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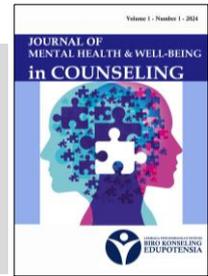
Wounded Inner Child Experiences and Mental Well-Being Among University Students: A Correlational Study

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Article Info	ABSTRACT
	Wounded inner child and mental well-being are two salient components of psychological health among university students that influence their capacity to adapt to academic demands and the developmental challenges of emerging adulthood. This study aimed to describe the prevalence of wounded inner child experiences among students and to examine their relationship with levels of mental well-being. Employing a correlational quantitative design, the research sampled 272 undergraduates and assessed childhood-derived wounds and mental well-being using standardized instruments. Results indicate a significant negative association between wounded inner child scores and mental well-being ($r = -0.469$), with the dimensions of shame/low self-worth, suppressed anger, and feelings of unlovability contributing most strongly to reduced well-being. These findings suggest that higher levels of wounded inner child experiences are associated with lower emotional and psychological well-being. Overall, the study underscores the importance of counseling interventions that target emotional wound repair and the strengthening of adaptive capacities to promote student mental-health in higher education settings.

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Introduction

Students occupy a transitional period from late adolescence to emerging adulthood, characterized by multiple physical and psychological changes, including increased academic responsibilities and the need to explore and consolidate identity (Barbayannis et al., 2022). During this stage, students frequently encounter complex psychological stressors, such as academic anxiety stemming from performance demands and uncertainty about the future (Dost, 2025). These pressures may exacerbate difficulties in emotion regulation, particularly when academic workload and social demands exceed individuals' coping capacities (Fan et al., 2024). Beyond situational factors, psychological problems in emerging adulthood often have roots in adverse childhood experiencesuch as emotional neglect and verbal abusewhich can persistently shape functioning in later life (Fahrunnisa et al., 2024). Consequently, psychological difficulties observed during emerging adulthood are not solely the product of current stressors but are also linked to unresolved childhood wounds commonly referred to as the wounded inner child (Guastaferro & Bray, 2020).

The wounded inner child denotes a part of the self that retains the unmet needs, emotions, and experiences of childhood; this part is vulnerable, carries pain and shame, and continues to influence cognition, affect, and relational patterns in adulthood (Bradshaw, 1990). Bernstein et al. (2003) further characterize the construct as encompassing traumatic experienceemotional, physical, and sexual abusethat inflict enduring psychological and somatic harm. Such detrimental early experiences are robustly associated with elevated risks

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for a range of mental health problems, including anxiety, depression, and stress dysregulation, which in turn may impair academic performance and interpersonal functioning among students (Felitti et al., 1998).

Global surveillance underscores the magnitude of childhood adversity: the World Health Organization (WHO, 2023) reports that over one billion children aged 2–17 years experience violence each year, including physical, emotional, and sexual abuse; approximately 300 million children aged 2–4 years are subjected to physical punishment or psychological aggression by caregivers. Empirical evidence links these adverse childhood experiences (ACEs) to increased risks of depression, anxiety, substance misuse, and suicidal behavior (Centers for Disease Control and Prevention [CDC], 2023). National data in Indonesia mirror these concerns: the Indonesia Health Survey by the Ministry of Health (2023) indicates a 9.8% prevalence of emotional mental disorders among individuals aged 15 and aboveapproximately 20 million peoplewith the highest rates observed in the 15–24 age group. Husky et al. (2023) report that 75.8% of university students experienced at least one form of adversity before age 18, and 11.9% experienced four or more types; common adversities include parental psychopathology, bullying victimization, and emotional and physical abuse. Childhood wounds therefore exert long-term effects on mental well-being that extend into adulthood (Alamsyah, 2023).

