Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

JOURNAL OF SCIENTIFIC LETTERS
www.jslsci.com

EFFECTIVENESS OF INNER CHILD HEALING INTERVENTIONS IN REDUCING EMOTIONAL DISTRESS AND IMPROVING SELF-ESTEEM AMONG EMERGING ADULTS FROM ALCOHOL-AFFECTED FAMILIES

Lalima Rana

Research Scholar, Department of Education, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan

Dr. Preeti Sharma

Research Supervisor, Department of Education, Jayoti Vidyapeeth Women's University, Jaipur, Rajasthan

ABSTRACT

Emerging adults from alcohol-affected families may experience emotional distress, negative self-perceptions, and difficulties in establishing healthy interpersonal relationships because of adverse childhood experiences. This paper examines the potential effectiveness of structured inner child healing interventions in reducing emotional distress and improving self-esteem among this population. The proposed intervention focuses on childhood emotional awareness, identification of negative self-beliefs, self-compassion, emotional regulation, and the development of healthy personal boundaries. It also considers the integration of trauma-informed counselling and established psychological techniques to provide appropriate support. Emotional distress and self-esteem are identified as central outcomes for evaluating intervention effectiveness. A structured research framework is proposed using pre-intervention and post-intervention assessments, with follow-up evaluation to examine the maintenance of changes. The paper emphasizes participant safety, informed consent, and individualized therapeutic support. It concludes that inner child-oriented practices warrant careful empirical investigation as a potentially useful component of broader psychological support.

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

Keywords: Inner child healing, emotional distress, self-esteem, emerging adults, parental alcoholism, therapeutic intervention, trauma-informed counselling, emotional regulation.

I. INTRODUCTION

Parental alcoholism can create family conditions that affect the emotional security and psychological development of children. When a parent experiences problematic alcohol use, family interactions may become unpredictable because of inconsistent caregiving, communication difficulties, conflict, emotional unavailability, or financial and social pressures. Children may respond by suppressing their feelings, avoiding conflict, assuming excessive responsibilities, or attempting to maintain stability within the household. Such experiences can influence the development of self-esteem, emotional regulation, and interpersonal expectations. Although not every child from an alcohol-affected family experiences long-term psychological difficulties, some may carry unresolved feelings of fear, shame, rejection, or insecurity into emerging adulthood. These experiences may become more noticeable when individuals begin forming independent identities and close relationships.

Emerging adulthood is a developmental period in which individuals increasingly establish personal independence, pursue educational and occupational goals, and develop intimate and social relationships. During this stage, earlier family experiences may influence how individuals evaluate themselves and respond to emotional challenges. Some emerging adults from alcohol-affected families may struggle with persistent self-criticism, guilt, anxiety, difficulty trusting others, or fear of rejection. Others may experience challenges in communicating personal needs and establishing boundaries. Emotional distress can interfere with academic performance, occupational adjustment, relationships, and everyday decision-making. Self-esteem is equally important because it influences how individuals evaluate their personal worth, abilities, and capacity to manage difficulties. Therefore, psychological interventions that address both emotional distress and negative self-perceptions deserve careful examination.

Inner child healing is a reflective approach that encourages individuals to recognize and understand emotional experiences associated with childhood. It commonly uses the metaphor of an inner child to represent childhood memories, vulnerabilities, emotional needs, and beliefs that may continue to influence adult behaviour. Structured activities may include guided reflection, therapeutic imagery, emotional identification, journaling, self-compassion exercises, and the development of healthier internal dialogue. For individuals affected by parental alcoholism, such

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

practices may help distinguish childhood responsibility from adult responsibility and challenge the belief that parental alcohol misuse was caused by the child. However, inner child healing is not a universally standardized or independently established clinical treatment. Its potential effectiveness should therefore be investigated through carefully defined intervention components and established psychological outcome measures.

