

Some notes for ICDP on «the inner child». ¹

(K. H. 20.4.00)

«Each person as a different child part of himself locked deep within which needs to be released, healed and cared for so that it can mature and become a consciously functioning part of the whole person...» (Krystal 1993)

The inner child, referring to personal emotional experiences from early childhood, is clearly relevant as a background for the work of ICDP. It is relevant because through our own experiences as children we are able to empathise both with children and their caregivers. In addition, these experiences or this part of ourselves, give us a personal background to feel, understand and to talk, so to say «from inside», about childhood and childrearing. The more we can use examples from our own experiences as children, the more we are able to touch the vulnerable and critical part of the caregiver, and the more deeply we can convey our messages.

But work on the inner child goes beyond that. The idea is that inside each of us there is an «inner child», that is an echo, a voice from our own childhood, a collection of experiences, memories and response dispositions that are more or less integrated or split off from our normal experiences - some of these experiences seem to have gone underground and appear only at special occasions when there are some special challenges or provocations and when it is no longer possible for the adult self to keep our reactions under control. The reason why these experiences sometimes go underground and are split off from normal everyday consciousness seems to be because they are either unbearably painful or they are in conflict with the way we as adult persons see ourselves - the way we «constructed» our adult selves.

In order to prevent the intrusion of such painful or alien experiences into the adult self, a special defence-system is set up to keep them out. Under normal conditions this defence-system seems to function well, but under extreme stress and when the adult person is confronted with experiences that resemble painful experiences from childhood, the defence system may weaken or break down, and under such conditions the repressed and alien part of the child self or the inner child's reactions may penetrate through as feelings of fear, separation anxiety and loss, as nostalgic longing, as inferiority, jealousy or as immature anger.²

¹ This paper is an attempt to formulate in a simple way some experiences and theoretical ideas from the Jungian inspired «inner child» movement and relate them to the ICDP Program. Most of these theoretical viewpoints are well known inside object-relations-, attachment-theory and neo-Jungian psychology.

² The positive and playful aspects of the child self may also be «repressed» because they do not fit in with the way the adult has constructed himself. This is a rather innocent kind of repression, but in more serious cases the repression of the positive aspects may be part of a general repression of the emotional side of a person's nature due to traumatic childhood experiences. (Jung 1965).

When this happens it appears as if the child-part functions autonomously and in parallel with the adult consciousness - as an alien being that penetrates through when there is something that hurts and provokes, but at other time it rests peacefully and there is no alien intrusive reaction from the childhood³.

If we for the sake of simplicity think of this part as an autonomous being that operates more or less in parallel, this is what we usually mean by the concept of «inner child». It is a part of us that can be more or less integrated into our normal adult personality. If this integration is less, there may be a split off and a blocking of these experiences and if the provocation to the defences are severe, this may lead to intrusive reactions of an alien, immature emotional being that the adult personality do not know and understand because it has been split off and encapsulated from his normal everyday consciousness - maybe from early infancy.

We may thus think of the «inner child» as a split off part of a person's psychology with its own autonomous reaction and memory that functions so to say in parallel with the adult personality. This part tend to contain painful experiences that for adaptive reasons are expelled from the normal everyday consciousness, but also positive playful experiences of early infancy and childhood may be split off and expelled as they do not fit in with the way significant caregivers in the child's early life have directed the child's development.⁴

Despite its «underground existence» the positive inner child part appears sometimes under uncontrolled conditions as joy, playfulness and creativity. The more negative part appears under conditions of either high stress or particular provocative experiences that have some metaphorical resemblance to the recurrent, strongly negative experiences that vulnerable adults have had at an early age as infants and young children. Such experiences are usually strongly emotional both in a positive and negative sense, because this is the mode that young children relate to their caregivers and to the world (Bråten 1999).

When there is conflict and parallel functioning between the adult and the inner child, the adult person may acts outwardly in an adult way, still inside him he may have a fearful and dependent child who is maybe in a state of unresolved sadness because of some loss - maybe of the mother or father at an early age. This person's deeper feeling resonance will then tend to be one of sadness and nostalgia because of his underlying longing for the lost parent and he will always tend to be searching for a partner that can take her place. (Jung).

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In other cases of split between the adult personality and the inner child, there may be situations where the adult person reacts with intellectual anger and argument because of some experienced injustice, while the inner child in parallel may reacts with fear and dependency. From an adult point of view there may be every reason to be provoked and react with anger and indignation over what has happened, but the child inside is afraid because it reminds him too much of similar situations from his early childhood where the outcome has been devastating and negative. In such cases there is a conflict between the code of adult self-respect and dignity on the one

³ Selma Fraiberg used to call these intrusive memories from childhood as «ghosts from the nursery»

⁴ This takes place through selective empathetic confirmation or validation (Stern 1985, Kelly 1955)

side, and the fearful expectancies of the dependent inner child, on the other. There is thus a conflict between these two parts of the same person...