Mental well-being refers to a positive state reflecting optimal psychological, emotional, and social functioning (Keyes, 2002). It is conceptualized not merely as the absence of psychopathology but as the presence of positive affect, life satisfaction, and effective functioningcommonly termed flourishing (Stewart-Brown et al., 2009). The World Health Organization (2022) similarly endorses a holistic definition of mental health as a state in which individuals realize their abilities, cope with normal stresses, work productively, and contribute to their communities, emphasizing emotional balance, resilience, and supportive environments. Tennant et al. (2007) note that, although the Warwick–Edinburgh Mental Well-Being Scale (WEMWBS) is unidimensional psychometrically, its items conceptually represent two complementary domains: hedonic well-being (emotional experience) and eudaimonic well-being (psychological functioning). Hedonic well-being encompasses sustained positive affectsuch as optimism, relaxation, and happinesswhereas eudaimonic well-being pertains to meaningful psychological functioning, including vitality, problem-solving, clarity of thought, self-confidence, autonomy, openness to experience, self-acceptance, interpersonal relatedness, and self-actualization.

In the student population, mental well-being functions as a full mediator between emotional intelligence and life satisfaction, and as a partial mediator between emotional intelligence and psychological resilience; a high level of well-being can therefore enhance life satisfaction and resilience even in the absence of optimal emotional intelligence, making the strengthening of mental well-being critical for improving students' quality of life and academic adaptability (Akyıl & İme, 2024). Consistent with Grande et al. (2021), students with higher well-being are better equipped to manage heavier academic loads and demonstrate greater resilience. Conversely, van der Meer (2023) found that elevated academic and family stress negatively affect student well-being, although adaptive coping and emotional stability can attenuate these effects. Thus, interventions that reduce stress and enhance coping strategies are likely to improve student well-being.

Additional factors associated with student well-being include sleep quality and perceptions of a just world: Su and He (2023) report positive relationships between good sleep quality, resilience, and subjective well-being, while belief in a just world strengthens the beneficial effect of resilience on mental well-being. Oakman et al. (2020) further emphasize that optimal mental well-being benefits physical health, productivity, quality of life, and adaptability to environmental demands. Accordingly, this study aims to examine the relationship between wounded inner child experiences and students' mental well-being, as well as to identify which dimensions of the wounded inner child contribute most strongly to the decline in mental well-being. The study hypothesizes that there is a significant negative relationship between the two variables, and that dimensions such as shame/low self-worth, hidden anger, and fear of abandonment represent the strongest predictors of reduced mental well-being among university students.

Method

Participants

This study employed a quantitative method with a correlational design involving a sample of 272 undergraduate students from the Muhammadiyah University of Tasikmalaya, class of 2023, aged 18–25 years. Participants were selected using purposive sampling, a non-probability technique in which samples are chosen based on specific criteria aligned with the research objectives rather than through random selection (Stratton, 2024). The inclusion criteria consisted of: (1) being an active student in the 2023/2024 academic year, (2) being at least 18 years old, and (3) providing informed consent to participate in the study. The exclusion criteria included: (1) students who did not complete the questionnaire in full, and (2) students currently receiving intensive psychological treatment or support that could influence the measurement outcomes. Demographic information such as age, gender, and study program was collected through an additional questionnaire to support the data analysis.

Measure

Wounded Inner Child Inventory

The Wounded Inner Child Inventory was developed based on the theoretical frameworks of Bradshaw (1990), Bernstein and Fink (1998), and Felitti et al. (1998) to assess wounded inner child experiences resulting from adverse childhood events and the emotional impacts that persist into adulthood. The instrument consists of two sections: Section A, which measures childhood traumatic experiences (causes), and Section B, which assesses current emotional impacts (effects). Each section contains 15 items, resulting in a total of 30 items. All items are rated on a 4-point Likert scale (4 = Strongly Agree to 1 = Strongly Disagree). The inventory encompasses ten core dimensions reflecting various forms of childhood wounds and their present-day consequences, including emotional injury, emotional neglect, parental absence, unfair treatment, chronic fear, feelings of being unlovable, fear of abandonment, suppressed anger, shame and low self-worth, and difficulty trusting others. Sample items include statements such as "As a child, I was often scolded with hurtful words" (emotional injury), "I felt unnoticed by my parents" (emotional neglect), and "I find it difficult to trust others" (difficulty trusting others). Reliability testing demonstrated excellent psychometric properties, with an item reliability of 0.98, person reliability of 0.93, and a Cronbach's alpha of 0.95, indicating very high internal consistency and stability in measuring individuals' wounded inner child experiences.

