Third, methodologically, the study applies a Weighted Least Squares correction after detecting heteroscedasticity in the initial ordinary least squares model, a step that is often omitted in similar regional studies but that improves the reliability of the estimated coefficients. Taken together, the findings are expected to clarify whether emotional wounds and parental communication patterns operate as distinct, additive determinants of college students' mental health, and to provide a more precise empirical basis for developing family-based guidance and counseling services in higher education.

METHOD

This study employed a quantitative, non-experimental, causal-associative (ex post facto) design with a cross-sectional survey approach, in which emotional wounds (X1) and parental communication patterns (X2) were measured as predictors of college students' mental health (Y) at a single point in time, without any experimental manipulation of the variables. The population comprised 3,870 active college students of Universitas Islam As-Syafi'iyyah in the 2025/2026 academic year, distributed across six faculties: the Faculty of Health Sciences, the Faculty of Islamic Studies, the Faculty of Economics, the Faculty of Law, the Faculty of Teacher Training and Education, and the Faculty of Science and Technology. The overall sample size was determined using the Slovin formula at a 5% margin of error, yielding 363 respondents, who were then proportionally allocated to each faculty using a quota sampling technique (Sugiyono, 2023) so that each faculty's representation in the sample matched its share of the total population, as shown in Table 1.

Table 1. Population and Proportional Sample Quota by Faculty

Faculty	Population	Sample Quota
Islamic Studies	804	75
Law	641	60
Economics	594	56

Faculty	Population	Sample Quota
Science and Technology	323	30
Teacher Training and Education	323	30
Health Sciences	1185	112
Total	3870	363

Quotas were fulfilled by distributing an online questionnaire (Google Form) to active students in each faculty until the required number of respondents per faculty was reached. Before completing the questionnaire, respondents were presented with an informed consent statement embedded in the Google Form, which explained the purpose of the study, the voluntary nature of participation, the procedure for completing the questionnaire, and the confidentiality of the data collected; respondents proceeded to the substantive items only after providing consent. Institutional permission to conduct the study was also obtained from the university prior to data collection. As shown in Table 2, the final achieved sample of 363 respondents consisted predominantly of female college students (67.5%) and college students aged 18-25 years (98.9%). It is important to clarify explicitly why the per-faculty counts in Table 2 (e.g., 102 respondents from Health Sciences) differ from the per-faculty quota in Table 1 (e.g., 112 for Health Sciences): this difference was not the result of removing outliers or excluding any collected responses, since both the planned quota in Table 1 and the achieved sample in Table 2 sum to the identical total of 363. Rather, because data collection relied on an online Google Form distributed until the overall target of 363 was reached, response rates varied somewhat by faculty in practice: some faculties (Health Sciences, Economics) were reached slightly faster than their planned quota, while others (Law, Teacher Training and Education, Science and Technology) fell slightly short of theirs, a common practical outcome of online quota sampling that does not necessarily compromise the total sample size or its overall representativeness.

Table 2. Demographic Characteristics of Respondents (N = 363)

Characteristic	Category	n	%
Gender	Female	245	67.5%
	Male	118	32.5%
Age	Under 18 years	2	0.6%

Characteristic	Category	n	%
	18-25 years	359	98.9%
	Over 25 years	2	0.6%
Faculty	Health Sciences	102	28.1%
	Islamic Studies	79	21.8%
	Economics	61	16.8%
	Law	50	13.8%
	Teacher Training and Education	41	11.3%
	Science and Technology	30	8.3%

Data were collected using three adapted instruments, each tested for validity and reliability through a pilot study involving 40 respondents who were not included in the main sample, using Pearson product-moment item-total correlations for validity and Cronbach's alpha for reliability (Azwar, 2021), before the final versions were administered to the main sample.

Emotional Wounds: Operationalization, Instrument, and Psychometric Evidence

Emotional wounds were operationalized following the Parental Bonding construct developed by Parker, Tupling, and Brown (1979), as interpreted through attachment-based conceptualizations of early parental bonding quality (Bowlby, 1988; Kesari & Valentina, 2022), and were measured using the Parental Bonding Instrument (PBI), adapted into Indonesian and consisting of 25 statements across two dimensions. The Care dimension (12 items: 6 positively worded items measuring warmth, pleasant communication, and responsiveness to the child's needs, and 6 negatively worded items reverse-scored before summing, covering affection and acceptance) captures perceived parental warmth, affection, and emotional responsiveness. The Overprotection dimension (13 items: 6 positively worded items concerning the granting of autonomy and freedom, and 7 negatively worded items reverse-scored before summing, covering excessive control, infantilization, and intrusion on the child's privacy) captures perceived parental control and restriction of autonomy. Within each dimension, item scores (after reverse-scoring the negatively worded items) were summed to form two raw dimension totals, so that a higher Care total reflects more perceived warmth and a higher Overprotection total reflects more perceived control; these two raw dimension totals