The present paper examines the potential effectiveness of inner child healing interventions in reducing emotional distress and improving self-esteem among emerging adults from alcohol-affected families. It proposes an intervention model that integrates childhood-focused reflection with established therapeutic principles, including emotional regulation, cognitive restructuring, self-compassion, and trauma-informed care. The paper also discusses intervention procedures, evaluation methods, ethical safeguards, and possible implementation challenges. It does not claim that the proposed intervention has already produced measurable improvements; instead, it provides a conceptual and methodological foundation for future empirical research. The central objective is to investigate whether structured, supportive engagement with childhood experiences can contribute to improved emotional adjustment and a healthier sense of personal worth.

II. THEORETICAL FOUNDATION AND THERAPEUTIC COMPONENTS OF INNER CHILD HEALING INTERVENTIONS

The theoretical foundation of inner child-oriented intervention is based on the understanding that childhood experiences can influence adult beliefs, emotional reactions, and relationship patterns. Early experiences of rejection, inconsistency, neglect, or excessive responsibility may contribute to negative assumptions about personal worth and interpersonal safety. For example, an individual who repeatedly experienced emotional unavailability may develop a belief that personal needs are unimportant. Another individual may assume responsibility for maintaining relationships because childhood family conditions required constant attention to others. These beliefs can become automatic and influence reactions to present situations. A structured intervention may help participants identify such patterns and examine whether they remain accurate or helpful in adulthood.

The first component of the proposed intervention is childhood emotional awareness. Participants are encouraged to recognize and describe emotions associated with important childhood experiences without being pressured to disclose more than they feel comfortable sharing. A counsellor may use guided questions to help participants identify experiences involving fear,

E-mail: editor.jslsci888@gmail.com

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

loneliness, confusion, disappointment, or unmet emotional needs. Participants may also use reflective journals to record emotional reactions and identify situations that trigger distress in everyday life. The purpose is to increase emotional understanding rather than to encourage repeated or uncontrolled exposure to painful memories. Sessions should proceed gradually and include grounding techniques whenever participants experience discomfort.

The second component involves identifying and reconsidering negative self-beliefs. Emerging adults from alcohol-affected families may hold beliefs that they were responsible for parental drinking, family conflict, or the emotional difficulties of other household members. They may also believe that they must always remain strong, avoid expressing needs, or earn affection through excessive helpfulness. Cognitive restructuring can help participants examine the evidence supporting these beliefs and develop more balanced interpretations. For instance, participants may learn to distinguish a parent's responsibility for alcohol-related behaviour from their own childhood experiences and limitations. This process can reduce inappropriate self-blame and encourage a more realistic understanding of family circumstances.

Self-compassion is another central therapeutic component. Individuals who have experienced family-related emotional difficulties may respond to their distress with criticism, embarrassment, or feelings of personal inadequacy. Self-compassion exercises encourage individuals to acknowledge suffering without defining themselves by painful experiences. Activities may include supportive self-statements, compassionate letter writing, guided reflection, and recognition of personal strengths. Participants can be encouraged to develop an internal response that is understanding rather than punitive. Such exercises may be particularly relevant for individuals who have difficulty accepting emotional needs because they learned to prioritize family responsibilities during childhood. The intervention should avoid unrealistic positive statements and instead encourage a balanced, respectful relationship with oneself.

Emotional regulation and distress-management skills form another important part of the proposed programme. Childhood family instability may contribute to difficulty managing intense emotions, particularly during interpersonal disagreements or situations involving uncertainty. Participants may learn practical strategies such as identifying emotional triggers, observing physical signs of stress, paced breathing, grounding, mindfulness, and structured problem-solving. These techniques can help participants respond more deliberately instead of reacting automatically to distressing situations. Where clinically appropriate, additional evidence-based methods may be incorporated by trained professionals. The intervention should be adapted to participants' needs and should not

E-mail:* *editor.jslsci888@gmail.com

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

assume that all emotional reactions originate from parental alcoholism.

The final component focuses on healthy boundaries and interpersonal functioning. Some emerging adults may continue to feel responsible for managing a parent's behaviour, resolving family conflicts, or satisfying the emotional expectations of others. Therapeutic activities can help participants distinguish supportive relationships from relationships involving excessive responsibility or harmful behaviour. Role-play and communication exercises may be used to practise expressing needs, declining unreasonable requests, and seeking assistance. The purpose is not to encourage unnecessary family separation or confrontation but to strengthen personal autonomy and emotional safety. Taken together, these components form a structured intervention model that can be evaluated through changes in emotional distress, self-esteem, emotional regulation, and interpersonal functioning.

