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Memory Focused Interventions (MFI) as a Therapeutic Strategy in Hypnotic Psychotherapy

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Abstract

The prospect of utilizing memory plasticity (the constructive and transitory nature of memory) for therapeutic purposes has not been widely recognized. However, a number of theoretical and clinical venues throughout the last century have shown its potential application. Intensive research conducted during these last decades, pointed out the possibility of influencing human memory in relation to new memories and their specific components. Moreover, the research showed the feasibility of planting alternative early childhood memories and thus altering memories of personal history. Additionally, researchers found that memory is naturally very fallible due to everyday phenomena of forgetfulness, distortion and intrusion of past and present information. Throughout the course of this paper, the integrative overview of these empirical findings with the aforementioned clinical and theoretical foundations serves as a substratum in an attempt to present an integrative therapeutic approach, named Memory Focused Interventions (MFI).

Keywords: Hypnotherapy, memory, psychotherapy, hypnosis, identity, false memories, paramnesia, age regression.

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Milan's "Unbearable Lightness of Illness" – Clinical Example of Memory Focused Intervention

Milan was a young scientist in his late 20's when he was referred to the author after recovering from lymphoma. In the first meeting, he described how after recovery he had become depressed, obsessed with morbid ideation, and unable to continue with his scientific work. The curious thing, he explained, was that during the course of the illness he was optimistic, felt strong and was not preoccupied with difficult feelings. In the initial session it was clear that dissociation from feelings was his preferred style of coping with stressful and complicated situations. And so, during the hypnotic sessions that followed, he was hypnotically encouraged via hypermnesia to restore his memories of illness and recovery. As restoration progressed, it became apparent that he had implemented his dissociative style to his illness after being informed about the lymphoma. After his recovery, the dissociation he had employed naturally weakened, and was eventually removed by his physician friend. The friend told Milan, that during the course of the illness he was *really* afraid for Milan's life. This revelation of the good and trusted friend triggered his post-recovery depression.

In the following session he was age-regressed to a few central occurrences, which took place during his illness; he was encouraged to relive the situations, but this time, recognizing and expressing his feelings of helplessness, fear of death, guilt and anger appropriately. The verbal expression of his feelings was often accompanied by silent abreactions and tears. After this session his depression and morbid ideation ceased, and he became once again, interested and enthusiastic about his work. Looking at Milan's case, it can be hypothesized that hypnotherapeutic work on memories of illness progress and recovery, enriched his personal history with suitable emotional expressions. During therapy, his current depressive feelings were appropriately reattributed to his past by Memory Focused Intervention and thus ceased to influence his current state.

Following this clinical example, for the sake of clarity and succession the structure and the content of this paper is presented. In the background, the clinical utilization of memory plasticity for therapeutic purposes to date is described, followed by the clinical and theoretical basis for this kind of interventions. A new integrative therapeutic approach of MFI is then presented, with illustrative clinical case presentations and vignettes. Subsequently different processes and techniques that can be used to apply MFI during therapy are described, and finally the patient's selection, primary guidelines and limitations of its use are discussed.

Background

When a contemporary hypnotist is working with human memories, he or she usually facilitates processes of hypermnesia (vivid remembering of past occurrences) and/or amnesia (experience of forgetting something), but rarely utilizes paramnesia (remembering differently from actual happening) for therapeutic purposes (Edgette & Edgette, 1995; Hammond et al., 1995; Nash & Barnier, 2008; Pettinati, 1988). Most hypnosis and hypnotherapeutic textbooks rarely address paramnesias as useful therapeutic facilities (Barabasz & Watkins, 2005; Burrows, Stanley, & Bloom, 2001; Edgette & Edgette, 1995; Hammond et al., 1995; Kroger, 1977; Nash & Barnier, 2008), and the few who address this issue do not deal with it comprehensively (Dowd, 2000; Hammond, 1990; Rhue, Lynn, & Kirsch, 1997; Weitzenhoffer, 2000; Yapko, 1995, 2003).

