

# Corrective Parenting: A Developmental Odyssey

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## Abstract

This article elaborates some of the essential components of the process of corrective parenting, those that promote the highest level of autonomy and safety for both the practitioner and the client. It presents, in brief form, some of fundamental aspects of the transactional analysis approaches that make this way of knowing both powerful and effective.

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Corrective parenting is a personal growth process that validates and legitimizes humans' natural capacity to return to previous states of being (regression), to let go of old patterns (original pain work), to open to new modeling, and to take in new ways of being (corrective parenting), and therefore to heal. As with its therapy cousin, reparenting (Schiff et al., 1975), it places the powerful emotional bonding connection between therapist and client not on the sidelines, but center stage. Clinical experience shows that people can use these processes to produce powerful, dramatic, and permanent transformation of both physical and emotional states of dis-ease. Yet these same processes can be fraught with pitfalls. How can these dangers be minimized and the benefits maximized?

It is this question that has occupied my attention in one form or another for 26 years, since I began two parallel processes: my own corrective parenting work as a client and my work as a corrective parenting practitioner. During that time I have been privileged to become familiar with hundreds of people offering corrective parenting in the United States, Canada, England, France, Belgium, Germany, and other countries. Because I have served in various roles—trainer, consultant, workshop leader, and contract mother—I have been exposed to a wide variety of personality types, belief systems, and skill levels. I have

also had the opportunity to work with others to refine the process and to apply what I learned to the development of the training I offer.

In so doing, I have learned that the basic blessings and banes of the corrective parenting process are fairly similar across international boundaries. Perhaps this is so because the problems of raising children—and, therefore, of raising the inner children in grown-ups—are common to parents and contract parents in all cultures, with only some cultural details providing variation. Some of the things I have learned that make for a safe, ethical process and a successful outcome are described in the following sections.

## Become Well-Acquainted First

The corrective parenting relationship is likely to be one of significant emotional involvement over a lengthy span of time. Unlike most therapies, which work outside the transference and separate the person of the therapist from the technique that person uses in working with clients, corrective parenting and regression are carried out within the transference and make active use of the person of the therapist. These are the strong points and the weak suits of both ways of working. How the therapist lives, works, plays, and responds, not only to the client, but to life, is central to a positive therapy outcome. A potential corrective parenting client needs to find out if the corrective parenting therapist under consideration:

- models clear thinking
- lives a moral and ethical life
- stays off the drama triangle (Karpman, 1968) and models script-free behavior
- takes information into account rather than discounting it (Schiff & Schiff, 1971)
- provides healthy structure rather than parental authoritarianism and criticism
- gives healthy nurturing within a clear contract instead of permissions to fail disguised as nurturing

- takes care of his or her own needs outside the parenting relationship; does not offer overt or ulterior invitations for the client to take care of the therapist in any way
- keeps healthy boundaries
- models good self-care
- relates compassionately and empathetically, considering the needs of the inner Child of the client as well as those of the grown-up client when making choices
- is able to engage in emotional honesty and intimacy
- has engaged in his or her own corrective parenting process and continues to deal with personal issues in his or her own growth process

These and other virtues are no doubt important in any therapist-client relationship; however, they become crucial when the person of the therapist is central to the therapy.

Meanwhile, the corrective parenting practitioner needs to engage in good self-care by learning about the potential client. To learn about a client's central script issues, many corrective parenting practitioners use the Developmental Script Questionnaire (Levin-Landheer, 1981). Answering the following questions also adds clarity:

- Is the person really here to solve problems and change or just to play games? (Berne, 1964)
- How will his or her potential corrective parenting work impact others in his or her life? For example, is he or she leaving a hot potato (English, 1969) with someone else while gaining support from you?
- How did the person leave his or her last therapist?
- What is his or her current state of physical health? Emotional health?
- How much support will the person need, and will you be able to give it?
- How long will he or she need to work with you, and are you willing to commit to that length of time?
- Does the person have the resources to complete the work, or will there be a problem down the line that is best addressed now?

- Do you have the specific parenting skills the person needs so that you can be a good-enough parent?
- Is this someone you want in your life right now?

Once the answers to these questions are clear, and both parties want to continue, then take the next step.

### Establish Ground Rules

You need ground rules both for the relationship and for pieces of work. If the setting in which you work is private practice, you need to establish fees, appointment times, policies for missed appointments, ways of getting in contact with you, your emergency policy, and so on. These are similar to those used in a noncorrective parenting private practice.

For a group or workshop, you also need to include ground rules about confidentiality and no sexual activity or relating with other participants unless already partnered with them before the workshop begins.

### Elaborate Options for Conducting the Work

Corrective parenting practitioners often offer some or all of the following:

*Individual sessions:* One client meets with one or more people who might include corrective parenting mom, dad, contract brothers or sisters, and support people invited to assist in a particular piece of work. The session usually lasts one to two hours. Some individual sessions are conducted on the phone, especially when geographical distance and physical health are considerations.

*Group Sessions:* These are regularly scheduled groups that meet usually every week for three or four weeks a month. The structure of the group process varies widely, but all include options to regress to a variety of ages.