Warwick-Edinburgh Mental Well-Being Scale

The second instrument used in this study was the Warwick–Edinburgh Mental Well-Being Scale (WEMWBS), developed by Tennant et al. (2007) to assess positive mental well-being. Although WEMWBS was not originally designed as a multidimensional tool, its items reflect two primary aspects of mental well-being: emotional well-being and psychological well-being. The scale encompasses indicators of positive affect (e.g., joy, optimism, relaxation), psychological functioning (e.g., clarity of thought, vitality, self-acceptance, and self-actualization), and interpersonal relationships (e.g., social connectedness and relationship quality). The scale consists of 14 positively worded statements rated on a 5-point Likert scale (1 = never to 5 = always), yielding total scores ranging from 14 to 70, with higher scores indicating greater mental well-being. Example items include: "I've been feeling optimistic about the future" (positive affect), "I've been dealing with problems well" (psychological functioning), "I've been feeling comfortable with myself" (self-acceptance), and "I've been feeling close to other people" (interpersonal relationships). The Indonesian version of the instrument demonstrates excellent reliability, with a Cronbach's alpha of 0.90 (Ramadhana, 2023).

Procedure

The research procedure began with identifying the target population, consisting of Universitas Muhammadiyah Tasikmalaya students from the 2023 cohort aged 18–25 years, followed by the selection of participants using purposive sampling based on their willingness to complete the Wounded Inner Child and mental well-being instruments. After obtaining institutional approval, data collection was conducted online through Google Forms. The use of an online platform was chosen for its efficiency in reaching a large number of respondents and its flexibility, allowing participants to complete the questionnaires independently at their convenience. Prior to completing the survey, all respondents were provided with informed consent outlining the purpose of the study, procedures, confidentiality assurances, and the voluntary nature of participation, including the right to withdraw at any time without penalty. Anonymity was strictly maintained, as no personal identifiers such as names, student ID numbers, or other identifiable information were collected. All responses were kept confidential and used solely for research purposes.

Analysis Data

Data analysis was conducted through three primary procedures. First, descriptive statistics were used to map the profiles of the wounded inner child and mental well-being variables, including total scores, minimum–maximum values, means, standard deviations, and frequency distributions, allowing for a clear depiction of the overall tendencies and score distributions for each variable. Second, the relationship between Total Wounded Inner Child and Total Mental Well-Being was examined using the Pearson Product–Moment correlation to assess the direction and strength of the association between the two variables. Third, additional correlational analyses were performed to explore the relationships between specific dimensions of the Wounded Inner Child (e.g., emotional wounding, emotional neglect, parental absence, unfair treatment, prolonged fear, feeling unlovable, fear of abandonment, hidden anger, shame/low self-worth, and distrust of others) and the dimensions

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of mental well-being measured by WEMWBS (emotional well-being, psychological functioning, self-acceptance, interpersonal relationships, and self-development). This analytical approach provides a more comprehensive understanding of the relational patterns between the components of the two constructs. Pearson correlation was selected because the assumptions of linearity were met and the characteristics of the dataset supported the use of parametric methods.

