



EVENT THEORY AND MOTIVATION IN HYPNOTHERAPY

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Introduction

In the 1950s Milton Erickson often emphasized to his students and lecture audiences that psychotherapy patients don't need so much a direction from their therapists as much as they need help finding a motivation. The problem of motivation in psychotherapy and hypnotherapy still remains the clinician's biggest challenge. The purpose of this paper is to offer new ideas in the pursuit of motivating psychotherapy patients.

For those of you who have practiced psychotherapy or medicine for any length of time, there is a good likelihood that you've already come to appreciate the fact that even though your patients may be in distress and recognize the need for help, show up for appointments, and maybe even accept the treatment recommendations as well as pay their bills; all this compliance does not guarantee they are motivated and will change. In some way, tapping into patients' unique personal motivations and psychodynamics and then utilizing them to join patients to their task, is one mark of a good practitioner.

Abraham Maslow (1962) divided human motivation into two branches: (1) deprivation motivation, and (2) being motivation. The former refers to motivation engendered by negative feelings including punishment and illness, while the latter refers to motivation inspired by positive feelings of love, joy, hope and happiness. I have observed another type of motivation, aside from externally oriented reward and punishment. I call these "personal-motivations", as they appear to spring from within each individual for uniquely personal reasons-reasons that are not always apparent to the self or others. In this paper I will discuss how I view this type of personal motivation as related to an individual's "life events" and how humans tend to be motivated and change in relationship to their "life events". Finally, I will illustrate a hypnotherapeutic experimental procedure that illustrates how this human tendency can be utilized in hypnotherapy.

It has been my observation over the last 30 years that most people change without therapy. In looking for what motivates people to change and what they



end up changing about themselves and their lives, I have observed that people tend to use “events” that they either self-create or that externally occur to make changes to their lives. More interestingly, they use these “events” to enact or launch personal *unconscious fantasies or plans* that have previously been conceived. These unconscious fantasies or plans are not the usual grandiose conscious type that one commonly refers to as “wishful thinking”. In other words, they are not consciously fantasized accomplishments apart from reality. Unconscious fantasies or plans, on the other hand, constitute another type or level of psychological functioning. They represent plans or ideas that are syntonetic with the personality and are realistically attainable-able to be incorporated into and made apart of one’s immediate life reality. More specifically, they are plans that are in keeping with our own understandings of attainable goals within our lives-goals in accord with our own motivations, our own ideas, wishes and desires. In other words, the content of these plans or fantasies are what we really feel deep within us and we have the intention of doing, given the right conditions. Yet, they most generally remain unknown to the conscious mind. The hypothesis of what I’ve entitled “Event Theory” is that, for most individuals, fantasies or plans are unconsciously conceived for the purpose of making certain changes or adjustments, which have been previously unconsciously recognized and desired. We humans tend to look for and then seize upon the opportunity created by particular “events” to carry

out our unconscious fantasies or plans. In other words, the unconscious mind recognizes the need for certain changes, conceives a plan and then waits for an opportunity created by an “event” to carry it out. This tendency to place importance upon and use “events” may arise from our experiences of being powerfully shaped *by the events of our early life*. Subsequently, the experiential power of our early life events is then reinforced by our culture, over and over; glorified, horrified and otherwise impressed upon us, from beginning to end, in our culture’s holidays, literature, films and religious institutions. Interestingly, these “Events”, in and of themselves, don’t necessarily dictate the theme of the change or the substance of the change. They function more like *plot points* in one’s life or like a platform or a scene of action within which, or upon which the unconscious plan can be enacted and carried forward creating a momentum of “events” that lead to a significant change in our lives.

The majority of this paper is devoted to the application of “event theory” to hypnotherapy. I will describe and illustrate one of two hypnotherapeutic techniques that I’m currently using which utilizes the human tendency to link change with events. More specifically, the technique described in this paper focuses on how the hypnotherapist can help retrieve, interpolate, reframe, and otherwise help in guiding new transformations of past critical “events”. In response to these revisions, it has been my experience that patients show a greater tendency to create their own events or use



future events to launch their previously unchristened unconscious plans-plans which subsequently turn out not to be in compliance with therapeutic suggestions, but rather in keeping with their own personal needs, desires and wishes.

