CASE REPORT

The Gains From Inner Child Work

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Abstract

Inner child work is a therapeutic tool that has been known to be very beneficial in working through issues from one’s past that can largely influence one’s present life. However, it is apparently not widely applied in the local therapy setting. This paper describes the use of inner child work in dealing with a patient who presented with anger and marital problems, and who was carrying a lot of emotional baggage.

Keywords: Inner Child, Inner Child Work, Therapy

Introduction

The inner child has been referred to in different ways: Jung called it “Divine Child”; Fox spoke about “Wonder Child”; Whitfield referred to “Child Within”; Horney and Masterson termed it “real self”; while Winnicott and Miller spoke about “true self”. It essentially reflects our inherent potential to explore, be amazed and creative. When the age-appropriate needs of a child cannot be integrated, they are repressed or split off, producing serious repercussions. Unresolved grief from childhood is a result of abandonment, abuse, neglect and enmeshment. The past constantly determines an individual’s present actions. The concepts of inner child and subpersonality can be linked. Rowan defined subpersonality as “a semi-permanent and semi-autonomous region of the personality capable of acting as a person”. The presence of both concepts is recognized when we find ourselves acting against our interests, which cannot be changed by conscious decision.

Inner child work is a new, important therapeutic tool. In a way, a form of it had been done by Freud, but in his approach, the therapist did the re-parenting of the wounded inner child. This took a lot of time and money, and often made the patient become unhealthily dependent on the therapist. The inner child work of present times involves the patient using their adult self to re-parent their inner child – true nurturing. The therapist acts as a guide. The healing process involves confronting childhood traumas and revealing the child’s numerous defense mechanisms.

The inner child work approach is not known to be widely used by therapists locally. This paper aims to illustrate the use of inner child
work in the management of a patient who presented with anger and marital issues.

**Case report**

TA is a 47 year-old Malay woman, married with 2 children (from her first marriage). She presented to the therapist at the age of 44 with the main complaints of marital issues and anger.

TA reported a tumultuous marriage with her second husband. He was verbally abusive towards her and harsh in his parenting. She described feeling oppressed. All the problems caused TA to become angry and resentful.

As TA was not allowed to express her anger when she was young, she did not know how to handle it. Her anger goes as far back as when she was 11, due to her mother making her feel unimportant and being critical of her. Her mother was physically available but emotionally unavailable. TA’s father was always away for work. He was described as a man with his own set of unresolved issues who still tries to interfere into patient’s life now. She expressed anger at him for cheating her out of an emotional relationship.

TA’s parents discouraged the emotional aspects of TA. She was not allowed to speak up. She eventually shut down during adolescence. TA came to realize that she has always chosen boyfriends and husbands that are emotionally unavailable, just like her parents, which compounded her emotions.

Along the way, TA revealed that she has been depressed since adolescence. Growing up, TA felt very disconnected with life and the real world. She shared about her “secret garden”, a comfortable place in her mind that she would be in internally – an obvious form of escape.

Considering TA’s issues and the fact that she is psychological minded, inner child work was applied in the course of therapy. The first step was to get in touch with her inner child. TA described her inner child, “G”, (aged 9), as a serious, uptight child who led a programmed life. She was alone quite a bit, spending little quality time with her parents. “G” was an achiever and very disciplined. She completed her primary education at an earlier age and felt like an outsider in secondary school. She only came into her own at 13. “G” was a good child with a strong sense of duty and obligation. Her achievements seemed mainly for her parents. Whenever “G” spoke up, she was reprimanded and slapped by her mother.

TA was asked to bring in photos of “G”. In the course of getting connected with “G”, TA shared specific significant memories. “G” coped by escaping through books, sleep, studying, and doing a lot of things at once, which TA identified that she still engaged in the latter as an adult. TA also spoke about how dancing reflects her, the happy personality.

“G” was moody and bad-tempered as an adolescent, and that is when “R” came along to protect “G”. “R” was more of a mental attitude and described as the embodiment of power as a person. “G” had anger inside her which was described as a “black and green” kind of anger – very poisonous. She suppressed it and only brought it out when in rebellion.

Subsequently, in the course of therapy, therapist and TA discussed how “G”, “R” and the adult views the world. “G” saw the world as scary and worked very hard according to rigid rules as the only way to
address her fear. She felt she had to take care of herself. On the other hand, “R” was more confident and not daunted by the challenging world. She was self-sufficient and full of natural energy. The adult had been seeing the world and living her life mostly the way “G” did. However, at that point in therapy, the adult had become a little more balanced and felt more validated.