Results

Based on Table 1, which presents the demographic characteristics of all students from the 2023 cohort at the Muhammadiyah University of Tasikmalaya, the majority of participants were female. In terms of age distribution, most respondents were 20 years old, followed by those aged 21 and 19, indicating that the sample was predominantly composed of individuals in the early stage of young adulthood. Regarding living arrangements, most students resided with their parents, while others lived in boarding houses, pesantren dormitories, independently, or with relatives. With respect to parental occupation, the largest group consisted of parents who were self-employed, followed by those working as civil servants and private-sector employees. Educational expenses were primarily funded by parents, whereas the remaining participants relied on scholarships, self-funding, or financial support from relatives. The variation in participants' backgroundsacross age, living arrangements, and socio-economic conditionsprovides a more comprehensive contextual understanding of the mental well-being of students who experience wounded inner child issues.

Table 1. Demographic Characteristics of the Students

Demographic Data	n	%
Jenis kelamin		
Laki-laki	70	20,59%
Perempuan	202	59,41%
Usia		
19	17	5,00%
20	143	42,06%
21	62	18,24%
22	24	7,06%
23	0	0,00%
24	5	1,47%
25	0	0,00%
Status Tempat Tinggal		
Dengan Orang Tua	170	50,00%
Di Kosan	82	24,12%
Asrama (Pondok Pesantren)	7	2,06%
Sendiri	4	1,18%
Dengan Saudara	9	2,65%
Pekerjaan Orang Tua		
ASN	50	14,71%
Pegawai Swasta	45	13,24%
Wiraswasta	158	46,47%
Tidak Bekerja	16	4,71%
Sumber Biaya Pendidikan		
Beasiswa	38	11,18%
Biaya Sendiri	8	2,35%
Biaya Orang Tua	204	60,00%
Biaya Dukungan Saudara	9	2,65%

In terms of living arrangements, half of the participants lived with their parents, totaling 170 individuals (50.00%). A further 82 students (24.12%) lived in rented boarding houses, while smaller proportions resided in dormitories or Islamic boarding schools (2.06%), lived independently (1.18%), or lived with relatives (2.65%). Regarding parental occupation, the most dominant category was entrepreneurship, with 158 parents (46.47%) engaged in self-employment. This was followed by civil servants (50 individuals; 14.71%), private-sector employees (45 individuals; 13.24%), and parents who were unemployed (16 individuals; 4.71%). The sources of educational funding showed a clear pattern, with most students relying on parental support, accounting for 204 participants (60.00%). Additionally, 38 participants (11.18%) received scholarships as their primary source of

funding. Only a small proportion of students financed their education independently (2.35%) or received financial support from siblings (2.65%). Overall, these demographic characteristics indicate that the study sample was predominantly composed of female students, aged 19–21, largely residing with parents or in boarding houses, originating from families with entrepreneurial backgrounds, and primarily dependent on parental financial support for their education.

Table 2. Distribution of Wounded Inner Child and Mental Well-Being Among University Students

Dimensions	Mean	Standard Deviation
Total Wounded Inner Child	**69,43**	**15,79**
Childhood Emotional Injury	6,28	1,97
Emotional Neglect	5,99	2,11
Parental Absence	6,02	2,13
Unfair Treatment	6,34	2,11
Prolonged Fear	6,11	2,12
Feeling Unworthy of Love	6,96	2,16
Fear of Abandonment	8,27	2,07
Hidden Anger	7,77	2,19
Shame and Low Self-Esteem	7,35	2,17
Difficulty Trusting Others	8,33	1,97
Aspects	**Rata-Rata**	**Standar Deviasi**
Total Mental Well-Being	49,13	8,43
Emotional Well-Being (Hedonic)	10,26	2,11
Psychological Well-Being (Eudaimonic)	38,86	6,80