Life Changing Events

The association of change with “events” remains central to our understanding of human evolution itself. Starting with the “event” of our birth and ending with the “event” of our death: “personal life events” function like “plot points” in a Hollywood film. World events can also function in the same way. For example, in the last sixty years alone, the Manhattan Project and the end of W.W.II, the Apollo landing on the moon, the Berlin Wall going up and coming down, and now the Human Genome Project; all of these global “events” have and will continue to change the lives of all people to one degree or another. Most of these events, both global and individual, have the potential of helping us make more or less successful adaptations in living our lives. Without the occurrence of these “events”, our lives would have taken a much different course and meaning.

For most us in the helping professions, especially medicine, we have witnessed the role of tragic and unexpected “events” in the form of a medical crisis, which often create an absolute necessity for change. Survivors of unexpected tragic “events”, such as the death of a loved one, also have their lives changed forever. For example, the sudden death of my 18 y/o sister when I

was 15 years old proved to be an unexpected and tragic life changing event that would not only change my view of life and death, but would prove to be the “event” that changed the nature and quality of my family life, including the “event” my father used to leave his first profession as a minister.

Not all life changing events are unexpected or prove to be as dramatic as the loss of a sibling at age 15. There is a category of “events” that are expected and even considered necessary by the culture and its individuals for the proper functioning and evolution of the self and society. Of this common type of “events”, the non-tragic death of a loved one is perhaps most visible in its role as a trigger for change. The psychological literature is now rather replete with examples of the physiological consequences of our reactions to the death of a loved one. For example, people are more likely to die after the death of a spouse of many years, or to die after holidays rather than before them. This is born out by recent death statistics which document that more people died in the first week of January 2000 than in any other previous first week of Januarys in the past fifty years. In other words, a lot of dying people seem to have put off the “event” of their deaths until after they had witnessed the “event” of the new millennium.

Procedure

Two rather innovative works of Milton Erickson, in particular, his use of “time distortion” as described in an article he published in 1954 entitled “Pseudo-



Orientation in Time as a Hypnotherapeutic Procedure”, have provided many of the seed ideas that I have used in developing an experimental hypnotherapeutic procedure I nick-named “Back from the Future”. This procedure assumes the hypothesis of “event theory”. For those of you who might like to employ the procedure I’m about to describe, I believe you will find Erickson’s article on “Pseudo-Orientation in Time...”, and The February Man very helpful and hopefully inspiring.

As a way of introducing my experimental procedure, I first want to briefly discuss two operating *premises* that I generally employ when thinking about my patients and their problems. First and foremost: patients seek help because they are unknowingly and, more importantly, unnecessarily limiting themselves in living their everyday lives. If these limitations could be bypassed, it might be possible to have the patient experience their lives as they might be lived without those limitations. In other words, if the therapist could arrange for their patient to “take an experiential swim” in their lives, devoid of their limitations, that experience could then serve as kind of future reality orientation which they would then recognize is attainable. In other words, if you could know what’s really possible and how things could more likely than not, turn out, then you’re much more likely to make it happen.

The second premise involves the nature of traumatic memory itself. Everytime a memory is recalled it is revised before it is restored in long-term memory. Traumatic memories, especially those involving strong

emotions such as “fear”, can be altered by taking them apart. For example, the emotional components can be separated from the visual or intellectual parts, as well as from the auditory components, etc. In so doing, traumatic memories can be updated, reorganized, restructured and ultimately transformed before they are restored. In fact, the restored memory is no longer the original. The original is forever deleted and can no longer function exactly as it previously did. This process does not necessarily require the use of hypnosis. However, hypnosis allows for a more fluid process where the critical resources for restructuring are more accessible.

