DISCUSSION OF: "INNER CHILD WORK: WHAT IS REALLY HAPPENING?"

Rosalinda O'Neill, M.F.C.T.

Rosalinda O'Neill, M.F.C.T., is Director of the Therapeutic Learning Center in Beverly Hills, California.

Dr. Price's introduction states: "I found myself needing to clarify and attempt to ground the concept in solid theory, and it stimulated me to look for parallel constructs across theories " (p. 68). This expresses the author's true purpose: to understand an essential phenomenon that is present in clinical work and appreciates its effect.

The author has covered key reference material and given readers cause to visit or revisit these works in whatever way this paper touches them. It is also important that the author has given his opinion as to what he sees as helpful or harmful in the "inner child work" practices and teachings of others. Without the courage to say what we think when we have the opportunity we are just bystanders. That can be damaging, and sometimes dangerous, to ourselves and others. (See the works of Carl Goldberg, Theodore Lidz, Salvadore Minuchin, and Virginia Satir for additional reading.)

Before I express my opinion of the author's "Recommended Procedures in Individual Treatment," I wish to thank the author for his quote from Abrams: "The quality and success of parenting is deeply enhanced when parents can realize their own neglected child selves and transform them onto 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" (1990, p. 9).

A 32-year-old woman that I work with does not have a diagnosable dissociative disorder, but our work has included healing the childhood wounds of her "five-year-old part." An important outcome of the psychotherapy we are doing is for this 32-year-old adult woman to explore her fears of becoming a parent herself, out of concern she would become like her own mother or father. She did not have awareness of the emotional impact of the parenting she had received until her work with me (and I am the second therapist she has worked with, in addition to many years of very conscious adult life-changing efforts on her part).

Just the other day she observed, after prolonged tearfulness, that maybe she wouldn't be so frightened of being a parent if she felt that she, herself, would be a good "place" for a baby to grow. As the "five-year-old child part" of her, which she calls "Little One," she said she realized that her mother, father, and family in general would not give her the healthy love and validation that she needed. So "Little One" stated she decided she would have "a good life anyway" and do what she could to have that. Of course, she still did not have the "good life anyway" that she would have had with good parenting. However, the treatment she has pursued has helped and continues to help healing occur for both her child and adult experiences of the young woman she is. And, in fact, she has done a lot on her own to have a healthier and happier life outside of her family. She has much more grief and rage to process before she will be at peace inside herself and really be able to have the "good life anyway." But she is on a solid path; and in many ways her life is already more functional and stable.

So the work we are doing with participation from aspects/parts of her one main ego-state Self (child, adolescent, and adult) are all part of her psychotherapy process toward achieving a more healed, congruent, non-betraying, non-abandoning, honoring, loved, and loving self. She and I will count ourselves more finished when her close relationships with her husband and friends are more caretaking and appropriately responsive to and responsible for her well-being and needs. One thing we have learned together is that in her mind, she has never expected to have others take care of her needs. This is a carryover from her disappointments and hurts in her dysfunctional and abusive family. Such attitudes are incompatible with her having a happy, loving, and stable life. She must protect herself from her family of origin. They have been dangerous to her both physically and psychologically in the past, and remain psychologically damaging. She will maintain whatever forms of closeness with her family members that are more fulfilling than damaging.

I do believe that this client, as maybe all of us human beings, have child and adolescent aspects/parts of ourselves. There does not have to be an existence of a dissociated state for this to be real and have an impact on an adult's later life. When there is formal dissociation, elaborate splitting, and well-developed other personalities or other severe forms of fragmentation the treatment must be slower, longer, gentler, and steadier for solid healing and integration to occur.

I heartily agree with the author that group inner child (call it what you like) or related work, especially in groups over ten, runs the risk of causing further destabilization and

trouble for the persons going through it. A thoughtful clinician will not pry open a client's heart and wounds, and leave them in distress. This work requires constant delicacy, honoring, and management by therapists who know what they are doing and are committed to a program of ongoing learning.

