

## Relationship Between Family Dynamics and Anxiety Among Young Adults

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### ABSTRACT

The purpose of this study is to assess the relationship between family dynamics and anxiety, among young adults (ages 18 years to 25 years). The aim is to examine the relationship between family dynamics and anxiety levels to investigate the relationship between the two variables. A total of 102 young adults were taken for the study. The Beck's Anxiety Inventory (BAI) and Family Cohesion Scale (FACES II) were used to collect the data and a t-test, correlation and regression analysis is performed to test the hypotheses. The findings revealed significant correlation between dysfunctional family environments marked by poor communication, lack of emotional support, high conflict and elevated anxiety levels in participants. Several limitations were identified in this study, including the sample size was relatively small (n=100), which may have affected the statistical power and generalizability of the findings. Additionally, Data was collected through online forms thus increasing the possibility of extraneous variables. These results contribute to the understanding of the relationship between family dynamics and anxiety among young adults. However, further research with larger and more diverse samples is needed to provide a more comprehensive understanding of this relationship.

**Keywords:** *Family Dynamics, Relationships, Anxiety, Young adults*

**F**amily Dynamics refers to the complex, interactive patterns of behavior, communication, and emotional connections that develop within a family system. These dynamics shape how family members relate to one another, establish roles, resolve conflicts, and provide emotional and practical support.

“Family members influence each other’s thoughts, feelings and behaviors. Family dynamics refers to the impact of these influences on the members of the family” (APA Dictionary)

The way a family functions is influenced by a variety of internal and external factors, including cultural values, societal expectations, life transitions, and individual personalities. At its core, family dynamics encompass the psychological, emotional, and social forces that influence the way a family operates as a unit.

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These Forces Include:

1. **Interpersonal Relationships:** The quality of emotional bonds between parents, siblings, and extended family members.
2. **Role Distribution:** The way responsibilities and decision-making power are shared within the family.
3. **Communication Styles:** The patterns of verbal and nonverbal communication that facilitate (or hinder) emotional expression and problem-solving.

### *Theories of Family Dynamics*

#### ● **Family Systems theory - Murray Bowen**

Imagine a family as a mobile hanging from the ceiling—if you push one part, the whole structure shifts. This is the core idea of Family Systems Theory, which sees the family as an interconnected emotional unit. Developed by Murray Bowen in the mid-20th century, this theory suggests that when one person in the family experiences stress, it affects everyone else.

**Key Concepts:** Bowen's Family Systems Theory outlines several key concepts that explain family dynamics and emotional processes. **Differentiation of self** refers to the ability to maintain one's identity while remaining emotionally connected to the family; individuals with low differentiation often feel overwhelmed by family emotions and struggle with independence. **Triangulation** occurs when two family members in conflict involve a third person, often a child, to ease tension, which can result in unhealthy emotional entanglements. The **multigenerational transmission** process describes how emotional patterns, trauma, and coping mechanisms are unconsciously passed down through generations. **Emotional cutoff** involves distancing oneself from family to avoid unresolved conflicts, which may lead to emotional difficulties in the future. Lastly, **sibling position** highlights how birth order can shape personality and influence roles within the family; older siblings often assume leadership, while younger ones may be more dependent.

#### ● **Attachment Theory – John Bowlby & Mary Ainsworth**

Attachment Theory helps explain why some people easily form close relationships while others struggle with trust or emotional intimacy. Developed by John Bowlby and later expanded by Mary Ainsworth, this theory suggests that early interactions with caregivers shape our ability to connect with others throughout life.

There are four key attachment styles that emerge based on early interactions with caregivers. **Secure attachment** develops when children receive consistent and loving care, leading them to feel safe in relationships and comfortable with trust and emotional expression. **Anxious attachment** arises from inconsistent caregiving, causing children to fear abandonment and often display clingy behavior in adult relationships. **Avoidant attachment** results from emotionally distant or dismissive caregivers, prompting children to suppress their feelings and avoid intimacy later in life. **Disorganized attachment** occurs when caregivers are unpredictable or abusive, leading to confusion, fear, and difficulty forming stable, trusting relationships.