We see this type of split in some cases of abuse where the husband abuses his wife, and despite her external decision to withdraw from the husband and start a new life, there is a deeper dependency of the inner child which keeps her back, and despite all good arguments, she is not able to withdraw from the relationship. In this case the inner dependent child is so dominant in the woman that, for fear of losing the parent symbolised in her husband, she accepts even abuse in order to avoid the terror of being alone and abandoned.

Projection of the inner child

In the adult person the inner child is very often projected into another child in ones care so that the pain that one has experienced in one's own childhood is transferred to another child to who one is strongly attached like ones own child or grandchild. This means that the same pains and worries that one has experienced in ones own childhood is now experienced in relation to «the projected child». This is an example of what I would call **assimilative empathy**, which means that we empathise with a person to the extent that we can share his experience. In this case the adult interprets the projected child's signals and expressions in accordance with her own painful experiences from childhood i.e. connected with separation from the parents. The projected child may certainly feel some pangs of emotional pain in connection with separation from the parent in situations like starting in pre-school, but for the observing parent or caregiver with a hurt and dependent inner child, this situation is experienced as unbearable because she experiences a repetition the pains of her own childhood - she interprets the episode into her own repertoire of experiences (which Piaget describes as «assimilation») and constructs or projects a painful situation that is in line with her own childhood experiences. As a consequence of such projection (or over interpretation) of the inner child into situations that resemble painful situations in the caregiver's own childhood, the caregiver becomes overprotective and possessive for the projected child in her care. She prevents the child to become exposed to the normal hardships and challenging situations that any normal child need to face in order to develop coping resources to live a normal social life with peers. Although the projected child may not share the mother's traumatic childhood experiences, he becomes a **secondary victim** of her painful experiences in the sense that she becomes an anxious, overprotective caregiver who induces fear into the child and prevents him from taking on the challengers of normal life. In this way he also develops a pathology which is a reflection of the caregiver's painful childhood experiences, but in his case the painful core is lacking, instead the child becomes overprotected and that has its own consequences and problems, like passivity, irresponsibility, fearfulness and lack of experience and adjustment to the challenges children have to face in order to cope with normal life...

Such child rearing strategies on the part of the mother or father (or caregiver) is usually not intentional and reflective, rather it is all part of a non-reflective, intuitive process of childrearing (Papousek 1989) where the caregiver projects her own inner child on the projected child in her care, and through assimilative empathy and over interpretation of the child's signals creates the basis for **empathic confirmation** from

the caregiver for the child's reactions. These empathic confirmations become like an inner guide for the child's reactions.⁵ Without knowing it and consciously willing it, the caregiver guides the child into a way of interpreting, feeling, acting and relating to the world that reflects her own experiences of childhood. As pointed out above, this may lead to anxious overprotection and reciprocal dependency, but it may also lead to a repetition of the same neglect and abusive patterns of care that the caregiver has experienced in her own childhood.

In some cases the projection of the caregiver's inner child may not only be to one child but to different children in ones close family or in ones care, or it may even function as a motivation to get involved in the care for children in general. One aspect of this motivation will then be ones own hurt and neglected inner child that needs love and care from the mother or from other close caregivers. As one's inner child is projected into the other children in ones care, giving love and compassionate care for these children will be a way to compensate and possibly heal the need of ones own inner child. Still the danger is that this may be exaggerated as the perception of the other children's affectionate needs will be blurred by the projection of one's own inner child and its needs. In general, persons who are stuck in unfulfilled affectionate needs from ones inner child will have an urge for love and intimacy in general, a longing back to the intimate loving and caring relationships of childhood - and to the symbols that relates to the memories that brings one back the feelings of trust and safety of childhood - the inner landscape of childhood.

Therefore, if this part is split off and not integrated into the adult personality, it may serve as a source of unrest and of continuous search for intimate and compassionate contacts either in love affairs or in close friendships. When such a person is able to open up and integrate these feelings and relationships into his adult personality, this may become a source of compassion, altruism and empathy with children and person with similar affectionate needs. But this is necessarily a painful process - to open up the reservoir of loss and hurt feelings from ones childhood and to channel them in the direction of adult care for others...

