

The relationship between inner child behavior and anxiety responses in adolescents

Emy Tri Waryanti¹, Wita Oktaviana²

^{1,2}Nursing, Faculty of Health Sciences, Universitas Muhammadiyah Surakarta, Surakarta, Indonesia

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ABSTRACT

Mental health during adolescence plays a critical role in emotional and social development. One potentially influential factor is unresolved childhood emotional trauma, known as inner child behavior. This study aims to examine the relationship between inner child behavior and anxiety responses in adolescents. A correlational quantitative design was used, involving 102 students from SMA Batik 1 Surakarta selected through proportional random sampling. Inner child behavior was assessed using the standardized Wounded Inner Child Questionnaire, which contains 83 items with validity coefficients ranging from 0.196–0.765. Anxiety levels were measured using the Zung Self-Rating Anxiety Scale (SAS), which consists of 20 items with validity coefficients ranging from 0.663–0.918. Data were analyzed using the Chi-Square test with a significance level of $p < 0.05$. Most respondents showed moderate inner child behavior (63.7%) and mild anxiety levels (51.0%). Chi-Square analysis revealed no statistically significant relationship between inner child behavior and anxiety responses ($p = 0.119$). The study concludes that there is no significant correlation between inner child behavior and anxiety responses among adolescents. Future research should consider emotional expression barriers and data variability.

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Corresponding Author:

Wita Oktaviana,
Keperawatan,
Fakultas Ilmu Kesehatan,
Universitas Muhammadiyah Surakarta,
Jl. A. Yani, Mendungan, Pabelan, Kec. Kartasura, Kabupaten Sukoharjo, Jawa Tengah, 57162, Indonesia
Email: wo763@ums.ac.id

INTRODUCTION

Adolescence is a critical phase in the human developmental cycle, marked by rapid biological, psychological, and social changes (Aulia et al., 2022; Mariana et al., 2022). During this period, individuals begin forming personal identities, face complex emotional dynamics, and bear increasing social demands (Putri et al., 2023). Mental health becomes a primary concern during adolescence, as psychological disorders especially anxiety often emerge and can disrupt academic performance, social interactions, and long-term developmental outcomes (Bahri & Kholidin, 2024). According to the Indonesian Ministry of Health in 2021, approximately 47.7% of adolescents reported experiencing anxiety symptoms, and the 2022 Indonesian National Adolescent Mental

Health Survey (I-NAMHS) estimated that 3.7% were clinically diagnosed with anxiety disorders (Mumpuni et al., 2021; Wahdi et al., 2023).

One psychological factor increasingly recognized as influencing adolescent anxiety is the concept of the inner child, which refers to residual internal emotions from unresolved childhood experiences, particularly those involving trauma, neglect, or emotional abuse (Junaidah, 2024; Nuroh, 2023). A wounded inner child can persist into adolescence and adulthood, manifesting as emotional dysregulation, trust issues, and heightened vulnerability to anxiety (Dewi et al., 2023; Kirana et al., 2022; Scharf et al., 2016). Adolescents raised in emotionally neglectful or authoritarian environments are at high risk of developing maladaptive emotional patterns rooted in unresolved childhood wounds (Oktariani et al., 2024; Simanjuntak, 2024).

Several empirical studies have reinforced the link between inner child experiences and anxiety-related outcomes. Adilah et al. (2023) found that adolescents with wounded inner child traits displayed heightened anxiety symptoms. Fadhilah et al. (2024) reported that up to 58% of adolescents with adverse childhood experiences exhibited clinically relevant anxiety levels. Kartasmita et al. (2023) highlighted the association between wounded inner child traits and Peter Pan Syndrome, indicating long-term impacts on emotional maturity. Similarly, Salimah and Mursalin (2023) observed that wounded inner child characteristics continued to influence personality traits among university students. Adinda and Netrawati (2024) also noted that most children from broken homes demonstrated moderate levels of inner child dysfunction.

Although related, the concept of 'inner child behavior' used in this study differs from clinical definitions of childhood trauma or Adverse Childhood Experiences (ACEs). While ACEs typically refer to specific traumatic events with diagnostic relevance, inner child behavior reflects emotional residues and unresolved feelings from early relational experiences, including neglect or emotional invalidation, that may not meet clinical trauma criteria but still impact adolescent mental health. This study operationalizes inner child behavior through the Wounded Inner Child Questionnaire, which captures emotional patterns rooted in childhood experiences.