This under-emphasis becomes more apparent considering the intensive research conducted during the last three decades on methods to influence human memory (Bjorklund, 2000; Loftus, 1997, 2003). Researchers conducted experiments on memory plasticity by changing new memories and their specific components, as well as by planting alternative

autobiographical memories of early childhood (Chen, Zeltzer, Craske, & Katz, 1999; Loftus, Coan, & Pickrell, 1996; Porter, Campbell, Birt, & Woodworth, 2003), thus changing memories associated with personal history (Mazzoni & Memon, 2003). Some researchers in the field of autobiographic memories have proposed a method for effectively influencing autobiographical memories using mental imagery (Hyman, Gilstrap, Decker, & Wilkinson, 1998; Hyman & Pentland, 1996), repetitive statements (Schacter, 1999), fabrication of photographic pictures from childhood (Wade, Garry, Read , & Lindsay, 2002) dream interpretation (Mazzoni, Loftus, Seita, & Lynn, 1999) and other information transporting tools (Bjorklund, 2000).

Practical possibilities of memory plasticity have long been recognized and used by past and contemporary professional figures in their clinical work. More than a century ago, Pierre Janet (1925) in his work with post-traumatic patients, as well as Milton Erickson (Erickson & Rossi, 1989) half a century later during his identity reconstruction interventions, utilized memory plasticity effectively for treating their patients. Over the last two decades some hypnotherapists described hypnotically induced paramnesias as an efficient technique for the treatment of various psychological and medical problems. Baker and Boaz (1983) treated dental phobia by "reformulation of traumatic memory", and Lamb (1985) and Miller (1986) utilized hypnotic regression, reconstruction and reframing in cases of simple phobias and anxiety reactions. In addition, Chen and colleagues (1999) used "alteration of memory" for reduction of children's distress during repeated aversive medical procedures and lately Gravitz (1994, 2001) has shown how to use paramnesias in treating phobias, social inhibition, depressive reactions, traumatic grief and post-traumatic reactions.

Nevertheless other researchers (Courtois, 2001; Garry, Sharman, Wade, Hunt, & Smith, 2001; Lynn, 2003) have argued that in light of the near-critical importance of our autobiographical memories for survival, bonding, self-identity formation, well-being (Neisser & Fivush, 1994; Porter, Campbell, Birt & Woodworth, 2003), and the ease with which memories can be influenced, psychotherapists should abandon or at least be very careful in working with memory retrieval and processing. Several of the researchers have broadened these warnings, questioning use of all imaginative techniques as legitimate therapeutic maneuvers (Arbuthnott, Arbuthnott, & Rossiter, 2001). However, these arguments are less relevant in light of David Schacter's broadly cited article (1999) and later, his inclusive book (Schacter, 2001), "Seven Sins of Memory". Schachter (2001) reviewed the latest research from the neuro-cognitive field, and concluded that human memory*naturally* suffers from numerous inherent lapses that contribute to continuous memory transformation.

Today we know that memory not only constantly changes by itself, but can also be influenced daily, by our parents, peers, historians, and even scientists (Bjorklund, 2000; Dowd, 2002; Neisser & Fivush, 1994; Schacter, 2001). So, if memory changes are an everyday occurrence, it is only natural that they be used for therapeutic purposes. Utilization of natural human processes and strategies of change are the cornerstone of Ericksonian strategic approaches in psychotherapy and especially in hypnotic psychotherapy (Geary & Zeig, 2001). It is even expected that hypnotherapists use memory malleability through the suggestibility factor (Schacter, 2001) as a very effective therapeutic facility. In defining autobiographic memories as targets for change during hypnotic psychotherapy we directly assess the foundations of our self-identity formation, survival abilities, bonding possibilities and well-being (Kihlstrom, Beer, & Klein, 2002; Neisser & Fivush, 1994).

Memory Focused Interventions (MFI) - Theoretical and Empirical Basis

The history of utilizing hypnosis interventions with autobiographical memory probably begins with the "cathartic paradigm" proposed by Breuer and Freud (Freud, 1895).

