The child within

Catherine O'Riordan explains how she uses the metaphor of the 'inner child' to help clients unhook their here and now experience from painful past memories

'I never knew I could have a relationship with myself, I never knew how'

How do we help individuals discover and reconnect with parts of themselves they have never been in contact with? What is therapy like for people who feel cut off from themselves? The quote above captures a sentiment I have experienced with clients many times; the 'how' poses an ongoing therapeutic challenge for practitioners and clients alike.

Feeling cut off from oneself is a psychological affliction with far-reaching implications; the reasons for such a condition are many and nearly always include environmental challenges accompanied by inadequate relational support. We know that adults suffering this type of 'cumulative trauma'[1] may develop a poor sense of personal significance, overlook their 'relational needs',[2] and tend to find intimacy difficult. Helping clients get in touch with themselves, internally turn around, as it were, and get to understand and appreciate themselves in a way that leads to a meaningful and appreciative shift in their felt sense of self, is central to a relational and developmental approach to integrative psychotherapy. In this article I share an approach to reconnecting with oneself that's emerged out of my experience as a client, therapist, researcher and 'inner child' workshop facilitator, an approach that uses the 'inner child' metaphor.

What is therapy like for people who feel cut off from themselves? Throughout the course of therapy, clients inevitably experience personal material that feels at, or beyond, the edge of what's emotionally tolerable for them.[3] When people haven't had their emotional vulnerability contained, protected and relationally repaired in childhood, their normal everyday felt sense of self can become fixed in an outward-focusing state of red alert. The process of breaking free of such fixed set points can feel impossible and terrifying. It's therefore crucial to keep this heightened vulnerability forever in mind,[4] fostering and maintaining the individual's visceral experience of security,[2] and always operating within their 'window of tolerance'.[5]

As a practitioner I have a sense of solidarity with the clients I work with; like them, I emerged from childhood cut off from myself. Decades of hard work, both personally and professionally, have allowed me some insight into this psychological terrain, and motivated me to understand how to work in a way that fosters relational contact and a visceral sense of security while respecting the individual in all their complexity. For me, the simple metaphor of the 'inner child' has become a powerful aid in this endeavour.

The *Oxford Dictionary* defines metaphor as: 'The figure of speech in which a name or descriptive term [eg 'child'] is transferred to some object different from, but analogous to, that to which it is properly applicable [eg 'inner child'].' Like a poem or parable, metaphors communicate complex information with immediacy. Most people, but not everyone, have an intuitive resonance with the inner child metaphor, which makes it an accessible tool in the therapy room.

Dynamic unconscious processes

Many clients who are cut off from themselves experience high levels of pain, fear, existential panic and terror. Explaining the therapeutic territory through story and self-disclosure, along with explicit ongoing contracting, is especially useful when working with clients with this experience. The inner child metaphor can be used to help a person consider how their experience of who they are today includes their lived experience of who they were in all their yesterdays. It helps explain how the experiences they had, for better and worse, dynamically shape the felt sense of who they are now.

Take Matthew, who came for therapy because he wanted help to understand himself and his rage. He was sick of using substances as an escape and frightened that if he didn't change he'd lose his intimate relationships. Matthew felt he was a 'bad-egg'; it wasn't obvious to him how his experience of himself in the present related to his experiences as a boy and an adolescent.

It can be helpful when making contact with developmentally young parts of a person to employ kinaesthetic and visual aids, and so I make regular use of Russian dolls alongside the inner child metaphor. Using the inner child metaphor and the Russian doll set, Matthew was able to appreciate how his lived experience as a toddler, when his parents split up and his life dramatically changed forever, remains a living part of the person he is now. Using the inner child metaphor helped Matthew and me identify then track the emergence of his little self in the therapy room. Over time, he understood the benefit of making daily relational contact with his little self and was able to identify, understand and express his relational needs. It also supported Matthew's ability to identify with his adultself and learn to re-parent his little self. Initially, I was the main parent to his little me, but increasingly Matthew took over the day-to-day parenting and this allowed his adult self to mature.