The inner caregivers

In parallel with the inner child, there is also the experience from early childhood of the reciprocal relationship of the dominant caregivers - usually the parents. These experiences may constitute a similar image of the inner mother and father or whoever has been the child's dominant caregivers. Such experiences from childhood thus constitute a complementary part to the inner child. These images seem to contain the memories and expectations, feelings and attitudes of the caregiver as to how you have been cared for. In many cases they do not only rest as passive memories, but also they may constitute a normative directive for how you yourself will care for your

⁵ Daniel Stern (1985) describes this as «..from within». By tuning into the child's state of feeling and giving selective empathic confirmations to the child's signals, the caregiver unconsciously guides the child into his or her own way of experiencing the world.

own children⁶. For this reasons these expectations tend to recur in the caring behaviour of one generation to the next, as a social heritage.

This implies that the external caregivers, the persons who have cared for the child and to whom he or she is usually emotionally attached in a positive, negative or ambivalent way, these external caregivers become internalised (or «appropriated») as «ghosts from the nursery» as Fraiberg calls them, that is, as psychological entities, images or «voices» that have the symbolic power to bring back the feelings and states associated with early care - for good and bad. When the relationship between the inner child and its inner caregivers is internalised and appropriated, they constitute so to say a symbolic reflection of the psychological experiences of early care that is operative in a person's symbolic world ...⁷ As an example I have met adult persons who have spent their childhood in some developing country and have there been cared for by servants or «nannies». When these persons grow up their nannies may appear to them in dreams with intense feelings of longing. In some cases the longing for the nanny has been so intense that they return to the country in search for their nanny - that is the person who constitute their real caregiver both externally and internally.

In cases where the caring relationship to the caregiver has been abusive or neglectful, and the images that are internalised are abusive and negative, the question arises whether it is possible to correct these negative patterns and to create a new positive relationship either to the existing inner caregivers or to new symbolic caregivers.

Symbolic substitute caregivers

In general, persons with strong dependency needs originating from their inner child, tend to seek the company and attach themselves emotionally to persons who have a strong, paternal, protective and generous emotional attitude which creates in them a feeling of being included, protected and cared for. Such persons may easily become like substitute parents and in case they have a sound attitude in their roles as friends and guides, they may help dependent persons to develop a more independent and trusting attitude to life - as a sound psychotherapy should. Still, there is the danger that dependency invites exploitation and domination that may strengthen the dependent and suppressive relationship that again opens up for abuse...

Persons with strong dependency needs will as tend to seek substitute caring parents in their emotional relationships including their marriages. But such relationships also carry with them the problems, because the pains and disappointments of childhood will tend to pursue them as **a special sensitivity for the actions and attitudes that**

⁶ These expectations seem to contain a normative «script» for how a caregiver should behave in certain situations, and this seems in many cases to be taken over («appropriated») by the child so that he transfers this further to his own children. In this way a social heritage of care giving is sustained.

⁷ In the Bowlby tradition, what I have called «inner caregiver», is called «inner working models» and it is part of his theory of early attachment. (Bowlby 1989, see also Stern 1985,95)

carry some metaphorical resemblance to the traumas or pains of childhood. For that reason a person who endorses a relationship based on her hurt inner child, may face problems because the partner may not be able cope with her extreme sensitivity and reactions to small signals and actions that release the memory of the pains of childhood.

In cases when the person has a religious or some spiritual orientation to life, there exist the possibility that their caring needs can be directed towards and compensated for by ideal symbolic and compassionate figure, which is adored and respected by the person as a symbol of human perfection. Such a figure can easily be assimilated into the mother or father role and thus function as symbolic substitutes. However, as soon as one moves outside the modern western cultural sphere, one soon recognizes that this is probably the most prevalent way human caring needs are symbolically compensated for in human history ...⁸