Despite these findings, studies focusing specifically on the Indonesian adolescent population especially within formal educational settings remain limited. This research aims to fill that gap by investigating the relationship between inner child behavior and anxiety responses among high school students in Surakarta (Junaidah, 2024; Nuroh, 2023). This study uniquely applies a correlational quantitative method using validated instruments such as the Zung Self-Rating Anxiety Scale (SAS) and the Wounded Inner Child Questionnaire to ensure a rigorous and context-sensitive exploration (Dewi et al., 2023). The concept of inner child behavior is theoretically rooted in psychodynamic approaches and Erikson's psychosocial development theory, which emphasize the influence of early emotional experiences on identity formation and emotional regulation during adolescence. In the Indonesian context, although relatively new as a primary variable in quantitative research, inner child behavior is increasingly recognized in adolescent mental health studies as a relevant emotional risk factor (Dewi et al., 2023; Junaidah, 2024; Kirana et al., 2022). Supported by the use of standardized instruments such as the Wounded Inner Child Questionnaire, the concept is not only theoretically grounded but also empirically measurable, making it appropriate to serve as a main variable in examining adolescent anxiety.

Stress and anxiety management interventions have proven effective in preventing psychosocial issues, especially among vulnerable groups like pregnant women (Oktaviana et al., 2024; Waryanuarita et al., 2018). This study underscores the importance of early psychological interventions to reduce the long-term impact of unresolved emotional issues. These findings are highly relevant for adolescent mental health prevention strategies, particularly for those exhibiting signs of a wounded inner child (Simanjuntak, 2024).

Theoretically, this study aims to deepen the understanding of inner child dynamics within the framework of adolescent mental health nursing (Dewi et al., 2023; Junaidah, 2024). Practically, it is expected to offer valuable insights for healthcare professionals especially school nurses and

counselors in designing more targeted interventions and psychoeducational programs (Kirana et al., 2022). Ultimately, the findings may serve as a foundation for early screening strategies and support systems for adolescents at risk of anxiety disorders due to unresolved childhood experiences terselesaikan(Adilah et al., 2023).

RESEARCH METHOD

This study employed a quantitative correlational approach aimed at analyzing the relationship between inner child behavior and anxiety responses without manipulating variables. This design allows researchers to assess the strength and direction of relationships between variables using statistically analyzed numeric data (El Hasbi Zahro et al., 2023; Marinu Waruwu, 2023).

The study was conducted at SMA Batik 1 Surakarta from December 2024 to January 2025. Proportional random sampling was used to select 102 students across grades X, XI, and XII, determined using Slovin's formula with a 10% margin of error. Inclusion criteria included adolescents aged 15–18 who were active students and willing to participate with signed informed consent. Exclusion criteria included those diagnosed with severe mental disorders or those declining participation.

Data collection instruments included the Wounded Inner Child Questionnaire (83 items, Likert scale, Cronbach's Alpha = 0.955) and the Zung Self-Rating Anxiety Scale (20 items, Cronbach's Alpha = 0.829). Data normality was tested using the Kolmogorov-Smirnov test, followed by the Chi-Square test due to non-normal distributions. Ethical clearance was obtained from the Health Research Ethics Committee, Faculty of Health Sciences, Universitas Muhammadiyah Surakarta (No. 970/KEPK-FIK/III/2025).

The collected data were first coded and input into Microsoft Excel, then exported to SPSS for statistical analysis. Descriptive statistics were used to categorize the levels of inner child behavior and anxiety based on total scores. A Kolmogorov-Smirnov test was conducted to assess data normality, followed by a Chi-Square test to determine the relationship between the two variables. A significance level of $p < 0.05$ was used to interpret statistical results.

RESULT AND DISCUSSION

This section presents the research findings systematically, starting from the demographic characteristics of respondents, the distribution of inner child behavior and anxiety levels, and the results of statistical analysis examining the relationship between these variables. Each result is further discussed in the context of relevant literature to strengthen data interpretation.