“Back from the Future”

In an attempt to explain the procedure I call “Back from the Future” while, at the same time, illustrating it, I’m going to use two case examples. The first is 25-year-old Patty. Patty sought help from me because she had been “frozen in fear” in response to finishing her master’s dissertation. She was unable to work on her dissertation despite ongoing therapy of over a year, as well as numerous state of the art medications. Patty and her therapist back east had agreed for her to visit her mother before they decided on hospitalization. In a conversation with her mother, who had previously been my patient, my name came up and Patty agreed to visit me in the small hope that hypnosis might help her. In our first meeting, Patty presented herself as anxious, hopeless and tearful as she described how overwhelmed



and frightened she'd become over the last month. She had recently married a man 10 year her senior whose career was just beginning to take off. Because of her husband's career, they were moving to a new city after she graduated. She described all of these life changes as overwhelming for her and she just couldn't move because she felt like she didn't exist and was "frozen in fear."

After observing and listening to Patty describe her "frozen in fear" symptoms, I asked her what she knew about hypnosis. She confessed she knew very little but was willing to try anything because if this didn't work the hospital was the only thing left. I asked her permission to sit down beside her on a footstool. I explained that I didn't really know if we could learn to work together hypnotically especially since she was so frightened and hopeless. I suggested to Patty that I might be able to know more about whether she and I could work together if she would look at the back of her hand while I lifted her left hand and arm. I told her that the important thing now was how her hand and arm felt as I lifted them. Would it feel light or heavy, get stiff or feel wooden or have no feeling at all? I told her I needed her to let me know how it felt, since I didn't have any way of knowing otherwise. More importantly, how it felt would be very important in determining whether she and I could work together hypnotically. Patty tearfully agreed and began focusing on the back of her hand as I gently lifted at her wrist. Within moments Patty began to describe how her hand felt strangely heavy while her

forearm felt light. The higher I lifted, the lighter she reported her forearm feeling and the heavier her hand felt. She said she couldn't feel her upper arm at all. I then told her that I wanted her to close her eyes and tell me if she could see a picture of her hand. I told her that's why I wanted her to look at the back of her hand in the first place. She quickly nodded. I asked her if it was a hand of the adult Patty or from an earlier time in her life. She said it was from now. I then told her that I wanted her to look for a whole series of hands attached to arms and bodies from many different Patties from different times. I explained that none of these different Patties would be aware of each other and that one of the hands, attached to one of the Patties, would be waving or in some way, signaling her. I told Patty that the waving or signaling hand would be from a Patty who knew something very important about being "frozen in fear". I told Patty that I wanted her nod her head when she saw one of those hands signaling her and then to take hold of the younger Patty's hand so that the child could show the adult something very important.

After a few moments of silence, Patty began nodding. I then told the adult Patty that the child had just experienced a very frightening "event" which had left her "frozen in fear". When asked to describe the child, Patty told me that she was having a hard time making eye contact because the child seemed so spacey and distant. I told the adult to keep trying to make contact with the child. I told the adult that I wanted her to take the child in her arms and really hold her close and talk



to her about how she, the adult, had come back from the future to help her and show her how she was going to grow up and have many wonderful experiences and then become her-the adult. I told the adult that I wanted her to get that idea across to the child in some way or another. As I waited for Patty to implement my directions, she became quiet, her facial muscles relaxed and her lateral eye ball movements increased markedly under her eyelids. I told the adult that when she'd gotten the child's attention, she was to simply nod her head. After a long minute or two, Patty nodded and then asked me: "what do you want me to show her?" I said: "first show her going to school and learning the letters of the alphabet and other important things in school". Can I show her when she won the spelling contest in 2nd grade? "Yes! Show her a lot of things like that," I said. This led to a review of a series of important "*Life events*" During this review, I kept asking the adult to check the child's face to see if she was understanding and following. When the adult Patty indicated that the child seemed to be understanding, I praised her for doing such a good job.