*Individual Intensives* (Nordeman & Nordeman, personal communication, 1983): One client meets with a contract parent or parents for larger blocks of time, which are repeated; for example, two three-hour sessions over two days, up to two such three-hour sessions per day for up to five days. This option allows for parent and child who live in different parts of

the country, or indeed, the world, still to carry out effective work.

*Play Groups* (Levin, 1981/1988): Composed of several participants and a leader or leaders, each play group is generally structured around a particular age, for example, an infant play group, a toddler play group, a two-year-old play group, and so on. Some of these have met for overnight, as when several clients reworking latency-age issues wanted to get together for an eight-year-old slumber party. Some have included a weekend camping trip. Clients often request other such outings, such as an eight-year-old trip to a museum, but because these are public spaces in which raucous eight-year-olds in grown-up bodies seem out of control, such environments are generally avoided.

*Minithons and Marathons*: Similar to a group meeting, but for a longer length of time—usually one-and-a-half to two days.

### **Keep the Process Positive and Creative**

After experimenting with various approaches, I have found that the best results are obtained by structuring corrective work around achieving the client's vision for his or her life (Levin, 1981/1988). More than a contract, a vision arises from the client's unconscious. It can often be manifested as a drawing, using large paper, the unaccustomed hand, and a variety of colors. It answers the question, "If you had already achieved what you came here for, how would your life be different?" Structuring the work around the client's vision also quickly activates the client's Free Child and provides positive motivation for sticking with the process when the urge to quit takes hold. And it is uncanny how working on manifesting his or her vision brings up exactly the issues that a person needs to resolve.

### **Close Escape Hatches**

Much has been written about escape hatches (Berne, 1972; Boyd & Cowles-Boyd, 1980; Haiberg, Sefnes, Berne, 1963; Holloway, 1974). The Experiencing Enough staff (Levin, Nordeman, Nordeman, & Gowell, 1983) amended the work of these authors and asked each workshop participant to sign them in front

of witnesses. This amended version, called a "self-care contract to close escape hatches," is now also used by many individual corrective parenting therapists around the world. It reads:

1. I protect and nurture myself. I do not harm myself accidentally or on purpose, and I do not provoke anyone else to hurt me.

2. I respect others and myself and act in a responsible way. I do not harm any other person or the environment accidentally or on purpose.

3. I stay, work through my feelings, thoughts, and behavior, and solve problems. I do not run away physically or emotionally.

4. I am honest with myself and others both intellectually and emotionally. I am not sneaky, nor do I lie.

5. I stay sane and healthy and work through problems responsibly by structuring my work within a contract. I do not get sick or go crazy.

6. I stay socially appropriate except under contract.

7. I am proactive: aware of my own and others' thoughts, feelings, and behavior and responsible for my own. I am not passive.

### **Educate About the Process**

The foundations of transactional analysis—especially ego states, transactions, games, scripts, the drama triangle, episcrpt and hot potato, discounting and passivity confrontation, and the developmental cycle—are concepts central to the process of corrective parenting. Providing ways for clients to learn about them strengthens the Adult ego state and makes it an ally in the restructuring process. Reading books, listening to tapes, and attending classes are therefore encouraged.

### **Engage in Decontamination Work Throughout the Process**

The inner child and the grown-up in most people are so inextricably mixed together that they are like sugar in water. Therefore, transactions meant for the grown-up are misinterpreted by the Child as script reinforcing, while transactions meant for the Child are interpreted by the grown-up as permission not to be responsible. Ongoing decontamination work

(Berne, 1961) is essential to address this common pitfall. This can be done transaction by transaction, as in "What I'm about to say is for your grown-up; don't take it into your Child," or, "This message is for your (two-year-old, or infant, for example), not for your grown-up."

**Define the Piece of Work, Then Do It**

Clients find using the five-line think structure (Levin, 1973) an easy way to define the issue on which they want to work. When completed, the issue is stated in a sentence:

I am feeling . . . 1. (scared, sad, mad, glad) because I think that if I . . . 2. (developmental behavior I initiate) I will be . . . 3. (negative Parental response) instead of . . . 4. (positive, growth-affirming Parental response) so I . . . 5. (games and rackets used to cover the problem).

Once the work is defined, you can proceed to making a contract.

**Work Only Under Contract**

To design a work contract (Levin, Nordeman, Nordeman, & Gowell, 1983), which is a derivation of a treatment contract (Berne, 1966), you can use the information from the think structure:

- I will stop . . . (from line 5)
- I will start . . . (from line 2)
- Underlying issue . . . (If I do line 2, line 3 will happen)
- How . . . (express feeling in line 1, do behavior in line 2, and get line 4 response)

**Engage in Regressive Work Only When:**

- There is a clear contract.
- There is enough energy available (including support people, if necessary).
- Escape hatches are closed.
- The individual is free from the influence of nonprescription mood- or mind-altering drugs.
- The person is confronting here-and-now issues.
- The person is taking care of grown-up needs for nurturing.
- There is enough external support in the environment (including pillows, blankets,

and biting rings [such as teething rings] to protect teeth) and a place in which it is OK to make noise.