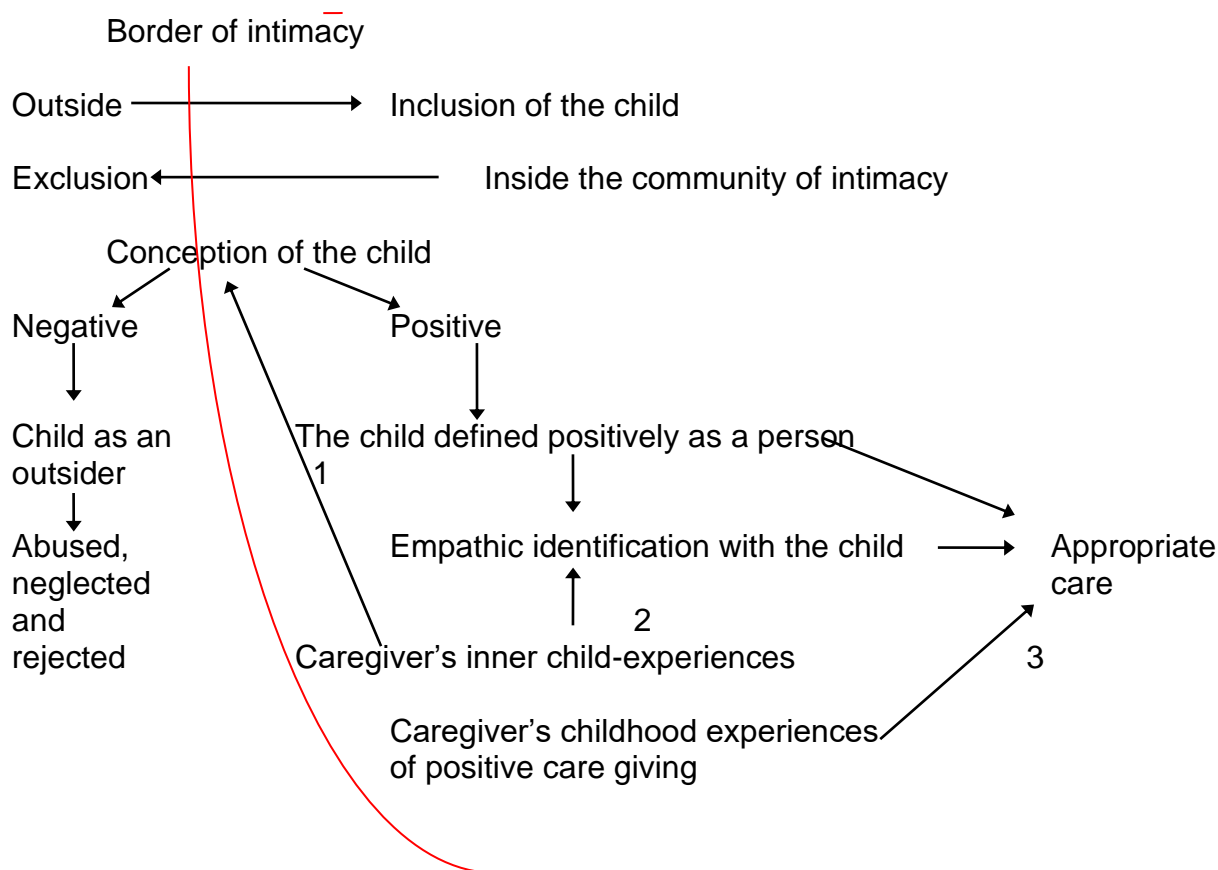
In many cases becoming a member of a religious community is like «being embraced in its care». This has clearly a psychological association with the needs of early care. The «mother» church embraces its members. In the catholic tradition this symbolic motherly caring aspect is very dominant and is represented in the adoration of the mother caring qualities of Mary...(See Berger and Luckman's exposition of this)

Sensitising caregivers for their inner child

In the ICDP Program our work is primarily directed towards caregivers, sensitising them to the needs of the children in their care. Clearly their own inner child is a part of this. By opening up and being in contact with their own inner child, they will also be more able to identify empathically and be more aware of the needs and feelings of the children in their care. For this reason it is important to integrate the conceptions of inner child and inner caregivers with the theoretical framework of ICDP as suggested in the figure below:

⁸ The significance of the caring and compassionate side of religion as a recourse for symbolic compensation of human caring needs, has been recognized by a few psychologists like Jung and some existentialist psychiatrists.

The caring model from the caregiver's point of view:



Explanation of the model

As already mentioned, this model is an attempt to integrate the conceptions of the inner child and the inner caregiver with the ICDP theoretical framework in general (Hundeide 1999). In this framework the conception or definition of the child plays an important role, as this will be decisive for whether a child is defined as a person inside the border of intimacy or as an outsider. In the model above the caregiver's inner child experiences will also be decisive for how the child is defined. In case there is a caregiver who is projecting her own negative inner child image on to her own child, there is a possibility that the child's signals and actions will be interpreted so negatively that he will be excluded from the intimacy of the insider and pushed out with the consequence that he may be rejected and neglected (see arrow 1).

On the other hand there is also the possibility that the caregiver's image is a more positive one, even if she is carrying a hurt inner child image. She may then interpret the projected child as extremely vulnerable and do her utmost to protect him with the consequence that he may be overprotected. In other words, the caregiver's interpretation of the child's signals and actions is according to this model, in line with

current conceptions in object-relations theory (see Winnicott 1980, Stern 1985) which assumes that the caregiver sees and interprets the child in line with her own childhood experiences, which I have described as the caregiver's inner child (or «working model» according to Bowlby).