They suggested that childhood traumas are pathogenic and restoration and abreaction of painful memories and past emotions are therapeutic (Peebles, 2008). They used hypnosis to accesses old memories in order to enable their patients to relive their full emotional impact. Janet (1925) who agreed, in principle, with Freud on the matter of pathogenic influences of trauma, proposed different therapeutic approaches to treatment of trauma one of which he called "treatment by mental liquidation" or more specifically " dissociation of memories". Janet (1925) used hypnosis to retrieve and to change traumatic memories into recollections that were more acceptable by the patients and helped them to adapt and assimilate traumatic events. Contemporary studies of uses of hypnosis with post-traumatic patients no longer consider abreaction as sufficient for recovery, and at times considers it as risky (Peebles, 2008). Modern paradigms of trauma treatment have been greatly inspired by Janet's tradition (Nijenhuis, Van der Hart, & Steele, 2004; Van der Hart & Friedman, 1989) subscribing to the view that stabilization controlled reprocessing and integration are important elements of healing (Peebles, 2008; Phillips & Frederick, 1995). According to this contemporary view, hypnotic psychotherapy of trauma related disorders, also derive from different theoretical orientations (i.e. psychodynamic, cognitive behavioral therapy, hypnotic-restructuring etc.), have common essential elements of telling and retelling the story of trauma (Spigel, 2001). Milton Erickson (Erickson & Rossi, 1989) and after him contemporary hypnotherapists (Baker & Boaz, 1983; Chen, Zeltzer, Craske & Katz, 1999; Gravitz, 1994, 2001; Lamb, 1985; Miller, 1986) took this orientation a step further. They not only accessed traumatic memories by helping their patients relive the traumatic events but also inserted some changes (sometimes dramatic ones) in their remembered past during the therapeutic processing of traumas. Reference to elasticity of human memory derives not only from trauma related clinical and theoretical notions.

In the field of understanding memory structure and functioning, the question whether autobiographical memories are mostly accurate and reflect absolute historical truth – "trace theory" (Reiser, 1980) is no longer relevant (Neisser & Fivush, 1994; Loftus, 2003; Pettinati, 1988; Schacter, 2001). It is largely accepted among researchers and clinicians that our autobiographic memories can be influenced by many factors (Kihlstrom, 1994). Schacter (2001) noted seven such factors that may be responsible for memory inaccuracy (transience, absent-mindedness, blocking, misattribution, suggestibility, bias, and persistence), supporting his claims by presenting results of the latest psychosocial and neuro-cognitive research. In light of these findings, the question should be asked, why our memories are so vulnerable if we take into account their almost crucial importance for our survival, bonding, self-identity formation, and well-being (Neisser & Fivush, 1994; Porter, Campbell, Birt & Woodworth, 2003).

Is it possible that memory lapses are "...flaws in system design or unfortunate errors made by Mother Nature during the course of evolution" (Schacter, 1999, p. 184)? The answer given by most researchers and theoreticians including Schacter (2001), is that memory inaccuracies are desirable evolutionarily significant features of remembering (Neisser & Fivush, 1994; Schacter, 2001; Schacter & Addis, 2007). Ross and Buehler (1994), empowered by the constructivist approach to memory, consider this memory flexibility "Creative remembering," essential for utilizing past information to accomplish some present-day end. They conclude that "…it is perfectly healthy and normal for people to create pasts that satisfy their current needs. Such creativity probably serves us well most of the time" (Ross & Buehler, 1994, p. 231). This theoretical approach is supported by a number of empirical studies (Carli, 1999; Conway & Pleydell-Pearce, 2000; Libby & Eibach, 2002; Offer, Kaiz, Howard, & Bennet, 2000; Ross, 1989; Safer & Keuler, 2002; Wild, Hackmann, & Clark, 2008).

Daniel Schacter and Donna Addis (2007) proposed an additional theory to explain the constructive and imprecise nature of memory, claiming that: "A memory that works by piecing together bits of the past may be better suited to simulating future events than one that is a store of perfect records" (p. 778). These views that emphasize the fact that a constructive memory is necessary for current and future orientation and adaptation, were elaborated on by Ernst Rossi and colleagues (2008) for the field of hypnotic and brief psychotherapy: "We now propose that this future orientation of the brain adaptive and constructive memory system, which is complementary to past record keeping function of memory is an important focus for facilitating current problem solving in therapeutic hypnosis and brief psychotherapy" (p. 344).

