**CHAPTER 1: ORIENTATION, STATEMENT OF THE PROBLEM AND RESEARCH PLAN**

**1.1     INTRODUCTION**

In this Chapter the awareness of the problem and the motivation for the study are elucidated. The literature overview of the perspectives will follow in an attempt to provide a "bird's eye view" of the subject matter to be covered. This will be presented by way of the theoretical background to the study which underpins the research approach. The statement of the problem will be described, followed by the objectives to the study, which will be divided into immediate and deferred objectives. Selected concepts in the study, in particular the statement of the problem and the sub statements, will be clarified followed, by a planned progress of the study.

**1.2     AWARENESS OF THE PROBLEM**

The researcher, working as a clinical psychologist[*] in private practice, often came across people who asked why bad things happened to them not only once, but repetitively. The awareness of the problem originated in the researcher's early life experiences, which resulted in him believing that life was unfair and, in fact, that *"Life is a struggle"*. He was often angry and ashamed of his sexual identity. This emotional combination led him to work harder and harder in an unsuccessful attempt to hide his self-contempt. He frequently resigned from professional positions in anger, describing people in these environments as "unfair" and those in positions of authority as being incompetent.

The researcher's awareness as to the origins of his anger and his actions was established via the experience of two therapeutic models, these being Heart-Centred Hypnotherapy (including Past Lives Therapy) and Imago Relationship Therapy.

The researcher's initial awareness and understanding of his anger occurred during experiential training in Heart-Centered Hypnotherapy. A hypnosis session was planned with the participants, all professional therapists, with the aim of recreating the birth experience. During the recreation the researcher was quickly overcome with feelings of fear and an irrational need to flee. In his hypnotic state as a patient, he found himself in the midst of a terrifying birth process where he felt *"stuck"* and unable to emerge. A devastating sense of numbness invaded his body and he concluded that

he was going to die. At that moment, as an unborn infant, he made two crucial decisions. Firstly, that he refused to die and was going to fight death with anger; and, secondly, *"if nobody will help me, I will do it by myself."* The *"nobody"* in this instance referring to his mother and the doctors and nurses, people in a position of authority and power present at the birth. Following on from the feeling of being lodged and immovable came the awareness of excruciating pain around his temples, representing the clasp of the forceps as the medical staff pulled him out. As a result of the terror and pain, the infant, instead of being thankful, communicated a third message to himself, *"First they refrain from helping me, and then they hurt me"*, and he decides therefore to **"fight them!"** *"Them"* again represented authority figures.

This decision or ego-state (called a Hypnotic Blueprint or Life Script) remained latent well into his early adulthood, where it was triggered by a series of events, these being leaving the parental home, entering university, coming into contact with people whom he perceived as uncaring authority figures, as well as experiencing harsh initiation practices. These discomforting events subconsciously triggered the trauma of the original birth process, the *"birth"* or transitional passage of the researcher into life as an adult, and symbolically recreated the struggle of his actual birth. This is referred to in Medical Hypno-analysis as the symptom-producing and symptom-intensifying events, or the activation of the latent ego state.

As a direct result of the infant's conclusion, that being to survive and fight death with anger, the researcher became aware that his ongoing anger, frustration and sense of unfairness characteristic of his encounters with people in particular, authority figures was, in fact, the **manifestation and reinforcement** of the belief that *"life is a struggle"* and that people are either unhelpful at best or cruel at worst. Furthermore, during times of feeling emotionally dead or *"stuck"*, he created anger. The researcher realised that he subconsciously selected situations and people with power over him, like lecturers, bosses and romantic partners, who would treat him *"unfairly"* and thereby enable him to re-enact his life pattern, that of going to war with the powerful people in his world, and in the process maintaining his feeling of being alive. Before his therapeutic experiences, however, the researcher would have been unable to comprehend the truth of his situation, that he was responsible for the conflict and struggle in his life. In all probability he would have responded with the pattern of anger at the *"unfair accusation"*.

