

## RESPONSE TO "INNER CHILD WORK: WHAT IS REALLY HAPPENING?"

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In this paper, Donald A. Price, Ph.D., examines the concept of the inner child, which has been popularized in recent years by the self-help movement, particularly the Adult Child of Alcoholics (ACOA) program. He selects references from a variety of theoretical models, including Jungian archetypes, self-psychology, object relations, transactional analysis, ego state therapy, and the dissociative disorders literature in an attempt to establish some theoretical grounding for the concept. He concludes that the inner child can best be described as a non-associated or dissociated part of the self that has some degree of ego-state formation, with varying degrees of complexity. It is state-dependent and may exert a passive influence over the patient's conscious state. He then draws seven corollaries based on this conclusion and proposes an eight-step treatment protocol for individual therapy.

While Dr. Price's effort to contextualize the inner child concept within accepted theoretical frameworks is commendable, at times the connections are tenuous. One problem stems from his failure to delineate the population to which the concept of the inner child is being applied. There is a vast difference between an individual who possesses a reasonable degree of ego strength but has suffered what might be considered the normative slings and arrows of childhood and one who has endured profound and repeated physical, sexual, and/or emotional abuse, to the extent that a dissociative identity disorder (DID) has evolved. In the former instance, the inner child might be effective as a metaphoric model around which to structure experience; an analogy to explain certain vestiges of feelings and behavior. In the latter, the concept of the inner child often becomes a more literal description of specific ego states or alters. My most serious concerns regarding the paper, and specifically the proposed treatment protocol, arise from this lack of distinction.

The first step in the author's recommended procedure for treatment is to educate the patient regarding the concept of the inner child and its development, "... linking this to the problem being treated" (p. 72). No details are provided as to the patient, the status of the therapeutic process and relationship, or the nature of the problem to be

addressed by the procedure. Prior to engaging in uncovering work, using hypnosis or other methods, some basic patient characteristics require careful assessment. At the very least, these include: the patient's working diagnosis and degree of dissociation, the patient's suitability as a candidate for hypnosis and possibly level of hypnotizability/suggestibility, and the patient's capacity to cope with material that might be uncovered.

In a similar vein, the purpose of the procedure is not clearly stated. With patients diagnosed as having DID, my experience has been that alters tend to emerge spontaneously during the course of treatment. No purpose is served by hastening this process. Specifically, I would be hesitant to deliberately seek out child alters, particularly early in treatment. In a situation in which I suspect the presence of ego states, I would also refrain from categorizing these as inner children, preferring a broader concept of "parts of the mind" or "parts of the self."

One of the primary dangers in the protocol is the potential for the therapist to lead the patient toward desired or expected responses. In employing a procedure designed to elicit an inner child, the expectation is clearly stated. A highly suggestible patient who is motivated to please the therapist might (albeit unwittingly) create an ego state in order to accommodate the perceived demand. Additional information on these issues and guidelines for the use of hypnosis for uncovering were recently published by the American Society of Clinical Hypnosis (Hammond, et al., 1995).

If a representation of an inner child is discovered during the course of treatment, Dr. Price's suggestions for understanding, nurturing, and protecting may be applicable. Teaching patients how to engage in internal "reparenting" can be of significant value in the healing process as a means of developing the capacity for appropriate self-care and self-soothing. However, because of the lack of description of the type of patient being treated, it remains difficult to generalize this step of the protocol. While such a caring response may be sufficient for less developed ego states in healthier individuals, it is an extreme oversimplification of the process that is usually required to integrate the alters seen in patients with DID.

I wholeheartedly agree with the author's cautions regarding the risks of doing inner child work in a large group work-

shop format. I too have had occasion to deal with the fallouts from such activities. I have also experienced difficulties with patients who have done inner child work on an individual basis. In most of these instances, the problem seemed to be a result of a concretization of the concept on the part of the therapist (often an alcohol or chemical dependency counselor who lacked adequate training in psychodynamics and psychotherapeutic process). One common problem that I have observed in patients without significant dissociative pathology who have done this type of work is the development of a strong narcissistic investment in the inner child (or children). This may stall the treatment and at times becomes an escape clause for taking full responsibility for behavior. Another problem has been derived from the misunderstanding/misapplication of uncovering techniques, specifically writing or drawing with the non-dominant hand. Too often this has been construed as having a magical truth and/or validity that results in an unjustified level of confidence in what has been produced.

In conclusion, while I respect Dr. Price's effort to find a place for the inner child concept within extant theoretical frameworks and psychotherapeutic practice, his arguments have not convinced me of the merit of doing so, particularly with individuals suffering from DID. My experience has been that this concept has minimal utility in the treatment of dissociative disorders when compared to more comprehensive models of treatment, such as those described by Braun (1986) or Kluft (1993). When working with healthier individuals who have a capacity for abstract thinking, I have used the concept of the inner child as an analogy, similar to other popular descriptions of archetypes, such as the hero or goddesses within (Pearson, 1986; Bolen, 1984). When not taken too literally, these concepts can provide a creative means for apprehending and perhaps modifying aspects of a multifaceted self. ■

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