The problem can arise when this adaptive memory flexibility that is important for satisfying current needs and for promoting future functioning and orientation, is either lacking or excessive. Traumatic experiences, for instance, can make memories very stable and intrusive (Bremner, Krystal, Southwick, & Charney, 1995; Herman, 1992) or can promote excessive malleability and confabulation (Loftus, 1979, 2003; Spanos, 1996). The same patterns can be found in the influence of psychosocial factors on autobiographic memories (Hackmann, Clark, & McMannus, 2000; Mineka & Nugent, 1995; Williams, 1997). In this paper, we attempt to present and demonstrate an integrative therapeutic approach, named Memory Focused Interventions (MFI). MFI are strategically designed, based on clinical judgment, and are used to restore extremely important "creative remembering" features of memory in patients with rigid, traumatic, and intrusive memories. Sometimes MFI are also used to repair excessive memory slips, advanced by external social pressures or internal psychologically driven factors. In these cases, MFI helps transform confabulated memories to adequately formulated, possible, and therapeutically oriented alternative memories.

Memory Focused Interventions (MFI) – Clinical Implementations

In the field of hypnosis the focus is on a few competitive models of memory organization and processing (Hammond et al., 1995; see Brown, Scheflin, & Hammond, 1998 for a comprehensive review). However, the basic processes responsible for the creation of autobiographic memories are largely acknowledged. In the process of becoming memories, autobiographic events are coded, stored and later retrieved (Loftus, 1979). During MFI, memories are evoked by means of hypermnesia or age regression (access phase), recoded hypnotherapeutically and stored anew (transformational phase), and finally, these transformed or newly recoded memories during retrieval produce a therapeutic effect (retrieval phase). It should be noted that in the present article, the Ericksonian interpretation of the term "age regression" is used, meaning that self expression or behavior, belonging to an earlier phase of development of the hypnotized subject, was hypnotically suggested and observed using clinical judgment (Erickson, 1980). It should also be kept in mind that when the term "age regression" is used it means "imaginative reconstruction of earlier times" and not "a reversion to the genuine article" (Kihlstrom, 1994; Kihlstrom, Beer & Klein, 2002). Age regression and hypermnesia are a largely recognized and discussed phenomenon in hypnotic literature (Dowd, 2000; Edgette & Edgette, 1995; Nash & Barnier, 2008; Rhue, Lynn, & Kirsch, 1997). Accordingly, the present paper focuses mostly on the process of therapeutically recoding and storing autobiographic memories (transformational phase). In the attempt to integrate Memory Focused Interventions (MFI) under one combined approach they are organized under three levels of hierarchy, presented here from the least to the most drastic forms of intervention: Memory Shaping, Memory Reconstruction, Memory Creation and Co-creation. These three levels of interventions will be presented in sequence and will be supported by illustrative clinical case presentations and vignettes.

Memory Shaping

Through memory shaping, the hypnotist does not intervene with the elements of the subject's memory, but rather suggests that the patient changes his/her focus while accessing his/her remembered past. Two major strategies and their combination are involved in memory shaping: *blurring and/or emphasizing* specific memory fragments, and *enlarging and/or constricting* remembered time perspective.

Memory shaping strategy is one of the tactics used naturally by people coping with unwanted separation from a spouse. Some of them emphasize the bad memories and blur the good memories, thus making the separation less painful (Cox & Barnier, 2003) . Those who do the opposite may be diagnosed as suffering from separation anxiety or pathological grief. Neuro-Linguistic Programming (NLP) practitioners use these techniques of blurring negative aspects of memory and emphasizing positive memories during clinical work, usually without mentioning that they are involving the patient in memory focused intervention (Bandler & Grinder, 1979). During hypnotic psychotherapy direct suggestion or indirect metaphors can be used to promote frazzle or strengthening of memory traces. It should be stressed that these interventions should be focalized and performed with caution (see Guidelines and Reservations section).