#### ● **Psychodynamic Family Theory – Nathan Ackerman**

Psychodynamic Family Theory, influenced by Sigmund Freud and later developed by Nathan Ackerman, suggests that unresolved emotions and childhood experiences unconsciously shape family interactions.

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Several key concepts help explain the psychological dynamics within families. **Unconscious family conflicts** refer to deep-seated tensions that influence behavior without the family members being fully aware of them. **Transference and projection** occur when individuals redirect unresolved emotions onto family members for example, a father who experienced a strict upbringing might unknowingly enforce the same rigid rules on his own children. **Repetition of family patterns** describes how people tend to recreate the dynamics of their childhood in their adult families, even when those patterns were unhealthy. **Intergenerational trauma** involves the passing down of emotional wounds such as those caused by war, abuse, or poverty across generations if they remain unaddressed.

### • Social Learning Theory - Albert Bandura

Social Learning Theory, developed by Albert Bandura, explains that people learn by observing and imitating others, especially within the family.

Key behavioral concepts highlight how family dynamics influence individual development. *Modeling behavior* explains how children learn behaviors, attitudes, and emotional responses by observing their parents and siblings. *Reinforcement and punishment* shape behavior over time—actions that are rewarded, like getting good grades or showing affection, are likely to be repeated, while those that are punished, such as talking back or breaking rules, tend to decrease. Through *observational learning*, family members pick up on how others handle conflict, express emotions, and manage relationships. *Reciprocal determinism* emphasizes that behavior is not shaped in isolation but is influenced by the interaction of personal traits, the family environment, and broader social factors.

## ANXIETY

Anxiety is a natural emotional and physiological response to stress, uncertainty, or perceived danger. It is characterized by feelings of worry, fear, nervousness, or apprehension about future events or situations. While mild anxiety can be helpful, alerting us to potential threats and preparing us to respond to excessive or chronic anxiety can interfere with daily life, relationships, and overall well-being. Anxiety is not just an emotion; it involves a complex interaction between the brain, body, and environment. It is linked to the body's fight-or-flight response, a survival mechanism that prepares us to deal with danger. When the brain perceives a threat, it triggers the release of stress hormones like cortisol and adrenaline, leading to physical and emotional changes. Although anxiety is a normal part of life, persistent or overwhelming anxiety may indicate an anxiety disorder, which requires professional intervention.

### Factors Affecting Anxiety

Anxiety is influenced by a combination of biological, psychological, environmental, and lifestyle factors. These factors determine why some people experience mild, occasional anxiety while others struggle with chronic or severe anxiety disorders. Understanding these influences can help in managing and preventing anxiety effectively.

#### 1. Biological Factors

##### A. Genetics

- Anxiety tends to run in families, suggesting a genetic predisposition. If a parent or close relative has an anxiety disorder, there is a higher likelihood of developing anxiety.

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### B. Brain Chemistry & Neurotransmitters

- Imbalances in brain chemicals such as serotonin, dopamine, and gamma-aminobutyric acid (GABA) can contribute to anxiety. Low serotonin levels are linked to increased worry and nervousness.
- GABA helps calm the brain, and a deficiency can lead to heightened anxiety.

## **2. Psychological Factors**

A. Personality Traits - People who are highly sensitive, perfectionistic, self-critical, or introverted may be more prone to anxiety. Those with low self-esteem or difficulty handling uncertainty are at a greater risk.

B. Negative Thinking Patterns - People who engage in catastrophic thinking (always expecting the worst) experience higher levels of anxiety. Rumination (repeatedly dwelling on negative thoughts) can worsen anxious feelings.

## **3. Environmental Factors**

A. Stressful Life Events - Major life changes, such as divorce, job loss, financial difficulties, or Academic pressure can contribute to anxiety. Ongoing stress from work, relationships, or caregiving responsibilities can also be a significant trigger.

B. Family and Parenting Styles - Overprotective, highly critical, or emotionally distant parents can increase anxiety in children. Inconsistent parenting, where a child experience both love and neglect unpredictably, can lead to anxious attachment styles.

## **4. Lifestyle and Behavioral Factors**

A. Poor Sleep Habits - Sleep deprivation increases stress hormone levels, making anxiety worse. People who don't get enough sleep often feel more irritable, nervous, and emotionally overwhelmed.

