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Family communication patterns towards internalizing and externalizing problems in adolescents



Lintang Sekar Sawitri¹, Dian Caesaria Widyasari^{1,2*}, Diah Karmiyati¹, Nandy Agustini Syakarofati¹, Suen Meim-Woe³, and Nurfitriani Marsuki⁴

Abstract

Adolescence is when individuals face various developmental tasks that require them to do extensive exploration. Drastic changes and exploration processes during this period can cause internalizing and externalizing problems commonly found in adolescents, particularly when they lack support from the surrounding environment, especially from their parents and family. Family communication patterns are one of the important factors that can help adolescents navigate various developmental tasks while exploring optimally. This study measures the effects of the differences in consensual, pluralistic, protective, and laissez-faire family communication patterns on adolescents' internalizing and externalizing problems. Using a simple random sampling method, this comparative quantitative study involved 408 Muhammadiyah Junior High School students in East Java. The instruments used are the Strengths and Difficulties Questionnaire (SDQ) and The Revised Family Communication Pattern Instrument (FCPI-R). The results of the one-way ANOVA test showed that family communication patterns have significant differences in internalizing problems, namely consensual laissez-faire (0.000) and pluralistic laissez-faire (0.000). Likewise, in externalizing problems, family communication patterns revealed notable differences, namely in consensual/laissez-faire patterns (0.000). Of the various family communication patterns, only consensual/laissez-faire and pluralistic/laissez-faire can predict internalizing and externalizing problems. They must be tested further to ascertain the extent of their effects.

Keywords

Adolescents, externalizing problems, family communication pattern, internalizing problems, mental health

Introduction

Adolescence is a transitional phase between childhood and adulthood, starting with a person aged 10 to 12 years and extending through age 18 to 22 (Santrock, 2012). There were rapid changes and developments in biological, cognitive, and socioemotional aspects (Santrock, 2012). This phase is also a critical period for the maturation of neurobiological processes underlying higher cognitive functions and social and emotional behavior; hence, the challenges faced are considerable (Yungblut-Todd, 2007). If the various challenges faced by adolescents are not appropriately managed, it will affect the mental processes that occur and potentially trigger serious mental health problems (Maulana & Nugrobo, 2019). The World Health Organization (WHO) has warned about mental health issues for years. Considering that it affects more than 300 million people worldwide who are at risk of suicide, it is the second most common cause of death in the 15 and 29 age groups. Based on data obtained by the Indonesian Ministry of Health through Basic Health Research, it shows that more than 19 million adolescents aged more than 15 years experience mental and emotional disorders, and more than 12 million people aged over 15 years suffer from depression (Ministry of Health RI, 2021). Emotional disorders and depression are included in internalizing problems. Meanwhile, according to UNICEF (2016), violence against fellow adolescents in Indonesia is estimated to reach 50 percent. According to data from the Ministry of Health RI (2021), 3.8

percent of adolescent and university students claim to have abused narcotics and dangerous drugs (PKKMR, UGM, 2016). Maladaptive behavior is included in externalizing problems. Adolescents generally deal with the problems they face in two ways: internalizing the problems that arise by directing the problems experienced into themselves or directing them outside themselves, such as their environment (Halmali et al., 2020).

Internalizing and externalizing problems are the most common mental health problems in the adolescent population. Internalizing problems are behavioral problems that are influenced by psychological states involving several symptoms of anxiety, depression, and somatic and suicidal symptoms (Liu et al., 2021; Novita, 2012; Scalco et al., 2014). The reported data related to clinical disorders experienced by children aged 18 months to 18 years were 72.2%, where specifically internalizing problems increased to 7.9% (Achensbach et al., 2016).

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Keywords

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Introduction

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The World Health Organization (WHO) has warned about mental health issues for years. Considering that it affects more than 300 million people worldwide who are at risk of suicide, it is the second most common cause of death in the 15 and 29 age groups. Based on data obtained by the Indonesian Ministry of Health through Basic Health Research, it shows that more than 19 million adolescents aged more than 15 years experience mental and emotional disorders, and more than 12 million people aged over 15 years suffer from depression (Ministry of Health RI, 2021). Emotional disorders and depression are included in internalizing problems. Meanwhile, according to UNICEF (2016), violence against fellow adolescents in Indonesia is estimated to reach 50 percent. According to data from the Ministry of Health RI (2021), 3.8

percent of adolescent and university students claim to have abused narcotics and dangerous drugs (FKKMK UGM, 2016). Maladaptive behavior is included in externalizing problems. Adolescents generally deal with the problems they face in two ways: internalizing the problems that arise by directing the problems experienced into themselves or directing them outside themselves, such as their environment (Halimah et al., 2020).