The person demonstrates responsible behavior and clear enough thinking to stay grown-up between sessions.

The person does not have a history of regressing outside of sessions.

Support people, including the therapist, know how to take care of an inner child of the age contracted for and how to complete each piece of work.

**Structure Protection Specific to the Contracted Age of the Client's Child Ego State**

If the client plans to do a fetal regression, different protection is necessary than is required for two-year-old or eight-year-old work. Many transference problems arise from not being clear in advance about how old (or young) the person wants to be during his or her work. For example, the Parental message "I'll provide for all your needs" is developmentally appropriate to an infant and highly inappropriate for a ten-year-old. To match the parenting to the child, define the age in advance.

**Bracket Between Sessions**

In contrast to reparenting, a client engaged in corrective parenting is expected to stay grown-up between sessions, carrying on his or her regular adult responsibilities. Making the transition back to normal adult functioning following a powerful piece of regressive work can feel like scaling Mount Everest with no equipment. Therefore, clients are taught how to "bracket" (Levin, Nordeman, Nordeman, & Gowell, 1983), that is, how to stay grown up and not act out problems between sessions. Some suggestions for doing this include:

- Give the Child part to someone else to take care of (e.g., contract mom or dad).
- Tell the Child that the grown-up is making an absolute commitment and will arrange for a time and place that is safe so the Child can have whatever else is needed.
- Make that arrangement now, if possible, or as soon as possible (e.g., the next appointment).

- Tell the Child when that time will be (for example, no later than two weeks from now).
- Visualize hugging the Child and putting him or her in a safe place.
- Use other ego states to get back out of the Child (i.e., think, have some grown-up fun, etc.)
- Tell the Child to cooperate with the grown-up part so the grown-up can receive what is needed and not be sabotaged in grown-up life.
- In the proper time and place and with proper protection, let the grown-up step aside so the Child can come out.
- Write on a piece of paper what you want to bracket and put the paper away where you can retrieve it next time you have a work session arranged.

## Conclusion

These are some of the guidelines and procedures I have learned to keep the process of corrective parenting and regressive work both safe and ethical and to answer most of the questions of those invested in corrective parenting as well as those outside of this paradigm.

Corrective parenting itself has evolved over the years. For example, originally focusing on the stages of development from the first breath of air drawn by the newborn through adolescence, it now also includes conception, fetal life, and the birth process, with some practitioners also offering past-life regression.

Perhaps far more than modalities that work outside the transference, corrective parenting has been called into question. Although some concerns are legitimate, often those objecting the loudest and longest are unwilling to hear reassurance based on fact. For them, criticizing corrective parenting seems to be a way to hold on to some internal equilibrium and/or to gain a political benefit by attempting to keep their own therapeutic paradigm dominant.

Still, when all is said and done, a tool, including any therapeutic modality, is no better than the hand that holds it: A knife can be a murder weapon or a means of healing. To invalidate all uses for a knife because it can be

a murder weapon is to fail to discern the crucial differences between harbingers of death and healers.

As a relatively new therapeutic modality, corrective parenting is currently at about the same stage of development that hypnosis was 100 years ago. Today hypnosis has evolved from the days when practitioners were almost automatically labeled charlatans to its present position as a legitimate therapeutic process. No doubt, as with hypnosis, it will take a considerable length of time for training, licensing, and other legal institutions to adjust to incorporate corrective parenting, but I believe they will accommodate eventually, for the power of these processes to heal cannot be denied. Perhaps 100 years from now there will be a whole new career track and body of law that lies somewhere between adoptive or foster parent and counselor or therapist.

The present-day cultural context is one key factor in the acceptance of therapies that work within the transference, validate regression, and place relationship on center stage. Currently accepted therapies were made, like every other social institution (with few exceptions), as part of patriarchal culture in which values such as competition, individual achievement, domination or "power over another," logic and rationality, "get in and do the job and get out" are high values. But such dominator (Eisler, 1987) cultures are also enforced with violence, including physical and sexual abuse, and they exist at the expense of feminine values such as community and relationships, emotional intimacy, empathy, and nurturing. Consequently, they have a high rate of addictive behaviors, which compensates for these denied feminine traits. But women (and some men) know, because we are mothers, that healthy children are not the result of such means; in fact, as the recovery movement has so aptly pointed out, these ways are part of dysfunctional families, not functional ones. We need to look at therapy itself in this framework (Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982), and when we do, we see how lopsided it is in favor of patriarchal values. Almost missing entirely from the "official" scene (especially

licensing boards and exams) are therapies based on feminine values: relationship over the long term, nurturing and caring, affectional bonds, emotional intimacy, affiliation and connection. Indeed, when these are present, they are often redefined as "making the client dependent," "robbing the client of autonomy," "indulging in feelings," "lacking good boundaries," being "undifferentiated," and so on.

Clearly, the world needs gynocentric (Daly, 1978) values, including therapies, if it is to survive at all. For corrective parenting to undergo a honing fire in this crucible of criticism ultimately serves as a refining element in its own developmental odyssey.

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