

Redecision Therapy as a Process of New Belief Acquisition

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Historically, rededecision has been seen as a single act from which comes lasting changes in thought and behaviors. This article explores the expansion of that concept by positing that rededecision is a process of acquiring new beliefs, which resolve early childhood decisions. Presented are criteria by which injunctive messages can be diagnosed; the proposition that there are two distinct decisions to each injunction; and a conscious process by which injunctions can be mastered and resolved. The internal parent necessary to bolster the process of rededecision is discussed. And, a methodology for self-assessing the power of injunctive messages in a person's life is presented.

Though no single line exists in the literature on Redecision therapy as to specifically what a rededecision is, it has always been referred to as an event-driven moment in which there is a regressive experience brought into the present moment (Goulding & Goulding, 1982; Stewart & Joinor, 1987). That is, rededecision is continually referred to as a specific act, a new decision, a moment, which retrospectively could be seen as a life-changing moment. It has also been widely presumed that behavior changes followed rededecisions because of the freeing of energy from a previously bound cathexis.

My own dissertational research in 1975 was founded upon this presumption that changed behavior flowed naturally from the successful completion of identifiable rededecisions (McNeel, 1975; McNeel, 1982). In that research, I also continued the pattern of alluding to what a rededecision was without ever defining specifically what it was. This is not to suggest that there wasn't a clearly held sense of what a rededecision was. We knew. Those of us who worked with the Gouldings and conducted training at the Western Institute had a steely-eyed conception of what constituted a rededecision. It is my purpose here to expand that view.

The purpose of this paper is fivefold: (1) to expand the understanding of rededecision from an emotionally-charged event to a resolving process in which the patient successfully acquires a new belief which counters the early decision; (2) to explain a criterion by which injunctions can be diagnosed by the observation of coping behaviors; (3) to posit the observation that people make two distinct decisions, defiant and despairing, to injunctions which affect them; (4) to describe the internal nurturing parent necessary to bolster and protect the rededecision; and (5) to present a criterion by which a person may determine the relative influence an injunction holds on their lives.

Injunctions as Believed Falsehoods

For the past seven years, I have sought, with the aid of my colleagues and patients listed at the end of this article, to understand more fully the role of injunctive messages in people's lives. The term injunction in Webster's (1981) means "the act or instance of enjoining." And, certainly, the use of this legal term in Redecision therapy has placed

the emphasis on the concept of prohibition found in the term "enjoined." But Redecision therapy separated itself theoretically from Berne and Steiner over the issue of injunctions. Berne (1972) first coined the term, but he used interchangeable the term "witch parent," and Steiner (1974, 1979), "the Pig Parent." Berne did not use the term injunction in any of his writing prior to 1970. His last book, *What Do You Say After You Say Hello* (1972), uses it extensively and with familiarity. At that point, the Gouldings had been using the term in their teaching for many years, but did not enter it into the literature until their article, *New Directions in Transactional Analysis: Creating an Environment for Redecision and Change* (1971) in *Progress in Group and Family Therapy*. Interestingly, it appears in print for the first time in Steiner's *Games Alcoholics Play* (1971) and is used in a familiar fashion. However, the terms "witch parent" and "the Pig Parent" argued for a type of parental determinism, which the Gouldings (1972, 1978) aggressively rejected, saying that it was the intersection of injunctive message with a corresponding decision, which gave consequence to the person's life. But the injunction understood as a prohibition alone does not fully explain the weight of influence exacted on a person's life. For it to have this sort of power it must also be believed to hold a truth, which must somehow be reconciled. Except that all injunctions are false. There is no truth whatever to the concept that one should not exist, not grow up, not feel important, or not be who one is. So an injunctive message must be more than a simple enjoining prohibition. It is a falsehood of the worst sort, a believed falsehood.