And now to summarize the first stage of the procedure: Using the patient's own words: "frozen in fear", you first establish the condition or experience the patient believes needs to be changed within themselves. Next, you establish the importance of "working together hypnotically". In this case I challenged Patty: "I don't know if we can work together hypnotically". This

challenge also had the effect of fixing Patty's attention off her immediate problem and onto "cooperating" with me or else the hospital. Next, a rather sudden partial age regression is introduced which provides the "adult" personality with the task of reassuring the "child" while, at the same time, creating the conditions under which she can learn, and ultimately, reorganize her understanding of the traumatic "event. In this way, the therapist not only fixes the time frame, but at the same time establishes the fact that there was an "event" in her past that caused the "frozen in fear" reaction to surface in her adulthood, of which she was previously unaware. In other words, reassuring her that she's not crazy for being "frozen in fear". Now the stage is set for the "adult" to reassure the "child". The child is then shown, while at the same time the adult is reminded, that there are numerous positive "events" which will follow, one from the other, all leading to a good outcome. Against this positive background of "events", the one "negative event" (or events) that caused the "frozen in fear" reaction can "now" be looked at in perspective-adult perspective.

And now, stage two: restructuring the "traumatic event".

Patty, the adult, is now instructed that she needs to tell the child that bad things can happen to children that can really frighten them for a long time to come and that a really bad thing like that is going to happen to her in just a moment. She was told to emphasize to the



child that she, the adult, will be there, on the other side of that bad event, waiting for her with open arms. Patty was told to tell the child that she could run at 100 m.p.h. through the bad event with her eyes closed or open and if she felt anything or saw anything, the adult would listen and try and understand afterwards.

Patty was instructed to nod her head as a signal when she thought that the child understood that and was ready to begin. After several long minutes Patty said, with tears and a halting voice: “Something to do with my Dad...he’s standing by the bar and I’m looking up at him. There’s a baby crying and a sunrise, a flower, a trumpet and a child’s toy. I can’t be more than three or four. That’s all I know”.

By this point in her trance, Patty was exhausted. She was told that both she, as an adult and she, as a child, had done a very good job on a very difficult task and they both deserved a rest. She was instructed to remember just the last things that she saw and felt: baby crying, sunrise, a flower, a trumpet and a child’s toy. While still in trance, Patty was instructed to picture those things just before she went to sleep and just after she awakened. She was to do that everyday until she returned for her next session. I thought it was important to let Patty choose the time of her next session. I instructed her unconscious to pick a time in the future when it thought she’d be ready to return to finish her work with me and make that available to Patty upon awakening from the trance. Immediately upon awakening Patty gave me a

date two weeks in the future. I then asked her if she remembered the five things. She remarked: “How could I forget!!” I then ended the session without any further discussion.

Now to summarize the second part of the first session: I set up a situation in which Patty could revisit a negative event both from the child’s perspective as well as still participating in her role as an adult, although somewhat removed. In other words, Patty could experience a little of the emotional aspects of the memory of her traumatic event much as she probably did as a child. Her memory of the intellectual aspects of that memory seemed to have been organized at the unconscious using the symbolic language of the unconscious mind, i.e. baby crying and a sunrise, a flower, a trumpet and a child’s toy. This is a self-healing process in which the “adult Patty” performs the first self-supportive act in relation to this “event”. Because it has been repressed until now, this is the first time the adult conscious mind can get involved, while at the same time, looking at it through the eyes of a “good” protective parent.”

All this then is taking place with the adult’s “coach” watching out for both Pattys. Using this therapeutic posture, whatever Patty learned could more easily be grasped by her adult conscious mind later on. Since I didn’t know what the traumatic event was nor whether Patty was ready to “un-repress” it in part or whole, I tried



to make it safe for her to experience however she could at that moment in time. Whatever she could experience of that trauma, I was willing to accept. I thought it was sufficient that she recognized that something big had happened and I was very pleased with her for being able to remember five symbols from that experience. I sent her off with the conscious task of keeping the five symbols in mind while assuming that unconsciously she would continue to explore the “event” in the safety of her dreams. That’s the reason I wanted her unconscious to choose the next appointment date.