Internalizing and externalizing problems are the most common mental health problems in the adolescent population. Internalizing problems are behavioral problems that are influenced by psychological states involving several symptoms of anxiety, depression, and somatic and suicidal symptoms (Liu et al., 2021; Novita, 2012; Scalco et al., 2014). The reported data related to clinical disorders experienced by children aged 18 months to 18 years were 72.2%, where specifically internalizing problems increased to 7.9% (Achenbach et al., 2016).

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Furthermore, externalizing problems include several problems that involve social behavior, such as fighting, attacking, threatening people, angry outbursts, lying, stealing, and truancy (De Los Reyes et al., 2016). Compared to internalizing problems cases, externalizing problems is higher, which is 19.9% recorded by researchers before (Achenbach et al., 2016). Externalizing problem is a condition in which adolescents direct the problems faced by manifesting out of themselves, usually formed in the form of inappropriate and disruptive behavior such as juvenile delinquency (Novita, 2012), unlawful behavior such as criminality (Halimah et al., 2020), theft, drug users, beatings, pregnancy out of wedlock (De Los Reyes et al., 2016). Generally, externalizing problems occur after ignoring internalizing problems (Scalco et al., 2014).

The occurrence of internalizing and externalizing problems is influenced by several factors, and one of the most dominant factors is family presence, as the closest environment of adolescents (Novita, 2012), and the adverse childhood experience (Bakhtiar et al., 2023). Based on the diathesis-stress model, family is considered a protective and risk factor contributing to various adolescent mental health issues (Syakarofath & Subandi, 2019). The risk factor is caused by the family's close daily interactions with children, therefore attaching to the emotional involvement. For instance, when they express negative emotions to other family members (Luebbe et al., 2014). Therefore, adolescents need guidance or direction from parents to face various difficulties; one way is through maintaining good communication (Polcari et al., 2014). Adolescents need guidance from their families while facing various difficulties in the form of social support (Lloyd et al., 2023; Majid et al., 2023). Through good communication, parents can encourage adolescents to behave in a good manner. They can instill good values in children to align with their parents' beliefs (Santrock, 2012).

For adolescents, good communication is considered as a support in building self-confidence and open relationships with others, where both can begin to be built with their parents and families (Polcari et al., 2014). This research suggests that family can function fully and the relationships created are maintained well. Warm, open, honest, mutually supportive, and trusting communication is one indicator of family functioning that can strengthen and shape children's character (Sa'diyah & Rahmasari, 2020). Communication quality can influence the quality of parent-child relationships, even potentially causing various mental health issues such as internalizing and externalizing problems (Kullberg et al., 2023), deviant behavior, and juvenile delinquency (Butler et al., 2007).

Family communication pattern (FCP) is a tendency of family members to convey a message from parents to their children based on information obtained from outside the family (Fitzpatrick & Ritchie, 2009). Family communication patterns act as an agent of socialization between parents and children in fostering attachment and understanding of feelings in the family (Schrodt et al., 2009). The important role of communication patterns formed by the family affects a person's positive or negative interpersonal relationships (Erlanti et al., 2016). Therefore, negative communication patterns between parents and children can form negative children's trust in parents and cause a high level of mistrust

in outside influences, impacting psychosocial deviations (Schrodt et al., 2009).

The family communication pattern has two dimensions: conversation orientation and conformity orientation. Conversation orientation measures the extent to which families create a climate where all family members are encouraged to participate in non-tense interactions on various communication topics within the family (Rueter & Koerner, 2008). Meanwhile, Conformity Orientation measures how much family communication emphasizes a climate of homogeneity of attitudes, values, and beliefs. Families that tend to communicate patterns with these two dimensions are characterized by interactions emphasizing uniformity of beliefs and attitudes. Their interactions usually focus on harmony, conflict avoidance, and interdependence of family members. Based on the existence of two dimensions in aspects of family communication patterns form four types of communication in the family, namely consensual, pluralistic, protective, and laissez-faire (Rueter & Koerner, 2008).