As I have pointed out elsewhere, this is one of many possible sources that may influence a caregiver's definition of a child (Hundeide 1999). There is also the prevailing cultural prejudices which caregivers share as members of a cultural community. In parts of Africa for example, the prevailing cultural definition of children that are deviant in some way (physically handicapped, psychologically disturbed, albinos etc.) is that some magical or satanic force possesses them. They are stigmatised and as a consequence quite often expelled from the community of intimacy and treated as non-persons and sometimes also rejected, abused and even expelled from their homes. Such negative definitions are not only reflections of the caregiver's inner child, they are reflections of current social stigmas in the local community that tend to be used when there is some deviance that cannot be explained in other ways.

Returning to the model above, there is an arrow from the caregiver's inner child to empathic identification with the child (arrow 2). As already pointed out above, the basis for what I have called assimilative empathy is the caregiver's own experiences from early childhood. It is through such experiences she will be able to interpret the child's signals and actions as expressions of feelings and intentions that she has herself experienced as a child. She can certainly «feel with the child», but her feelings are framed in accordance with the nature of her own inner child, that is projected into the other child in her care. If this caregiver has been exposed to abuse and violent treatment as a child, it may be that her inner child-experiences are locked off, encapsulated, and not available as a source of assimilative empathy. In such a case her natural responsiveness to the child's signals will be reduced. She has no basis for a spontaneous empathic response to the child's signal and utterances, and she may therefore feel inadequate and helpless in the role of caregiver. In such a case she will have to rely on outer models and prescriptions... Or alternatively, she may respond in line with her own childhood experience in an abusive way so that the pattern from her own childhood is repeated.

In general, the more a caregiver has a healthy and alive inner child, the better she will be able to tune into another child's state, to interpret and understand the child's reactions and respond appropriately and empathetically.⁹ Positive childhood experiences also serve as a positive model for her future care giving, just as the inner caregiver may serve as a model for negative experiences which is often emphasised (see Bowlby 1989), it can also serve as a model for positive care giving, as indicated in the model above (arrow 3).

⁹ This has also cultural aspects as she will certainly interpret the child's signals and utterances in line with prevalent cultural normative conceptions and categories in her community (LeVine 1987).

How to help reducing the pains of the inner child: learning to care for ones inner child (To be developed)

(These are the painful experiences of abuse, neglect, separation, loss and longing which have been split off and despite strong attempts at control, there is depression and sadness or anxiety and panic in the more severe cases.)

Visualization techniques and guided imagery with dramatizations (Jung and Krystal's work, Francois Ryeolds)

Symbolic rituals (of releasing ties and cleansing, Jung and Krystal)

Expressive techniques (like Ofra Ayalon's techniques)

Dramatizations

Sharing experiences in groups

Exercises relating to the inner child and its care...

In order to do these exercises it is better to go through some relaxation exercises first in order to calm down and to be better able to focus ones visualisation on the images suggested by the facilitator. If we are working in groups, it is possible to work in pairs where one is function as facilitator and the other as the «client».

1. Try to visualise your self as a child at a very early age - as early as you can remember. Try to see yourself in some daily situation... (Tell me about what you see)
2. Try to see yourself as a little child when you were happy - Tell me about what you see. (Tell to the facilitator). What is it that makes you happy?
3. Try to see yourself as a little child when you were very unhappy - Tell me about what you see. What is it that makes you unhappy?
4. Based on what was reported in the questions above, further inquiries can be made in order to expand what was «seen». Instead of asking directly why and what, which activates ones adult reflective self, keep the questioning inside the visualisation mode and ask rather «if you look carefully what.....do you see?»
5. Try to see the little child together with his mother (or dominant caregiver) - what do you see?

What are the good things the mother does that make him happy and pleased?
What are the bad things the mother does that make him unhappy?

6. The same questions are asked for father or other important caring person in his life.

7. Talk to him when he is happy - try to share the joys with him?
How does he react?

8. Try to visualise that you are talking to this little child when he is unhappy. What do you see? Try to console him. How does he or she react?

Visualise that you embrace him and show him love? What do you see? How does he feel when you do that?

If this exercise is difficult to carry out with your own inner child, try to find another child that you know intimately and visualise that you do exercises 7. and 8. with her or him.

9. Try to visualize that you are a little child (inner caregiver - symbolized caregiver - how to use a symbolic helper to assist in care giving for your inner child etc.

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