

Redecision Therapy: On The Leading Edge

Ruth McClendon and Leslie B. Kadis

Abstract

The magic of Mt. Madonna taught us to know and understand ourselves; to respond to the needs, actions, and emotions of others; and to do all of this with both respect and caring.

Psychotherapy works, people change, and people are cured. We know that for certain. In fact, we have known that for a long time. However, we are just now getting clear about *how* psychotherapy works and *what* makes people change. Current research is only now clarifying the mechanism of psychotherapy. The evidence tells us that to change, to change in a reasonable period of time, and for that change to endure there needs to be: (1) a definite focus for the therapy (current difficulties) along with the feelings, (2) emotions must be related to the current difficulty, and (3) these feelings and emotions must be connected to childhood experiences to break the link with the past. Finally, some cognitive processing must be involved to ground the work in current realities. Research work from the brief therapies underlines the need for a contract and a definite focus for therapy, and group and marital therapy studies have repeatedly pointed to the combination of insight and affect as the determining factor in a successful outcome.

Bob Goulding alone, and Bob and Mary together, taught us these and other principles long before researchers confirmed their validity. In his/their model, they began by creating an environment in which clients felt safe. They established rules to guide the processes for the group work, and they managed the group so that people felt safe. Bob's question, "What do you want to change today?" rings as clear today as it did then. They never pushed farther than the client was prepared to go.

The process of contracting that they spoke about so regularly began with the question, "What do you want to change today?" What

followed was an examination of how realistic the goals were and how much these were goals of the Child ego state. Clearly the client was in charge of the therapy, and Bob and Mary were the guides. The process of contracting, and it was a process, included the current ideas of reframing, set boundaries on the work, and contributed to the safety. The contract also focused the work and made it harder to stray off course.

Bob's introduction of, and commitment to, the 20-minute time limit was an innovative concept. In one stroke it forced the therapist to think of psychological work in terms of the smallest piece of work that would further the overall goals, to recognize the therapy session as a time for working rather than talking, and it developed and refined the ideas of results-oriented therapy. Whenever the client was "trying," Bob rang the bell to remind him or her that his or her job was to act, not "try." These ideas, commonplace now but innovative then, prefaced and laid the groundwork for the era of brief therapy. People trained by Bob and Mary should have no trouble succeeding in the managed care environment.

The essence of the Gouldings' work is rededication therapy, the process that uses transactional analysis and Gestalt to bring the present difficulty into the room and to reenact it so as to make it real. Rededication work finds the affect that links the past to the present and provides an opportunity for the client to challenge his or her beliefs about the self in the past. With this challenge comes the opportunity for rededication, a replacement of the old beliefs with updated versions. This affective work is followed by a return to the present with a new sense of self. But even the present was not sufficient for Bob. When he asked, "What are you going to do differently now?" he brought the client back to a reality and made him or her understand that psychotherapy was a real process, not something that went on only in the mind.

Although the case presented in this essay is an excerpt from our work with a person in group

with you. . . .
come?
s all shout that they'll

2. Have fun! It's break

laughing and shout-

as great!

ster. Is she at home, at

one, crying and drunk,
er to go to AA. I know
y morning she won't
called me.

hone. (Bob hands him
ne that we kept in the
such as this.) Now tell
is. I'm on my way to

at! Hey, I don't have to
s. I don't! I won't! (He
and the group cheers

s not produce magical
o change self-concepts
nt rededisions after a
eed many sessions and
ave a better chance at
erapists are optimistic
themselves.

ing, M.S.W., Teaching
ctional Analyst (clini-
h Robert L. Goulding,
stitute for Group and
ow retired and lives in
nd reprint requests to
Apt 2006, San Fran-

therapy, it nonetheless reflects our focus and the way that we have taken Bob's individual work into family and couples processes.