Defiant and Despairing Decisions

That an individual makes an early decision in response to injunctive messages has been cant since the earliest writings on Redecision therapy. However, with the exception of the Don't Exist injunction, there was no effort to assign specific decisions to particular injunctions. Over the past seven years, we have sought to identify representative wording, which captures the essence of each early decision to each injunction. In this process, we made a remarkable observation. Instead of a single decision to an injunction, there are two. The two decisions are very different in character, but each has the effect of bonding the person tightly to the injunctive message. To each injunction there is a defiant decision and a despairing decision.

When a person is engaged with the defiant decision, he has more the aspect of being healthy. When in relationship with the despairing decision, he appears in need of help. But neither embodies a healthy response to life, since both have the effect of confirming the validity of the injunction, a false belief. These two responses also provide a great deal of the momentum in the script process. There is a relief engendered when one switches energy from the despairing side to the defiant side and vice-versa. While this switching process is active, the script process is "live," with a person displaying energy from the switching. It is not uncommon over time for an individual to be characterized by either the despairing or the defiant mode. When this has taken place, the person appears "set in her ways."

Because both modes emanate from a falsehood, neither engenders healthy behavior. In the defiant mode, one is characterized by a grim and driven determination to overcome life itself. It is as if health can be obtained through the completion of goals or at least striving after objectives. In this mode, success in life is associated with certain drives and behavior patterns. Of course, the bar is constantly raised so that the individual

never experiences a true satisfaction from the enormous expenditure of energy. In the despairing mode, the person appears more available for help. However, this is an unintended deception since the despairing decisions have a quality of truth to the individual. They represent people's worst fears about themselves. Others may wish to alter these views through various forms of reassurance. Indeed, the very nature of the desperation, which often emanates from someone, moves others to attempt a rescue of that person from their agony. But, the best this process can produce is a brief respite. The familiar path to relief is a switch to the defiant side and its attendant energy. When the defiant side runs its course with its predictable exhaustion, the person switches with reluctant surrender into the apparent truth of the despairing side. And so it goes.

The Coping Behaviors

When the famed cardiologist, Dr. Meyer Friedman (1989), is presenting his slides/lecture on the thirty-three identifiable characteristics of Type-A behavior, he startles his audience with a somewhat grotesque photograph. It is a slide showing a severely deformed foot with the toes twisted beyond all shape of normality. The deformation of this foot has nothing to do with Type A behavior, but he shows it to illustrate a point. Any physician seeing that foot would know that the individual has a dread disease called Marfan's Syndrome and will die of that disorder. The physician wouldn't ask the person if he had Marfan's, she would diagnose it from the symptoms.

In a like manner we asked ourselves if each injunction had a "signature," a recognizable form of thought and behavior. This we called the Coping Behavior. If you have an elephant sitting in the front room, it will cause you to form behaviors to cope with that reality. Someone might never come to your house, but if he watches your behavior closely, he might very well conclude quite correctly that you are dealing with an elephant in your living room. Injunctions are the elephants. But, for the most part, they are invisible and can be discerned most readily by someone who knows which signs to identify. In this way, we do not ask people to tell us what injunctions they received, but we diagnose the behaviors, which indicate which particular falsehoods are having the most impact on their lives. For each injunction, we have identified a coping behavior. These coping behaviors become our most powerful diagnostic tool in determining which injunctive messages hold the greatest sway over a person's life.

Redecision as the Acquisition of a New Belief

As stated before, an act of rededication has been seen as a unitary event, which is life changing. Specifically, a rededication has been seen as life changing because of its believed ability to end a destructive pattern of thought or behavior, or both. It was often described as finishing something. For those of us privileged to work closely with the Gouldings and to be immersed in their work, we would hear and make references to people "finishing" their issues: their guilt, their anger with their mother, their grief over a long dead parent, etc. The concept contained the conviction that having "finished" with a constraining belief, conviction, or obsession, the person would then experience a change of perception, either of themselves, or life, or both. This enhanced the concept of a rededication as a single redemptive act. From this flowed an emphasis on creating an event that would be powerfully enough charged to bring about the expected transformation.