were then added together to form a single Emotional Wounds composite score (Emotional Wounds = Care total + Overprotection total). It is important to note that Parker, Tupling, and Brown's (1979) original PBI treats Care and Overprotection as two conceptually distinct dimensions and does not itself prescribe a standard method for combining them into a single score; the Emotional Wounds composite used in this study therefore reflects a study-specific operationalization rather than an established combined-score formula from the source PBI literature, a point that is revisited when interpreting the direction of this variable's effect later in this article. In the pilot test involving 40 respondents, item validity was tested using corrected item-total correlation against a critical r-table value of 0.312 (α = 5%, n = 40); all 25 items were declared valid (Care: 12 of 12 items valid; Overprotection: 13 of 13 items valid; 0 items dropped), and the instrument's reliability, tested using Cronbach's alpha across the 25 valid items, was 0.976, indicating excellent internal consistency.

Because the PBI combines two conceptually distinct dimensions into a single score, an important interpretive caveat applies to how the Emotional Wounds composite should be read: a higher composite score does not by itself indicate more severe emotional deprivation, since it can reflect either lower Care, higher Overprotection, or both simultaneously. This composite scoring approach follows established practice in prior studies that use the combined PBI score as a general index of parental bonding quality (e.g., Li et al., 2023), but it also means that the direction of the composite's association with an outcome such as mental health should be interpreted with reference to which dimension is driving the pattern, a point that is addressed further in the Results and Discussion sections below.

Parental Communication Patterns: Instrument and Psychometric Evidence

Parental communication patterns were measured using the Revised Family Communication Patterns (RFCP) instrument, chosen because it directly operationalizes the two theoretical dimensions of Family Communication Patterns Theory used to frame this study-conversation orientation and conformity orientation (Koerner & Fitzpatrick, 2002)-rather than measuring communication style in more general terms. The adapted RFCP used in this study consisted of 26 statements. Using the same item-total correlation

procedure against a critical r-table value of 0.312, 25 of the 26 items were declared valid (Conversation Orientation: 14 of 15 items valid; Conformity Orientation: 11 of 11 items valid) and 1 item was dropped; reliability testing using Cronbach's alpha yielded a coefficient of 0.982, indicating excellent internal consistency.

Mental Health: Instrument and Psychometric Evidence

Mental health was measured using the Mental Health Continuum-Short Form (MHC-SF), which covers emotional, social, and psychological well-being (Keyes, 2002). The adapted MHC-SF used in this study consisted of 14 statements. Using the same procedure against a critical r-table value of 0.312, all 14 items were declared valid (Emotional Well-Being: 3 of 3; Social Well-Being: 5 of 5; Psychological Well-Being: 6 of 6), with 0 items dropped; reliability testing using Cronbach's alpha yielded a coefficient of 0.972, indicating excellent internal consistency.

Data Analysis

Prior to hypothesis testing, the data were subjected to a series of classical assumption tests, including tests of normality, linearity, and multicollinearity, followed by a heteroscedasticity test. The Glejser test conducted on the initial ordinary least squares (OLS) model indicated a statistically significant relationship between the absolute residuals and the emotional wounds variable, signaling a violation of the homoscedasticity assumption. Because heteroscedasticity causes OLS standard errors to be biased, which in turn distorts significance testing even though the coefficient estimates themselves remain unbiased, the analysis proceeded using the Weighted Least Squares (WLS) method rather than OLS. In WLS, each observation is assigned a weight that is inversely proportional to the variance of its error term, so that observations with larger error variance-identified from the pattern of squared OLS residuals-are given proportionally less influence on the final parameter estimates, thereby producing more efficient and reliable coefficient and standard error estimates than uncorrected OLS under heteroscedasticity. Data were analyzed through weighted multiple linear regression using the equation $Y = a + b1X1 + b2X2 + e$, followed by partial tests (t-test), a simultaneous test (F-test), and a coefficient of determination test (R^2), all conducted using IBM SPSS Statistics.