The first thing that Patty told me in our second session was that she had a lot more energy and now she had to figure out where to direct it. I suggested that she might want to use some of it to finish her dissertation and then she could use the rest for anything else she wanted.

Patty told me that she’d been remembering the five symbols until the other night when she had a very vivid dream. In the dream Patty was at the new house she and her husband were going to buy and her dog ran out into the front yard and into the street where a mile long line of cars was coming. At the head of this mile long traffic was a huge gravel truck driven by her husband. Patty realized that her husband was completely unaware that he was about to run over her dog. She raced across the front lawn, and grabbed the truck by one of its mud flaps and stopped it, thus saving her dog. Then the whole line of cars slammed on their brakes. Towards the end of the line of traffic, a young boy and his father, in a car, also

slammed on their brakes. But the father wasn’t watching and hit the car in front of him. The young boy is killed because he isn’t wearing a seat belt.

Patty claimed no understanding of her dream. I suggested that she look at her dream in a trance, to which she readily agreed. In her next trance, Patty quickly began to understand. Through her own analysis,* Patty realized that her husband was too busy driving his career to be aware of her needs.

She recognized that the father and the young boy killed at the beginning of the line of traffic represented herself and her father and that her father’s neglect had killed her sense of safety at an early age and left her feeling unprotected and insecure. She realized that her husband’s preoccupation with driving his career was neglecting her and she feared that she’d be “killed again”, just like when she was a child. As she explained to me the meaning of her dream, tears continually ran down her face. Finally she emphatically stated that she really needed to talk with her husband. I agreed. She told me that after she talked to her husband she’d get back in touch.

Six weeks later I received an e-mail from Patty in which she told me that two weeks after our last session she finished writing her thesis and completed her finals, passing all with flying colors except for one stupid chart. She’d received an offer from a national space agency near their new home, which was exactly the position she’d wanted. But the big news was that she was one



month pregnant and that she and her husband were very happy. She thanked me for helping her work out some issues so that she could finish her thesis. “I’ll be in touch soon”, she added at the end. Patty’s latest e-mail to me the other day was a picture of an ultrasound of her new baby boy on a special greeting card her husband had prepared.

In summary, Patty, now unfrozen from her fear, finished her thesis and completed her finals. Having created the “event” of her graduation, Patty was now freed up to enact her plan of becoming pregnant and starting a family, and securing a good job in her field. It remains to be seen what other changes she’s yet to carry out in the future.

The second case is that of 29 year old Mike. Mike was referred by the latest of many therapists who had worked with him since his parents divorced when he was eight. His parents were from different cultures. Their marital conflict often erupted into physical fights, which Mike witnessed. After the divorce, Mike and his sister lived with their mother and had no contact with their father. Mike and his sister had also been left independently wealthy by their grandmother who continued to dominate all under her control. She also encouraged their education. After completing his undergraduate studies away from home, Mike immediately returned home to take care of his mother who suffered from numerous back problems which required many late night emergency trips to the hospital for pain medication. For the last 7 years, Mike

had isolated himself in his mother’s basement. He was also being treated by a psychiatrist who prescribed antidepressants. In addition to attending to his mother, Mike’s sole activity was playing his guitar. He claimed to have hundreds of tapes of song ideas, but could never finish anything and write a song.

In my first interview with Mike, he described his problem as follows: it’s so hard to hate my mother and love her unconditionally at the same time. I feel like a “mama’s boy”. She calls me her “whimp boy”. I’m obsessed with pornography. I’m afraid of marriage and I’m afraid to pass on my genes. I refuse to pursue any of my dreams. I look into my past and see neglect. I feel I’m emotionally scared. Everything I do is tainted with a sense of falseness. I’ve got a really bad temper. I break my things. I have this reoccurring night mare-it’s a feeling. A hideous feeling.