The consensual type of family tends to have a high level of conversation and a tendency towards a high conformity orientation. Communication in this family is characterized by parents willing to accept their children's opinions and allow them to participate in expressing their opinions, but in a consensual family, decision-making has a hierarchy of decision-making that can only be done by parents (Rueter & Koerner, 2008). Whereas pluralistic types of families tend to have a high level of conversation and a low conformity orientation, open discussions between families characterize communication in this family, and children can decide their own opinions based on the results of discussions that have been carried out in the family (Rueter & Koerner, 2008). Furthermore, this protective family tends to have a high conformity orientation and low conversation orientation, usually characterized by families that limit discussion between children and parents and emphasize parental obedience and authority in decision-making (Rueter & Koerner, 2008). Then, communication in laissez-faire families is characterized by a low conversation orientation and conformity orientation; families with this model tend not to have discussions between parent and child and free children in decision-making (Rueter & Koerner, 2008).

As for some communication styles, there is a tendency for parents to use aggressive communication styles because parents consider what they believe and know is what is best for their children (Rueter & Koerner, 2008). The tendency to use aggressive communication carried out by parents also causes unilateral judgment of what is conveyed by children so that there is an emphasis on children's freedom in expressing wishes, opinions, or feelings to parents. This makes children reluctant and even distrustful to communicate and tell about the problems experienced by their parents. The existence of feelings that children cannot convey to parents or when children feel ignored by parents can encourage children to behave in violation of norms to get attention and be listened to by parents Reitz et al. (2006).

Various previous studies indicate that parental communication with children plays a vital role in the possibility of internalization and externalization problems in adolescents. The findings showed that certain communication styles, especially passive and aggressive ones carried out by parents

towards adolescents, were positively correlated with poor attachment, fear and distrust of others, and neglect of the environment (Maximo, 2011). The same thing is reinforced by findings explaining that parental communication affects children in managing anxiety and finding various alternative solutions so that children do not develop behavior that does not deviate due to the problems faced (Lloyd et al., 2023; Halimah et al., 2020). Vice versa, communication can also have a positive impact, such as openness between children and parents, trust, and attachment in the relationship between children and parents so that children are encouraged to openly tell about the conditions they are experiencing (Fasakin, 2017). The openness of children to communicate with parents will help parents understand the child's condition so that they can direct, open discussion opportunities and help children find solutions to prevent internalizing and externalizing problems arising in children.

Exposure related to the importance of parental communication on the emergence of various adolescent mental health issues makes researchers interested in further testing the dynamics. Therefore, this study aims to determine the differences in parental communication patterns on the possibility of adolescents experiencing internalizing and externalizing problems. A theoretical benefit of this research is the development of knowledge about the role of parents and families in adolescent mental health promotion. The practical benefits of this research are expected to open new insights into future research and a reference for family education programs that emphasize strengthening and improving the quality of conversations and interactions between families to reduce the impact on internalization and externalization problems in adolescents.

Method

Participants

The participants in this study were 408 adolescent junior high school students in East Java Province who were selected using simple random sampling. Gradually, steps are taken, namely defining the population that will be the research sample, collecting data on all populations, and randomizing to determine the subject of research (Gravetter et al., 2021). The reason for choosing this technique is to obtain a sample of adolescents at the junior high school level, which represents the condition of adolescents who are students from schools that the government / private schools do not manage.

Technically, the randomization process carried out by researchers began by determining students from Muhammadiyah's Junior High Schools in East Java as research samples for reasons of access and quantity in sufficient quantities. In the second stage, researchers collected data, and 29 districts and 9 cities, and 180 school were identified (Majelis Dikdasmen PP Muhammadiyah, 2022). The third stage is the randomization process carried out at the district level and through the help of random.org sites obtained by five districts, namely Banyuwangi, Malang, Tulungagung, and Lumajang. After obtaining the district that will be the base where the research is carried out, the researcher permits the schools and obtained data. See table 1.

Table 1 shows information that the number of male and female participants is equal (50% male, 50% female), and the

Table 1. Demographic Data

Category	F	%
Gender		
Female	204	50.00
Male	204	50.00
Parents' Marital Status		
Married	327	81.00
Divorced	81	19.00
Age		
12 years old	69	17.00
13 years old	166	40.60
14 years old	136	33.30
15 years old	37	9.10
Origin of School		
Banyuwangi	70	17.20
Malang	148	36.30
Tulungagung	40	9.80
Nganjuk	65	15.90
Lumajang	85	20.80

majority of parents' marital status is 81% married and the remaining 19% divorced. The age of participants was in the range of 12–15 years; the majority were 13 years old, 40.6%; 14 years old, 33.3%; 12 years old, 17%; and the remaining 15 years old, 9.1%. The school originates from East Java, with the majority of details from Malang (36.3%), Lumajang (20.8%), Banyuwangi (17.2%), Nganjuk (15.9%), and Tulungagung (9.8%).