Case Example

Marilyn is 33 years old and the mother of an eight-month-old daughter, Susie, who was born after Marilyn had lost six children to miscarriage and stillbirth. Nick, Marilyn's husband, is 35 years old and works for his family business for \$10 an hour. He has a \$400 to \$500 per week cocaine habit. Nick and Marilyn are about to lose their home "because Marilyn has not worked since the birth of Susie." Their house has been raided twice by the SWAT team, which was looking for drugs and weapons. Marilyn experiences herself as having no choices in her situation. She loves Nick almost "like a mother would" and is oblivious to any responsibility he might have in their current problem: "He does his best and what more should anyone expect?"

Marilyn is the oldest of three girls and the parentified child in a family in which there has been three generations of sexual abuse, alcohol, and lying. She has been taking care of her sisters since she was eight years old, at which time her mother made a serious suicide attempt and was hospitalized. Marilyn has admitted to feeling frightened and inadequate, but says that there were no choices for her but to stay there and do the best she could. As a child this was understandably true.

Marilyn participates in a weekly women's therapy group in which she listens to others and is amazed at the way other women live, react, and see things. Last week, for the first time, Marilyn questioned "staying and just standing in the middle of danger. Why has everyone else said I am unsafe and that they would leave? I don't even see it that way," she said defensively.

One night another group member suddenly asked Marilyn what she remembered about a time when she was young and others saw danger and she did not. Marilyn quickly got a stunned glazed look on her face, her body trembled, and tears plummeted down her cheeks. Marilyn quietly began by saying, "Just the other night when Susie and I were watching TV, I saw this show in which there was a bad guy chasing a mother and her little girl and the mother pushed

the child ahead of her and away from the danger. I couldn't understand it because I always thought that the mother was supposed to get out first." (*Many tears now are falling down Marilyn's face.*) "I don't know why I am so upset. You guys here in group must really think I'm stupid. I know this is all so dumb."

Ruth: It's OK, Marilyn, we're interested in what you're saying. What else do you remember about having to stay behind and your mother getting away first? Will you share a specific time?

Marilyn (trembling): There were lots of times, but once—I guess I was about six or so—and my mom and I stopped to look at this old abandoned house. We thought maybe we could fix it up or something because where we were all living wasn't so great. We looked through all of the rooms and then went outside to the porch and started looking around. I was kneeling, or something, on the porch . . . (*shaking and crying, gasping for breath; a group member puts a caring hand on Marilyn's shoulder.*)

Ruth: It's safe to go ahead, Marilyn, we will be here until you have finished.

Marilyn (looking up momentarily): . . . and I looked up and saw my mother running away toward the car. I yelled to find out what was wrong with her, and she kept going, even right past the car. I got up and turned around and there was a man with this huge face in the window and he had a gun. I didn't (*hesitantly, with a terrified expression*) know what to do, and so I tried to run. I was scared and I fell and I was bleeding and I finally got to the car and hid under a tire. I was worried about my mom and if she was hurt. She didn't come back for a long time, and I knew I had done something stupid and wrong (*now almost yelling through her gasps*).

Ruth: Marilyn, you didn't do anything wrong and you are not stupid. In fact, just think for a moment. If you, the mom, and Susie, the little girl, were caught in that very place, do you think you would run away and leave your little girl standing alone in the middle of danger?

Marilyn (startled by the question, looks up, and quickly and strongly replies): No! I would

make sure Susie and her mothers are safe.

Ruth: Yes, I would protect their child.

Marilyn: But she couldn't help.

Ruth: Parents protect their children. You needed help at that time.

Marilyn (quietly): A mother should protect her, or yes, my mother wasn't.