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* Researcher/Therapist/Psychologist/Clinical Psychologist: As the researcher has dual roles in this study, both as researcher for his doctoral literature study as well as therapist or Clinical Psychologist, doing therapy in the case study or empirical research, these terms will be used depending on his

During the hypnotic re-enactment, it is the adult self who experiences the infant self's trauma and who becomes aware of the infant self's messages and decisions. The adult self then serves to guide the infant self into reforming those messages and decisions. His therapist, the creator of the **Heart-Centered Hypnotherapy** process, Dianne Zimberoff, by asking the right questions, first exposed the **subconscious decisions and conclusions**, and brought them into awareness. Once the researcher became conscious of these choices, or his Hypnotic Blueprint, he was given the opportunity to **create a new reality**, by making **new conscious decisions**. His decision was to *"be joyous".* Since that critical and life changing day, he lived a different life. He had no need to respond with anger to all erroneously perceived situations that he was in danger of dying, and his new decision to be fully alive made an empowered and contented person of him, with permanent and life-changing results. He subsequently adapted his work with his clients to focus on these critical choices, making radical and life changing reformations in the lives of his clients, and becoming a total believer in the process.

Furthermore, not understanding his unconscious life choices and decisions in his youth, the researcher believed that the ultimate authority resided with **God**. Being angry at powerful figures, his ultimate anger was directed at God. He believed that either God did not exist, a numbed atheistic approach or, alternatively, if he did exist and was not prepared to help him in spite of numerous desperate prayers, he believed He must be an inefficient, indifferent or, at worst, a cruel God who took perverse pleasure in the suffering of his people. During the Heart-Centred therapy and subsequent trainings, the researcher met his creator and established a peaceful and loving relationship with God. Transpersonal psychology plays a crucial role in his therapeutic interventions.

Years later the researcher was exposed to the concept of **Imago relationship therapy**, a model of therapy based on emotional developmental levels and how this impacts on interpersonal relationships. He again experienced dramatic personal growth during the clinical training, and witnessed exponential growth in the lives of the couples with whom he worked. Although he had been exposed to the concept and theory of developmental theories developed by, among others, Freud, Eriksson, the developmental levels created by Hendrix, the creator of Imago, made sense in that the researcher recognised his arrested stage, and how his life patterns corresponded with the patterns described by Imago. The researcher realised that, in his choice of partner, he was attempting to **complete the unfinished developmental stage** of his life called Identity, which is the

role.

third stage of development. Today, this unfinished stage manifests in his life by his struggle to accept his sexual identity and by harbouring a deep and abiding shame about being homosexual. His life partner is easily identified as homosexual, whereas the researcher can hide his sexual orientation quite successfully. According to Imago relationship therapy, his partner represents the *"disowned self"* or the self from whom he had to rupture during childhood, as in his family home dominant male behaviour was encouraged and *"sissy"*, feminine behaviour discouraged. When confronted with this knowledge, the researcher was amazed at how we repeat our childhood wounds in an often futile attempt at healing. Our attempts at healing include attracting people into our lives who represent our shadow opposite, or imago. We get stuck in our relationships with our life partners, and believe erroneously that through the termination of the relationship, we will find the *"right"* person the next time, the proverbial fairy tale knight on a white steed.

If we have the ability to select and attract the life partner from whom we could learn the most, why would we not attract other people and situations, also for our own re-wounding and, ultimately, our healing? Thus we repeatedly create suffering so that we can have the opportunity to heal. The researcher became aware of the victim-persecutor-saviour triangle for the first time, and the huge impact this pattern has in our lives.

A third level of awareness occurred during his very first past-life regression therapy session. This session resulted in a tremendous learning curve as the researcher realised that we do not have one but many lives, and that we must strive to see the *"big picture"* of these lives. After experiencing many **past-life regressions**, the researcher became aware that the same issue or theme that people battle with in therapy is the same theme they address during past-life therapy. The life urge, presented as a core issue that we re-enact through our dreams, our living state, our relationships and our past lives, remains constant.