Following that, the therapist explored with TA regarding significant adult figures in her life between the ages of 7 to 12, and whether they had been nurturing or spiritually wounding. It was recounted that most of the significant adult figures in her life then were nurturing, except for her mother and piano teacher. Ironically, although her life during that time was generally nurturing, that period was depicted as a rollercoaster ride. “G” had no control but psyched herself to be in control. Some time was also spent exploring traumatic events that caused the greatest spiritual wounding during that period. The spiritual wounding was in the form of pain, shame, fear, and wounding of her self-image. TA was also asked to look at photos from that period, reflect on what she had shared in session up to that point, and reconnect with the emotions. TA later shared her observation that “G” was likely depressed. In actual fact, she was angry at her “artificial parents”.

The next step in inner child work with TA was getting her to write 3 letters: from the adult to “G”; from “G” to the adult (in reply to adult’s letter); and from “G” to her parents. TA later shared the letters with the therapist in session. The letter from the adult to “G” was easy to write. She was aware that “G” was lonely and TA can still feel the loneliness. She described feeling the loneliness in her upper chest and upper back. In sharing the reply letter from “G”, TA spoke about the child’s tiredness, which has pervaded TA’s life for so long. Her parents had high expectations and measured “G” by her attainment, not her effort. “G” had always looked for her parents’ approval and the adult carried on the same. The lost childhood of “G” was recognized, and TA became tearful. “G” always needed to take care of herself, to the point that the adult still feels nobody cares for her although the present reality is different. The letter from “G” to her parents was most poignant whereby TA stopped reading halfway and broke down. The sadness of the child was clearly felt.

In the process of re-parenting the child, TA was told to give permission to “G” to verbalize her anger. Once “G” was given a voice and allowed to speak, she became louder. TA was encouraged to continue speaking with “G”. In time, TA reported that the hurt was not so raw, and anger and rage had subsided considerably.

Memories continued to surface and TA continued to experience anger in particular. However, being able to express her feelings in therapy helped her to deal with the emotions. The therapist made it a point to check in with “G” and “R” from time to time. Subsequently, TA reported that her underlying sense of anger and sadness that she had had for a very long time was gone and it was evident that “G” was happy.

At this point, the therapist decided to do a review of the therapeutic process to see what had been achieved thus far. TA’s relationship with her husband improved. The sense of ambivalence and abandonment had vanished. Loneliness and emotional fatigue was also non-existent. Anger was expressed more constructively. She could see herself as essentially one being – the adult and the inner children integrated.
Discussion

In the course of inner child work, TA was first made to connect with her inner child. As it was the inner child who first organized experiences, connecting with the inner child is a way to change one’s core material. Feeling the feelings is crucial. “You can’t heal what you can’t feel”. This was ultimately a huge chunk of the work done with TA, that is having her feel her feelings which she had suppressed for a long time as a child.

Depression is the denial of one’s emotional reactions. When a child is not allowed to experience his/her feelings, the child suppresses those feelings. Over time, this continued suppression can very likely result in depression. Alice Miller has given examples of her patients that prove this point. In TA’s case, it was her denial of anger at her parents. Physical symptoms experienced by an individual force the cognitive engagement with the facts of one’s childhood history, and the eventual ability to communicate with the inner child. For TA, the physical symptoms were in the form of tiredness which was more of emotional fatigue, whereby she managed to cognitively perceive it, and help her communicate with her inner child.

TA is still in therapy but has definitely made tremendous progress. The inner child brings about regeneration and a newfound vitality once there is integration, as in TA’s case. Even though she still experiences difficult emotions from time to time, which she sometimes recognizes as belonging to her inner child, that awareness and talking things through in therapy helps. She can continue to use the tools she has learnt to deal with feelings from the past that may still arise.

Many societies still disregard the importance of childhood experiences in an adult’s life. Inner child work aims to create an awareness of that importance. Working on one’s own childhood can give rich insight, especially when other modes of therapy have failed. Inner child work can reap many benefits when applied in suitable circumstances, taking into account patient’s presentation, patient factor and readiness. The striking impact lies in the depth and sustainability of change in the individual.

References


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