Changes in time perception are usually used in hypnotic psychotherapy by constricting or enlarging the *sense of time passage*. It is especially useful in pain treatment (Edgette & Edgette ,1995). Despite the fact that enlargement or constriction of *time perspective* is a rather familiar phenomenon to experienced hypnotherapists it is rarely used in hypnotherapy intentionally. *Enlarging time perspective* can help patients to make decisions, based on a 'larger picture' of a reality. For instance, in the case of Ronald who stubbornly refused to take his prescribed psychiatric medication, despite the fact that his unstable mental condition had begun to deteriorate. In his comprehension of his illness, his distress and the deterioration of his mental condition were related to the initiation of pharmacotherapy. He failed to remember that his mental condition was worse before he took the medication. After MFI was implemented by enlarging the time perspective of his memory, using memory-shaping strategy he was able to correct the mistaken attribution he had made of the onset of his mental illness to inception of his medication treatment. As a result, he started to take the medication as prescribed. *Time perspective constriction* on the other hand, decreases the section of recalled happening, and in such fashion minimizes repeated retrieval and processing of negative information. This was accomplished in the case of Mary who fell off her scooter and was run over by a massive jeep. She was compelled to wait for a long time, with a crushed hand, for her rescue. Ever since this traumatic experience, every time she was on the street and was faced with large cars with grand wheels, she experienced intrusive flashbacks of the accident and was overpowered by anxiety. During hypnotic regression to the accident, after some supportive processing, it was suggested to her that she can concentrate on the moment in which the crane removed the heavy jeep wheel from her wrist. This moment was, in her recollection, a moment of enormous relief and freedom. After this intervention her flashbacks almost ceased, and opened the way for her rehabilitation, which took place during the concluding stage of her psychotherapy.

Memory Reconstruction

The second level of MFI is more extreme in terms of intervening with memory, and is called "memory reconstruction." Throughout memory reconstruction, changes are completed in some of the memory's elements. Three central elements of autobiographic memories are proposed here as the main targets for change: cognitive, emotional and sensory elements. These elements can be changed separately or intertwined. The cognitive elements

of recalled past are useful elements for modification and include: past event narratives (the plot elements of remembered experience) (Dowd, 2000; Gravitz, 1994), past self-talk (the flow of remembered thoughts) (Gravitz, 1994), and cognitive understanding of the remembered past (meaning of past experiences) (Dowd, 2000). The emotional elements of remembered experiences are important objectives for MFI. Reconstruction in this case can be accomplished by direct effects on remembered feelings (as in the case of Milan), by regulation of feelings attached to past events, or by reconstruction of remembered interactions with emotionally significant figures (Murray-Jobsis, 1993; Yapko, 1995). The sensory elements reconstruction of remembered experiences is comprised of changes in sensory elements of the remembered past, and is crucial in cases when sensory experience was very traumatic physically or mentally. The interventions are usually constructed from positive or negative hallucinations of some sensory input. Pierre Janet (1925) in his report of his hypnotherapeutic work with post-traumatic patients demonstrated such intervention of changes in sensory elements of traumatic memory: "In my study of the dissociation of the fixed idea of cholera, I found it necessary to suppress in detail and by degrees the sound of the tolling bell, the sight of the corpses, the smell of these and then the very name of cholera—these being the various factors of the fixed idea. Sometimes I found it useful to effect a kind of substitution, to induce hallucinations whereby the scenes imagined by the subject were transformed" (pp. 676-677).

Memory Creation or Co-creation

In this type of intervention a significant segment of memory is implanted. The inserted part is an experience that never happened in the past but is plausible or at least is not inconceivable. The implantation is performed during hypnosis with the informed consent of the patient and usually with, but sometimes without, patient assistance. The objective of this procedure is to implant a memory, which will help change the patient's self identity and self-concept and enable him to feel better in the present (Erickson & Rossi, 1989). Sometimes the implanted memory is the only memory which the patient can later retrieve (Gravitz, 1994). In other times, the implanted memory is used by the patient as a plausible memory that parallels an actual memory and opens a new door to possible futures (Murray-Jobsis, 1993; Yapko, 1995).

Two clinical vignettes are presented below to illustrate MFI implementation during hypnotic psychotherapy. The first case presents reconstruction of remembered interactions with an emotionally significant figure and the second exemplifies memory co-creation.

Case 1 - Unworthy Avi

Avi, a 45-year-old divorcee and a father of a teenage boy, is an architect, and an eligible big city bachelor. He was referred after a crisis in his relationship with his girlfriend. During therapy, after he finished boasting about his past conquests with women, with his therapist's help he reached the realization that he tends to fall in love and connect with women who are ambivalent regarding their relationships and who therefore eventually reject him.