Research Instruments

A family communication pattern is a communication pattern in terms of delivering information from parents to children based on conversation and conformity orientation. The scale used by Bakar & Afthanorhan (2016) regarding the Family Communication Patterns theory by (Koerner & Fitzpatrick, 2002, 2006). The Revised Family Communication Pattern Instrument scale has two dimensions: conversation orientation (15 items) and conformity orientation (11 items). This scale consists of 26 items, of which 15 are favorable, and 11 are unfavorable. Item measurement uses a four-response Likert scale, namely Strongly Appropriate (SS), Appropriate (S), Non-Conforming (TS), and Strongly Disagree (STS). Examples of items on the Conversation Orientation dimension, such as "Parents often ask my opinion when the family is talking about something," while items on the Conformity Orientation dimension, such as "According to parents, children should not debate other people's opinions." The score is calculated by summing the total scores for each conversation orientation (Conv) dimension and the conformity orientation (Conf) dimension and then categorized based on their height and low. Then the data is categorized into four communication patterns based on scores from these two dimensions, namely consensual (high Conv, high Conf), pluralistic (high Conv, low Conf), protective (low Conv, high Conf), and Laissez-Faire (low Conv, low Conf). The reliability coefficient of Cronbach's Alpha scale is $\alpha = 0.60$.

Internalizing Problems is a person responding to a change from himself related to the disclosure of a problem faced and tends to direct the problem into himself. Meanwhile, externalizing problems are behaviors experienced

by individuals that harm themselves and the environment. In measuring internalizing and externalizing problems using the Strength and Difficulties Questionnaire (SDQ) scale, which has five dimensions with a total of 25 items, namely emotional problems (5 items), peer problems (5 items), conduct problems (5 items), hyperactivity-inattention (5 items), and prosocial behavior (5 items) (Goodman, 1997). This scale is a Likert scale involving three responses: Not True, Somewhat True, and True. One example of an item is "I'm restless, I can't stay still for a long time." This study only used subscales that measure emotional problems and peer problems, which are components of internalizing problems, as well as conduct problems and hyperactivity/inactivity, which are components of externalizing problems. This item has two types of statements: favorable and unfavorable. The score breakdown on the favorable statement, "true" is scored 2, "somewhat true" is scored 1, and "incorrect" is scored 0.

In contrast, the unfavorable statement scored "true" 0, "somewhat true" scored 1, and "incorrect" scored 2. Cronbach's Alpha reliability score on each subscale is internalizing problems at 0.571, while the externalizing problems subscale is 0.509. The result is obtained from the sum of all items, then interpreted into three emotional and mental levels, normal, borderline, and abnormal.

Data Analysis Technique

Researchers conducted data analysis using Statistical Package for Social Science (SPSS) 25 using one-way ANOVA to test the hypothesis of differences between four family communication patterns towards internalizing and externalizing problems. Researchers conducted an assumption test before ANOVA's one-way data analysis to ensure the data was homogeneous.

Procedure

This quantitative research has received ethical approval from the University of Muhammadiyah Malang (No. E.5.a/048/KEPK-UMM/III/2022). Before data collection, informed consent was obtained from the school and students who were willing to voluntarily participate in this research and guaranteed to be able to withdraw from the participation at any stage of the research. During the data collection process, students are guided by the homeroom teacher or teacher assigned by the school and student research assistants. After the data is collected, it is then analyzed, and an article is prepared.

Result

The participants in this research are 408 students of Muhammadiyah Junior High Schools in East Java, with an age range of 12-16 years. Below are the scores for internalizing and externalizing problems and family pattern communication categorized according to norms.

From table 2, it can be seen that the internalizing problems score in the normal category has the highest value with a percentage of 97.3%, and in the borderline category it shows a low score with a percentage of 2.7%. Similarly, scores for externalizing problems are in the normal category with a percentage of 100% of the total number of respondents.

Table 2. Categorization of Research Variable

Variable	Interval	Frequency	%
Internalizing Problems			
Normal	0-15	397	97.30
Borderline	16-19	11	2.70
Abnormal	20-40	0	0.00
Externalizing problems			
Normal	0-15	408	100.00
Borderline	16-19	0	0.00
Abnormal	20-40	0	0.00
Family Pattern Communication			
High score	11-30	202	49.50
Low score	31-59	206	50.50

Meanwhile, in the family pattern aspect of communication results high score with 49,5% and low category at 50,5%.

