Reframing and the Integrated Use of Redeciding and Reparenting

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Summary

Reframing, designed to effect modification of the individual’s frame of reference (J. Schiff), incorporates the reparenting approach of J. Schiff, and the redcision approach of the Gouldings. Specific steps of the reparenting approach and of the redcision approach are identified. Guidelines for the employment of reparenting and redcision within the reframing context are included. Examples of both the effective application and the non-effective application of reframing are provided.

—Barton W. Knapp

Background

As a PTM I had the very good fortune to be sponsored by Jacqui Schiff and Bob and Mary Goulding. In this unique position, I benefitted enormously from intensive exposure to the theory and practice of both the reparenting and redcision schools.

“I was impressed over and over again by the consistency of philosophy between the two (Reparenting and Redecision) and, most important of all, their complementarity.”

And, contrary to the then popular belief, I was impressed over and over again by the consistency of philosophy between the two and, most important of all, their complementarity. Where one seemed to have gaps or the need to be strengthened or softened by a different emphasis, the other filled the gaps or had the needed emphasis. As a result, I quite naturally began to use both systems in my work. The reframing procedure presented in this article is the result of this original blending of approaches and is based on the concept of frame of reference (Schiff et al., 1975, pps. 49-54) and on what I regard as being necessary for doing complete work. I believe it to be useable with many different types of methods, although in this article I concentrate on the separate and combined use of redcision and reparenting methods.

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An Unnecessary Choice

Unfortunately, in the current climate within TA circles, people are even more prone to think that they need to make a choice between the two schools. They are being told and, at times, taught that they can not or should not use the two orientations together. However, my experience convinces me that such a choice is unnecessary. I know that separately each orientation enables me to help people achieve new frames of reference; I also know that there are many people who will not complete the reframing process if only one set of techniques is made available to them. The result of such choices, therefore,

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is that there will be many people who do not get as much help as they could.

So important do I think this issue is generally and so fundamental are both sets of techniques to achieving reframing with many people, that I will compare them before outlining a reframing procedure I have developed.

Redeciding

As described by Bob and Mary Goulding (Goulding and Goulding, 1978), redecision work involves four steps:

1. contracting,
2. impasse clarification,
3. redeciding, and
4. reinforcement.

In Step (1) the issue to be addressed in the work is identified and a goal for change set. In Step (2) early decision, injunctions, rackets, games, stroking patterns, and impasses (first, second, and/or third degree) relevant to achieving the contract are identified. As part of impasse clarification, experiences—early scenes and fantasies—are identified and a method of re-enactment designed so a resolution will result. In Step (3) necessary impasses are resolved through making desirable redecisions which unmake the self-limiting decisions made earlier in life. In Step (4) the person receives reinforcement from others for the changes made, especially positive stroking, and is encouraged to plan methods of reinforcing himself at the same time as identifying and dealing with continuing impulses to resort to past patterns.

Typically used techniques include gestalt multiple chair, fantasy desensitization and dream work, as well as behavior modification ideas used for reinforcing desired responses—especially positive stroking from Child. Much of the practitioner’s work is done from the Child and Adult ego states; great emphasis is given to the “power of the patient;” cognitive input using many TA concepts is highly valued; a nurturing, protective environment is fostered; the modelling of the practitioner is considered important; and emphasis is given to being brief and effective.

“Redeciding is complete when the desired changes are made and maintained.”

Redecisions are made when the person experiences the impasse in his “guts” and, relating to this with current information and experience, has an experiential, not simply cognitive, awareness of the value of change. Redeciding is complete when the desired changes are made and maintained.

Reparenting

As practiced at Cathexis Institute while I was in training (Schiff et al., 1975), as described in part by Russell Osnes (Osnes, 1974) and as practiced by me, reparenting can be understood in four steps too:

1. contracting,
2. developmental assessment,
3. reparenting, and
4. adaptation.

The actual nature of the steps varies according to the goals of the reparenting and the procedures to be used. A general orientation is taken, for example, when substantial replacement of old Parent is contemplated, especially through the use of full regression. A very specific orientation is taken, for example, when the goal is to use short-term regressive techniques to deal with quite specific issues. For the purpose of this article I will confine my comments to the specific orientation, although many of the points I make are true of “full” reparenting as well.