Respondent Characteristics

The study involved 102 high school students aged 15–18 years, with a mean age of 16.34 years. Of these, 65 respondents (63.7%) were female, while 37 respondents (36.3%) were male. Based on questionnaire scores, the majority demonstrated moderate levels of inner child behavior (63.7%) and mild anxiety (51.0%).

Table 1. Respondent characteristics by age and gender

Characteristics	Frequency (n)	Percentage %
Age (Years)		
15	9	8,8
16	54	52,9
17	34	33,3
18	5	4,9
Total	102	100%
Gender		
Laki-laki	37	36,3
Perempuan	65	63,7

Distribution of Inner Child Behavior

The distribution of inner child behavior levels illustrates the extent to which unresolved childhood experiences still affect adolescents' emotional conditions. Data were obtained using the validated Wounded Inner Child Questionnaire. Most respondents exhibited moderate inner child behavior. The detailed distribution is presented below:

Table 2 Distribution of inner child behavior levels

Category	Frequency (n)	Percentage %
Low	16	15,7
Moderate	65	63,7
High	21	20,6
Total	102	100

These findings suggest that the majority of adolescents experience residual emotional issues from childhood that may not have been fully processed or resolved. Similar results were reported by Adinda and Netrawati (2024), who found a high prevalence of moderate inner child behavior among adolescents from disrupted family backgrounds.

Distribution of Anxiety Responses

The distribution of anxiety levels provides an overview of the respondents' emotional conditions. Measurements were conducted using the Zung Self-Rating Anxiety Scale (SAS). Although varied, most respondents reported mild anxiety. The full distribution is shown below:

Table 3. Distribution of anxiety response levels

Category	Frequency (n)	Percentage %
No anxiety	49	48,0
Mild anxiety	52	51,0
Moderate anxiety	1	1,0
Total	102	100

Most respondents reported mild anxiety (51.0%), while 48.0% reported no anxiety, and only 1 respondent (1.0%) reported moderate anxiety. This pattern reflects generally stable psychological conditions in the school context, although the substantial proportion with mild anxiety underscores the importance of continued monitoring. These findings align with national reports by the Ministry of Health (2021) and the I-NAMHS survey (2023) which indicated high prevalence of anxiety symptoms among Indonesian adolescents.

Normality Test and Chi-Square Analysis

A Kolmogorov-Smirnov normality test indicated that both variables were not normally distributed ($p < 0.05$), making non-parametric tests appropriate. Chi-square analysis was conducted to examine the relationship between inner child behavior and anxiety responses.

Table 4. Chi-square test results

Statistic	Value
Pearson <i>Chi-Square</i>	7,338
Df (derajat kebebasan)	4
Sig. (<i>p-value</i>)	0,119

The p -value of 0.119 (> 0.05) indicates no statistically significant relationship between inner child behavior and anxiety responses in this sample.

Discussion

The results of this study involved 102 respondents with an unequal gender distribution, where the majority were female (63.7%). Although patriarchal culture still prevails in society,

which traditionally prioritizes the education of boys, social changes and encouragement from families and surrounding environments have increasingly opened access for girls to secondary education (Sobri et al., 2019). This study showed that inner child behavior in the low category was found in 16 respondents, moderate in 65 respondents, and high in 21 respondents. This means that students of SMA Batik 1 Surakarta predominantly experience moderate inner child levels (63.7%). Regarding anxiety responses, 49 respondents reported no anxiety, 52 reported mild anxiety, and only 1 respondent experienced moderate anxiety. Therefore, most students at SMA Batik 1 Surakarta experienced mild anxiety (51.0%).

Based on the data normality test, the researcher used the Kolmogorov-Smirnov method because the sample size was ≥ 50 . The Kolmogorov-Smirnov test on inner child data showed it was not normally distributed (p -value $0.00 < 0.05$). If $p \leq 0.05$, then H_0 is rejected, indicating the data do not follow a normal distribution significantly. This value shows that the difference between the data distribution and the normal distribution is sufficiently large to be considered not coincidental (Sonjaya et al., 2025). The anxiety category also was not normally distributed, with a p -value of $0.00 < 0.05$.

In this study, the chi-square test was used to examine the relationship. The chi-square test results showed that there was no significant relationship between inner child behavior and anxiety responses in adolescents, as indicated by the significance value of 0.119 (greater than 0.05). This means H_0 is accepted and H_a is rejected, so statistically there is no relationship between the two variables in this research sample.