Table 2 presents the descriptive statistics for wounded inner child and mental well-being among university students. The total wounded inner child score showed a mean of M = 69.43 with a standard deviation of SD = 15.79, indicating that students generally fell within the moderate-to-high category of wounded inner child severity. This suggests that a substantial proportion of students continue to experience residual effects of adverse childhood experiences that influence their emotional and interpersonal functioning, although individual scores vary considerably within this range. Across the ten dimensions assessed, the highest mean scores were observed in the domains of Difficulty Trusting Others (M = 8.33; SD = 1.97) and Fear of Abandonment (M = 8.27; SD = 2.07). These findings indicate that interpersonal distrust and anxiety related to abandonment constitute prominent issues among students, potentially impeding their sense of emotional security and the quality of their social relationships. Additionally, the dimensions of Hidden Anger (M = 7.77; SD = 2.19) and Shame and Low Self-Esteem (M = 7.35; SD = 2.17) were relatively elevated, reflecting the presence of suppressed emotional distress and pervasive self-evaluative difficulties. In contrast, lower scores were observed for Emotional Neglect (M = 5.99; SD = 2.11) and Parental Absence (M = 6.02; SD = 2.13), suggesting that these forms of early adversity were reported less frequently compared to other dimensions, though individual cases remain evident. Notably, the larger standard deviations in dimensions such as Difficulty Trusting Others and Fear of Abandonment indicate substantial heterogeneity in students perceived experiences of these issues.

Regarding mental well-being, the total score demonstrated a mean of M = 49.13 (SD = 8.43), reflecting a moderate level of mental well-being among participants. The highest mean score was found in the Psychological Well-Being (Eudaimonic) component (M = 38.86; SD = 6.80), indicating that aspects such as meaning, personal growth, and psychological functioning contribute most substantially to students' overall well-being. Conversely, the lowest score was observed in the Emotional Well-Being (Hedonic) component (M = 10.26; SD = 2.11), suggesting that positive affect and emotional satisfaction were relatively lower than the eudaimonic aspects. These findings imply that while students report adequate levels of meaning and psychological functioning, the presence of wounded inner child characteristicsparticularly distrust and fear of abandonmentmay inhibit their emotional well-being and limit their capacity to experience positive affect consistently.

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Table 3. Correlation Between Wounded Inner Child and Mental Well-Being

Scale	Mental Well-Being	Emotional Well-Being (Hedonic)	Psychological Well-Being (Eudaimonic)
Wounded Inner Child	-0,469	-0,407	-0,455
Childhood Emotional Injury	-0,329	-0,231	-0,336
Emotional Neglect	-0,327	-0,262	-0,324
Parental Absence	-0,323	-0,240	-0,325
Unfair Treatment	-0,276	-0,229	-0,271
Prolonged Fear	-0,358	-0,329	-0,342
Feeling Unworthy of Love	-0,411	-0,363	-0,396
Fear of Abandonment	-0,265	-0,269	-0,245
Hidden Anger	-0,423	-0,352	-0,415
Shame and Low Self-Esteem	-0,489	-0,465	-0,462
Difficulty Trusting Others	-0,313	-0,305	-0,293

Table 3 presents the correlation analysis between wounded inner child scores and mental well-being among university students. The results indicate that the total wounded inner child score is significantly and negatively correlated with total mental well-being (r = –0.469), representing a medium-to-large effect size based on Cohen's guidelines. This finding suggests that higher levels of wounded inner child experiences are associated with lower levels of mental well-being. A similar pattern is observed across both well-being subscales, namely emotional (hedonic) well-being (r = –0.407) and psychological (eudaimonic) well-being (r = –0.455), both of which demonstrate moderate to strong negative correlations.

All dimensions of the wounded inner child construct exhibit negative associations with the three indicators of mental well-being, although the strength of the correlations varies. The strongest correlations are observed in the Shame and Low Self-Esteem dimension (r = –0.489 with total well-being; r = –0.465 with emotional well-being; r = –0.462 with psychological well-being), falling within the large effect size category. These results indicate that feelings of worthlessness, shame, and diminished self-esteem play a substantial role in reducing students' overall well-being. Additionally, the dimensions of Hidden Anger (r = –0.423) and Feeling Unworthy of Love (r = –0.411) also fall within the medium-to-large effect range, suggesting that suppressed emotional distress and deeply internalized negative self-beliefs significantly undermine mental well-being.

