INNER CHILD WORK: WHAT IS REALLY HAPPENING?

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ABSTRACT

The popular concept of "the inner child" and "inner child work" will be evaluated and compared to various theories of personal development, including object relations, self psychology, Jungian and dissociation theories. It will be suggested that much of what is being accessed in such work is compatible with these theories and may be at least ego-state based rather than just a pleasing visualization or metaphor. Terminology clarifications and cautions as well as directions for effective hypnotic approaches will be outlined.

INTRODUCTION

The concept of the inner child is not new, clinically dating back at least to Jung (Abrams, 1990). Abrams (1990) traces its earliest roots back to Greek mythology, implying an origin in primordial times. Modern day definitions, however, are quite varied. The experiences of individuals attending large group workshops providing "Inner Child Work" range from no effect to over-stimulation and the opening of a Pandora's box, sometimes without a therapeutic alliance in place. It may escalate the difficulty of the work for some already in therapy.

Because of witnessing these latter experiences in some of my patients, I delved further into the literature. Based on clinical experience and discussion with colleagues, I have found both positive and negative aspects to the concept. In the process, I found myself needing to clarify and attempt to ground the concept in solid theory. This stimulated me to look for parallel constructs across various theories.

As I pursued this aim I formulated a number of hypotheses as well as raised a number of as yet unanswered questions, and would suggest a few cautions.

The Inner Child Movement

According to Abrams (1990), there are six important reasons why the image of the inner child has such a compelling message for us today: 1) There has been a popular expansion of interest in psychology, particularly in the relevance of human childhood and its developmental importance; 2) A parallel general growth in psychotherapy has occured, along with a growing interest in Jungian depth psychology and in the treatment of narcissistic personality disorders. "Both of these disciplines identify the image of the inner child as the vulnerable soul, the wounded child in need of integration, and the injured self" (Abrams, 1990, p. 7); 3) The Adult Children of Alcoholics (ACA) program, a spin-off of the twelve-step programs of Alcoholics Anonymous, makes broad use of the child-within concept. According to Abrams, "[I]t has been estimated that the ACA program is growing at a rate of one new group nationwide every day" (1990, p. 8); 4) Child abuse is receiving increasing acknowledgment; 5) Contemporary parents are finding their roles burdensome. Changing attitudes about children and their development, child care outside the home, and women in the workforce all, in Abram's view, bring special attention to the child within the parent, as well as to the inner life of the child:

> The quality and success of parenting is deeply enhanced when parents can realize their own neglected child selves and transform them into compassionate resources for the care of their own children. The way one treats the inner child strongly determines the way one treats the outer child" (Abrams, 1990, p. 9).

6) Abrams maintains there is a hunger for spirituality and meaning in our era, "a longing for a second coming of a divine inner child whose appearance would announce the beginning of a new millennium of hope" (1990, p. 10).

The Concept of the Inner Child

There are many definitions in the literature of the inner child. Some are very superficial; others are more fully developed. Whitfield (1987) states: "[W]e each have a 'Child Within' – the part of us that is ultimately alive, energetic, creative, and fulfilled. This is the Real Self – who we truly are" (p. 9). Bradshaw (1990) though focusing on the "wounded child within," should be credited with integrating a vast amount of self psychology, developmental psychology, object relations, and family systems theory in his popular writings and television series. Napier (1990) also integrates self psy-

chology, object relations, and dissociation theories in her writing, providing suggested self-hypnotic scripts to access and relate to a variety of types of inner children. Some groups and books that promote inner child work provide adequate precautions (Bradshaw, 1990), but most do not.

There are a number of possible theoretical bases one could use for conceptualizing the inner child. Abrams' (1990) book of readings looks at the inner child from a number of different perspectives. One of the first people he includes is Jung, who discovered his own inner child, and found a place in his theory to describe that phenomenon. Jung (1959) said "the child motif is a picture of certain *forgotten* things in our childhood" (p.161).

> Certain phases in an individual's life can become autonomous, can personify themselves to the extent that they result in a *vision of oneself* – for instance, one sees oneself as a child. Visionary experiences of this kind, whether they occur in dreams or in the waking state, are, as we know, conditional on a dissociation having previously taken place between past and present . . . .
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> The child motif represents not only something that existed in the distant past but also something that exists *now*, that is to say, it is not just a vestige but a system functioning in the present whose purpose is to compensate or correct, in a meaningful manner, the inevitable one-sidedness and extravagances of the conscious mind. It is in the nature of the conscious mind to concentrate on relatively few contents and to raise them to the highest pitch of clarity. A necessary result and precondition is the exclusion of other potential contents of consciousness. The exclusion is bound to bring about a certain one-sidedness of the conscious contents.
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> (Jung, 1959, p. 162)