The emphasis on redecision as an act has overshadowed the implicit belief that a new belief must result from a genuine redecision. But precisely what those decisions are has never been catalogued. We thought it would be vital to identify just what are the new beliefs that appear from successfully resolved injunctions. Identifying those new beliefs would make it possible to greatly expand the ways in which to conduct Redecision therapy. We posited that one could then seek the new belief through a directive method. Thoughts could be identified which indicated the flawed thinking of the despairing and defiant decisions which come from a believed injunctive message. Then there could be a system of informing the patient of the new belief that would be necessary to resolve the injunction. The patient could then become expert at identifying false beliefs in her thinking and substitute the new belief.

With this in mind, we set ourselves the task to identify the new belief that was necessary in order to resolve completely the power of the injunctive message. Through this process, we began to see that redecision is truly a process of acquiring new beliefs. This conforms to the original concept that the finishing of work on an injunction always assumed that new patterns would appear. The contribution is the explicit stating of the healthful new beliefs that should occur in the process of redecision, and that the process is actually more of a beginning than a finishing.

The Resolving Activity

In the counseling courses for the modification of Type A behavior (Friedman, 1984), participants came to an understanding of their time urgency and free-floating hostility. One of the mainstays of that program is the assigning of daily drills. The drills are designed to change time urgent and hostile behaviors. Participants are encouraged to seek out long lines, to drive in the slow lanes of freeways, and to substitute compassionate thoughts for hostile ones if someone is going too slow or cuts them off in traffic. These are necessary to change behavior which had become "natural" to the individual.

We were understanding with fresh awareness how powerful the influence was of injunctive messages in a person's life. Much of the person's thoughts and behavior is shaped by the influence of these messages. And the longer people continue their patterns of thinking and behaving, the more "natural" they become. So, the more a person isolates himself thinking no one likes him, the more powerful becomes the Don't Belong message he believes.

As stated, we began to see that the way to break the spell of an injunction was to acquire a new belief. Indeed, we believe it is the process of acquiring new beliefs that resolves injunctions. Resolving an injunction renders it powerless. Just as drills are helpful to alter Type-A behavior, so we came to see that there are very useful activities for patients to consciously and intentionally engage in to aid the process of resolution. We call these resolving activities.

One major characteristic of a resolving activity is that it will seem strange or unfamiliar to the patient. It will go against the grain of what has been familiar and has felt "instinctive." On the occasion of my first skiing lesson, I listened to the instructor in disbelief as she told us to bend our knees and lean forward over the skis. This "felt" completely wrong. But, any skier knows this is the necessary procedure to pursue in order to gain mastery on the slope. We want people to have mastery of their injunctions.

Since injunctions "build in" responses, we began to assign "bend and lean" behaviors for people to practice. The person with a Don't Want injunction feels peculiar making multiple requests daily, but that's the resolving activity. And, through that activity, she can attain the new belief, "It's no big deal to ask." As that belief becomes stronger, the injunctive message wanes.

The Parental Stance That Heals

Both the despairing and defiant decisions are dysfunctional. They are, to some extent, based on either fragmentary or imaginary data about a truly healthy and protective parent. Both types of decisions are based on a misunderstanding of a functional child to parent relationship. The defiant decisions seek "to show" the parent that one is happily independent of any need of parenting or guidance; and the despairing decisions are based on a similar misconception, where the parent is all powerful, even god-like, and capable of rescuing the individual if only he is sufficiently desperate. Neither of these conceptions can provide a parental resource capable of guidance, protection, or perspective.