B. Social Isolation - Lack of emotional support from friends or family can make anxiety worse. Social withdrawal or avoiding interactions due to fear can lead to increased loneliness and stress.

## ***Theories of Anxiety***

### **1. Psychoanalytic Theory (Freud's Theory of Anxiety)**

Sigmund Freud, the founder of psychoanalysis, proposed that anxiety arises from unconscious conflicts between the id, ego, and superego.

- Id: Represents basic instincts and desires (e.g., aggression, sexual urges).
- Ego: Balances the demands of reality, the id, and the superego.
- Superego: Represents morality and social norms.

According to Freud, anxiety arises when unconscious conflicts such as forbidden desires clashing with societal norms create inner tension and distress for the ego. To manage this anxiety, the mind employs *defense mechanisms* like *repression*, *denial*, and *displacement*, which help reduce emotional discomfort by keeping the conflict out of conscious awareness.

### **2. Behavioral Theories of Anxiety**

A. Classical Conditioning (Pavlov & Watson) - Anxiety can be learned through associating neutral stimuli with fearful experiences. John Watson's Little Albert experiment showed how a child developed a fear of white rats after associating them with a loud, scary noise.

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B. Operant Conditioning (Skinner) - Avoidance behaviors reinforce anxiety by reducing discomfort. C. Social Learning Theory (Bandura) - Anxiety can be learned through observation and modeling.

### 3. Cognitive Theories of Anxiety

Cognitive psychologists argue that distorted thinking patterns contribute to anxiety. A. Beck's Cognitive Theory of Anxiety Aaron Beck suggested that anxious individuals have negative automatic thoughts, such as: ○ Overgeneralization ("I always fail at everything.") ○ Catastrophizing ("If I make a mistake, everyone will judge me.") B. Ellis's Rational Emotive Behavior Therapy (REBT) ● Albert Ellis believed that irrational beliefs cause anxiety. ● Therapy focuses on challenging and replacing irrational thoughts with logical ones.

## **REVIEW OF LITERATURE**

*Kyung-cheol Kim (2025)* This study explores the link between parental co-residence and anxiety in Korean adolescents. Using data from 208,891 adolescents (2020–2023 Youth Health Behavior Survey), results showed that those not living with their parents had higher anxiety levels, with the highest risk among those living with relatives. These findings highlight the need for targeted mental health support for adolescents without parental co-residence to reduce anxiety risks.

*Jennifer (2024)* This thesis explores the rise of international preschools in Stockholm, Sweden, within globalization and transnational family dynamics. Using statistical data and parent interviews, it finds that these preschools attract diverse families, reflecting the value of transnational assets. Language choice influences social advantage, and preschool selection involves navigating class, migration, and parenting cultures, often requiring adjustments in family identity and routines.

*Armando Santas Prata (2024)* This study develops and validates the Adolescent Family Functioning Scale (AFFS) to assess Malaysian adolescents' family functioning. Using a mixed-method approach, interviews (N=13) identified five key dimensions, leading to a 50-item preliminary scale. Exploratory factor analysis (N=733) refined it to a 15-item, three-factor model: Family Relationship, Family Cohesiveness, and Family Pride. Confirmatory factor analysis (N=400) confirmed its best fit and reliability. The AFFS demonstrated strong validity and is recommended for use by mental health professionals and researchers in Malaysia.

*Özge Selçuko ğ lu Kilimci (2024)* This study examines the link between alopecia areata (AA) in children, family dynamics, and parental mental health. Children with AA had higher anxiety and depression levels and experienced less parental involvement compared to healthy controls. Neglectful parenting was more common in the AA group, while authoritative and indulgent parenting was more frequent in the control group. Parents of children with AA also showed higher anxiety and depression levels. These findings highlight the role of family and mental health in AA, emphasizing the need for holistic treatment approaches that address both psychological well-being and family dynamics.

*Ping Hu (2024)* This study examines how family function, self-efficacy, and social support influence anxiety in men with infertility. Among 202 participants, 67.8% experienced anxiety, with family dynamics playing a key role in their psychological well-being. Structural equation modeling revealed that self-efficacy and social support mediate the link

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between family function and anxiety, with a chain effect where family support enhances social support and self-efficacy, ultimately reducing anxiety. These findings highlight the need for interventions that strengthen family relationships, boost self-confidence, and expand social networks to improve mental health in this vulnerable group.