Hall (1986), in looking at the compatibility of dissociation and Jungian theory, observed that the following concepts have a bearing on the nature of the inner child from a Jungian point of view:

> An archetype in itself is simply a tendency for the psyche to structure experience in a certain manner; in this regard, the term archetype has some relationship to *imprinting*, leaving a lasting impression. . .
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> Complexes are groups of related images held together by a common emotional tone and based upon an archetypal core. . .(Hall, 1986, p. 112).
>
> While all complexes have an innate tendency toward personification and rudimentary consciousness, those that are associated with the ego-complex partake of what is ordinary consciousness.
>
> (Hall, 1986, p. 113)

Thus Jung described dissociated aspects of the past that tend toward personification. He discovered that he himself had an inner child, and spent some period of time on his own in play therapy, every day after lunch and again in the evenings, building a complete village as a way to access the 11-year-old part of himself who played with blocks. Mills and Crowley (1990) observe that "Jung's contact with his own inner child played a crucial part in releasing the extraordinary creative energies that culminated in his theory of the archetypes and the collective unconscious" (p. 222).

More recently Heinz Kohut's (1971, 1977) self psychology has focused on the self and fragments of the self, these fragments in relation to significant others, and the developmental task of pulling these self fragments together in a cohesive fashion. Object relations theorists (e.g., Masterson, 1981) talk about both good self and bad self representations. They note the normality of such phenomena in early childhood development because the child is unable to contain the strong opposite feelings (ambivalence) about self and parents (thus developing corresponding split self and object representations). In later writings (Masterson 1985, 1988) shifted his focus from the object to the self as he develops his ideas about the real self and the false self.

David Scharff (1991) describes self and object representations as structures with the qualities of ego states. Missildine (1963), and Berne (1977) in his work on Transactional Analysis, have both argued for work with a child part of the self, describing these parts as some form of ego state. This writer's first exposure to the concept of an inner child was while doing a doctoral dissertation, which consisted of the creation of a paper and pencil instrument to measure the relative intensity of the ego states as defined by Transactional Analysis (Price, 1976a, 1976b). The outcome revealed substantial reliability from a variety of measures (including patterns in factor analysis), but little or no validity based on rater perceptions. He concluded that consistent patterns of behavior, feelings, and attitudes are being measured in the study of ego states, but it is difficult to define precisely or consistently what they are.

Watkins and Watkins, building on the concepts of Federn (as did Scharff [1991]), define an ego state as "a body of behaviors and experiences which are bound together by some common principle and separated from other such states by a boundary which is more or less permeable" (1979, p. 5). In his book *States of Mind*, Horowitz says such states of mind can be "described as a recurrent pattern of experience and of behavior that is both verbal and nonverbal"(1987, p. 27).

Albini and Pease (1989) make a sound argument for the existence of parallels between Kohut's ideas of self fragmentation (due to parental failures in childhood), and the failure to reach the developmental task of *association* (of the normally existing "states of consciousness" [Putnam, 1989]).

> When we think developmentally and look to child patients and their experiences in a developmentally phase-specific way, we see the early MPD phenomena as being not so much a dissociative but a pre-associative disorder. In saying *pre-associative*, we refer to an early period (birth to six to eight years) before the formation of a firmly cohesive nuclear self is established. The child needs to come to distinguish her/his existence and achievements from those of the primary caretakers, as well as to integrate and recognize experiences with various people, which have different emotional tone. Due to the complexity of these developmental tasks, the young child often fails to see these early experiences as part of the same reality. When, for example, we see how easily children are able to pretend, in play, to alternate between different emotional states, we are looking at separate nascent selves or separate centers of experience
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> It is our view that the phase appropriate existence of separate nuclei around which self-experiences can condense is more common than not in developing children. We hypothesize that split-off sectors of self nuclei seen in incipient cases of MPD are related to a normal developmental analogue that precedes the establishment of the cohesive nuclear self.
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> (Albini & Pease, 1989, p. 148)

Putnam (1990) has further elaborated a "states of consciousness model." He suggests that although different theories use different terminologies when describing aspects of the self, the ego state or states of consciousness concept derived from infant research (Wolff, 1987; Emde et al., 1976) and dissociation theory has perhaps the best capability of becoming a clarifying and unifying concept.

The research of Nancy Hornstein (1989) suggests there are five patterns of dynamic family interaction associated with the development of dissociative disorders. There is abundant opportunity, from whatever theory one starts, for an individual to be left with a split-off or dissociated or unassociated part of self, or for a part of the self not to have had sufficient soothing or nurturing to associate or become cohesive.