Table 3 shows that adolescents with consensual family communication patterns ($M = 9.33$, $SD = 3.03$) have the highest scores indicating a difference in influence on the level of internalizing problems higher than pluralistic ($M = 8.38$, $SD = 3.39$), protective ($M = 6.78$, $SD = 2.91$) and laissez-faire ($M = 5.65$, $SD = 2.86$), while in the descriptive table externalizing problems in consensual family communication patterns also have the highest values ($M = 7.93$, $SD = 2.50$) to the level of externalizing problems was higher than pluralistic ($M = 6.67$, $SD = 2.99$), protective ($M = 7.228$, $SD = 3.56$) and laissez-faire ($M = 5.34$, $SD = 2.57$).

There are statistically significant differences between consensual laissez-faire and pluralistic laissez-faire in predicting internalizing problems, as shown in Table 4 Posthoc. Consensual laissez-faire has a significance value of 0.000, while pluralistic laissez-faire has a significance value of 0.000. Concerning externalizing problems, family communication patterns differ substantially with significance values of 0.000 from consensual-laissez-faire patterns.

Discussion

Internalizing and externalizing problems were predicted differently based on family communication patterns. Consensual-laissez-faire and pluralistic-laissez-faire are two distinct family communication patterns with distinct effects in internalizing problems. In contrast, when externalizing problems, only laissez-faire is permissible. Therefore, additional testing is required to determine the extent to which the distinctions in each pattern impact internalizing and externalizing problems the most.

Multiple studies indicate that family communication patterns are a significant factor in predicting adolescent mental health issues. This study is consistent with the findings that demonstrate that family communication patterns have a significant correlation with adolescent mental health, with the strongest correlation being two-way conversations. Similarly, those with a conformity orientation are uncorrelated (Zarnaghash et al., 2013). Thus, it implies that open and reciprocal communication between family and children can strengthen their relationship compared to closed communication patterns and tends to align their opinions to the point where there are few differences.

Table 3. Categorization of Research Variable

Family Communication Pattern	N	Internalizing Problems		Externalizing Problems	
		Mean	SD	Mean	SD
Aspect of Consensual	30	93.33	303.24	79.33	250.42
Aspect of Pluralistic	343	83.79	338.50	66.73	299.58
Aspect of Protective	9	67.78	290.59	72.22	356.29
Aspect of Laissez-faire	26	56.54	285.58	53.46	257.59

Table 4. Categorization of Research Variable

Family Communication Pattern	Internalizing Problems			Externalizing Problems		
	Mean Difference	SE	Ptukey	Mean Difference	SE	Ptukey
Consensual						
Pluralistic	0.95	0.63	0.43	125.99	0.56	0.11
Protective	255.56	126.23	0.18	0.71	112.16	0.92
Laissez-faire	367.95	0.89	0.00*	2.59*	0.79	0.01
Pluralistic						
Consensual	-0.95	0.63	0.43	-125.99	0.56	0.11
Protective	116.12	112.16	0.48	-0.55	0.99	0.95
Laissez-faire	272.52	0.68	0.00*	132.73	0.60	0.12
Protective						
Consensual	-255.56	126.23	0.18	-0.71	112.16	0.92
Pluralistic	-160.12	112.16	0.48	0.55	0.99	0.95
Laissez-faire	112.39	128.45	0.82	187.61	114.14	0.35
Laissez-Faire						
Consensual	-367.95	0.89	0.00	-2.59*	0.79	0.01*
Pluralistic	-272.52	0.68	0.00*	-132.73	0.60	0.12
Protective	-112.39	128.45	0.82	-187.61	114.14	0.35

15 Low family communication patterns influence adolescent mental health issues through body dissatisfaction, low self-esteem, melancholy, and obesity (Farsani et al., 2020). 58 Moreover, in another study, it shows that family functioning, 22 particularly in terms of problem-solving and communication patterns, could be associated with child mental health in internalizing disorders such as phobia and general anxiety disorders (Oltean et al., 2020). In contrast, if a family's communication patterns are well-established, members can share essential information openly as a form of mutual support for their mental health (Watts & Hovick, 2023). Children who indicate having a more meaningful relationship with their parents, by feeling accepted, abilities to trust, and getting along well in their family are more likely to be comfortable communicating their mental health concerns to their parents which lower the risk of mental disorder (Oltean et al., 2020). The family's role is to convey the obstacles or problems that are being encountered (Charoenthaweesub & Hale, 2011).