In graphic form, the route of self-discovery followed this path:

**TABLE 1.1: TABLE OF THE ROUTE OF SELF-DISCOVERY**

| The Presenting Problem or Pattern Manifested in the life of the researcher | • The researcher often left employment situations in anger, and felt that he was treated unfairly by superiors.<br>• He felt a deep shame about his selfhood and sexuality.<br>• He experienced God as a detached punitive God. |
|---|---|
| Origin of Hypnotic Blueprint | During a regression to birth he gets stuck in the birth canal, concluding he is going to die, and that life is a struggle. He makes a decision to *"fight"* to stay alive, and anger becomes his anchor emotion that confirms that he is alive. Without being angry, he feels dead. Two opposing ego-states are simultaneously created: specifically, *"I am dead"*, versus *"I am struggling to remain alive and I am angry"*. |
| Past Life Regression | In one of his past lives he returns to being a boy in an African tribe, of which his father is the chieftain. As part of his coming-of-age ritual, he has to prove his manhood by killing a lion. The situation turns bad, as the mortally-wounded lion retaliates with its last breath, killing the boy. During the moment of death he concludes, *"I bring shame on my family, I deserve to die. I am shameful"*. That becomes his identity. Two conflicting ego states are created, to be exact *"I am shameful"* in opposition to *"I have to try hard to bring pride to my family"*. He condemns the *"I am shameful"* ego-state into the outer regions of his subconscious, always trying to banish it by proving himself. |
| Reinforcing events | He grows up in a family where emotions of anger and shame are being replayed, reinforcing the original Hypnotic Blueprints or ego-states. His parents would discourage his emotional side, calling him a sissy when he cried and felt. To be loved by his parents, he felt he had to be tough and strong, thus splitting off the *"weak"* self and repressing that part of himself. The perfection is thus broken. |
| Imago Developmental Stage Arrestation | The birth and past-life regressions confirm that the researcher is stuck in the Identity phase, meaning that his fear is one of being |

| | shamed, the terrifying feeling that *"something is wrong with me"*, and *"I am not alright".* He splits off the parts of him that were mirrored as unacceptable, and only develops the parts that were affirmed by his caretakers. He forms a belief that he is only safe as long as he is in control, and attracts situations where he feels out of control, thus re-enacting the fear pattern. |
|---|---|
| De-Hypnotising | By creating awareness of the parts we banished and reconnecting with them, we integrated more of our lost ego-states, and we become more complete, more whole. |

## 1.3 MOTIVATION FOR THE STUDY

What is the motivation for this research project and why is this study necessary? The researcher reasoned that if he could, through the awareness and transformation of his life patterns, create such a magnificent and lasting change in his own life, the same ought to be made available to clients on a grander scale. If more psychologists become aware of the power of transformation through developmental completion, many clients' lives can be transformed. The ability to distinguish between symptomatic relief (in this case, healing the anger pattern) and the developmentally-arrested phase, which is a more permanent re-enactment of the developmentally-unmet needs during the characteristic stages (attachment, exploration, identity and competence), will assist the practitioner in understanding what could be transformed in short-term therapy, and what is *"homework"*, or long-term semi-permanent core issues or life impulses, that the client will express regularly and project onto his life and the people surrounding him.

Another phenomenon is that we colour all of our experiences according to our developmentally-incomplete stage, whether this be located in our past lives, pre-birth or womb experiences, birth experiences, childhood, or our current life. All will be perceived through the lens of the incomplete and unexpressed developmental urge. This knowledge will provide the practitioner and academic with a framework from which they can approach their clients or their study. The affirming notion is that these unexpressed life urges can be tested in reality, and are therefore not academic constructs based purely in theory.