As in the case of Patty, I suggested to Mike that I might be able to help him, if we could learn to work together hypnotically, but since he was so scared and felt so false about himself, I had my doubts about being able to do anything more than any of his previous therapists. He agreed to try. Mike proved by be an excellent hypnotic subject and readily went into a deep trance. I praised his accomplishment. Using the “hideous feeling” from his nightmare, I suggested that he might see himself far away, at a younger age when that “hideous feeling” first surfaced in his life. I told Mike that while he couldn’t feel what that little Mike felt, he could still see and



understand a lot as an adult: After a few minutes of silent work Mike stated: “He sees himself as a victim. He knows it’s his fault. He can’t help but dream about it. My task is to go back and help me.” I agreed with Mike that he had to go back and help the little Mike. I suggested that he start by finding the 6 y/o Mike in the classroom working on the letters of the alphabet. I asked him: Is he having trouble with any of the letters? “The letter ‘T’”, Mike said. “T” is the first letter of his last name. I then suggested that Mike, the adult, carefully approach the little Mike in the classroom. I suggested that he quietly whisper an idea in little Mike’s ear while he worked on the letter “T”. I said: “... kind of like a time released idea that will help him deal better and adjust better to the huge, upcoming life changing event. An “event” that was going to change his life forever. Mike sat silently, deeply absorbed. I waited and then asked: What’s going on? Mike began: He’s so little. It’s so unfair how young he is to be going through all this. Little Mike is scared because his mother’s scared. Mom tells him to stay in his room. She’s crying. Stay in your room. She’s just a baby. Something is about to happen. He tries to tell his Mom not to worry. I’m afraid of my Dad. Hide!! My Dad throws my Mom across the table. Cracks her skull. Kicks her. I don’t want to be there. You don’t do that to your kid’s Mom. Nobody sees it but me. I’m the one they treat like shit. Hard to believe it happened to me.

What did you tell him...what idea did you give him, I asked. “ I told him: It’s not your fault”, Mike replied. What’s not his fault, I asked. “His parents’ divorce”. Mike began crying very hard. After five or six minutes, he then relaxed. I then told him that I wanted him to do one more thing with little Mike. I told him to take the little Mike into the future to around May (it was early March at the time). I suggested that he show the little Mike how when he grows up he’ll learn to give and receive pleasure with another person. How he’ll learn some of the most important things outside his family.

After you show him all that, I said, take him back to the class room and leave him there to work on a letter or a numeral and then slip out of his life as quietly as you came in. Understand that these ideas that you showed him will not be released to him until the right time and place in his future. Just as he needs them. Giving him these ideas in this way won’t mess him up or confuse him. He won’t know they’re there until he needs them and then, when they come to him, he’ll simply be pleased with himself.

When I then suggested to Mike that he take his time and start counting back from 20 to one silently to himself, Mike awakened with a good deal of amnesia. Mike said: “I wasn’t thinking about nothing. I could only make it to 17 (counting backwards from 20).” I’ve got a headache. I got to leave now. I agreed that he’d worked hard on something important but that he didn’t need to think



about it again until the next time he saw me. “I’ll call you when I want to come back”, He paid me and left.

Less than a week later Mike was sitting back in my office telling me: “I’m feeling a lot better. You gave me some suggestions to get in touch with myself. I gave my Mom notice. I rented a house. I slept there last night on my own. It’s great to finally have my own place. I met a German girl last Feb. I didn’t like her then. I called her up in Germany the other day. We had a long talk. She’s coming over to visit her aunt and uncle. Her cousin is here in the military too.” We talked about the German girl Anke and what he might like to do with her when she came to visit in a couple of weeks. He didn’t have any ideas. I suggested he go into another trance to think about it. After 15 minutes of silently working in a trance, Mike awakened and told me that he’d call me again for his next appointment. Before Mike left I handed him the name and number of a recording engineer who ran a near by recording studio and told him a little about the guy. I told him that if he ever wanted to work on some of his music, this might be a good guy to work with.