5 Referring in detail to aspects shared by family communication patterns, the findings reveal significant differences between consensual-laissez faire and pluralistic-laissez faire family communication patterns in predicting internalizing problems. Consensual-laissez-faire is the family communication pattern that has the greatest influence on externalizing problems.

9 Laissez-faire is a pattern of low communication in conversation and conformity orientation in which family members do not engage in conversation with one another and do not value communication or the preservation of the family unit (Rueter & Koerner, 2008). In Laissez-Faire families, the

absence of a shared experience is a prominent factor. Where social reality is neither imposed nor discussed, resistance to parental authority is minimal, particularly among adopted children. Weak self-identity as a family member has a negative effect on children's attachment to the family. In certain circumstances, infants may feel neglected or devalued.

In addition, consensual is a pattern of communication with a strong emphasis on conversation and a high degree of conformity. This means that family members frequently discuss shared realities and generally agree with one another (Rueter & Koerner, 2008). In consensual families, communication tends to be more restricted and intimidating, making it difficult to reach agreement. Due to the appearance of dominance in certain subjects, members of this type of family are prone to conflict. Children raised in consensual families are more susceptible to depression and cannot make independent decisions.

In addition, pluralistic families are characterized by a low orientation toward conformity and a high orientation toward conversation (Rueter & Koerner, 2008). This family communication pattern emphasizes the generation of independent ideas and the development of communication skills in children. Pluralistic family types are ardent in conversation and exchanging ideas and information but have low obedience pressure. This means that each family member has the freedom to speak and determine their own attitudes, resulting in more independent and assertive children.

Advanced data analysis is required to determine which of three categories of family communication patterns has the most significant impact on adolescent mental health issues.

13 Additionally, cultural factors can be taken into account when analyzing it. Studies indicate that family communication patterns are strongly influenced by the culture in which the family resides (Segrin & Flora, 2011). On the basis of a cross-cultural examination, cultural factors shape family communication patterns; one example is a study of individuals from the United States, China, and Saudi Arabia (Guan & Li, 2017). Asian Americans' communication style tends to be less open than that of European Americans; this is influenced by a number of factors, such as the values and collective norms espoused and the long history of fighting styles in these places (Park & Kim, 2008).

1 Shearman Dumlao (2008) found that Americans tend to have a strong conversational orientation but are also oriented toward conformity compared to Japanese individuals of Asian origin. This finding supports the preceding statement. In both cultures, conversation orientation is positively associated with a propensity to collaborate and compromise to avoid conflict, but the relationship is stronger in the United States (Shearman Dumlao, 2008). This indicates that Japanese people have higher compliance expectations than Japanese people from Asia. Concerning adolescent mental health issues, all cultures and communication styles can influence how people and children manage conflict and close relationships.

14 Thus, it can be emphasized that these findings confirm that family communication patterns influence adolescent mental health problems differentially, particularly those associated with internalizing and externalizing issues. This impact has been shown to have negative longitudinal effects. Not only until maturity, but also in how children are treated by their future parents (Berlianti et al., 2016). Despite inconsistency with other findings, the influence of family communication in predicting children's mental health problems is deemed insignificant. Parents' communication with their offspring varies by gender. It is considered that communication with girls is more intense than communication with guys (Jowkar et al., 2011; Noorafshan et al., 2013).

Conclusion and Implications

19 There are differences in parental communication patterns regarding the possibility of adolescents experiencing internalizing and externalizing problems. Specifically, the adequacy of consensual-laissez-faire and pluralistic-laissez-faire family communication patterns applied in families can predict the tendency of adolescents to experience internalizing problems. Externalizing problems only in consensual-laissez-faire patterns of family communication is significant.

These findings indicate that one-way families can prevent their teens from developing internalizing and externalizing problems by pay attention to their communication patterns and whether to use consensual-laissez-faire and pluralistic-laissez-faire. However, to ascertain family communication patterns that can have a positive or negative impact need to be further tested by further researchers.

Declaration

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Author contributions

DK, DCW, NAS designed the study. LSS analyzed the data. SM, NM Prepare draft articles and proofread language. All authors read and approved the final version of the manuscript.

Conflict of interest

There is no conflict of interest from various parties.

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