Straichea Mae C.Tabanao (2024) This study examines how complex family dynamics impact early childhood development. Interviews with five nursery and kindergarten students revealed challenges like emotional neglect, anxiety, and social difficulties, often due to parental absence from divorce or single parenting. Recommendations include enhancing parental involvement and providing school-based mental health support.

Hongyi Zhang (2024) This review examines the link between family dynamics and adolescent Generalized Anxiety Disorder (GAD) through various theoretical perspectives, including social learning, psychodynamic, and ecological systems theories. Research highlights the significant influence of parent-adolescent interactions and inter-parental relationships on adolescent anxiety. However, reliance on cross-sectional studies and self-report measures limits definitive conclusions. Future research should address these gaps to better understand the long-term impact of family dynamics on GAD.

Magdalena (2024) This thesis explores the impact of structural stigma and minority stress on LGBTQ+ parent families, addressing gaps in theoretical integration. It synthesizes evidence on legal discrimination, identity-based stress, and their effects on parents, children, and family systems. A meta-analytic review (43 studies, 1982–2022) confirms that minority stress influences well-being at multiple levels. Additionally, an analysis of LGBTQ+ parents across 19 European countries employs machine learning to examine these stressors. The research culminates in the Family Minority Stress Model, advancing theory and informing policy and practice.

Chiara (2023) This study examines eco-anxiety in Italian adolescents, its link to mental distress, and its impact on pro-environmental behavior. Findings show eco-anxiety correlates with higher anxiety, depression, and stress but also increased engagement in sustainable actions. However, self-efficacy did not mediate this relationship, suggesting other influencing factors. The study highlights the need for holistic approaches to support adolescent mental health while fostering environmental action.

Zaim Başaslan (2022) This study explores how family communication dynamics influence exam anxiety in adolescents. Exams play a crucial role in shaping academic success and future opportunities, often intensifying due to social and family pressures. The global culture of comparison and achievement further amplifies stress. During adolescence, when individuation is key, strained family interactions may worsen anxiety. This research examines how family dynamics impact students' perception of exams and their emotional well-being.

## **METHODOLOGY**

### *Aim*

To find out the relationship between family dynamics (Cohesion) and anxiety levels among young adults.

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### *Objectives*

- To examine the relationship between family dynamics (cohesion) and anxiety levels among young adults.
- To analyze how different aspects of family dynamics influence anxiety.
- To identify whether higher family cohesion is associated with levels of anxiety

### *Hypothesis*

- **H1:** There will be a significant relationship between family cohesion and anxiety levels among young adults.
- **H2:** High family Cohesion significantly predicts lower anxiety levels among young adults.
- **H3:** There will be a significant relationship between male and female young adults.
- **H4:** There will be a significant difference in perceived family cohesion scores between male and female young adults

### *Research Variables*

- Family Cohesion (Independent Variable)
- Anxiety level (Dependent Variable)
- Beck's Anxiety Inventory
- Family Cohesion Scale

### *Sample Description*

This study included 101 young adults aged between 18-25 years, Participants filled online survey forms (google forms). The population consisted of 37.5% males and 62.5% females, with participants either living with their families or independently. Inclusion criteria required participants to be within a specific age range and willing to complete the survey voluntarily. Young adults with diagnosed anxiety disorder were excluded to focus on general anxiety levels. Data was collected through google forms ensuring confidentiality and informed consent from all participants.

### *Data Collection Instrument*

The data in this particular study is gathered/collected with the help of scales of Family Cohesion Scale (David H.Olson, 20 items) and Beck's Anxiety Inventory (BAI) as well as demographic information form.