Two weeks later Mike was again sitting in my office telling me that he’d written and recorded a song at the studio for Anke. He told me that he and Anke had been talking almost everyday on the phone about all the things they wanted to do during her visit to the United States. He told me that they had some interests in common like camping and canoeing. He then produced

a brochure from a canoe-outfitting place up on the Canadian border. “What do you think?” he asked. “I’ve always wanted to go up there..to the wilderness, but I’ve always been too scared.” I told him that it sounded like the two of them could share their first time canoeing and camping in the wilderness together. What about sex , I asked. “ I threw out 50 pounds of pornography the other day,” he responded. “What kind of birth control should I use”, he asked. So we talked about birth control and I suggested that was something that couples need to decide together.”

Anke’s visit proved to be quite an “event”. Mike played his new song for Anke on a portable CD player at the airport just after she’d gotten off her plane. They had sex back at his new place, got scared and ran around trying to find the “morning after pill”. They took their canoe trip but forgot to take rain gear. It rained, Everything got wet and Mike built a big fire with wood he cut with a saw I’d given him. He dried out their clothes. They had a fight on one of the portages. They made up by the end of the portage, came home and had more sex-all in two weeks. When Mike returned for his next session with me, Anke had just returned to Germany. “What in the world am I going to do if anything ever happened to Anke. What’s happening to me?, he shouted.” I told him that he had fallen in love and that he was experiencing very normal reactions to missing his girlfriend. He also told me that he’d played the song he wrote for Anke for



a former high school teacher who'd played it for a DJ at a local radio station. "They want me to let them play my song on 23 other radio stations around the Midwest", he exclaimed...eyes wide in disbelief. I listened to his song. I was very surprised and impressed. I told him that I thought he was a talented guitarist, singer and songwriter. What's your next song about, I asked. "I've already recorded an English version. Now I'm going to record a Spanish version. Its called "symbols". I'm going to Argentina on the first of August. I have an appointment with a guy at a record company. I'm getting a thousand demos made.

Mike continues to see me as his plan unfolds. He appears to have "turned the corner". He has visited Anke and her family in Germany twice. Anke has obtained a job in the U.S. and the couple is beginning to talk about living together. While he and Anke tend to struggle hard to be honest with each other as they each sort out the implications of their growing affection for each other, Mike is learning how to believe in himself as a person worthy of being loved. Mike continues to see more clearly how self-absorbed his relatives have been and still are. As a result, Mike continues to be less involved with his family.

The "event" that Mike appears to have created was initiating a relationship with Anke and inviting her to visit him. It would appear that unconsciously Mike recognized his attraction for Anke almost a year previously, but was consciously far too limited to act

upon it any earlier. Initially, he was convinced that he didn't even like her. Not until he reorganized his adult understanding of his role as a child in his parent's divorce and his role in his family, post divorce, was he able to recognize his attraction and initiate the relationship with Anke.

Now to summarize: Most people don't need a direction for the change(s) they want or need to make in their life, but they do often need a motivation. The best motivations comes from within each patient. The therapist can help facilitate their patients using their own motivations by helping them "redo" a past "event" or help create a future "event". Once the self-limiting aspects of their thinking and behaving have been restructured and reorganized, patients can then implement and launch their own unconsciously fashioned plans for changing their lives.

*...a dream interpretation method was employed with Patty using a computer analogy.(Subjects with a familiarity with computers tend to respond well to this analogy.) The subject is asked to redream the dream scene by scene on a computer monitor. They are told that a keyboard is at their fingertips and they are able to stop the action with the space bar and then use the mouse to point to any particular image, person, or situation on the screen in front of them they don't understand. By then pressing the "I" key, they can receive an interpretation which will scroll out either left to right



or right to left across either the top or the bottom of the screen. By repressing the space bar they can return to the fluid action of the dream. Higher success rates seem to be associated with giving the subject choices regarding how the “program” will function,(i.e. which key performs which function, etc.), thereby giving the subject “choices” within the frame without them rejecting the entire frame.

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