In Step (1) the person’s issues are clarified and his change goals specified. In Step (2) the aim is to identify and specify the Parent messages needed for resolving the issues. These are discussed within a developmental frame of reference in order to identify the types of childhood experiences that resulted in the person’s existing difficulties and the types of situations the person needs to create here and now in order to stimulate different “parental” responses along specified lines from the caretakers. An age for doing the regressive work and the time to be taken are specified in the process. In Step (3) the person cathects
Child at the specified age and is responded to and cared for as if that age. While "being little," the person in Child experiences the unresolved issues, stimulates a "parental" response, and incorporates that response as part of resolving the issues in Child. The resolution involves the making of an explicit decision to act according to the parenting given and the new behavior tried. In Step (4) the results are discussed with the person "being big." The possible need for further work and, if thought useful, the selective use of both positive and negative stroking to support the continued use of the experience are also discussed.

"Reparenting is complete when the new parenting has been tested by and experienced as relevant to the Child and the person has made a Child decision to use it."

Typically, the techniques used include parenting with a here and now focus on the cathected Child's understanding of his internal and external realities. Anything relevant to effective parenting is valued. The ego states used by the "parents" vary according to the issues with which they are confronted by the "Children." However, there is a tendency to work from the Parent and Adult ego states, especially with very upset "Children." The importance of giving clear parent messages and relevant information is emphasized. The parenting is specifically geared to a resolution of the issues the Child is confronting. This resolution is to be experienced and understood by the Child. A safe, permissive environment in which clear "parental" responsibilities to care for and set limits with the "Children" is considered of paramount importance. "Parents' are encouraged to be models for "Children." Adequacy and taking personal responsibility are highly valued. Finally, subsequent integration of the experience into grown up awareness and experience is encouraged.

Reparenting is complete when the new parenting has been tested by and experienced as relevant to the Child and the person has made a Child decision to use it. The parenting has then been incorporated.

Common Ground in Practice

The common ground in the orientation of both schools includes emphasis on contracting, change as an overriding goal, resolution of issues (rackets, games, scripts) resulting in present difficulties, re-experiencing the issues as part of resolution, the value of information and cognitive structures, the importance of environment in promoting change, the modelling of the practitioners, and the decision making power of the person himself.

A general developmental orientation is important in the orientation of both schools and, if considered valuable, it can be used as the basis for completely aligning impasse theory and child development (Mellor, 1980a). There is also a common appreciation that the resolution of issues at one age may reveal the need for the resolution of similar, or different though related, issues at other ages. The use of techniques from other schools of thought both within and outside TA is encouraged and practiced.

Common Misconceptions

There are a number of common misconceptions current in Australia, England and the U.S.A. that people use to block their awareness and acceptance of the common ground between the two orientations.

The first, which is by no means restricted to TA, is that for one school to be right the other must be wrong and, therefore, different. And there are certainly differences, some of them major, otherwise they would have little to contribute to each other. In general terms, however, they can be different and right, and I believe they are; or they can be different and be substantially right, even if specific aspects of each approach are wrong, and I do not think there are many of these. Rather than setting one up against the other and becoming pre-occupied with differences, I believe it is far better to relate to what each can contribute to my effectiveness in helping people.
The second misconception is that no Parent is involved in redecision work. The Gouldings certainly emphasize the value of not using Parent while working with others (Goulding and Goulding, 1978), one major reason being to avoid transference. But Parent positions on, for example, what is valuable, OK and real are implicit in a great many interventions made from the Adult and/or Child of the practitioner.

Examples:

Parent message: "It's OK to feel."
Delivery: "As an experiment, will you tell X what you are feeling?" "Are you willing to tell X what you are feeling?"
Parent message: "You are responsible for what you do."
Delivery: "That's a cop-out." "Tilt." "You tried'?!"
Parent message: "Speak clearly."
Delivery: "I can't hear you." "I don't want to work with you when you talk so I can't hear."

Parent message: "You're OK."
Delivery: "You're great!" "I love you."

Simply because the Parent is not used to deliver the message explicitly, does not mean that the Parent is uninvolved. Furthermore, Parent is used in formulating ground rules and ways of providing protection.

The third misconception is that re-parenting is done from the Parent of the practitioner and that the person only incorporates his Parent. This idea is completely wrong. When re-parenting, the "parent" is encouraged to use all three ego states during the process in order both to avoid re-establishing unhealthy symbiotic relationships (Schiff et al., 1975) and to resolve those aspects of such relationships that do get established. This means actually cathecting Parent, Adult and Child in the process—not acting as if doing so—so that a full range of ego state responses is incorporated by the Child. If this is not done then the absence of Adult and/or Child is incorporated as in any comparable parent-child relationship.