(*Several minutes of silence as Marilyn's little girl leaves Susie. Marilyn is there either. It is not clear if it has been, no fault. No, it was not her fault. It has been wrong. It has not been wrong. (Marilyn sobs for several minutes.)*

Ruth: It's different about the evening she was there.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

Marilyn and Susie: Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

The redaction helped her to see the child in significant ways. To be able to see life with Nick herself, blaming herself, asking for help served to be safe. Marilyn and Susie are their own.

nd away from the danger.
d it because I always
was supposed to get out
are falling down Mari-
now why I am so upset.
up must really think I'm
all so dumb."
Marilyn, we're interested in
what else do you remember
behind and your mother
Will you share a specific

g): There were lots of
guess I was about six or
I stopped to look at this
: We thought maybe we
something because where we
n't so great. We looked
ms and then went outside
ed looking around. I was
g, on the porch . . . (*shak-*
ing for breath; a group
ing hand on Marilyn's

o ahead, Marilyn, we will
e finished.

p momentarily): . . . and I
my mother running away
led to find out what was
she kept going, even right
p and turned around and
with this huge face in the
gun. I didn't (*hesitantly,*
ession) know what to do,
I was scared and I fell and
finally got to the car and
is worried about my mom
he didn't come back for a
ew I had done something
w almost yelling through

didn't do anything wrong
id. In fact, just think for a
mom, and Susie, the little
at very place, do you think
and leave your little girl
middle of danger?
by the question, looks up,
ngly replies): No! I would

make sure Susie got away first. That's what
mothers are supposed to do, isn't it?

Ruth: Yes, mothers are supposed to help and
protect their children.

Marilyn: But I always . . . my mom, I mean
she couldn't help it, and I could take care of it.

Ruth: Parents are supposed to help and pro-
tect their children. You were a child, and you
needed help and protection.

Marilyn (questioningly): You mean, my
mother should have—? No, it was different for
her, or yes, maybe you're right, um, no, no, it
wasn't. (*Marilyn went back and forth for sev-*
eral minutes and then said): They didn't leave
their little girl on the TV show, and I wouldn't
leave Susie. Maybe I shouldn't have been left
there either. It wouldn't be Susie's fault? Could
it have been, no, it couldn't have been my stupid
fault. No, it wouldn't be Susie's fault, it would
not be her fault. At six years she couldn't have
been wrong. (*Bursting into loud sobs.*) It could
not have been me that was stupid. I needed help.
(*Marilyn sobbed while being quietly comforted*
for several minutes. When she left group that
evening she said): "I know something very
different about me from the inside now."

The rededecision Marilyn made in group that
evening reverberated throughout her life and
helped her to change herself and the life of her
child in significant ways. Marilyn slowly began
to be able to see the reality and the danger in her
life with Nick. She stopped turning against
herself, blaming and calling herself stupid.
Instead she questioned and noticed and then
asked for help. Finally, believing that she de-
served to be safe and protected, Marilyn was
able to leave Nick and his family. For a time
Marilyn and Susie were under police protection.
Marilyn and Susie now are living safely and on
their own.

Comments

Rededecision therapy is a method of helping
clients incorporate updated and current informa-
tion about themselves into early childhood
models of themselves and their world. It is a
process much like weaving, and Bob and Mary
Goulding were master weavers and master
teachers. They created a safe studio where all of
us could learn that we have the power and the

responsibility to weave the fabric of our own
lives as many times as necessary. They taught us
how the threads of the past and the present
intertwine and how we pulled them together as
children and how we can repeat the process as
adults. The power is always within us and it is
always in our clients. Marilyn's story illustrates
the essence of rededecision therapy and the ability
that each of us holds for changing our own lives
and for helping our clients change theirs through
rededecision therapy.

Rededecision therapy's overall design has been
to help clients and students claim their auton-
omy. Rededecision therapy work leads us through
early decisions about how to manage or to exist
with both our internal and external environ-
ments to rededecisions and new perceptions,
conclusions, understandings, and beliefs about
ourselves. These new beliefs then govern new
behavior, attitudes, and abilities in the here and
now.