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The wounded inner child

Of course, 'the child in the patient is a complex creature, he's never simply the original child come to life again, but always an aspect of an aware and knowing adult'.[6] Working with a client in all their complexity is a particular challenge for humanistic psychotherapists. On the one hand, we want to respect and promote the client's adult sense of themselves, and at the same time work to build a relationship with the client's 'wounded inner child', including aspects of themselves that might be repressed, regressed, dissociated or 'undrawn'.[7]

My own case is a good example: as a child I had to become 'grown up' very early, an 'old head on young shoulders'. For years I thought I had a very developed 'adult' self and, from a common sense perspective, this was true. I was rational, reliable and resourceful. But from a psychological perspective, much of my adult behaviour was in fact a child acting as *if* she were an adult, which created immense strain on me psychologically and physiologically. The real adults had overlooked my needs as an actual child, and my child-self became cut off and hidden, even from me, as I precociously sought to negotiate the uncaring adult world.

Working with clients with a hidden 'wounded inner child' requires sensitivity, patience and intellectual clarity. It's often important to work simultaneously with the client's actual adult self, as well as allowing their 'wounded inner child' or 'baby' to emerge safely out of hiding, an experience that can be excruciatingly painful. For integrative psychotherapists drawing from psychodynamic and psychoanalytic theory, this is especially challenging because it's easy to inadvertently overlook 'the adult' in the client or undermine and shame the 'pseudo adult' or 'false self' while looking to establish relational contact with the client's 'wounded inner child' or 'infant'; this oversight can lead some individuals to relationally disengage, and any meaningful therapeutic progress is stalled or terminated.

The eternal child

The metaphor of the inner child not only helps us to think about and approach the painful past, it also has the capacity to highlight and celebrate our 'eternal child'. Jung[8] depicted the inner child as an archetype, referring to that part of all human beings that is spontaneous, hopeful, playful, creative and joyful; it's the part in us that gives us a sense of being real and valuable. Some clients experience this as their God-given or spiritual self. Others think in terms of their 'true self'; a phrase used and elaborated on by Winnicott.[9]

For example, when Felicity came for therapy she shared a recurrent image of herself as a naked baby under layers of blankets; this was a safe place, hidden out of reach from the using and abusing adults in her life, a part of her she enjoyed retreating to that was innocent, untarnished and hopeful. It was an important part of our therapeutic work together to enjoy, nurture and celebrate this part of her. Our therapeutic space became a nursery, full of rest and play. As her 'adult self' felt renewed by contact with her 'eternal child', we were increasingly able to connect with her 'wounded inner child'.

Vulnerability

The inner child metaphor is also useful for highlighting and tracking an individual's sense of themselves as vulnerable and in need of relational connection.[2] For some people, feeling vulnerable as an adult, in the here and now, can be a regressing experience. For example, when Debbie felt vulnerable as an adult in a romantic relationship, she was triggered into feeling and thinking from within her experience as the abused, traumatised child she used to be. Feeling vulnerable is an experience proper to human beings from the cradle to the grave.[10] Learning to understand and embrace our vulnerability,[11] and unhooking our here and now experience of vulnerability from past painful memories, is critical to our capacity for intimacy with ourselves and others.

The inner child metaphor evokes all these diverse realities and experiences of self: me as actual child, me as regressing child, me as dissociating child, me as adult, me as pseudo-adult, me as eternal child, me as my emerging true self, me as vulnerable. As an integrative psychotherapist, I find it important to hold all these complexities in my mind, an activity comparable to that of the mother who holds her infant's experiences in her mind, and in so doing helps create the infant's emerging sense of self.[12]

Research, therapy and your inner child

As part of my MSc psychotherapy training I conducted a descriptive phenomenological inquiry into the client's experience of reconnecting with hidden aspects of self within the context of integrative psychotherapy. I wanted to explore how the process of reconnecting felt for clients. I interviewed seven participants who were qualified or trainee integrative-humanistic psychotherapists with a minimum of two years' personal therapy. Each participant described their experience as a client reconnecting with their inner child. I sought to capture how it felt for them in their body, mind and emotions, and to map out both the internal process of change, as well as what helped or hindered this process in the therapeutic relationship. Participants were encouraged to describe their experience, drawing on their physiology, memories, images, stories, films and dreams etc.

For most participants, there was an abiding sense of something important about themselves that they didn't understand, which predated their entry into therapy. This sense of 'something important' can be used in therapy to help clients connect with their 'eternal child' and relational needs. In my teenage years I became increasingly conscious of an aching in my soul and body, a misery I experienced as a profound discomfort within the very core of my being, extending out into my skin. I found various ways to cope with this: yoga, running, nihilism, sex, drugs, philosophy, Christianity, and in my late 20s I began my therapy journey. I was mostly aware of feeling deep anguish, what I have come to understand as the combined voice of my 'wounded inner child' and my hopeful 'eternal child'.