Richard Loewenstein,M.D., and I Co-Chaired the West Los Angeles Chapter of the ISSD for the first few years of its history. From the first meeting Dr. Loewenstein emphasized that work with dissociative disorder clients and other severely abused clients required the knowledge and skills of a good child therapist. I share his belief.

Too often authors' recommendations project their own issues and beliefs onto their patients. Critical and sensitive psychotherapeutic work requires the therapist to not project to the client what the client should see or experience. We have to let clients tell us their experience, both inner and outer. It is a constant countertransference concern for every therapist who does this work.

As the client finds the therapist wise and trustworthy, he or she will become more open and exposed in a natural and gradual manner. Rushing this experience with "trance work" when it is not absolutely necessary for safety and basic functioning is invasive and controlling. It does not heal and strengthen the client. It is more of what the client (including his or her child parts) experienced in a dysfunctional and/or abusive family and home environment.

I do "educate" or discuss our process with the client. We are working in a partnership. However, teaching the patient formal trance training and deepening can mean many things. Such techniques should not be used by the client outside of therapy. If it helps the client to go deeper and to have the adult and child and adolescent aspects connect, express, listen, learn and heal, I have no difficulty with it. But I believe that teaching the patient formal trance training and deepening can be dangerous, because it can be misused by the patient.

I think gimmicks and techniques are primarily developed to make the therapist's job easier and usually do not add to stable healing and recovery. The finger signal (ideomotor) technique clearly is appropriate in a secure clinical setting when parts of the patient wish to or feel only able to express themselves or be recognized that way.

However, I find the client who is not deeply dysfunctional, fragmented or dissociative can communicate verbally and with art work if given the time to progress gradually. In early and some later stages of development of the "therapeutic alliance," the client is terrified of the need for the therapist and attendant dependency and vulnerability. To feel safe enough, the young woman mentioned above will lie down and close or cover her eyes while she is expressing new wounds, repeating previous unfinished material, frightened or ashamed by her vulnerability and dependency. I give my clients a great deal of validation for whatever they do that is any way a part of recovery. We also explore, on many levels, what they do that is hurtful to themselves or sabotaging to their recovery. Mastery as a human being and healing deep psychological wounds takes time to be achieved. Our patients and clients deserve all the patience, wisdom, and genuine caring for them as human beings we can muster. We are often the first person they get it from, learning how to recognize it in themselves and in others.

Some of the author's recommendations give the patient a script that is not usually necessary in stable psychotherapy. There are places for such controlling efforts on the therapists' part. If they are the rule, rather than the exception, then the client is not able to be as free to bring forth who and what is naturally and more genuinely within. Instead, he or she is serving to please and fulfill the therapist. Using these recommended techniques occasionally can be useful clinically. Especially valuable is the author's emphasis on caring and acceptance. Given freedom and safety, anything can rise to the surface with a client. It is just so very important that it comes from an existence within them and not in response to pressures, overt or covert, from the therapist.

In addition to the goals of treatment mentioned by the author, there is also the distinct goal of healing the child/adolescent ego–state wounds of the adult. This occurs more as these aspects/parts go through their own therapeutic processes, dealing with their own grief, rage, and fears. This is a natural part of the psychotherapy and the patient's overall recovery. Though the adult is often who comes to therapy and pays, all parts of this human being require healing of their deep wounds for a true stable and well-functioning person to evolve.

Finally, although I have been critical and rejecting of most of the recommendations of this author, I very much respect this paper and its purpose. I may have misunderstood the author's intention at times. The many references and thoughtfulness taken in researching and writing this piece are clearly valuable and very much appreciated by me. I thank the author for the opportunity to explore this most important and critical aspect of treatment.

Without good childhood and adolescent wound healing and recovery work, no adult can have the good life and loves that he or she wants. That is what our clients come to us to help them achieve. Those clients who stay the course long and well enough, with a good pilot/psychotherapist/clinician at the helm, can finally have the happiness they were born to have, and most often would have had if their parents had been able to love and nurture them as they deserved and needed. But to do that, their parents would have had to be capable of more than most parents are or learn to be. ■