It is this writer's opinion that dissociation theory can provide a unifying theory, not only to the inner child movement, but to personality theory as a whole. But in order to do that, several terminological definitions need to be clarified. Of particular importance is the relation between *dissociation* and *splitting*, seeking clarity in the distinction between *process* and *content*. Other authors have discussed or attempted to clarify or resolve these issues, including Gruenewald (1977), Grotstein (1981), Mathis (1988), Young (1988), Counts (1990), and Ferguson (1990), none completely satisfactorily, though Ferguson comes closest to what is suggested here.

First, this writer proposes to define *dissociation* as the mental process of distancing or separating from a trauma, unmanageable feeling, an unwanted or unacceptable part of self representation or object representation, an unacceptable impulse/behavior, or from conflicting or polarized experiences; (e.g., in a double bind [Spiegel, 1986]).

Second, it is suggested that the noun *split* be reserved to describe a mental unit or structure resulting from the rigidification or more permanent fixation (a *fait accompli*) of what was distanced or dissociated (as described above), or from an introjection or incorporation of an external object (Lister, 1982; Rose, 1986). Ferguson (1990) also draws a conceptual distinction between dissociation and splitting, leaving splitting to describe "the permanent subdivision of the self into cohesive personality fragments" (p. 436). He states further that "the degree of anxiety necessary for splitting results in permanent alterations in the functioning of the mental apparatus that are not easily reversible. This implies alterations in the functioning of the underlying neurological substrate" (p. 439).

A *split* can contain any content (Sands, 1994) and, depending on the theory, is called an ego state, self fragment, or part-self or part-object representation. In object relations theory all alters in a patient with MPD can be classified as a personifications of a self or of an object representation.

A split is most often the result of repeated dissociations, but can happen in some persons/occasions instantly, once the person is skilled at dissociating and creating parts. A split is probably a combination of the defenses of dissociation and disavowal or denial. The more walled off (amnestic) the split is, the more likely it is combined with the defenses of disavowal ("That is *not me*") and/or denial ("This did not happen.") A split may or may not be surrounded by an amnesia barrier. A split-off part or personality may experience itself as conscious, but the content may not be experienced as conscious by the host. Thus, the "states of consciousness" theory of Putnam (1989) again seems to clarify and unify.

The word "splitting" is problematic. It is a verb form describing a *process* that is linked by many object relations theorists to definite *content* (i.e., contradictory, black-white, good-bad). As Ross (1989) points out, commenting on and disagreeing with Young's (1988) and Kernberg's (1975) distinction between splitting and dissociation, "[C]ontradictory states are a *subset* of incompatible states" (1989, p. 151.)

In keeping with the position that a split can contain any content, not just good or bad (Ross, 1989; Sands, 1994), the term "splitting" might best be abandoned in favor of a more broad usage of the terms "projective identification" and "countertransference." Thus, regardless of the content of the split off part of self or object representation, the dynamics can be described as the patient's transference acting out or reenactment through projective identification, which activates or induces a countertransference response in external

objects, causing them to enact the role/behavior of the split off part.

A *fragment* (Braun, 1986) is a less developed mental unit or self part. *Fragmentation*, a term often used in self-psychology to describe decompensation in an adult, probably describes the state of dissociated regression in which there is lack of cohesion (association) and often rapid switching between less developed parts or personality fragments. In the dissociation literature, when developed alters are involved, this is referred to as the revolving door switch pattern (Putnam, 1989).

Switching is the term in dissociation theory used to refer to the change of state, or moving from one part or alter to another. Some writers use the word splitting when referring to switching, creating a further confusion.

WHAT IS THE INNER CHILD?

With these definitional clarifications, it seems reasonable to suggest that what in the popular literature and workshop circuit is now referred to as the inner child, is most economically explained as a non-associated or dissociated and often disowned or disavowed part of the self or self representation; it has some degree of ego-state formation, and is state dependent. It is a mental unit or structure of varying degrees of complexity or development, depending on the individual person, and often has the power to exert passive influence (Kluft, 1987) on the conscious state. If this is true then several corollaries follow:

1. The inner child is not just a visual image or metaphor, but a powerful and influential part of the self.

2. The inner child may not be accessible through conscious exercises, but may need varying depths of hypnosis to be accessed.

3. The large group workshop format *may*, because of the power of the group and the vulnerability of some individuals, release much more than that format is set up to handle. A person with more developed ego states, may in fact, dissociate more than anticipated, leaving such a participant, if he/she does not have an individual therapist, without adequate support or followup. Any therapist doing "Inner Child Work" should be prepared to treat fully developed multiple personality disorder (MPD).

4. Though there may be some commonalities in types of inner children (just as there are among alter personalities between MPD patients), the same even-handed attitude of approaching each part, alter, inner child as unique or idiosyncratic needs to be maintained. The inner child may be wounded, creative, an angry protector, etc.