- **Family Cohesion Scale (David H.Olson)** - Measures the emotional bonding, support and adaptability within a family unit. It assesses the extent to which family members feel connected, involved and supportive of one another. The scale is based on the circumplex model of Marital and Family Systems, which categorizes families on a continuum from disengaged (Low Cohesion) to enmeshed (High Cohesion). The scale consists of 20 self-report items. Participants respond using a Likert Scale ranging from 1 (Strongly Disagree) to 5 (Strong Agree). Higher the scores indicate greater family cohesion, while lower scores suggest weaker familial bonds or disengagement. In scoring, Low Cohesion scoring low tends to have weak emotional connection and minimal communication among family members, Moderate Cohesion Score shows healthy emotional bonding with maintaining individual independence, High Cohesion scores suggested high on cohesion may exhibit excessive emotional closeness, dependency and reduced personal autonomy.

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Previous studies of this scale have established Construct Validity confirming its effectiveness in measuring family dynamics.

- **Beck's Anxiety Inventory (Aaron T. Beck)** - The Beck's Anxiety Inventory is a widely recognized tool for assessing the severity of anxiety symptoms in individuals. Developed by Aaron T. Beck and colleagues in 1988, The BAI is particularly useful for distinguishing between anxiety and depression, making it a valuable instrument for psychological and clinical research. The BAI consists of 21 self-report items, each describing a common anxiety symptom, participants rate how much they have been bothered by each symptom over the past week using a four-point scale; 0= not at all, 1= Mildly, 2= Moderate, 3= Severely. Total score ranges from 0 to 63, with higher scores indicating greater levels of anxiety. Anxiety severity is categorized as: 0-9 Minimal Anxiety, 10-16 Mild Anxiety, 17-29 Moderate Anxiety, 30-63 Severe Anxiety. The BAI has demonstrated high reliability and strong test-retest reliability, it has been validated in various populations, confirming its effectiveness in measuring anxiety symptoms.

### **Procedure**

The participants were recruited using Sampling methods (online survey distribution, university groups) and informed consent was obtained before participation. The study was conducted using Google Forms, where participants completed the Family Cohesion Scale (20 items) and Beck's Anxiety Inventory (21 items). They were instructed to respond honestly, with no time restrictions, and the average completion time was approximately 10-12 minutes. All responses were collected anonymously to ensure confidentiality and no personal identifiers were recorded. The data was securely stored and later reviewed for completeness before analysis. Statistical tests, including descriptive statistics, Pearson's correlation, linear regression, and One-Way ANOVA, were conducted using SPSS to examine the relationship between family cohesion and anxiety.

## **METHODOLOGY**

### **Descriptive Statistics**

<b>Variables</b>	<b>Mean</b>	<b>SD</b>	<b>Min.</b>	<b>Max.</b>	<b>Skweness</b>	<b>Kurtosis</b>
<b>BAI</b>	20.03	13.547	0	59	0.479	-0.644
<b>Family Cohesion</b>	3.18	0.785	1.75	4.80	0.041	0.935

*Note: Family Cohesion, Family Cohsion Scale; BAI, Beck's Anxiety Disorder*

Descriptive statistics were conducted on the data. Since all skewness values (ranging from 0.041 to 0.479) and kurtosis values (ranging from -0.644 to 0.935) fell within the range of  $\pm 2$  for skewness and  $\pm 7$  for kurtosis (West, Finch, & Curran, 1995), the assumption of normality was not violated.

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### Pearson Correlation Analysis

#### Correlations

		BAI	Family Cohesion
BAI	Pearson Correlation	1	-.288**
	Sig. (2-tailed)		.004
	N	96	96
Family Cohesion	Pearson Correlation	-.288**	1
	Sig. (2-tailed)	.004	
	N	96	96

\*\* . Correlation is significant at the 0.01 level (2-tailed).

Pearson's correlation analysis and simple linear regression analysis were conducted to examine the relationships between family cohesion and anxiety, to understand the underlying associations between these variables. Given the significant association between these two variables we continued with the regression analysis to analyse the impact of family cohesion on anxiety levels in individuals. The correlation analysis between the Beck Anxiety Inventory (BAI) and the Family Cohesion Scale revealed a statistically significant negative relationship ( $r = -0.288$ ,  $p = .004$ ) based on a sample of 96 participants. This indicates that higher levels of anxiety, as measured by the BAI, are associated with lower levels of perceived family cohesion. The significance level ( $p < .01$ ) suggests that this finding is unlikely due to chance and reflects a meaningful inverse association between the two variables.