Conversely, the weakest correlations are found in the dimensions of Unfair Treatment (r = –0.276) and Fear of Abandonment (r = –0.265), which fall within the small-to-medium effect range. Although these dimensions still show negative associations with mental well-being, their impact is comparatively less pronounced than dimensions such as shame, hidden anger, or perceived unworthiness. Overall, the findings indicate that internal psychological factorsparticularly those related to self-esteem, self-acceptance, and emotional regulationare more strongly associated with mental well-being than external or relational factors such as perceived unfairness or abandonment fears.

Discussions

The present findings are consistent with previous research conducted both internationally and in Indonesia. The *wounded inner child* refers to the part of the self shaped by childhood experiences in which fundamental needssuch as safety, acceptance, and affectionwere not adequately met, leaving behind emotional wounds that manifest as negative core beliefs, heightened emotional reactivity, and difficulties in forming healthy relationships in adulthood (Bradshaw, 1990). This concept highlights how childhood traumatic experiencesincluding physical abuse, emotional abuse, sexual abuse, physical neglect, and emotional neglectcan generate long-term psychological disturbances (Bernstein et al., 2003). Whitfield (1987) further explains that childhood wounds cause aspects of the self to become developmentally "stuck," contributing to adult psychological difficulties such as anxiety, depression, and interpersonal dysfunction. Felitti et al. (1998) add that the cumulative burden of early traumatic experiences disrupts the integration of emotion, memory, and self-identity, resulting in impaired stress regulation and maladaptive behavioral responses that persist into adulthood. In the Indonesian context, Awwad and Afriani (2021) note that individuals with wounded inner child experiences often possess unmet childhood psychological needs, leading to internal emptiness that negatively impacts mental health and overall well-being.

The dimensional analysis further revealed that shame and low self-esteem showed the strongest correlation with reduced mental well-being, followed by hidden anger, feelings of being unlovable, and difficulty trusting others. These results align with findings by Quan et al. (2025), who demonstrated that childhood trauma significantly increases Childhood Trauma Questionnaire scores, which then predict anxious attachment characterized by fear of abandonment and emotional push–pull dynamics in interpersonal relationships. Additional evidence indicates that a history of maltreatment is associated with heightened distrust, making positive feedback insufficient to modify entrenched protective schemas (Schmitz et al., 2023), while emotional neglect is linked to emotional inertia and diminished affective flexibility (Myroniuk et al., 2025). Collectively, these studies support the view that negative self-schemassuch as beliefs of being unworthy or unlovable serve as key mechanisms linking childhood wounds to diminished adult well-being (Scott et al., 2020).

Regarding mental well-being, this study found that most students fell within the moderate range. Mental well-being refers to the positive dimension of mental health, characterized not only by the absence of psychological disorders but also by the presence of positive emotions, life satisfaction, and the capacity to function optimally in daily life; thus, it is often referred to as *positive mental health* or *flourishing* (Stewart-Brown et al., 2009). Tennant et al. (2007) note that although the Warwick–Edinburgh Mental Well-Being Scale (WEMWBS) is unidimensional, its items reflect two central components: emotional (hedonic) well-being and psychological (eudaimonic) well-being. The findings indicate that while students demonstrate adequate emotional well-being, eudaimonic aspectssuch as self-actualization and personal growthrequire further strengthening. These findings align with Souza et al. (2024), who demonstrated that personal growth initiative (PGI) is positively associated with well-being, life satisfaction, and various psychosocial outcomes, emphasizing that self-actualization is an active process that supports adaptive functioning. Similarly, Rahimsyah and Muhajirin (2025) highlighted that self-acceptance, autonomy, purpose in life, and personal growth are essential components in fostering students' psychological well-being. In the present study, although students appeared able to maintain their emotional well-being, their eudaimonic aspectssuch as self-actualization and the development of personal potentialstill require strengthening. Supporting this, Sugara et al. (2020) found that students' quality of life is shaped by three core aspects: self-functioning, social functioning, and personal growth, all of which are highly vulnerable to disruption when unresolved childhood emotional wounds are present. Therefore, even though emotional well-being tends to remain relatively stable, students' psychological and social dimensions must be further reinforced to enable them to attain a more holistic state of flourishing (Keyes, 2021).