In the safe and confidential environment of the
women's group, Marilyn was able, one step at a
time, to feel enough support and safety to ques-
tion her current circumstances. She, with the
support and awareness of others, could begin to
wonder about things in her current life. Then,
with the trigger provided by the television
program and the group member's question,
Marilyn recalled a scene to illustrate her early
decision. Marilyn was a terrified child living in
the midst of danger, and her decision to survive
(literally) was that she could only trust herself,
and she had to take care of her mother to have
anyone around—she did not deserve any more
than that. The rededecision was that she deserved
and could get help and move out of danger.

Marilyn's life is incredibly different now, and
that is what Bob and Mary taught us could
happen successfully with rededecision therapy.
Within a safe environment and the defined limits
of a focused contract, people can integrate the
affective and cognitive threads of both the past
and the present to form a new fabric for their
lives.

For Bob, therapy was simple, straightforward,
and quick. He merely said that you do one piece
of work at a time, and you keep it short. He was
a master at brief therapy, focused intervention,
and creativity. Bob could target the issue and

their feelings tell them), and those who are self-denigrating struggle to raise theirs. In the conflict we have to be careful about whom we allow to come close.

This leads to the examination of relationships, which ideally are maintained by each person keeping the same rules as those required in child rearing, toward himself or herself individually and toward each other. But most of us as we enter a relationship already have suffered some breakdown of our needed defenses, and harbor some deep-seated doubts, both about ourselves and about others. "I am essentially OK, and you are, too" may be an intellectual belief of many, but it is only rarely a visceral conviction in anybody. The traumas that led to our doubts resulted for all of us in what Huxley (cited in Smith, 1989) called "the fundamental human disability" (p. 408), namely egoism, which is not necessarily arrogance or false pride, but always an overconcern with self (am I good enough?). Egoism, above all, is what led to whatever self-defeating decisions we made.

Secret Contracts

How do we learn to protect ourselves from our scares regarding acceptability as we approach each other for closeness, let alone intimacy in the deepest sense? We select, mostly by intuition, candidates who seem to be promising to bolster, never to undermine, whatever sense of self we have. In other words, our attractions to one another may be more self-serving than loving even when they include love. We most easily "fall in love" with the one who most convincingly promises, nonverbally, to be careful of our sense of self. The mutual negotiating going on under the table (or blankets) in a courtship is in service of that contract (albeit a secret one), an agreement to support each other's self-image even if it is poor. This is not a cynical view. It is widely recognized as the human condition, as Papp (1982) reminded us.

Those (and there are many) who pick partners who are *most* likely to renege on the requirement to respect the other's self-image do so as a result of a grandiose delusion. For drama and intensity they spice their romance with the magical expectation that their love for the other will result in the other's changing into the ideal

partner they believe they want, and whose record has been poor only because he or she has not been properly loved. It is a childhood belief, but the principle at issue remains the same. Self-image maintenance is the predominant motivation. Even the most self-defeating are ultimately reinforcing their early-adopted positions and thus justifying their doubts of self and others. We are familiar with tragic life scripts.

These secret contracts invariably break down, we know. No one can be responsible for another's self-image, and no one can consistently behave as another would prefer. Fatigue and resentment soon or eventually interfere, and one or both partners feel betrayed. If they have children, beware. One or more of the offspring will be expected to do what the parent's parent, and then the disappointing spouse, failed to do. Taking care of the hurt parent's ego, even if the child is still an infant, becomes the child's chore. It is, of course, a burden that cannot be borne. The child, suffering from the parent's violation of the rules (which is always an abuse of power), quickly gets caught up in a delusion regarding self-worth and the trustworthiness of so-called nurturers. The process goes on, repeating itself for generations.

Redecision Therapy Required

Enter Bob and Mary Goulding offering rededecision therapy: They tell us how to draw out self-defeating, early decisions. The client may safely be invited to recreate those childhood scenes in which the original, self-defeating decisions were made (even if they were wordless), to evaluate them for their present consequences, and to replace them with ones that are sound. This requires returning to earlier states of thoughts and feelings, so that realizing one has made a wrong decision, and then rededeciding it, are not merely promises to oneself to do better. Rather, they are internal changes made with both cognitive *and* emotional conviction. When genuine, they are instances of growth. Nevertheless, they require repeated applications by practice in the real world and, in more cases than have been advertised, by replacing earlier sexualization patterns with loving ones, to break that circle.