Avi understood that his basic assumption in relationships is that he must put forth a lot of effort in order to prove that he is worthy of love. This is due to the fact that deep down Avi does not believe he is worthy of being loved. In a hypnotic session focused on changing this basic belief, Avi recounts his complex relationships with his parents. Hypnotically induced hypermnesia helps him recall experiences of rejection by his mother and his strong desire as a child to please her. This desire of being accepted and loved along with deprivation and inability to fulfill his needs manifested into frustration and mischievous behavior as a child. The image of his father returning from work tired and agitated, listening to his mother's complaints and hitting him, is a clear and painful one.

After Avi recounts the difficult experience during the session, he admits that as a young child while being beaten by his father he was confronted by a recurring question – "what did I do to deserve this?" The regressive functioning in hypnosis helped him recount the answer he gave himself as a child: "Father must know what he's doing – I must deserve this." At this stage the hypnotherapist incorporates himself in Avi's difficult childhood experience as a supporting and caring figure, "I'm with you there now, and as an adult, you can count on me to tell you, that you definitely do not deserve this. Just clearly state that to your father." In his renewed memory Avi tells his father that he doesn't deserve the beating and his father stops. The child who was able to stop the beating by being forward with his father feels strengthened and worthy. At the end of the hypnotic session, Avi receives the following post hypnotic suggestion: "The experience as a child standing up for your rights and realizing you are worthy of love and appreciation will be engraved in your memory and alter the experience you previously recounted."

This session was greatly beneficial to the rest of the therapeutic process and became an essential component in the changes Avi made in building his career and choosing partners who could offer him love and appreciation. This state of affairs remains during a one and half year follow-up.

Case 2 - Edna's Metamorphosis

Edna, a divorced, single mom who was harshly abused by her parents as a child, arrived to therapy in a state of emergency. She faced the prospect of having her children taken from her by social service agencies due to her difficulties functioning as a mother. She desperately wanted to raise her children and said that if only she could change her past, she probably would be a better, functioning mom. When I asked her in what way she wanted her memory to change, she replied that if she could change her past she would like to have been raised at a boarding school. When asked how she would have arrived at a boarding school, she responded that she would have wanted a formal separation from her parents in a court hearing. This was the co-created memory that was implanted after she understood and approved the procedure. This process took several sessions, during which she co-created a memory of boarding school life. In the altered memories she created, the teachers appreciated her, friends liked her and in general she lived a normal and happy adolescent life. Edna was very motivated, and it was a turning point in her therapy. From this point on she became an increasingly better and functioning mother and was allowed to keep her children. This was also the case after a one year follow-up. The memory co-creation gave her a possible past. She did not totally forget the abusive past of her childhood, but she was given an additional set of memories to lean on in the difficult occupation of parenting.

Techniques and Processes

The implementation of memory focused interventions (MFI) is based on the utilization of regressive techniques. Hypermnesia and hypnotic regression of some form are essential prerequisites of MFI. Sometimes during first presentation of memory contents, but usually after repetitive hypnotic hypermnesias or regressions, therapeutic intervention is initiated.

The first step includes targeting of problematic memories. Usually, memories chosen will be memories of focused trauma or unbearable and stable memories concerning problematic interaction with parents. For instance: abandonment by the parent, abuse by the parent, emotional deprivation by the parent, defective communication by the parent (parent communicates to child that he is defective in some way) and so on. More focused problematic and traumatic memories need less drastic interventions (shaping or reconstruction). As for more diffused and repetitive traumatic memories, drastic means of creating new memories are needed.

The problematic memory usually is chosen in pre-hypnotic intake or by the means of affect/sensory bridging (using affect/sensory bridge technique) during the hypnotic session. After the memory has been chosen and before the actual intervention, the procedure is explained to the patient, and his/her agreement of the intervention is accepted. Throughout Memory Shaping, after the problematic memory is vividly accessed, the hypnotist utilizes suggestions intermixing natural metaphors for altering the sense of time, waning out with a more direct hypnotic approach.