The negative correlations between multiple wounded inner child dimensionssuch as chronic fear, parental absence, and emotional neglectand mental well-being suggest that developmental trauma contributes to emotional dysregulation, reducing an individual's capacity to experience happiness, calmness, and healthy interpersonal connections. This aligns with Mellody et al. (1989), who explain that wounded inner child dynamics typically arise within dysfunctional family systems marked by abuse, neglect, and poor boundaries, ultimately impairing an individual's ability to regulate emotions, establish healthy limits, and form adaptive relationshipsall of which directly influence mental well-being. Recent evidence by Akyıl and İme (2024) further confirms that mental well-being serves as a key mediator of life satisfaction and psychological resilience. Additionally, students with higher levels of well-being are more resilient and better equipped to manage academic demands, whereas academic and family stress diminish well-being when not accompanied by adaptive coping strategies (Grande et al., 2021; van der Meer et al., 2022). Thus, wounded inner child experiences significantly contribute to lower mental well-being, indicating the need for psychological intervention and coping enhancement to strengthen students' functioning. Guidance and counseling services play an essential role in helping individuals understand and heal emotional wounds from the past, allowing them to function more adaptively (Yusuf & Nurihsan, 2020). Counseling provides a therapeutic space that enables individuals to identify the roots of their internal conflicts, cultivate self-acceptance, and develop their potential (Corey, 2017).

Various counseling intervention models can be implemented to address wounded inner child issues. One such approach is Inner Child Therapy, which assists individuals in recognizing and nurturing their inner child through reparenting processes (Bradshaw, 1990). Gestalt-based approaches incorporate play and creative expression to facilitate emotional healing by enhancing self-awareness and resolving childhood wounds (Oaklander, 2022). Cognitive Behavioral Therapy (CBT) can be used to treat wounded inner child manifestations by addressing past trauma, correcting maladaptive beliefs, and restoring emotional stability (Clarke, 2022). Narrative Exposure Therapy (NET) offers another pathway, helping individuals reconstruct traumatic memories into coherent narratives that enhance resilience, reduce trauma symptoms, and support the healing of wounded inner child experiences (Hunafa et al., 2024). While these approaches provide meaningful benefits, many primarily emphasize symptom reduction and cognitive restructuring, often without fully addressing deeper emotional wounds, which may result in prolonged healing processes. Ego State Counseling represents an intervention particularly suited to addressing wounded inner child dynamics, as it focuses on

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facilitating communication among fragmented personality states (dissociative self-states) and integrating these states with more adaptive internal resources (Van der Hart & Steele, 2020). This approach enables individuals to access, understand, and heal wounded ego states while empowering healthier parts of the self to support internal integration and psychological restoration.

Implication

The finding of a strong negative association between wounded inner child experiences and students' mental well-being underscores the need for counseling services that focus on healing childhood emotional wounds and strengthening students' adaptive capacities. The observation that several dimensions of wounded inner childsuch as shame, low self-worth, hidden anger, and feelings of being unlovablecontribute substantially to declines in both emotional and psychological well-being highlights that students require more than distress-reduction interventions. They also need facilitation to integrate their wounded self-parts and reconstruct a healthier psychological foundation (Bradshaw, 1990; Whitfield, 1987; Felitti et al., 1998). Moreover, symptoms such as interpersonal distrust, emotional inertia, and negative self-schemas reflect a specific need to enhance emotional regulation, sense of worthiness, and relational capacity, each of which is closely tied to overall mental well-being (Scott et al., 2020; Myroniuk et al., 2025).