My experience has taught me to go with a client as soon as possible for the underlying

sense of self and to intimates. However these issues must be please clients may si are, and premature may invite resistat overcome. The imp so cleverly disguise its existence is not e vation feelings are

The term "egoist and so is "delusio inadvisable for a immediately ready childhood respons injunctions they set disaster. A rededec client gets to the se before pushing tow: scious, preverbal glistens.

Ten Principles

Conclusion: Th mental health are th basic defenses, th self and freeing i locked up. In sum of human behavior

1. Humans' tw vation and species-ifest themselves as l right to be here," taken care of," r earned.

2. These two person is to grow i separate individua social being (belo

3. Three rules growth: forgiving making sure they promises made to theirs; and exposi helping them to i before sex.

4. Mistakes an and by the childre the two defenses v scious or precon

empower the individual to solve the problem quickly. He was a superb brief therapist, and as such, he prepared many of us for these days of survival through managed care.

My beginning (Ruth's) with rededication therapy, brief intervention, and empowering the client was in a marathon in the spring of 1970. I had spent the entire two-and-a-half days silently sitting in the corner, watching, of course, but never speaking. During the last break before closure on Sunday, I overheard Mary in her direct way ask Bob what he wanted to do with the droopy girl in the corner. Bob's reply was, "I'm not worried about Ruth, she's strong enough to do whatever she wants for herself." I don't know if Bob ever knew that I heard him. I do know that, from that point on, I changed my life.

Ruth McClendon, M.S.W., is a licensed therapist and consultant in the San Francisco and Monterey Bay areas of California. During the last 20 years, Ruth has been training and teaching professionals throughout the United States, Europe, India, Japan, and most recently Russia. Along with her husband, Leslie B. Kadis, M.D., Ruth has developed the models for rededication family therapy and rededication brief therapy. She is coauthor of a book on family therapy, Chocolate Pudding and Other Approaches to Intensive Multiple-Family Therapy (Science and Behavior Books, 1983) and has authored many articles on her work. She is

currently serving as coeditor of the International Section of The American Journal of Family Therapy. Ruth is an assistant clinical professor of psychiatry at the Langley Porter Psychiatric Institute, University of California Medical School, in San Francisco.

Leslie B. Kadis, M.D., is a psychiatrist in private practice with offices in San Francisco and Aptos, California. He is the coauthor of a book on family therapy, Chocolate Pudding and Other Approaches to Intensive Multiple-Family Therapy (Science and Behavior Books, 1983) and editor of a book on psychotherapy, Rededication Therapy: Expanded Perspectives (Western Institute for Group and Family Therapy, 1985). Dr. Kadis is coeditor of the International Section of The American Journal of Family Therapy and a member of the editorial board of the Family Business Review. He has authored and coauthored numerous papers that have been published in professional publications and has been honored as a Fellow by the American Psychiatric Association for his professional and community work. Dr. Kadis is an assistant clinical professor of psychiatry at the Langley Porter Psychiatric Institute, University of California Medical School, in San Francisco.

Please send reprint requests to Ruth McClendon, M.S.W., and Leslie B. Kadis, M.D., P.O. Box 190, Aptos, CA 95001, U.S.A.

Rede

Abstract

Bob Gould's inspirational influence on other people touched by his particular emotional pain. Here is mine.

The quiet you corner of the members' feed him. He began deserve this re saying, "They end up hurting felt mortal sha receiving so n had been paran certainly could with a healthy s ble self-hated

"When did this before?" there." Slowly why, but I'm kitchen at home four." "What playing and n I'm making to ing?" "She's driving me cr softly. Collap reendingly. "Y my god, I D revealed, rede thus began his

That piece I hadn't unde sions and red did from the ings' theory more than to chance to t