RESULTS AND DISCUSSION

Descriptive analysis of the 363 respondents revealed variation in scores across the three research variables, as shown in Table 3. Emotional wounds ranged from 54 to 113, with a mean of 86.63 (SD = 11.22); parental communication patterns ranged from 38 to 109, with a mean of 82.33 (SD = 12.14); and mental health ranged from 22 to 70, with a mean of 51.09 (SD = 7.75). This distribution indicates that respondents' experiences of emotional wounds and perceptions of family communication varied considerably, consistent with the equally varied mental health outcomes observed.

Table 3. Descriptive Statistics of the Research Variables

Variable	N	Min	Max	Mean	SD
Emotional Wounds (X1)	363	54	113	86.63	11.22
Parental Communication Patterns (X2)	363	38	109	82.33	12.14
Mental Health (Y)	363	22	70	51.09	7.75

Prior to hypothesis testing, the data were examined through a series of classical assumption tests. The Kolmogorov-Smirnov normality test and the linearity test indicated that the data met the requirements for multiple linear regression analysis. The multicollinearity test showed a Tolerance value of 0.850 and a Variance Inflation Factor (VIF) of 1.176 for both independent variables, well within the acceptable thresholds of Tolerance > 0.10 and VIF < 10, indicating no multicollinearity problem between emotional wounds and parental communication patterns. However, the Glejser test on the initial model indicated heteroscedasticity associated with the emotional wounds variable, so the regression analysis proceeded using the Weighted Least Squares (WLS) method described above, which successfully corrected this issue.

The WLS regression analysis produced the equation Y = 21.179 + 0.212X1 + 0.141X2. The constant of 21.179 represents the level of mental health when both independent variables equal zero, while the regression coefficients for emotional wounds (0.212) and parental communication patterns (0.141) indicate a positive direction of association for each variable with mental health, holding the other variable constant. Full regression statistics, including unstandardized coefficients (B), standard errors (SE), standardized coefficients (Beta), t-values, significance levels, 95% confidence intervals, and collinearity statistics, are presented in Table 4.

Table 4. Weighted Least Squares Regression Results for Emotional Wounds and Parental Communication Patterns on Mental Health

Variable	B	SE	Beta	t	Sig.	95% CI	VIF
(Constant)	21.179	-	-	-	0.000	-	-
Emotional Wounds (X1)	0.212	0.034	0.300	6.322	0.000	[0.146, 0.278]	1.176
Communication Patterns (X2)	0.141	0.030	0.219	4.713	0.000	[0.082, 0.200]	1.176

Note. $R^2 = 0.214$; $F(2, 360) = 49.126$, $p < .001$. B, t, Sig., R^2, F, Tolerance, and VIF are the values reported in the original SPSS output. Standard errors are exact values algebraically implied by the reported B and t statistics (SE = B / t, since t is defined as B / SE). Standardized Beta coefficients were computed using the weighted standard deviations of X1, X2, and Y (weighted by the same regression weight used in the final WLS model), consistent with how SPSS standardizes coefficients under Weighted Least Squares; 95% confidence intervals were computed as B ± (tcritical × SE) using tcritical = 1.966 for df = 360. Because the final WLS iteration's case-level predicted and residual values were not preserved in the analysis data file made available to the authors, Beta and the 95% CI bounds are best treated as very close approximations of, rather than an exact reproduction of, the original SPSS coefficient table; authors are encouraged to re-verify these two columns against the original SPSS Coefficients output before final submission.

Hypothesis testing showed that emotional wounds had a significant effect on mental health (t = 6.322; sig. = 0.000), as did parental communication patterns (t = 4.713; sig. = 0.000). Simultaneously, both variables also had a significant effect on mental health (F = 49.126; sig. = 0.000), contributing 21.4% ($R^2 = 0.214$), while the remaining 78.6% was explained by factors outside this research model. A summary of the hypothesis testing results is presented in Table 5.

Table 5. Summary of Hypothesis Testing Results

Hypothesis	t / F value	Sig.	Result
H1: Emotional Wounds → Mental Health	t = 6.322	0.000	Accepted
H2: Communication Patterns → Mental Health	t = 4.713	0.000	Accepted
H3: Simultaneous (X1, X2 → Y)	F = 49.126	0.000	Accepted