III. PROPOSED INTERVENTION PROGRAMME FOR REDUCING EMOTIONAL DISTRESS AND IMPROVING SELF-ESTEEM

The proposed intervention may be organized as a structured counselling programme delivered over several weeks, depending on participant needs and professional assessment. A possible format could involve eight to ten sessions, with each session addressing a specific therapeutic objective. The initial sessions would focus on establishing a safe therapeutic relationship, explaining confidentiality, discussing participant expectations, and assessing emotional well-being. Participants would receive information about the effects of parental alcohol misuse on family relationships without being assigned a predetermined psychological identity. The counsellor would emphasize that participants are not responsible for their parents' drinking behaviour and that individual experiences differ. This introductory stage is essential for establishing trust and allowing participants to decide how much personal information they wish to share.

The next stage would involve exploring childhood experiences and identifying recurring emotional patterns. Participants could create a personal timeline of significant family experiences, focusing on events they feel comfortable discussing. They may identify situations in which they experienced emotional insecurity, excessive responsibility, lack of reassurance, or difficulty expressing personal needs. Guided reflection can help them examine the meanings they attached to these experiences during childhood and whether those meanings continue to influence present behaviour. The counsellor should avoid interpreting every difficulty as a consequence of parental

E-mail: editor.jslsci888@gmail.com

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

alcoholism. Instead, the participant's own understanding should guide the discussion, with attention to other relevant influences such as peer relationships, educational experiences, cultural expectations, and current life circumstances.

A subsequent stage would focus on emotional expression and the recognition of unmet childhood needs. Participants may identify feelings they were unable to communicate during childhood and consider how those feelings influence present emotional responses. Journaling, emotion cards, drawing, and guided discussion may be used according to participant preference. The intervention should not require participants to relive traumatic events or engage in emotionally intense exercises without adequate preparation. Grounding activities can be introduced to help participants remain connected to the present during difficult discussions. Where significant trauma-related symptoms are identified, the counsellor should assess whether additional specialist treatment is required before proceeding with more intensive childhood-focused work.

The self-compassion stage would encourage participants to develop a supportive internal dialogue. Individuals may practise writing compassionate letters to their younger selves, identifying personal strengths, and replacing self-blaming statements with realistic alternatives. For example, a participant who believes they should have prevented a parent's drinking may examine the developmental limitations and lack of control they experienced as a child. The exercise can help distinguish personal responsibility from adult family responsibilities. Participants may also identify supportive activities that meet current emotional needs, such as maintaining healthy routines, seeking encouragement, developing friendships, and allowing themselves to request help. These practices should remain realistic and relevant to each participant's circumstances.

The programme would then address emotional regulation, communication, and boundary development. Participants may learn to identify situations that activate strong emotional reactions and practise appropriate responses. Skills such as grounding, paced breathing, mindful observation, assertive communication, and problem-solving can be incorporated into sessions. Role-play may help participants practise responding to unreasonable requests or communicating personal limits. The counsellor should acknowledge that setting boundaries with family members can be complicated by financial dependence, cultural expectations, safety concerns, or emotional attachment. Therefore, the programme should not prescribe identical boundary decisions for every participant. Its objective is to strengthen informed personal choice and emotional safety.

The final intervention stage would focus on consolidation and future planning. Participants may

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

review changes in their understanding of childhood experiences, emotional responses, and self-evaluation. They can identify strategies that were helpful and develop a personal plan for managing future distress. The counsellor may also discuss continued psychological support, peer resources, and appropriate specialist services. A follow-up session can be scheduled to examine whether any changes are maintained after the structured programme ends. This stage is important because emotional development does not necessarily follow a fixed schedule, and temporary improvements during counselling may not always continue without support. The programme should therefore be understood as a proposed intervention requiring systematic evaluation rather than an established treatment with guaranteed outcomes.