Within the context of guidance and counseling services, these findings imply that the most appropriate approach involves internal reconstruction through the integration of traumatic experiences and the activation of healthier internal resources. One particularly relevant intervention is Ego State Counseling, which emphasizes dialogue among internal parts of the self, the processing of past emotional experiences, and the activation of adaptive resource states (Watkins & Watkins, 1997; Emmerson, 2014). Ego State Counseling has been shown to effectively reduce distress, heal wounded parts of the personality (vaded ego states), and strengthen a more integrated and harmonious internal system (Forgas & Knipe, 2008; Barabasz & Watkins, 2008). This modality is highly relevant for the students in this study, who demonstrated moderate levels of mental well-being yet exhibited pronounced vulnerabilities in eudaimonic domains such as self-actualization, interpersonal functioning, and personal growth. Students who are able to integrate their wounded ego states through Ego State Therapy are better equipped to manage academic pressure, regulate negative emotions, and restore relational trust, thereby enhancing their overall mental well-being (Paulsen & Lanius, 2022; Van der Hart & Steele, 2020).

Thus, higher education institutions should consider integrating wounded inner child recovery programs grounded in Ego State Counseling within campus counseling services. Possible implementations include ego-state integration workshops, emotion-regulation training based on resource activation, self-esteem restoration classes, and individualized counseling sessions focused on reparenting, inner-dialogue work, and reprocessing of past experiences. Such interventions not only have the potential to improve students' mental well-being but also directly enhance their academic functioning, social relationship quality, and psychological adaptability. Given the strong association between childhood emotional wounds and reduced mental well-being, the implementation of Ego State Counseling may serve as an effective strategy for comprehensively supporting university students' mental health, preventing long-term psychological vulnerability, and facilitating healthier, more empowered personal development.

Conclusions

Based on the findings of this study, a significant negative relationship was identified between wounded inner child experiences and university students' mental well-being. This indicates that higher levels of childhood emotional wounds are associated with lower levels of mental well-being. The wounded inner child dimensions examined in this studyincluding difficulty trusting others, fear of abandonment, hidden anger, and shame/low self-worthwere found to contribute substantially to reductions in both emotional and psychological well-being. Descriptive findings further revealed that the highest scores appeared in the dimensions of difficulty trusting others and fear of abandonment, whereas other dimensions (e.g., emotional neglect, parental absence) were relatively lower. These results highlight that interpersonal distrust and relational anxiety are central areas of concern in efforts to enhance student well-being. Overall, the study underscores the importance of programs aimed at facilitating the healing of childhood emotional wounds, strengthening self-acceptance and self-worth, developing supportive interpersonal relationships, and enhancing emotional regulation competencies. The findings suggest a need for intervention approaches that extend beyond distress reduction, emphasizing instead the restoration of core emotional injuries and the development of long-term psychological capacities.

Practically, the results have important implications for university counseling services. Given that several wounded inner child dimensionsparticularly interpersonal distrust, loss-related anxiety, and low self-esteemdemonstrated strong associations with diminished well-being, students require counseling interventions that help them process past experiences, strengthen internal resource states, and rebuild emotional safety and relational competence. In this regard, Ego State Counseling represents a particularly relevant approach, as it focuses on facilitating dialogue among internal self-states, activating adaptive internal resources, and integrating wounded parts of the personality. This therapeutic process supports emotional regulation, promotes self-acceptance, and restores interpersonal functioning. Thus, implementing interventions centered on healing emotional woundssuch as ego-state integration programs, structured reparenting sessions, affect regulation workshops, and resource-state strengthening trainingwithin higher education settings is highly pertinent for fostering more stable well-being among students. Such initiatives have the potential to enhance students' quality of life and strengthen their ability to adapt to academic demands and psychosocial developmental challenges.

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