People who accept these last two misconceptions are thinking about the practice of the two schools as if they are symbiotically related (See Figure 1).

I think that this is perhaps the basis of the "either-or" orientation taken in the first misconception.

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Quite contrary to the last two misconceptions, my experience of the good practitioners from both schools is that they have ongoing awareness of all three ego states and they use each when they think it will be helpful to do so.

The fourth misconception is that people are victims of the re-parenting process; things are done to them over which they have no control and with which they can not cope. This is thought to be in distinct contrast with the redecision process in which the "power of the patient" is affirmed and its expression encouraged. I have already noted the emphasis given in both schools of thought to the importance of personal responsibility, the development of autonomy and to fostering the decision making capacities of people. When carried through into practice, people are not per-
executed or violated by practitioners using either orientation. In fact, I have witnessed as many violations of people by practitioners from each school. These I did not take as a black mark against the school, but as an indication that the practitioners themselves had more personal work to do.

**Guidelines for Use**

The common ground means that I have no difficulty using the two approaches together. Yet, it is the differences that make this worthwhile. I use several guidelines for making decisions about when to use each.

First, use rededicating techniques with people who have been “overparented” and reparenting with those who have been “underparented.” Usually the last thing an “overparented” person needs is more parenting, whereas encouragement to act in child through Adult responses or being enticed out by the practitioner’s Child is ideal—“It is worthwhile,” and “Come on, risk it; it’s fun!” Conversely, the last thing an “underparented” person needs is to be encouraged or enticed into experiencing feelings and needs with more intensity than he already is. On the contrary, learning to take charge by being given clearly stated parent messages with relevant information and encouragement to experiment in using them is what is needed—“Calm down; when you work yourself up like that you seem to stop listening to me; OK, now think about what I’m saying and talk to me about your reactions.” (For further guidelines on when to reparent see Mellor and Andrewartha, 1980.)

Second, when the identified impasses involve specific early scenes, especially high impact ones, rededicating techniques are usually preferable. When, by contrast, the impasses have developed through on-going day-to-day experiences as a child—one after another in seemingly endless succession—reparenting techniques in which people cathexis the ages involved are often the most successful. The quite diffuse focus possible in reparenting seems more suited to the needs of people with the latter types of experiences.

Example:

Andrew, a “workaholic” from a family of “workaholics,” initially experienced rededicating techniques as impactless and ineffective. On the other hand, he experienced the regressive work of reparenting as involving and freeing—he used to luxuriate in “the bliss of doing nothing while others were busy,” a “completely new experience.” During the process he became aware of several quite specific scenes which were highly significant in his developing second degree impasses to do with acting happily and pleasing others instead of feeling angry and depressed. Rededicating techniques helped him deal with these scenes very quickly.

“. . . when people resist using rededicating techniques because they feel so hopeless about the outcome . . . reparenting techniques often help.”

Third, when people resist using rededicating techniques because they feel so hopeless about the outcome (“Nothing will change”) reparenting techniques often help. The goal of the reparenting work is to enable them to have a positive experience with the issues concerned, an experience they can use to give themselves hope in the outcome of later rededication work.

Example:

Hector had had a very long, traumatic birth which resulted in regular stomach problems and an “I am fundamentally evil” experience of himself. But each time he arranged to do the rededication work indicated, he “froze” and would not go through with it. To resolve his impasse about re-experiencing his birth, he arranged to be reborn—Leboyer style—at his own pace, into a warm accepting atmosphere. He then drew on that experience to give himself the confidence to re-experience his own birth reactions and freed himself to make a rededication.

Fourth, when people resist the incorporation of important messages for their
Parent, they are often doing so because of an early decision not to take any notice of, listen to, or do what Mum/Dad tells them. Redeciding techniques are frequently the most direct way of opening the way for these people to incorporate the parenting they need.

Example:
Simon was extremely self-destructive and persistently resisted incorporating "Don't hurt yourself, you are to take care of yourself" messages. He identified a scene in which his father whipped him for swearing, during which he had decided "I'll never trust what he (men) says again." During the work he changed this to "I'll think about what I'm told and make up my own mind." He was then open to the proposed parenting, which made sense to him, and he successfully incorporated it while "being little."