IV. EVALUATION OF EMOTIONAL DISTRESS AND SELF-ESTEEM OUTCOMES

The effectiveness of the proposed intervention should be assessed through clearly defined psychological outcomes. Emotional distress may include anxiety, depressive symptoms, perceived stress, shame, guilt, emotional discomfort, and difficulty managing interpersonal situations. Self-esteem refers to an individual's overall evaluation of personal worth and perceived value. These outcomes are related but distinct. A participant may experience reduced anxiety without a substantial change in self-esteem, while another may develop a more positive self-evaluation but continue to experience emotional distress. Therefore, researchers should measure both outcomes independently and consider additional variables such as emotional regulation, self-compassion, and perceived social support. This approach can provide a more complete understanding of intervention-related changes.

A pre-intervention and post-intervention assessment design can provide an initial method for evaluating the programme. Participants may complete standardized psychological measures before beginning the intervention and after completing the final session. Follow-up assessment after an appropriate interval can examine whether observed changes are maintained. Instruments should be selected according to their reliability, validity, suitability for the participants' language, and cultural relevance. Measures of self-esteem and emotional distress should be established instruments rather than newly created questionnaires without validation. Researchers should also record relevant background information, including age, family circumstances, current support, and previous counselling experiences, while collecting only information necessary for the research objectives.

Where feasible and ethically appropriate, a comparison group may strengthen the research design.

E-mail: editor.jslsci888@gmail.com

Online ISSN: 2456-1495
CODEN (USA): JSLOBJ

Participants receiving the proposed intervention could be compared with individuals receiving usual support or another appropriate form of counselling. Random assignment may be considered when recruitment conditions and ethical requirements permit. If randomization is not feasible, researchers may use a carefully designed quasi-experimental approach while acknowledging the possibility of selection differences. Comparison groups are important because psychological well-being can change over time due to factors unrelated to the intervention, including academic progress, changes in family circumstances, supportive relationships, or other life events. Researchers should therefore avoid attributing every improvement to inner child-oriented activities.

Quantitative analysis can examine whether emotional distress and self-esteem scores change following the programme. Descriptive statistics may summarize participant characteristics and baseline scores. Paired comparisons can examine changes between pre-intervention and post-intervention measurements, while suitable between-group analyses can compare participants receiving different forms of support. Effect sizes and confidence intervals should be reported alongside statistical significance to communicate the magnitude and precision of observed changes. Researchers should also examine missing data, participant withdrawal, and differences in intervention attendance. If the sample is small, conclusions should be appropriately cautious, and the study should not claim general effectiveness based on limited evidence.

Qualitative feedback can provide information about participants' experiences of the intervention. Semi-structured interviews or written reflections may explore whether participants found the sessions safe, relevant, and emotionally manageable. Participants can describe which activities were useful, which topics were difficult, and whether they noticed changes in self-understanding or interpersonal behaviour. Thematic analysis may identify recurring experiences, including increased emotional awareness, reduced self-blame, greater willingness to seek support, or difficulties associated with recalling childhood memories. Qualitative findings should not be treated as proof of clinical effectiveness, but they can explain how participants interpret the programme and identify areas requiring modification. Combining quantitative and qualitative methods can therefore provide a more comprehensive evaluation.

V. CONCLUSION

Parental alcoholism can influence childhood emotional development and may contribute to difficulties involving self-worth, emotional regulation, trust, and interpersonal relationships during

emerging adulthood. Some individuals from alcohol-affected families may experience anxiety, guilt, shame, persistent self-criticism, and difficulty establishing healthy boundaries. These experiences can affect educational, occupational, social, and personal functioning. However, the presence of parental alcohol misuse does not mean that every emerging adult will experience psychological difficulties. Individual outcomes are influenced by family circumstances, protective relationships, coping resources, and access to professional support. Therefore, intervention planning should be based on individual assessment rather than assumptions about family background.