## 1.4    LITERATURE OVERVIEW

### TABLE 1.2: LITERATURE OVERVIEW

| Key Words | Author |
|---|---|
| Transpersonal Psychology | Baldwin (1992); Bly (1988); Braud & Anderson (1998); Grof; Hutchins (in Christman) (1982); James (1985); Janov (1993); Jung (transpersonal unconscious, collective unconscious); Knight (1997); Lajoie & Shapiro (1992); Luskin (2002); Maltz (2002); Maslow (1962); Reich (1949); Tart (1995) (transpersonal perspective); Thesenga (1994) (transcendent awareness); Walsh & Vaughan (1980); Zimberoff & Hartman (1998 & 1999) |
| Perceived Traumatic Event | Greenwald (2001); Hendrix (1997); McGraw (2001) (defining moments); Janov (imprints); Grof (2000; 1998; 1993) (Systems of Condensed Experience – COEX); Firman & Gila (1997) (primal wound); Janov (1996; 1990) (primal pain) |
| Subconscious Conclusions | Bradshaw (1988); Burkhard (2000); Lang (1985); Wolinsky in Leskowitz (2000) (false core driver); Zimberoff & Hartman (1999) (sub-conscious conclusions) |
| Subconscious Decisions | Burkhard (2000); Lang (1985); McGraw (2001) (critical choices); Warren (2002) (imprints); Thesenga (1994) |
| Life Script or Hypnotic Blueprint | Bennet-Goleman (2001) (schemas); Dilts, Grof (2000, 1993) (Condensed Systems of Experience – COEX); Janov (1993); Jung (transubjective reality); Kennedy Pike (1997); Korkie (2002) (constructing hypnotic realities); Markides (1987) (Elementals); McGraw (2001) (life scripts); Steiner (1990) (life script); Thesenga (1994) (images); Wilber (1996); Wolinsky (In Leskowitz, 2000) (deep trance phenomena) |
| Creation of Reality | Celinsky (2001); Holmes (1938); Kushner (1989); Wolinsky (In Leskowitz, 2000) (deep trance phenomena) |

| Re-enactment of Dysfunctional Pattern or Manifestation of Reality | Phillips & Fredericks (1995) (repetition compulsion); Janov (1991) (symbolic acting out) |
|---|---|
| Imago Relationship Therapy | Hendrix (1997); Hendrix & Hunt (1997); Luquet (1996); Hendrix & Hunt (2004) |
| Imago Developmental or Relational Stages: Attachment, Exploration, Identity and Competence | Hendrix (1997); Hendrix & Hunt (1997); Luquet (1996); Hendrix & Hunt (2004). |
| Heart-Centered Hypno-Therapy | Givens, (1996); Grof (1985); Hammond (1990); Janov (1996); Maslow, (1962); Perls (1976); Zimberoff & Hartman (1999) |
| Ego-State Therapy | Fredericks & Phillips (1995) |
| Medical Hypno-Analysis | Scott (1993); Modlin (1991, 1999); Zelling (1995); Matez (1992) |
| De-Hypnotising | Goulding & Goulding (1997); (redecision therapy); Wolinsky (In Leskowitz, 2000) (deep trance phenomena) |

## 1.5    STATEMENT OF THE PROBLEM

The basic question that confronted the researcher in his work with his patients as well as in his own life was not understanding:

Why do bad things happen to good people?  Why do we feel so helpless and stuck at times?