At first I could only catch sight of my wounded inner child and it took time to recognise my 'eternal child' who had kept me moving forward with hope, supplying me with resilience to keep searching. Focusing methods helped me notice and stay viscerally connected with my inner child,[13],[14] and I've found such methods useful with clients. Periodically inviting clients to notice and record their story of reconnecting with various aspects of themselves – using timelines, imagery, sand play, movement, song, poetry, story etc – can support integration and maturation.

The inner child metaphor can be used to help a person consider how their experience of who they are today includes their lived experience of who they were in all their yesterdays

Photos and moments of meeting

The results of my research highlight the benefit of inviting clients to share childhood photos of themselves within the therapy session. This can facilitate profound relational contact between the client and therapist and help them begin to relate positively with their 'wounded inner child' and 'eternal child'. For example, Alison, a professional married women in later life with no siblings and no children, entered therapy after her mum died, the only parent she ever knew, although she had been brought up from being a toddler by relatives. Alison had this deep sense of being abandoned and of reaching out for her mummy, a sense that tormented her all her life. Now her mother was dead she was left with an unassailable sense of grief and exhaustion and felt possessed by her toddler self.

Alison brought in photos of herself as a three year old, which facilitated poignant 'moments of meeting'[15] between us. As one research participant put it, 'She [the therapist] really wanted me to look at them [the photos] with care and attention and slowly; looking at them in that context made me think. It was really powerful.' Before each session I took Alison's photo out and placed it on the table between our chairs, symbolically expressing to her that I was holding her in mind, attentive to her 'Little-Me'. Both Alison and I carried round small photos in our purses of her as an infant. This has several functions: it reminded her to watch out for her 'Little-Me' and symbolically reminded her that I was willing to parent her 'Little-Me' throughout this process of recovery.

Alison's 'Little-Me' often made herself known somatically with headaches and neck stress; understandably, she just wanted the pain to stop. Over time, with careful listening to her story, we realised that if she interpreted these somatic symptoms as signs of her 'Little-Me' being present (Alison was in full consultation with her GP) and used this communication to *turn inwards* and connect with herself with understanding, love and comfort, the pain began to dissipate and become less frequent.

Stages of reconnecting

In my research I identified three stages to the process of reconnecting with hidden aspects of self: liminal, emergent and reconnecting stages. A sense of ambivalence, undulating between medium and high intensity, characterised much of the entire reconnecting process. This was associated with shame, wariness, regressing and disassociating. Research participants spoke of shame ('I went there knowing I had this part, but wanted to get rid of it, thinking it was wrong'); wariness ('I was wary, a wariness and carefulness was a feature of my work with her. It was, I suppose, very hypervigilant really and quite protected for quite a long time'); and of dissociation ('I think by having her over there, tricking myself, the fuzziness, is almost like a very severed contact'). Understanding such processes is a fundamental part of learning to relate lovingly with your inner child.

Physical holding: containment and rest

Participants described how they desired physical contact with their therapist: 'So I raised it with her, I don't think I was very explicit but I got the impression that she doesn't really do touching.' And, by way of contrast: 'If I was really agitated and it was really painful… she would come and hold me… it would bring down my heart rate I suppose and my rate of breathing right down… the immediate feeling was of relief… just calm.' Over the years I have used physical contact with clients and have experienced how for some people, at certain points in our work, touch can provide psychological holding, such that the client is able to tolerate accessing painful somatic memories, sometimes from very early childhood.

In a different way, physical holding can be used to help clients experience psychological rest, sometimes for the first time. Take Matthew again: he arrived for therapy saying how hard he had worked 'to get everything right'. His unconscious need for things to be right, for his broken family to be mended, and his feeling that he was somehow responsible for his parents' breakup as an infant, were powerfully communicated in the transference. We had sometimes consciously worked with Matthew's desire to please me but for the most part it was something I was holding and gently attending to in the unspoken moments of the unfolding relationship between us.