Memory reconstruction strategy comprises utilization of clinical judgment for choosing specific memory components such as feelings, thoughts, and somatic experiences assigned to reconstruction. The new elements have to be plausible and compatible with personal values, preferences, personality organization and environmental factors. During Memory creation/co-creation intervention, new memories resembling memory reconstruction strategy should be felicitous. First of all, the newly remembered event has to be accepted by the patient as plausible. Secondly, during hypnotic intervention the hypnotist has to help the patient create believable contextual information for the event, such as a detailed visual image and a suitable cognitive narrative. Thirdly, it is useful if possible to help the patient attribute their newly constructed memory to personal past experiences (Hyman & Kleinknecht, 1999; Hyman, Gilstrap, Decker & Wilkinson, 1998; Mazzoni, Loftus, & Kirsch , 2001).

In reviewing the MFI techniques and processes demonstrated in this paper, experienced clinicians can justifiably wonder, what is so special about these therapeutic strategies, and in what way does MFI differ, for instance, from "cognitive restructuring" used in CBT (Foa, Keane, & Friedman, 2008; Arntz & Weertman, 1999; Edwards,1990), from "corrective emotional experience" applied in dynamic therapies (Alexander, 1961; Hartman & Zimberoff, 2004), or even from "empty chair technique" employed in Gestalt (Corey, 2005)? The answer to this question has two components. First, in accordance with Aladdin's (2008) recent proposition claiming that hypnotherapy can be perceived and utilized as a special substratum for integrating psychotherapeutic approaches, the aforementioned methods and additional techniques are interwoven in MFI and are used to promote an ongoing therapeutic process in an integrative and pluralistic fashion (Omer & Strenger, 1992). But most important, all these impact achieving therapeutic tools are used in MFI to obtain a change in the perceived past as represented by the subject's memories. In other words, if "cognitive restructuring" or "corrective emotional experience" are used prevalently to change the way the patients are thinking or feeling about themselves or interpreting their past *in the present*.

MFI on the other hand aspires to make these and additional changes in the autobiographic memory in a way that those therapeutic changes are attributed by the patients to their *past***.** This attribution of therapeutic interventions and changes to the past makes the intervention itself, and the achieved change, supposedly much more potent, due to the central role memories play in self identity formation, future planning and the satisfaction of current needs (Rossi, E., Erickson-Klein, & Rossi, K., 2008; Shacter & Addis, 2007; Libby & Eibach, 2002; Ross & Buehler, 1994).

In this respect it also should be noticed that Foa, Keane & Friedman (2008) in their introduction to guidelines for PTSD treatment proclaim: " Finally, clinicians following these guidelines should not limit themselves to only these approaches and techniques. Creative integration of new approaches that have been found to be helpful in other conditions and that have theoretically sound foundations are encouraged in effort to optimize treatment outcomes" (p.3). Obviously, empirical research is still needed to assess the presented assumption that therapeutic alteration applied to autobiographical memories are at least as potent as changes acquired through CBT**.**

Patient Selection

Even though the above mentioned MFI strategies are appropriate for use with most patients referred for hypnotic psychotherapy, for some, MFI can be a treatment of choice. Clinical experience shows that chronic, memory concerned, highly responsive (suggestible) and dissociative patients can benefit most from these techniques. The concern might arise that memory-focused therapeutic intervention, insofar as it involves implanting memories, acts like an iatrogenic syndrome, sometimes referred to as " false memory syndrome" (Dallam, 2002). It is therefore important to differentiate between the two. In false memory iatrogenic syndrome, (it should be noted here that there are researchers who seriously doubt its existence (Brown, Schelin & Hammond, 1998) the patient comes to a psychotherapist desiring to find an explanation for his/her symptoms, and searches for repressed memories as an explanation. In memory-focused therapeutic intervention, the patient comes to the therapist with traumatic or problematic memories, and the intervention helps him to live better with shaped, reconstructed, or newly created memories.

