

COMMENTARY ON:
"INNER CHILD WORK:
WHAT IS REALLY
HAPPENING?"

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A few years ago Donald L. Price, Ph.D., and I were discussing the inner child phenomenon. I quickly appreciated that I was unfamiliar with inner child work and with its degree of acceptance in many circles. In addition, I had just begun work with two dissociative disorder patients who had decompensated in the context of inner child work undertaken in large group formats. I was concerned that professional psychotherapists were encountering patients who had experienced inner child work in a variety of contexts, and were bringing a new and confusing set of terms and expectations into their treatments for dissociative disorders and other conditions. I also was alarmed by experiences that suggested to me that a number of persons involved with inner child work did not seem to appreciate some of the possible drawbacks of working within that model. It is hard to imagine a therapeutic technique that is universally useful and good for "all what ails you."

Out of respect for Dr. Price's effort to approach this topic in a thoughtful manner, I encouraged him to write a paper on the subject of inner child work for *DISSOCIATION*. I informed him from the first that I would have his paper discussed, to bring alternative points of view to bear. Clearly the two discussants, Rosalinda O'Neill, M.F.C.T., and Jean A. Olson, M.S.N., R.N., C.S., L.P.C.C., have severe misgivings about many aspects and potential applications of the inner child concept and the techniques that follow from it. In many ways, the inner child concept is the "child" of an era before the current wave of concern about the problems and vicissitudes of autobiographic memory. It assumes that where there is adult hurt, there has been childhood parental failure or worse. Dr. Price's article reflects that era, and does not address concerns that are far more salient to O'Neill and Olson. Their discussions are the offspring of a newer atmosphere, more sobered and cautious, ready to sacrifice therapeutic exuberance in the name of circumspection and caution, and less prepared to assume a priori the failings of others who are not parties to the treatment.

Furthermore, if my understanding is accurate, the inner child movement comes largely from the self-help and recovery communities. Those who are concerned about inner child

work often represent the more formal psychotherapy professions. Territorial concerns and competing models of what constitutes appropriate treatment may play a role in their being strong differences of opinion about the the worthwhileness of inner child work.

In my own study of these materials, I find myself moved neither toward the endorsement offered by Price nor the repudiations voiced by O'Neill. Olson's stance is sufficiently akin to my own that I feel no need to reiterate her observations. Instead, I will try to condense my remarks and make only a few observations.

Many schools of therapy have explicitly or implicitly operated on the basis of mobilizing separate self or part self phenomena. A few are Gestalt therapy, Psychodrama, Transactional Analysis, and Ego State Therapy. They share in common therapeutic technologies that allow the patient to bring aspects of mind under scrutiny as if they were personified and external, and implicit suggestions, expectations, and demand characteristics that may be useful for some patients and problematic for others.

If I understand the inner child phenomenon accurately, it will be most useful when it is therapeutically advantageous for the patient to experience himself or herself as both subject and object simultaneously, especially when the aspect of self that becomes object was disowned and unavailable to the patient's observing ego. That is, a patient unable to see himself or herself as vulnerable and hurt, or having difficulty dealing with the consequences of having been vulnerable and hurt, may benefit from a model that builds the assumption of such circumstances into its modus operandi, even though it forces and suggests the issues, directly and indirectly. Furthermore, the masochistic or self-loathing patient incapable of self-nurture may be able to make a series of approximations to rational self-care by nurturing and giving to an aspect of self that it, at least at first, can be perceived more as "not me" than "me." In addition, it seems to me that such an approach would be most constructive with patients whose sense of reality is sufficiently intact for them to realize the "as if" and playful aspects of the metaphors and constructs that are used in psychotherapy, and to distinguish fantasy from reality on a reasonably reliable basis. Under these circumstances, I could imagine that so-called inner child work might find a place in the therapeutic armamentarium.

I would be concerned about the use of inner child techniques with patients who are already demonstrating signs of inner dividedness; who are dissociation-prone and/or highly hypnotizable; who present themselves as victims, who are preoccupied with their needs for nurture; who believe they may have been mistreated; who have demonstrated a history of confabulation; who have difficulty distinguishing fantasy from reality on the basis of ego-weakness or fantasy proneness; who have a history of or tendency toward being histrionic, narcissistic, excessively dependent, or volatile; or who have problems owning responsibility.

From the perspective of a person with a special interest in the dissociative disorders, I can attest that the assessment of patients who have experienced inner child work is often complicated by patients' use of the language and values of inner child work. Furthermore, I have seen several instances of the formation of new alters by dissociative identity disorder patients exposed to inner child interventions, indicating a certain risk of iatrogenic complication. When a metaphor becomes concretized, it can backfire badly.

I have severe reservations about the use of inner child techniques in large group settings, because it is possible that such groups may have vulnerable individuals among their members, and because group forces may intensify many of the concerns noted above. I acknowledge, however, that because I do not work in such settings and have seen no research that either validates or discounts my concerns, I have no sure sense of the cost-benefit ratio of the use of inner child work under such circumstances for the group membership as a whole.

Dr. Price is to be commended for writing this paper in the face of almost certain critical response. He has raised the level of dialogue about a subject that remains incompletely understood, and surrounded by controversy and strong feelings, and beliefs, theories, and preferences rather than by data. ■