During one session I invited Matthew to become more comfortable and he took off his shoes and socks and with some unease lay down on the sofa, expressing his worry that 'It feels disrespectful to you.' The following week he arrived and took off his shoes and I asked him what he needed today and he replied 'rest'. He said he was most comfortable on the floor and we took out the beanbag and with a cushion and a blanket he gradually bedded himself down while I sat close enough to place a hand on his shoulder. In this session and other sessions like this, Matthew tasted physiological and psychological rest, which is critical for self-integration and recovery of both 'child' and adult alike.

The place of touch in counselling and psychotherapy is complex and sometimes contentious.[16] Even among integrative psychotherapists with a relational developmental approach, there is divergence. Some practitioners, like Johnson, allude to the importance of helping clients 'develop an appreciation and awareness of the human touch of others'4 but don't explicitly use touch in their work. Others, like Price[17] and Wosket,[18] explicitly use 'touch and holding, as dictated by the perception of the client's developmental age regression'.[17] As always, it's important to work within the limits of our personal and professional competence.

Conclusion

In this article I have sought to provide a taste of how I use the inner child metaphor when working relationally and developmentally with myself and with clients. By providing a restful, fully engaged relationship, we can help clients work carefully and gently, always within their window of tolerance. In this way, they are able to identify with their 'eternal child', champion their relational needs and learn to parent their 'wounded inner child' or 'baby'. Over time, and with mindful dedication, the individual is able to increasingly operate as an adult while holding within themselves many diverse aspects of self.

References

1. Louire JB. Cumulative trauma: the non-problem problem. Transactional Analysis Journal 1996; 26(4): 276–283.
2. Erskine R. Relational patterns, therapeutic presence. London: Karnac; 2015.
3. McLeod J. The client's experience of counselling and psychotherapy: a review of research literature. In: Mearns D, Dryden W. Experiences of counselling in action. London: Sage; 1990 (pp1–19).
4. Johnson SM. Characterological transformation: the hard work miracle. New York/London: WW Norton & Company; 1985.
5. Ogden P. Modulation, mindfulness and movement in the treatment of trauma-related depression. [Online.] http://www.bemindful.org/ogdenart.pdf (accessed 4 February 2017).
6. Bromberg P. Standing in the spaces: the multiplicity of self and the psychoanalytic relationship. Contemporary Psychoanalysis 1996; 32: 509–535.
7. Music G. Neglecting neglect: some thoughts about children who have lacked good input, and are 'undrawn' and 'unenjoyed'. Journal of Child Psychotherapy 2009; 35(2): 142–156.
8. Jung C. Man and his symbols. London: Picador; 1964.
9. Winnicott D. The maturational processes and the facilitating environment. London: Karnac; 1965.
10. Bowlby J. Attachment and loss (volume 1). London: Penguin Books; 1969.
11. Brown B. Daring greatly: how the courage to be vulnerable transforms the way we live, love, parent and lead. London: Penguin Books; 2012.
12. Stern D. Diary of a baby. New York: Basic Books; 1990.
13. Gendlin ET. Focus: how to gain direct access to your body's knowledge. London: Rider; 1978.
14. McGuire KN. Focusing inner child work with abused clients. The Focusing Folio: A Journal for Focusing and Experiential Therapy 1993; 12(2): 17–33.
15. Stern D. The process of therapeutic change involving implicit knowledge: some implications of developmental observations for adult psychotherapy. Infant Mental Health Journal 1998; 19(3): 300–308.
16. McGuirk J. The use of touch in counselling and psychotherapy and the potential for healing within the therapeutic relationship. Irish Association of Humanistic and Integrative Psychotherapy 2012; 68.
17. Price L. Better late than never: the reparative therapeutic relationship in regression to dependence. London: Karnac; 2016.
18. Wosket V. The therapeutic use of self: counselling practice, research and supervision. London: Routledge; 2017.