Fifth, when people seem stuck using one set of techniques, change to the other. The change of approach in itself is often enough to help people start moving again. Especially in on-going groups, some people seem to work out how to appear to be working without actually changing. A change of work style means that they have to adjust to something new and while they do they get more work done.

Sixth, within the one piece work, the other guidelines can be used to help decide when to parent and when to go for new decisions. A great deal of work can be done using an integrated approach in which needed parent messages are given, relevant information is provided and new decisions about responding to needs, feelings, wants and situations are made.

(Note: These generalizations are to provide guidance; they are not universal prescriptions.)

Now for reframing.

Frame of Reference
Frame of reference was first defined within TA (Schiff, et al., 1975) as the overall structural connections between and the degree of functional integration of Parent, Adult and Child which are characteristic of the whole person. Put more simply, it refers to the way people respond in all three ego states as a dynamic whole, to the combined responses of each ego state.

The idea is of great value when thinking about and dealing with the crucial issues involved in general personality change (for examples see Schiff, et al., 1975, Ch. 6) because it refers to the general structure and patterns of people’s responses.

"Frame of reference refers to the way people respond in all three ego states as a dynamic whole, to the combined responses of each ego state."

Specific frames of reference are an adaptation of this idea. They refer to the specific structure and patterns of people’s responses to specific issues: to the structural connections between the functional integration of the Parent, Adult and Child responses to specific issues. Everyone has such frames of reference.

Example:
Issue—Violence
Structure
Parent: (Father) "Beat the hell out of the bastards!"
(Mother) "Be nice dear and don’t hurt people."
(Both) "Do what you’re told."
Adult: Violent people sometimes get what they want. Others are often scared of them. They sometimes get hurt by others. (Very little information on handling violent impulses.)
Child: "I won’t listen unless he makes me." (Decision to exclude father partially.) "I’ll do my best mummy." (Decision to please mother.) "I can’t stop myself when I get scared." (Grandiose decision to incapacitate.)

Function
This person, William, had violent impulses much of the time. He attempted to ignore them, using a naive preoccupation with pleasing others to do so. He was violent, however, especially when in conflict with his boss, wife and others who were overbearing. He prompted himself to
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violence using his Father Parent and justified himself with his grandiose Child decision. He spent a lot of time feeling hurt or feeling scared of being hurt.

Reframing

Reframing is a procedure for helping people change their specific frames of reference so that all three ego states are aligned and integrated (structurally and functionally) in relation to the issues concerned. The new frames of reference must include ways of resolving those issues and be self-supporting and regenerating or the procedure is not complete. All three ego states may be changed in the process.

Example:
The outcome of the reframing work done with William was as follows:

*Structure:*

Parent: “Don’t get violent; deal with your anger without hurting others.” “Be assertive and negative when you need to be.” “Do what you’re told when you have good reasons.”

Adult: (Old information balanced with new information about how to handle violent impulses, how to solve problems with others when people are upset and how to act adequately no matter how scared.)

Child: “I will listen to Dad and think of other ways of solving my problems; I will use his energy to motivate me.” (Redecision to think about pleasing others and to decide when and how much to do so.) “No matter how scared (angry etc.) I feel, I am in control of what I do.” (Redecision to take responsibility for behavior.)

*Function*

William no longer had frequent violent impulses at the end of this work. He was aware of relevant information, sought it out and made his own judgements about what to do; and he became comfortable and effective in dealing with people who tried to dominate him, especially by not setting himself up for them to attempt to do so and for him to get or feel hurt in the process.

The Procedure

I think of reframing as involving four distinctive steps:

1. contracting
2. frame of reference assessment
3. reframing (including redeciding and/or reparenting), and
4. alignment and integration.

Each step has an important part to play in the overall process. The order given is indicative of the usual way the work proceeds; however, as with redeciding and reparenting, the order should not be adopted rigidly.

By the end of Step (1) a statement is made of both the issues to be resolved and the nature of their resolution, that is, the goal of the work is defined. In the process the usual contracting issues are dealt with. (See Steiner, 1974; Mellor, 1980b.)