On the one hand, the parent is an entity to be bested, and on the other, it is a being almost omnipotent in its ability to intervene and make things right. These misconceptions hold enormous sway when a person is in the grip of either a defiant or a despairing decision. An outgrowth of this observation is a definition of what healthy, helpful, and protective parental presence a person needs to incorporate in order to integrate new conceptualizations about life. Certainly, internally nurturing responses must be protective and affectionate, but they must also contain strength and power; they must have pith. And, they must contain wisdom. The parental responses that are impactful are those that have the ability to counter completely those held by the fragmentary or imaginary parent.

When Dr. Howard Liebgold (1997) conducts his Phobease program for the alleviation of phobias and obsessive compulsive disorders, he gives his participants extensive information concerning the biochemistry of anxiety (adrenaline), the genetic predisposition of the phobic person, and the predictable and recognizable thought patterns common to all phobics. He equips participants with a safe hierarchical system to increasingly engage the feared object in a safe manner and eventually conquers the phobia through a succession of victories. And, he adds one other powerful element. He offers reprogramming of the internal parent. Phobics tend toward self-hatred and being very judgmental of themselves. He offers up a parent that is tenaciously supportive and fiercely protective. This disorder conjures its own internal critical parent inspiring phrases such as, "You are no good," "You can't do anything." To counter this critical parent, nurturant and encouraging phrases are given: "If it makes you anxious, do it," or "Face the fear safely and it will disappear."

In a like manner, when injunctive messages have become part of the accepted internal landscape they produce internally negative thoughts in abundance: "You're a failure," "No one loves you," "You're all alone," "There is no one you can depend on," etc. To counter this, people are encouraged to repeat to themselves phrases of a far different quality: "There is no such thing as failure, only learning," "Receiving sweetness is not a weakness," "You can handle what occurs in your life," and so on.

For the process of redecision to be complete, there must be correction of the internal parent, which has abided beliefs in the injunctive message. We call these corrections the parental stance that heals. This is not some sort of bland soup or mystical thinking, but a source of strength, wisdom, and perspective. The essence of this new parental stance is a common sense, which will brook no falsehoods from the injunctive messages.

Responses to the Giver of the Injunctions as a Source of Self Diagnosis

One further category of responses began to emerge, one that is especially helpful to patients in self-diagnosis. These are the internal thought structures that the person maintains primarily toward the giver of the injunctive message. Over time, of course, these thoughts generalize and are directed toward many others, both intimates and the public in general. These internal thought structures tend to be either bitter or healing in nature. Just as the velocity of an uncorrected script increases over time, so will one of these two tendencies come to characterize the person. As they age, people are characterized by either the healing response or the bitter response.

These internal thought structures become powerful tools of self diagnosis when presented in an "either/or" style. People can readily acknowledge which is more characteristic of their internal thoughts. The person with a palpable Don't Exist injunction will strongly resonate to the thought, "I hate my life," while the person not so afflicted will have much more resonance with the thought, "I'm precious," or "My life is precious." Those bitter thoughts that people most strongly respond to become potent indicators of the injunctions that most affect them.

It is fair to hypothesize that all of us received all the injunctions to some degree. But, it is also logical to assert that for most people only a few are strong enough to wreak the havoc that we see in people's lives.

When there are unresolved injunctions, there are bitter forms of thought. Over time, this bitterness lends itself to a quality of judgmentalness, one of the most debilitating aspects of negative scripting. When there is the resolution of injunctions, healing becomes the characteristic process, which, over time, equips the person with the skills of acceptance and equanimity.

In addition to being a rich source of self-diagnosis, this list of "either/or" characteristics also offers the patient an insight into healthful attitudes. For the person who recognizes that he is extremely susceptible to the opinion of others, it may come as a revelation that some people would characterize themselves as being defined by the richness of their interior life. That revelation might very well stimulate a workable contract for change.

There will be five more articles in this series which will apply this schema to all of the injunctions. The injunctions will be grouped into those areas related to survival, identity, issues of trust, the capacity for affectionate relationships, and issues related to success in the world. All good therapy is redecisional in nature.

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