The real adults had overlooked my needs as an actual child, and my child-self became cut off and hidden, even from me, as I precociously sought to negotiate the uncaring adult world

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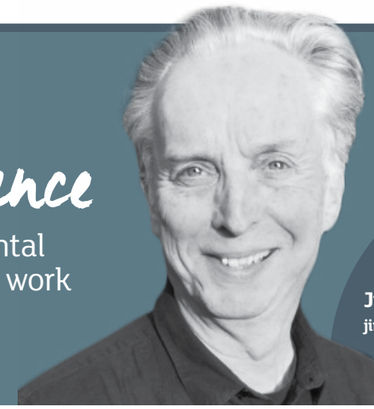
Supervision

Resistance and resilience

If we never embark on edgy or experimental strategies, we risk becoming stuck in the work and limit what we can offer our clients



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If your supervisor asked, 'How are you resiling right now?' it would sound like an odd question, but in the context of supervision it's actually a regular and familiar enquiry – we just put it in different language. What might we be doing when we resile? When we *resist* things, we can usually figure out what's being resisted and why – on reflection, if not immediately – and we can become more conscious of how the resisting is done and what, if anything, can be changed for the better. To describe, understand and appreciate your action of 'resistance' involves using active verbs: you block, defy, turn against, push away, and so on. The fact that as a profession we haven't taken the verb 'to resile' into our customary lexicon could be significant in this respect. When you think of yourself resiling, what actions come to mind?

I will resist a tasty etymological digression at this point, except to note that 'resilience' comes from the Latin resilire, meaning 'leap back' or 'rebound'. I like that – a definite sense of movement there – and it also connects the action of being resilient to the vital concept of boundary.

In supervision, we tend to bang on about the importance of maintaining clear boundaries of all kinds, and properly so. But consider this: in actual practice, a great deal of effective work is done right at the very edge of, or just beyond, a boundary of some sort, despite – or perhaps due to – the counsellor feeling pulled out of shape by the process. Tight boundaries are good, and slack ones are bad. All the same, I can imagine an inflexible, rigidly boundaried practitioner missing out developmentally and therapeutically by never embarking on 'edgy' or experimental strategies, avoiding all leaps in the dark, not risking any creatively spontaneous interventions, and thereby often becoming 'stuck' in the work with clients.

I know that endurance of being-in-stuckness is sometimes necessary in longer-term therapy and can often be the start of a truly liberating movement in the client. But, if a therapist or supervisor or any practitioner becomes an expert 'stuckist' – too set in their ways, impervious to change and dismissive of novelty – then I would say they are almost certainly limiting or diminishing what they can offer to their clients and colleagues. Moreover, they increase their susceptibility to boredom.

One of my supervisees (who isn't at all boring and has let me use, anonymously, what follows here) told me about a long-term client he called 'a permanently stressed-out workaholic'. For session after session this client seemed to rebuff all possibility for change in his life. There were no apparent shifts in perspective, no new behaviours, no fresh insights, no reframing of anything at all. Now you might be thinking 'resistant client' and/or 'bored counsellor'. And both of them, you could say, were showing true resilience: the client kept rebounding by coming to every session in exactly the same shape each week; and the counsellor was always dutifully prepared and held the space for him reliably and regularly every time.

In supervision, the counsellor talked about sitting back with the client (often but not always a sensible position when things feel immoveable) and claimed not to be bored or frustrated – but I certainly was, and after a while did not resist saying so. My willingness to *resile*, to continue to return again and again to all this unchanging sameness, was rapidly fading. How come? With my supervisee's agreement, I sat in a different chair and voiced my feelings about the situation as if I were the client. By opening up the parallel process in this way, we realised it was more a case of 'bored client' and 'resistant counsellor'. That's over-simplifying the dynamic, but essentially my supervisee discovered that, distracted by the permanent array of presenting problems, he had been unconsciously resisting a deeper relational connection to the client, who we guessed (correctly as it turned out) was really desperate for closeness. The client had assumed he couldn't get that quality of relationship without keeping a tight grip on all his many issues; although he was totally fed up with suffering them, he believed they made him worthy of being bothered with, as if he was nothing without them. So, a paradox became clear: due to his phenomenal resilience, he wasn't getting what he needed from therapy.

The notion that resistance and resilience are concurrent or convergent actions, which I think this brief story illustrates, does not mean they are identical or never separate. For example, resistance can often be absolutely non-negotiable. Some things in your professional life *must* be resisted in order to maintain safe boundaries – no ifs and buts, no excuses. When in doubt, your safety as a private practitioner is enhanced if you take to supervision what it is you feel you're resisting and what you wonder you might be resisting, so you can then discern whether your resistance is in the service of your clients or detrimental to them. This ethical enquiry has a clear effect on the nature of your subsequent *resiling*: do you return to the client exactly as before or do you rebound in a different way with either a boldly revised or a subtly altered view of the client? I think that is essentially what it means to resile

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