By the end of Step (2) a clear understanding of the person’s frame of reference in relation to the issue is obtained. This needs to be sufficiently clear for change to occur. There are many ways of achieving this including structural, transactional, racket, game, relationship and script analysis (Berne, 1961; English, 1971, 1972 and 1976; Erskine and Zalzman, 1979; Holtby, 1979), impasse clarification in ways consistent with the redecision school (Goulding and Goulding, 1978) or my own approach (Mellor, 1980a), and detailed identification of the developmental issues and past responses to those issues in ways consistent with the reparenting school (Schiff, 1970; Schiff et al., 1975).

By the end of Step (3) old Parent reactions will be reinforced or modified and, if necessary, new ones acquired, new and relevant information and ways of thinking about the issues will have been adopted and used by the Adult, and the Child will have made the necessary redecisions to relinquish or modify old responses and to use new ones if necessary. This work can involve
the selective and integrated use of many different techniques. From within TA, the two schools of thought which together provide the most comprehensive foundation for reframing are, in my opinion, the redecision and reparenting schools.

By the end of Step (4) the old, the modified and the new will be aligned and integrated so that the new frame of reference in relation to the original issue is self-supporting and regenerating. Helping people establish contracts between the different parts of themselves using multiple chair work is a very useful device in achieving the desired alignment and integration. (See Mellor, 1979 and Mellor and Andrewartha, 1979.) The aim is to get internal co-operation and support between the different parts.

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"Cure"

For me, "cure" is to do with resolving the issues that stimulate people to seek help. "Cure" is achieved when they have resolved them completely, or have resolved them for the time being and can do so again without professional help should they arise again, or both. This means that people need a Parent, Adult and Child which each identify relevant issues, know what to do about them, will do it when necessary, will support each other in the process, and will be open to further change and growth should that become desirable or necessary. In other words, it means developing a self-supporting and regenerating frame of reference in relation to the issues (for a detailed statement see Mellor, 1980b, Ch. 26 and Sect. 7).

Basically my orientation is educational. I help people engage in learning, relearning and unlearning. Accordingly, I regard the change processes in which I am an active participant as complete when the goals of the contract made at the beginning of the work have been reached. These I negotiate with a reframing orientation in mind. For example, I do not usually accept a contract for people to make rededications, to get new parenting, or to make any other specific change alone, without first discussing the value of reframing and assuring myself that what the person is proposing will result in a self-supporting and regenerating system.

And my experience of practitioners from most schools of thought is that the good ones consider the work they do incomplete until reframing has been achieved, whether they use rededucing, reparenting or any other techniques. They are aware of the need to resolve disruptive inner conflict over important issues and work for resolution until people achieve it, that is, until the people have aligned and integrated all three ego states in relation to the issues that stimulated their work.

Common examples of when reframing has not been achieved are:

(1) when a person excludes Parent by a rededication—"I won't listen to you any more;" (A Parent interview with attention to the existing value in the Parent and to incorporating new messages could well result in Parental support and render an excluding decision unnecessary (McNeel, 1976; Mellor and Andrewartha, 1980))

(2) when people make a rededication and then decide to give up "racket" feelings, when those feelings need to be felt in order to resolve a higher degree of impasse; (Younger, more profound, and often lengthier feeling work is required to resolve second and third degree impasses than is often allowed);

(3) when a person can parent others and talk confidently in Parent and Adult using new parent messages, but shows little or no evidence of being responsive in Child in ways supported by those messages; (More regressive work, reparenting or redecisioning, is often necessary for the person to experience the value of the new messages in his Child and so make a feeling-based commitment to them); and

(4) when early issues are resolved but are not integrated into later stages of development; (More regressive work at older ages and/or more here-and-now practice is needed to achieve the integration).
Personal work on an issue has been completed, people have "cured" themselves, when they can walk away from a current situation carrying a current resolution and methods for future resolutions of the issue with them. In general terms, I have described what I mean by "resolution" above.

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Clients who do not say goodbye keep a part of their energies locked in yesterday.
―Bob and Mary Goulding, Changing Lives Through Redecision Therapy, p. 175

When the human mind is engaged in one of its struggles with itself or with the world outside, the individual's way of handling the struggle will be partly determined by his type. If he is a viscerotonic, he will often want to go to a party where he can eat and drink and be in good company at a time when he might be better off attending to business; the somatotonic will want to go out and do something about it, master the situation, even if what he does is foolish and not properly figured out, while the cerebrotonic will go off by himself and think it over, when perhaps he would be better off doing something about it or seeking good company to try to forget it.''

―Eric Berne, A Layman's Guide to Psychiatry and Psychoanalysis, p. 6