The absence of a significant relationship between inner child behavior and anxiety in this study contrasts with several previous studies. For instance, Adilah et al. (2023) found that adolescents with wounded inner child traits exhibited heightened anxiety symptoms. Similarly, Fadhilah et al. (2024) reported that 58% of adolescents with adverse childhood experiences showed clinically relevant anxiety levels. Kartasasmita et al. (2023) also emphasized that unresolved inner child issues could contribute to long-term emotional immaturity, such as Peter Pan syndrome. The discrepancy in findings may be attributed to differences in sample characteristics, data collection contexts, or the influence of mediating factors such as coping strategies and social support, which were not directly measured in this study.

This non-significant relationship is likely influenced by several factors, one of which is the tendency of respondents, especially adolescents, not to reveal their actual emotional conditions (Apriliani, 2025). Many may feel afraid, ashamed, or uncomfortable when completing questionnaires, so the data collected do not fully represent their real psychological state. Additionally, as explained by Hardiana et al. (2023), childhood traumatic experiences can affect an individual's ability to manage and express emotions. When individuals struggle to convey their feelings, this can obscure the true relationship between inner child and anxiety, affecting the statistical analysis results. Several factors may explain these findings:

1. The data may not fully reflect the respondents' actual emotional conditions. The results showed that most respondents were in the moderate inner child category (63.7%) and mild anxiety category (51%). However, this relatively homogeneous distribution limited data variability. There are also indications that respondents were afraid to answer honestly about their emotional condition (Hardiana et al., 2023). This could lead to data that are inaccurate or do not represent their real psychological state, affecting the validity of the analysis.

Other studies also highlight the existence of subject bias, where respondents tend to provide socially desirable responses, making the collected data inaccurate and not fully representative (Azfaruddin, 2024). Furthermore, homogeneous data distribution (e.g., most respondents reporting mild or no anxiety) can restrict data variation, ultimately influencing the validity and sensitivity of statistical analysis results (Gustina et al., 2023). Numerical emotional scales do not capture the context, intensity, or narrative of emotions. Respondents may choose "neutral" even though they experience strong disturbances that cannot be explained numerically

(Saputri & Muzakar, 2024). Emotional data are fragmentary, not a complete representation of real emotional conditions, reducing validity and leading to the impression of “no relationship” (Qurrota & Arif, 2023).

2. Limited variation in anxiety categories, of the 102 respondents, only 1 person (1%) reported moderate anxiety, while the rest were almost evenly split between no anxiety and mild anxiety. This imbalance resulted in insufficient variation in the anxiety variable, which is an important requirement to test variable relationships (Shanti Dewi et al., 2024). When data are too concentrated in one or two categories, statistical tests such as chi-square become less sensitive to detecting relationships (Syarli & Arini, 2021).

It can be concluded that minimal variation in anxiety categories such as the dominance of mild and no anxiety with very few cases of moderate or severe anxiety can cause limitations in statistical analysis because of the lack of evenly distributed data (Shanti Dewi et al., 2024). Most data concentrated in one category (mild) without spreading across categories leads to data imbalance (Syukri et al., 2023). Statistical methods lose sensitivity, increasing the risk of false negatives where the study concludes “no relationship” because there is not enough category variability to detect actual relationships (Candra & Kristinawati, 2022). The use of overly generic anxiety categories without detailed scaling also contributes to limited variation (Zulaekah & Kusumawati, 2021). As a result, the analysis cannot detect a relationship between anxiety and other variables.