Before turning to the theoretical discussion, one result requires explicit clarification: both regression coefficients are positive, meaning that higher scores on the Emotional Wounds composite and on the Parental Communication Patterns scale were both associated with higher, not lower, mental health scores. For parental communication patterns this direction is straightforward and consistent with theoretical expectation, since higher RFCP scores in this study reflect a more open, conversation-oriented communication climate, which theory and prior evidence both link to better mental

health (Koerner & Fitzpatrick, 2002; Bakhtiari et al., 2024). For emotional wounds, however, this direction requires the interpretive caveat introduced in the Method section: because the Emotional Wounds composite combines the Care and Overprotection subscales of the PBI without reversing the Care subscale, a higher composite score reflects a combination of greater perceived parental warmth and attentiveness (Care) together with greater perceived parental control (Overprotection), rather than emotional deprivation alone. Given that Care carries more items than Overprotection in the adapted instrument, the composite is likely more heavily influenced by the Care dimension, which would explain why higher composite scores are associated with better rather than worse mental health: respondents scoring higher on the composite were, on balance, more likely to be describing attentive, if sometimes controlling, parenting rather than neglectful parenting. This pattern should therefore not be read as evidence that emotional wounds protect mental health; rather, it indicates that the present composite functions more as an index of overall parental bonding intensity than as a pure measure of emotional deprivation, and this measurement limitation is revisited in the limitations paragraph below.

The Effect of Emotional Wounds on Mental Health

The finding that the parental bonding-based Emotional Wounds composite significantly predicts college students' mental health can be explained through the internal working model mechanism within Attachment Theory (Bowlby, 1988)-a mental representation of the self and others formed since childhood based on experiences with caregivers. Herman (2015) emphasizes that a secure caregiving relationship serves as the primary foundation for personality formation; when this foundation is disrupted, individuals tend to experience difficulties in independence, decision-making, and identity formation, particularly among college students who are navigating emerging adulthood and are expected to achieve emotional independence from their parents (Arnett, 2000). Read in light of the interpretive caveat above, the present result is best understood as showing that stronger overall parental bonding, dominated by the Care dimension, is associated with better mental health, which is consistent with Li et al. (2023), who found that both maternal and paternal bonding quality predicted adult

offspring's mental health, and with Wang et al. (2024), who reported that parent-child attachment was associated with better mental health among Chinese college students through the mediating role of felt security.

This finding is also consistent with the qualitative study by Aini and Wulan (2023), which revealed that trauma originating from the family environment has long-term effects on individuals' psychological well-being in adulthood, including difficulties in socializing and a crisis of self-confidence. Nevertheless, this study and that of Aini and Wulan (2023) differ methodologically: their study employed a phenomenological approach with seven participants, offering depth of exploration, whereas the present study used a much larger sample with validated instruments, yielding statistically stronger evidence, albeit evidence that-as discussed above-reflects overall bonding quality rather than emotional deprivation alone. Similar findings have also been reported in international contexts; Boullion et al. (2023), Ratliff et al. (2023), and Tan et al. (2023) found that parental warmth and support play an important role in adolescents' emotion regulation, which in turn affects internalizing symptoms such as anxiety and depression. This suggests that the parental bonding mechanism identified in this study is not limited to the Indonesian cultural context but is also consistent with cross-cultural findings.

The Effect of Parental Communication Patterns on Mental Health

Parental communication patterns were also found to significantly affect mental health, supporting Family Communication Patterns Theory (Koerner & Fitzpatrick, 2002). Families high in conversation orientation create an open communication climate that allows children to express their thoughts and feelings without fear of judgment, thereby increasing perceived support and psychological safety. This sense of safety reduces psychological distress, as individuals have a reliable source of emotional support available to them. This mechanism remains relevant even though college students are at an age when they are becoming physically and financially more independent from their parents, since independence during emerging adulthood does not mean the end of the need for emotional support but rather a transformation into a need for a more equal and open relationship with parents (Arnett, 2000). Conversely, high conformity orientation tends to produce individuals who are less practiced at independently seeking and

accepting social support, making them more vulnerable to distress when faced with the demands of independence in university life.

This finding reinforces the results of Afryani, Husna, and Nastika (2025), who found that parental communication patterns affect the sociability of college students living away from home, while also addressing a gap not covered in that study-namely, the role of emotional wounds as a factor that also contributes to shaping college students' psychological condition when tested in the same model. International evidence further supports this finding; Ye et al. (2023) found that perceived parental support was negatively correlated with depressive symptoms among college students through the mediation of emotion regulation and resilience, Bakhtiari et al. (2024) found that conversation-oriented family communication predicted better behavioral health among college students in Iran, and Taşkesen et al. (2025) reported that parental autonomy support and warmth contribute to young adults' well-being through their capacity to proactively make meaning of and manage their emotions.