### T-Test

**Table 3. Independent Sample T-tests Comparing the differences based on Gender.**

		Levene's Test for Equality of Variances				t-test for Equality of Means				
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
BAI	Equal variances assumed	.372	.543	-1.323	94	.189	-3.745	2.830	-9.363	1.874
	Equal variances not assumed			-1.345	80.684	.182	-3.745	2.784	-9.284	1.794
Family Cohesion	Equal variances assumed	3.722	.057	1.185	94	.239	.13165	.11113	-.08899	.35230
	Equal variances not assumed			1.259	90.279	.211	.13165	.10454	-.07603	.33934

An independent sample t-test was conducted to examine gender differences in anxiety levels, as measured by the Beck Anxiety Inventory (BAI), and perceived family cohesion. The results indicated that there was no significant difference in anxiety scores between males ( $M = 17.73$ ,  $SD = 12.90$ ) and females ( $M = 21.47$ ,  $SD = 13.85$ ),  $t(94) = -1.32$ ,  $p = .189$ . This suggests that male and female participants reported comparable levels of anxiety. Similarly, no significant difference was found in family cohesion scores between males ( $M = 3.26$ ,  $SD = 0.44$ ) and females ( $M = 3.13$ ,  $SD = 0.58$ ),  $t(94) = 1.19$ ,  $p = .239$ . Thus, perceptions of family cohesion did not significantly differ based on gender in this sample. These findings imply that, within the current sample, gender does not appear to significantly influence either anxiety levels or perceived family cohesion.

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### Regression Analysis

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	43.399	8.126		5.341	<.001
	FamilyCohesion Family Cohesion	-7.345	2.520	-.288	-2.915	.004

a. Dependent Variable: BAI

The regression analysis examined the predictive relationship between family cohesion and anxiety levels (measured by the Beck Anxiety Inventory - BAI). The model was statistically significant,  $F(1, 94) = 8.498$ ,  $p = .004$ , indicating that family cohesion significantly predicts anxiety levels. The  $R^2$  value of .083 suggests that approximately 8.3% of the variance in anxiety scores is explained by perceived family cohesion. The unstandardized coefficient for family cohesion was  $-7.345$  ( $p = .004$ ), meaning that for each one-unit increase in family cohesion, BAI scores decreased by approximately 7.35 points, indicating an inverse relationship. The standardized beta coefficient of  $-0.288$  aligns with the earlier correlation, reinforcing that lower family cohesion is associated with higher anxiety.

## DISCUSSION

The results of the present study compellingly affirm both hypothesized relationships, offering robust empirical support for the notion that perceived family cohesion plays a significant and inverse role in shaping anxiety levels among young adults. Specifically, the Pearson correlation analysis uncovered a moderate negative association, indicating that individuals who perceive their family environments as emotionally cohesive and unified tend to report markedly lower symptoms of anxiety. This finding substantiates and extends a well-documented body of literature which posits that familial cohesion functions as a salient protective factor in the mental health landscape of emerging adulthood. The observed relationship aligns with theoretical and empirical contributions such as those by Greeff and van der Merwe (2004), who underscored the buffering function of cohesive family units against stress-related psychopathologies. Similarly, Laursen and Collins (2009) emphasized the pivotal role of emotionally responsive familial contexts in promoting adaptive psychological functioning and mitigating the risk for internalizing disorders, particularly anxiety. These prior works, when viewed alongside the present findings, illustrate the enduring relevance of family dynamics as a cornerstone of emotional resilience during transitional life stages. The regression analysis provides further analytical rigor, revealing that family cohesion significantly predicts anxiety levels with a modest yet meaningful explanatory power ( $R^2 = .083$ ). While this value does not suggest a dominant causal pathway, it does reflect a non-trivial influence, suggesting that familial emotional climate contributes a notable share to the variability in anxiety outcomes. The unstandardized coefficient denotes a substantial decrease in anxiety symptoms corresponding to each unit increase in perceived cohesion, reinforcing the practical implications of cultivating supportive family relationships. This is congruent with the findings of Piko (2001), who reported that adolescents embedded in more cohesive family systems exhibited lower incidences of anxiety and depressive symptoms. Additional corroborating evidence from Repetti, Taylor, and Seeman (2002), as well as Schwartz et al. (2012), highlights the central role of familial support in enhancing emotional regulation and mitigating stress, particularly in the developmental period characterized by identity formation and increased autonomy.