3. More complex emotional factors, research shows that variables such as religiosity, emotional intelligence, and social support explain only a small proportion (about 10.7%) of students’ academic anxiety, so most anxiety is influenced by other, more complex factors (Rahmy & Muslimahayati, 2021a). Environmental social factors such as exposure to traumatic events, lack of social support, and biological factors like genetic predisposition and neurotransmitter imbalances also affect anxiety (Ezra Addo Setiawan & Anniez Rachmawati Musslifah, 2023). More sensitive, multidimensional, and adaptive measurements are needed to capture respondents’ real emotional diversity (Zulaekah & Kusumawati, 2021). Instruments capable of reflecting emotional complexity, multivariate analyses, and adaptive methodologies are recommended (Febriana & Palupi, 2022). In conclusion, adolescent anxiety is a complex and multidimensional psychological condition. Relying on a single variable such as inner child is insufficient to explain variations in anxiety levels among adolescents (Rahmy & Muslimahayati, 2021b).
4. Instrument and methodological limitations, in Salma’s (2024) qualitative phenomenological research on inner child, data collection was conducted through in-depth interviews and observation, allowing the revelation of emotional expressions and personal stories not accessible through questionnaires. For example, respondents in interviews displayed various emotional expressions such as sadness, shame, and tension that could only be captured through direct interaction and observation. Interview methods are essential in exploring informants’ perceptions and views of the inner child phenomenon, which cannot be optimally accessed through questionnaires alone (Aini & Wulan, 2023). Furthermore, studies on childhood trauma and inner child often use mixed-method designs, emphasizing interviews to gain deeper insights into inner wounds and their impacts, making interviews a primary data collection method (Syekh, 2024). This is consistent with Syed et al. (2025) who found that mixed-method approaches are effective in researching psychological issues involving subjective experiences like the inner child, as quantitative data provide general patterns while qualitative data explore narratives and meanings. Combining both generates a more comprehensive understanding of complex phenomena (Syed & Westberg, 2025).
5. The role of coping mechanisms, students’ anxiety is also influenced by factors such as changes in health status, environmental shifts, daily habits, and limited coping mechanisms to handle stress or problems (Sari & Arifah, 2017). Research in nursing journals shows that coping

strategies are the dominant factor affecting adolescent anxiety. Adolescents who employ effective coping strategies tend to have lower anxiety levels (Apriyeni, 2022). The ability to maintain psychological stability under stress, adapt to challenging life experiences through emotional, mental, and behavioral flexibility including internal and external adjustments is part of effective coping mechanisms that act as protective factors reducing the direct link to anxiety symptoms (Zamroji & Oktaviana, 2024). A good relationship with parents also helps develop healthy coping mechanisms, as children feel comfortable sharing and do not feel distant from family, which affects self-control over anxiety (Pratiwi & Irdawati, 2019). Good social support is also an effective form of coping in managing anxiety (Sundawati & Oktaviana, 2024). This enables students to better face stress or problems, influencing measurement results in anxiety assessments.

Even though effective coping reduces anxiety, coping itself can mediate or moderate the direct relationship between anxiety and other outcomes (Nurrahmasia et al., 2021). Not including coping mechanisms in analysis can result in this variable acting as a mediator, moderator, or even suppressor of the direct relationship between anxiety and outcomes (Rahmaniza et al., 2021). Other studies found that using adaptive coping mechanisms such as problem-focused coping correlates with lower anxiety, while maladaptive coping like avoidance can worsen anxiety (Mahardika & Yuniartika, 2022; Rahnama et al., 2017). Variations in coping strategies, both adaptive and maladaptive, may reduce actual relationships. If coping is not explicitly analyzed, the study may erroneously conclude no relationship, when coping is actually the main “diverting” variable (Mahutri et al., 2022).

CONCLUSION

This study examined the relationship between inner child behavior and anxiety among 102 adolescents at SMA Batik 1 Surakarta. The majority of respondents demonstrated moderate levels of inner child behavior (63.7%) and mild anxiety (51%). However, the chi-square analysis did not find a statistically significant relationship between the two variables ($p = 0.119$).

These findings suggest that adolescent anxiety is influenced by multiple other factors beyond unresolved childhood experiences, including family support, environmental stress, coping strategies, and individual emotional capacities. The limitations of this study include the homogeneity of data and the potential for self-report bias, which may have affected the accuracy and sensitivity of the results.

Future research is recommended to employ mixed-method approaches and explore additional variables such as depression, emotion regulation, and social support to achieve a more comprehensive understanding of the complex dynamics contributing to adolescent anxiety.

Although the study did not find a statistically significant relationship between inner child behavior and anxiety, the high prevalence of moderate inner child characteristics among adolescents suggests the need for early preventive interventions. Schools and health professionals can play a proactive role by implementing early screening programs for childhood emotional wounds, providing emotional regulation and coping strategy training, and offering psychoeducation for parents and teachers on the long-term effects of unresolved emotional experiences. These measures can help prevent the escalation of emotional difficulties into more severe mental health issues in the future.

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