Guidelines and Reservations for MFI Implementation

The major downside of MFI is, seemingly, the simplicity of its initiation and implementation. It should be stressed that these procedures are a high order hypnotherapeutic intervention and should therefore be implemented carefully with the following guidelines in mind:

1. Memory-focused therapeutic intervention (MFI) requires the informed consent of the patient - meaning the patient must be informed of all procedures and expected outcomes prior to therapy (Hammond et al., 1995).
2. Due to liability issues, memory focused intervention should not be performed shortly before or during legal proceedings.
3. MFI should be used only in the area of the therapist's expertise.
4. MFI is usually not considered an appropriate strategy with patients who have difficulty distinguishing between objective reality and fantasy or patients with massive paranoid ideation (Gravitz, 1994).
5. Suggestions given during MFI procedure should be phrased in such fashion that they will suggest changes in memory processing concerning specific events only and not be generalized without a precisely defined therapeutic aim. It is important to keep in mind that an unplanned suggestion regarding memory functioning may be generalized and as a result influence every-day memory processing.
6. The therapist should take into consideration the interpersonal implications of MFI and prepare the patient and/or relevant others for the MFI procedure. This is particularly relevant for shared memories.
7. Traumatic memories should be appropriately processed before the MFI procedure. For example, clinicians using a PTSD treatment intervention based upon the SARI model (Phillips & Frederick, 1995) should usually use MFI during the third (resolving traumatic experiences) and fourth (integration and new identity) stages of treatment.
8. Since autobiographical memories are an important element of self-identity, MFI should be implemented carefully with patients troubled by identity problems.

The above presented list contains only primary guidelines, and one should keep in mind that professional supervision is advised and even required for safe and ethical implementation of MFI. MFI should be used on the one hand, to restore some adaptive

plasticity that is important for "creative remembering" (Ross & Buehler, 1994), but on the other hand, it may be utilized to strengthen memory resistance to a variety of internal or external distorting factors. Therefore adequately trained professionals will use this technique moderately, in accordance with the American Society of Clinical Hypnosis guidelines (Hammond et al., 1995), and based upon the understanding that MFIs are utilized to restore the balance in memory related processes.

Summary

It is largely acknowledged by psychologists and psychotherapists that memories, and particularly autobiographical memories, can have a significant impact on identity formation and functioning (Kihlstrom, Beer & Klein, 2002; Neisser & Fivush, 1994; Porter, Campbell, Birt & Woodworth, 2003). This understanding brought psychotherapists in general, and hypnotherapists in particular, to place an emphasis on memory recollections in the attempt to understand the structure and complexities of the human psyche better (Barabasz & Watkins, 2005; Brown & Fromm, 1986). Research from the past few decades showed clearly that human memories are very malleable and are influenced by many factors (Chen, Zeltzer, Craske & Katz, 1999; Loftus et al., 1996; Porter, Campbell, Birt & Woodworth, 2003; Schacter, 1999) including people's contemporary needs (Libby & Eibach, 2002). It can be argued that these memory reconstructive processes are an important factor and responsible for the survival and evolution of the human race (Neisser & Fivush, 1994; Rossi, E., Erickson-Klein & Rossi, K. 2008). Sometimes, these natural memory reconstructive processes do not work properly (Schacter, 2001) or the specific memories are not accessible for ordinary processing because of their traumatic or dissociative nature (Bjorklund, 2000; Ratican, 1996). MFI approach presented here is intended to mend these natural processes of memory reconstruction and adaptation during hypnotically induced paramnesias.

As previously mentioned, generally, in psychotherapy, autobiographic memories serve as diagnostic information. Psychotherapists search for and use early memories, traumatic memories, memories of cognitive functioning in problematic situations, and memories of symptom prominence in troublesome situations. Sometimes memories are used as a progress evaluation instrument and only rarely and usually in hypnotherapy as the focus of direct therapeutic interventions. But even in hypnotic psychotherapy, hypnotherapists working with autobiographical memories usually utilize hypermnesias and amnesias, but rarely hypnotically-induced paramnesias.

While the application of hypnotically induced paramnesias requires high competence in hypnosis and psychotherapy, and requires the therapist to be very precise and careful (Hammond et al., 1995), it can be a potent tool that can be highly effective in dealing with chronic and complicated problems. Finally, limitations should be noted: The present article was designed to attract the attention of clinicians using hypnotic psychotherapy for this uncultivated but fertile field of MFI and to present an integrative approach for its implementation. Accordingly, clinical cases, vignettes and the ideas used were intended to illustrate the conceptual framework of the MFI paradigm and give only a partial picture of the complex and sometimes only assumed therapeutic processes that were involved. Further research focusing on self identity changes, acquired through MFI are needed, to establish scientific validity for these high level hypnotherapeutic interventions. My hope is that this paper will initiate an empirical and clinical quest in this area.

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