5. If the inner child is an ego state, then more time than a quick empathic/integration exercise may be needed to heal and integrate this part.

6. There is, in this conceptualization, no false or real self, but different selves, or identities – each incomplete. The real self comes about through accepting and integrating all the parts, and working through the various pathalogical issues. Whether the strong part or weak part is on the outside or inside can vary from person to person.

7. The term "inner child," though popular in some quarters and disliked in others, seems to be a term that is acceptable to many patients; it is much less threatening and technical than "alter personality" or "self fragment" or "self representation" or "ego state." Since therapists need to translate professional jargon into useful concepts anyway, this term might just as well be used, at least with certain patients, since people are responding to it.

RECOMMENDED PROCEDURES IN INDIVIDUAL TREATMENT

For therapists choosing to use the inner child concept, the following steps may be useful:

1. Educate the patient cognitively about the inner child concept. Explain how it is formed and left behind, linking this to the problem being treated. For example, one might say, "[F]or people like yourself who have grown up in a difficult family situation where you were abused or ignored, it is not uncommon that a part, an inner child, is left behind without even realizing it. These inner children can have a powerful influence on your feelings about your self and your behavior . . .") I also often explain that we are all born with different states of consciousness and that association is a developmental task that can be hindered in difficult family circumstances.

2. Provide the patient with training in entering formal trance and achieving deepening.

3. Teach finger (ideomotor) signals.

4. When the patient is ready to explore, give the suggestion to go as deep as necessary to determine "if an inner child or part of the mind was left behind." Elsewhere (Price, 1990), the author has described more elaborate imagery.

5. When this depth of trance has been reached, the therapist may ask the patient to visualize a chalk board and ask the chalk ("which writes answers for the unconscious mind") whether there has been left behind an inner child. If the answer is "no," ask the chalk about the source

of the troublesome behavior/feeling in question and follow the procedures outlined by Watkins and Watkins (1979) or Edelstien (1990) for symptom analysis. If the answer is "yes," give suggestions for the adult self to look around inside (e.g. "imagine walking down a hall way in your mind, checking doors, of you might even find yourself looking out of doors") for the inner child. If found, ask the adult to describe its appearance, age, emotional state, etc. These instructions should be very open ended. The adult should be instructed to introduce him/herself to the inner child: "Indicate that you are a grown up part of her, and that you did not realize you left her behind. You have come back to take care of her, to meet her needs and hear her story," If the inner child is not found, a note can be left on the chalk board addressed to the child that the adult cares and will return later to search again.

6. The scripts in Napier (1990) are excellent guides for coaching the adult on how to nurture and respond to the different types of children that might be found. It is common that the inner child will be sullen and rejecting of the adult (because it feels abandoned by the adult). Angry (protective) parts may be negotiated with along the guidelines of Watkins and Watkins (1988) and Napier (1990).

7. One can ask the inner child if other inner children are around. Sometimes they appear spontaneously or the chalk board conveys this information. Sometimes as therapy progresses, the patient senses the presence of another child part.

8. The goal of treatment is to help the adult accept, understand the function of, nurture and protect, and otherwise meet the needs of the inner children. If this is done over time in treatment, they tend to grow up and mature, and/or eventually (visually) fade away (to be framed as integrating or "coming home"). Sometimes a formal hypnotic visualization of unification may be appropriate.

CONCLUSION AND DISCUSSION

This paper argues that the inner child represents some degree of ego-state formation and should be treated with the seriousness that this concept demands. The positive thing about the popularization of the inner child concept is that it is a term that can be used to convey well grounded theory with terminology that is less frightening and more acceptable to many patients (e.g., someone with narcissistic traits) than the words "self-representation," "ego state," or "alter." Furthermore, the popularization of the concepts by the Bradshaw television series (both "On the Family" and "Homecoming"), and Napier's (1990) book are useful adjuncts to therapy and/or prompt people to become aware of their issues and seek help that they otherwise might not pursue.

Questions remain regarding the theory: Does everyone have an inner child as the movement suggests? Possibly everyone does in the same way that Watkins and Watkins (1979) suggest that all of us have ego states, or in the same sense that Searles (1986) states that "borderline phenomena will be encountered in any deep-reaching course of psychoanalysis or intensive psychoanalytic therapy, for these phenomena are part of the general human condition" (p. xii). If an inner child cannot be visualized does this mean that there is none present, or that the person can not visualize well, or, as in the case of some MPD patients, the visualization is blocked in a defensive way? There is no easy answer to this question. Finally, a caution remains for group work. Since the inner child phenomenon is so idiosyncratic, and the potential is so great for activating more than the format or individual can handle, it is this writer's position that doing inner child work in a large group format is very risky. ■

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