ABSTRACT: Psychiatric residential treatment for adolescents can be conceptualized as a process of reparenting and deparenting. In psychiatric treatment, there is a division between "artificially" created forms of treatment (such as individual or group therapy) and the real experience of daily life which can be seen in the therapist's real relationship with the adolescent (reparenting) and daily experience in the milieu. The designation of parental functions (granting of privileges, allowances, status changes, management, and coordination) to the therapist creates the satisfactions and creative conflicts necessary for reparenting. The theoretical basis of this work lies in Alexander's work on the corrective emotional experience, but also has roots in current object relations thinking. The patient is re-exposed under more favorable conditions to situations he could not handle in the past. By adequate nurturance, deficits are corrected. The therapist must assume an attitude different from that which the parent assumed toward the child in the original conflict situation. Repetition of the same mistakes must be prevented by better understanding, good supervision, and controlled affectivity. Deparenting has a theoretical ground in learning theory. The therapist refuses to reinforce the patient's present state of adjustment by refusing to make the response the patient forcefully evokes, and then there is a possibility of new choices.

The concepts of reparenting and deparenting are used here as inclusive terms for the techniques and healing factors of residential psychiatric treatment. They evolved as a result of a struggle to find a way to describe this curative process which would embrace not only most schools of psychotherapy, respect their levels of depth, and yet adequately convey what happens so it can be understood (at least on one level) by all. It is hoped, then, that this simple paradigm might lead to new ways of studying and developing the techniques we used in the powerful therapeutic instrument we call residential psychiatric treatment.

Long-term residential treatment is a process of enculturation which proceeds slowly and over time. The reparenting and deparenting processes are nonsystematic techniques which produce individual change naturally within the crucible of an emotional relationship.

Reparenting is a form of surrogate parenting that allows the young patient to re-establish and re-experience early relationships he or she either missed or was unable to utilize. Deparenting is the process for correcting early interpersonal functioning which arose within the
family structure. Both concepts are inspired by Franz Alexander's concept of the corrective emotional experience which states that over a period of time emotionally charged attitudes developed in childhood which have to be corrected by reliving similar situations in the immediate present. (Alexander & French, 1946). An important factor in bringing about change is that the therapist behaves very differently in the present situation as compared to parents in the past. Reparenting nourishes and expands the healthy part of the patient while deparenting extinguishes the behavior and ways of being in the patient which have not been successful.

Background

These concepts were developed from an attempt to describe the healing process at the Constance Bultman Wilson Center, a 70-bed psychiatric center for adolescents. Discharge interviews did not provide the answer; even the most intelligent adolescent patients expressed little insight into what had made them well.

In this hospital, the designation of parental functions (the granting of privileges, allowances, and coordination of treatment efforts) is given to the adolescent's therapist, who is directly involved in managing the patient's life. This management is in some sense even more embracing than that of the parent of adolescent. This position and its responsibility are in no sense a pleasure for the therapist, yet they provide the arena for real transactions between patients and therapist which finally allow interpersonal changes to occur. This administrative background for reparenting is not allowed in many hospitals. A therapist-manager split is often advised, and the therapist is freed from working directly with the patient's behavior. In other treatment settings where family therapy is an available and primary modality, the therapist should simply not be a parent surrogate.

Deparenting seems to be a legitimate process of treatment at the Wilson Center because the hospital specializes in long-term tertiary treatment. Only a small percentage of patients come from nearby areas. Geographic limitations prevent regular family therapy, and for many family treatment was simply not successful. A large percentage of patients do not return home after treatment, but go on to boarding school, college, or independent living. Yet work is desperately needed to correct early interpersonal functioning which arose within the family structure. The work done to accomplish this, in addition to periodic intensive family conferences, may be described as deparenting or family therapy without the family. In the sense that an individual is