The proposed inner child healing intervention focuses on emotional awareness, identification of negative self-beliefs, self-compassion, emotional regulation, and healthy boundary development. These components may help participants understand how childhood experiences influence present emotional responses and self-evaluation. Integrating childhood-focused reflection with established psychological approaches may provide a structured and supportive way to address self-blame and emotional distress. Nevertheless, inner child healing should not be represented as a standardized or independently proven clinical treatment. Its usefulness must be evaluated through clearly described intervention procedures, trained facilitation, and appropriate psychological outcome measures. It should also remain complementary to established mental health treatment when participants require specialized clinical care.

The effectiveness of the proposed programme can be investigated through pre-intervention and post-intervention assessments, suitable comparison groups, qualitative feedback, and follow-up evaluation. Emotional distress and self-esteem should be measured separately using reliable and culturally appropriate instruments. Researchers should also examine emotional regulation, self-compassion, participant satisfaction, and possible unintended effects. Ethical safeguards must include voluntary participation, informed consent, confidentiality, the right to withdraw, and access to additional psychological support. Such procedures can help establish whether the intervention produces meaningful benefits and identify the conditions under which it may be appropriate.

REFERENCES

1. Osterndorf, C. L., Enright, R. D., Holter, A. C., & Klatt, J. S. (2011). Treating adult children of alcoholics through forgiveness therapy. Alcoholism Treatment Quarterly, 29(3), 274–292. https://doi.org/10.1080/07347324.2011.586285

2. Gustafson, D. H., McTavish, F. M., Schubert, C. J., & Johnson, R. A. (2012). The effect of a computer-based intervention on adult children of alcoholics. Journal of Addiction Medicine, 6(1), 24–28. https://doi.org/10.1097/ADM.0b013e31822b80ca
3. Kim, H. K., & Lee, M. (2014). Effectiveness of forgiveness therapy on resilience, self-esteem, and spirituality of wives of alcoholics. Journal of Korean Academy of Nursing, 44(3), 237–247. https://doi.org/10.4040/jkan.2014.44.3.237
4. Cohen, J. R., Menon, S. V., Shorey, R. C., Le, V. D., & Temple, J. R. (2017). The distal consequences of physical and emotional neglect in emerging adults: A person-centered, multi-wave, longitudinal study. Child Abuse & Neglect, 63, 151–161. https://doi.org/10.1016/j.chiabu.2016.11.030
5. McGovern, R., Smart, D., Alderson, H., Araújo-Soares, V., Brown, J., Buykx, P., Evans, V., Fleming, K., Hickman, M., Macleod, J., Meier, P., & Kaner, E. (2021). Psychosocial interventions to improve psychological, social and physical wellbeing in family members affected by an adult relative's substance use: A systematic search and review of the evidence. International Journal of Environmental Research and Public Health, 18(4), 1793. https://doi.org/10.3390/ijerph18041793
6. Omkarappa, D. B., Rentala, S., & Nattala, P. (2022). Effectiveness of psychosocial intervention for internalizing behavior problems among children of parents with alcohol dependence: Randomized controlled trial. World Journal of Clinical Cases, 10(16), 5306–5316. https://doi.org/10.12998/wjcc.v10.i16.5306
7. Zhang, H., Wang, W., Liu, S., Feng, Y., & Wei, Q. (2022). A meta-analytic review of the impact of child maltreatment on self-esteem: 1981 to 2021. Trauma, Violence, & Abuse, 24(5). https://doi.org/10.1177/15248380221129587
8. Appleyard, K., Yang, C., & Runyan, D. K. (2010). Delineating the maladaptive pathways of child maltreatment: A mediated moderation analysis of the roles of self-perception and social support. Development and Psychopathology, 22(2), 337–352. https://doi.org/10.1017/S095457941000009X
9. Cloitre, M., Stovall-McClough, K. C., Nooner, K., Zorbas, P., Cherry, S., Jackson, C. L., Gan, W., & Petkova, E. (2010). Treatment for PTSD related to childhood abuse: A randomized controlled trial. The American Journal of Psychiatry, 167(8), 915–924. https://doi.org/10.1176/appi.ajp.2010.09081247