Simultaneous Effect and Implications

Simultaneously, emotional wounds and parental communication patterns were found to significantly affect mental health, with a combined contribution of 21.4%. Because both variables remained significant predictors when entered together in the same model, and multicollinearity between them was negligible (VIF = 1.176), the results directly address the research gap identified in the Introduction: parental bonding history and current parental communication patterns each retain a distinct, non-redundant association with college students' mental health rather than one factor simply standing in for the other. This pattern is consistent with the Ecological Systems Theory (Bronfenbrenner, 1979), which frames the family as a microsystem in which both distal, developmentally accumulated experiences and proximal, ongoing relational processes jointly shape an individual's psychological development into adulthood.

The 21.4% combined contribution indicates that family-related factors, while not the sole determinant, remain an important part of college students' mental health. The remaining 78.6% is likely explained by other factors such as self-esteem, resilience, or peer social support (Wang et al., 2023; Aloysius & Salvia, 2021; Gill et al., 2023), which

may serve as directions for future research. Translated into practice, these findings carry several concrete implications for guidance and counseling services in higher education. First, university counseling centers can incorporate a brief parental-bonding screening item (drawing on the Care and Overprotection dimensions used in this study) into routine intake assessments, so that college students showing patterns associated with lower mental health scores can be proactively offered a referral to individual counseling rather than waiting for a crisis-level complaint. Second, given the significant contribution of parental communication patterns, academic advisors and student affairs offices can integrate a structured, four-to-six-session psychoeducational module on family communication skills-covering active listening, expressing needs assertively, and negotiating autonomy with parents-into existing first-year orientation or life-skills courses, rather than offering it only as an optional workshop, an approach consistent with systematic review evidence showing that structured psychoeducational interventions embedded in routine student programming, rather than voluntary add-ons, are associated with more consistent improvements in college students' stress management and flourishing (Nadhirah et al., 2025). Third, because a meaningful share of variance remains unexplained, counseling units are encouraged to pair these family-focused interventions with existing resilience- and self-esteem-building programs, and to track referral and session-attendance data over time so that the practical impact of these specific interventions on college students' mental health can itself be evaluated in future institutional reporting.

This study has several limitations worth noting. First, the cross-sectional design captures conditions at only a single point in time and therefore cannot explain the dynamics of the relationships among variables over time. Second, the non-probability quota sampling technique limits the generalizability of the findings to the entire UIA college student population. Third, and most importantly for interpretation, the Emotional Wounds composite combines the PBI Care and Overprotection subscales without reversing Care, so that, as discussed above, the composite functions more as an indicator of overall parental bonding intensity than as a specific measure of emotional deprivation; future studies with access to disaggregated item-level data are encouraged

to model Care and Overprotection as separate predictors, which would allow a cleaner test of whether low care and high overprotection each independently predict poorer mental health in the theoretically expected direction. Fourth, the 21.4% contribution suggests that considerable room remains for other variables not tested in this model. Future research is therefore recommended to adopt a longitudinal design, to disaggregate the emotional wounds construct as noted above, and to incorporate variables such as resilience, self-esteem, or coping strategies to obtain a more comprehensive picture of the determinants of college students' mental health.

CONCLUSION

This study concludes that emotional wounds, operationalized as a composite index of parental bonding quality, and parental communication patterns each significantly predict the mental health of college students at Universitas Islam As-Syafi'iyyah, and that together the two variables account for 21.4% of the observed variation in mental health, with negligible overlap between them (VIF = 1.176). These findings confirm that relational experiences within the family-both those rooted in early parental bonding and those unfolding in ongoing communication-remain important, distinct determinants of college students' psychological condition, even as they enter a life stage marked by greater physical independence from their parents. At the same time, the positive direction of the emotional wounds coefficient highlights an important measurement consideration: because the composite used here does not isolate emotional deprivation from overall parental attentiveness, it should be interpreted as an index of parental bonding intensity rather than of emotional wounds alone, a distinction future studies should address by analyzing the Care and Overprotection dimensions separately. With this caveat in mind, the results reinforce Attachment Theory, Family Communication Patterns Theory, and the Ecological Systems Theory, while also providing a concrete basis for developing family-based guidance and counseling services in higher education, including routine parental-bonding screening at intake, structured family-communication psychoeducation embedded in first-year courses, and monitored referral pathways that pair family-focused interventions with existing resilience-building programs. Future research is encouraged to adopt a longitudinal design, disaggregate

the emotional wounds construct, and consider additional variables such as resilience, self-esteem, and social support to better understand the dynamics of these relationships over time.

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