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Strikingly, these psychological benefits of family cohesion may also be underpinned by physiological mechanisms. Research by Hostinar, Sullivan, and Gunnar (2014) demonstrated that individuals from cohesive families show reduced cortisol reactivity, implying that emotionally secure family environments may attenuate biological stress responses. Such findings point to a psychobiological pathway through which family cohesion exerts its protective effects, reinforcing the multidimensional impact of familial ties on mental health outcomes. Furthermore, the standardized beta coefficient (-0.288) closely mirrors the correlation coefficient, lending additional credibility to the consistency and stability of this relationship. Together, these results suggest a compelling narrative: while family cohesion may not be the sole determinant of anxiety, it emerges as a reliable and meaningful predictor with implications across emotional, cognitive, and physiological domains. Nonetheless, the modest  $R^2$  value also serves as a reminder of the multifaceted etiology of anxiety. It reflects the broader reality that anxiety is influenced by a constellation of interacting variables, including genetic predispositions, environmental stressors, personality traits, peer relationships, and broader sociocultural contexts. Therefore, although the current findings underscore the utility of strengthening family cohesion as a preventative or therapeutic intervention, they should not be interpreted in isolation from the complex web of contributing factors. In sum, this study contributes to a growing body of research that highlights the critical role of familial relationships in the mental health of young adults. The evidence suggests that interventions aimed at fostering open communication, emotional support, and relational stability within families may serve as valuable tools in reducing anxiety and promoting psychological well-being during a developmentally vulnerable period. Future research should consider integrating longitudinal designs and examining mediating variables such as coping strategies, attachment patterns, and individual temperament to deepen our understanding of how family cohesion operates within the broader context of anxiety regulation.

### **SUMMARY AND CONCLUSION**

#### *Summary*

The present study set out to examine the association between perceived family cohesion and anxiety levels among young adults, a developmental group particularly vulnerable to emotional instability due to increasing life demands, identity formation, and shifts in relational dynamics. Guided by two central hypotheses, the research sought to determine whether higher levels of perceived family cohesion would be associated with lower levels of anxiety, and whether family cohesion could serve as a significant predictor of anxiety symptoms. The results offer clear support for both hypotheses. The Pearson correlation analysis identified a moderate but statistically significant inverse relationship, suggesting that young adults who view their families as emotionally supportive and connected tend to experience fewer symptoms of anxiety. This relationship was further reinforced through regression analysis, which revealed that family cohesion accounted for approximately 8.3% of the variance in anxiety levels. While this may appear modest in numerical terms, it holds meaningful psychological and practical implications—especially when considered within the broader context of multidimensional influences on mental health. These findings are consistent with a growing body of literature that highlights the role of familial factors in shaping emotional development and stress resilience. Prior studies have shown that cohesive family environments promote emotional security, enhance coping mechanisms, and serve as buffers against both acute and chronic psychological distress. Furthermore, emerging evidence suggests that family cohesion may influence biological processes such as cortisol regulation, indicating potential pathways through which familial support can reduce physiological markers of stress and anxiety. This study contributes to that evolving

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understanding by demonstrating how perceptions of family functioning can tangibly impact internal emotional experiences in a critical life stage. At the same time, the study recognizes the complex etiology of anxiety. The modest  $R^2$  value signals the presence of other influential variables such as personality traits, peer relationships, socioeconomic status, early life adversity, and genetic predispositions that must be taken into account when conceptualizing mental health outcomes. Therefore, while family cohesion is shown to be an important factor, it is not the sole determinant of anxiety, and interventions must adopt a more holistic view when addressing psychological well-being in young adults.

### CONCLUSION

In conclusion, this research underscores the significance of perceived family cohesion as a key psychological resource in mitigating anxiety among young adults. The findings illuminate how emotionally supportive and interconnected family environments can serve as stabilizing forces during a developmental phase characterized by increased independence, life transitions, and social pressure. Young adults who perceive their families as cohesive not only report fewer anxiety symptoms but may also experience better overall emotional regulation and resilience when navigating personal and academic challenges. The predictive power of family cohesion, although moderate, presents valuable insights for mental health professionals, educators, and policymakers. It suggests that targeted efforts to improve family communication, emotional responsiveness, and relational stability may have downstream benefits for young adults' psychological well-being. Interventions such as family therapy, psychoeducational programs, or community-based support groups could be strategically implemented to strengthen family functioning, especially in at-risk populations. Moreover, this study opens avenues for future research to further unpack the mechanisms through which family cohesion exerts its protective influence. Longitudinal studies could explore how the impact of family cohesion evolves over time, while qualitative approaches might offer richer insights into the lived experiences of young adults within varying family structures. Additionally, the inclusion of mediating and moderating variables—such as attachment styles, emotional intelligence, and cultural norms—would enhance the nuance and applicability of future findings. Ultimately, while family cohesion is not a panacea for anxiety, it is a meaningful and modifiable factor that deserves attention in both research and practice. By fostering environments where young adults feel emotionally safe, supported, and understood, families can play an instrumental role in promoting mental health and preventing the escalation of anxiety-related symptoms. This study affirms the enduring relevance of the family unit in the psychological development of young adults and provides a strong foundation for future work aimed at enhancing familial and emotional well-being during this critical life stage.

### *Limitations*

1. Cross-sectional design: The study employed a cross-sectional research design, which restricts the ability to infer causality. Although the findings suggest that higher perceived family cohesion is associated with lower anxiety levels, the directionality of this relationship cannot be firmly established. It remains possible that individuals experiencing lower anxiety may also perceive their family environments more positively, or that a third variable influences both.
2. Self-report measures: All data were collected through self-report questionnaires, which are inherently susceptible to biases such as social desirability, memory distortion, or individual differences in self-awareness.

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3. Participants may have underreported anxiety symptoms or overestimated their perception of family cohesion due to stigma, personal bias, or differing interpretations of the survey items.
4. Sample characteristics and generalizability: The sample may not fully represent the broader population of young adults. If the participants were primarily students or drawn from a specific geographic, cultural, or socioeconomic background, this could limit the generalizability of the findings. Family dynamics and anxiety manifestations may vary significantly across cultures, family structures, and life circumstances.
5. Exclusion of moderating or mediating variables: The study focused exclusively on the direct relationship between family cohesion and anxiety without exploring potential mediators or moderators that could influence this dynamic. Variables such as attachment style, coping strategies, personality traits, or peer support may play important roles in either amplifying or buffering this association, and their absence represents an area for future exploration.
6. Unmeasured family complexity: The concept of "family cohesion" was measured as a single construct, potentially oversimplifying the complexities of family dynamics. Differences in family roles, conflict patterns, or the presence of non-traditional family structures were not accounted for, which may have influenced how participants interpreted and responded to cohesion-related questions.
7. Single time-point analysis: Because the data were collected at only one point in time, the study does not capture how perceived family cohesion or anxiety levels might fluctuate across different life events, transitions, or developmental phases. This temporal limitation restricts the ability to observe changes or long-term effects.

### ***Future Recommendations***

Future research should consider exploring the longitudinal effects of family cohesion on anxiety to better understand causal relationships and how these dynamics evolve over time. For instance, tracking individuals from adolescence into adulthood could illuminate how the protective effects of family cohesion shift across developmental stages. Expanding the sample to include more diverse demographics—such as individuals from various socioeconomic, cultural, and ethnic backgrounds—would improve the external validity and generalizability of these findings. It would also be beneficial to examine other dimensions of family functioning such as communication quality, conflict resolution styles, and parental emotional responsiveness, which may either buffer or exacerbate anxiety symptoms (Olson, 2000; Sheeber et al., 2007). Additionally, future studies could incorporate moderating or mediating variables such as individual coping mechanisms, resilience, or perceived social support from peers or romantic partners to better understand the pathways through which family cohesion influences mental health (Compas et al., 2001; Rapee et al., 2009). Methodologically, integrating qualitative data through interviews or open-ended surveys could yield richer insights into personal experiences of family dynamics and emotional well-being. Finally, experimental or intervention-based studies focusing on family-centered therapies or cohesion-enhancing practices could offer practical implications for clinical and preventive mental health strategies.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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