In his discovery of banished parts or ego-states of the person in the dark exile of his subconscious, and realising their emotional intensity at being excluded from rightfully being part of the whole being, he came to the understanding that the bad things that happen to good people is the vengeance of the repressed ego-states on the psyche that keeps them outcasts. We thus create our own misery by refusing to be whole and complete. The main question to be addressed should thus rather read:

| Do we create our reality? |
|---|

If this question is answered in the affirmative, which the researcher bases this thesis on, then the logical next question should read, *"How do we create our reality?"*, because once we understand that phenomenon, we then have the power to transform our internal world or inner reality as to attract *"good things to good people"*. The next question should then read:

| How do we create and manifest reality? |
|---|

The statement of the problem suggests the following questions:

## TABLE 1.3: QUESTIONS SUGGESTED BY THE STATEMENT OF THE PROBLEM

- Do we create reality through the formation of subconscious conclusions and decisions?
- Do we create reality through the establishment or conflicting/opposing ego-states?
- Do we create an erroneous reality during critical or traumatic moments when we are emotionally ill-equipped to make those conclusions and decisions?
- If we construct or create erroneous reality during times of original crisis, can we re-experience the crisis to reconstruct a new, more functional reality?
- Do we manifest reality through the endless repetition of life patterns or life scripts in our lives by projecting our unmet needs on our partners and the people sharing our life journey?
- What is God and what is the nature of God? Is God cruel, allowing us to endlessly repeat dysfunctional life patterns without hope of salvation, or is God kind, providing us with opportunities for healing or transformation through developmental conclusion?
- Do we re-enact our major developmental task that was left incomplete and which follows us through life and manifests as a core issue around which all our current problems revolve within a semi-permanent structure?
- Do we colour all of our experiences according to our unmet developmental needs?
- Can one heal the symptomatology that is repetitive in the life of the person during short-term hypno-analytical therapy?
- Is the developmentally-stuck stage more resilient to healing, thus forming a semi-permanent structure that is a long-term therapeutic and life objective?
- Is there a correlation between the stage in which one is stuck and the severity of the symptoms?

> • Would a person in the first stage, attachment, have worse symptoms and take longer to recover than a person in later stages?

The following questions could be added to the above but, due to considerations of length and research demarcation and clarity, will be excluded from this study.

**TABLE 1.4: ADDITIONAL QUESTIONS SUGGESTED BY THE STATEMENT OF THE PROBLEM**

> • What is the ultimate source of the original decision at the moment of the creation of life, during the life between lives or the so-called life-planning or life-selection process?
>
> • Do we carry over incomplete developmental tasks from lifetime to lifetime, so that one can use the stage at which you are stuck as a measure of one's spiritual development?
>
> • Is the concept of past lives real?
>
> • Will certain DSM-IV TM classifications correlate with the developmental stages in which the person is stuck. For instance, does Borderline Personality Disorder correlate with Attachment stage?
>
> • Can a comparison be drawn between the developmental stages as defined by Hendrix and the stages as described by other developmental theorists?

## 1.6    OBJECTIVES OF THE STUDY

### 1.6.1    IMMEDIATE OBJECTIVES

The objectives of the study are:

1. **Objective 1: A literature study is proposed over two chapters, with the aim to build a theory that will explain repetitive patterns, namely the Creation and Manifestation of Reality-theory:**
   1.1. **In Chapter 2 a literature study will be conducted on the process of the creation of reality** using the Holographic theory as foundation. The formation of subconscious conclusions and decisions resulting in the hypnotic blueprint, is researched, illuminating the latency period, and the subsequent manifestation in life as repetitive patterns in life is studied, as well as the therapeutic intervention to transform reality, namely de-hypnotising, is researched.

1.2. **In Chapter 3 the literature study will focus on the Imago Developmental stages or incomplete life urges, including how the stages of Attachment, Exploration, Identity and Competence form semi-permanent structures that serve as parameters within which we organise our realities and experiences**.

1.3. **Combined, Chapters 2 and 3 endeavour to provide the literature study to build a theory that will explain human behaviour and misfortune**.

2. **Objective 2: An empirical study to explore the Creation and Manifestation of Reality-theory** in its application, namely to provide an explanation why bad things manifest as their reality, or negative patterns are re-enacted in their lives, in the lives of selected case studies, in Chapter 5. **This thesis will not attempt to determine the efficacy of the Creation and Manifestation of Reality as a therapeutic intervention or model**.

### 1.6.2   DEFERRED OBJECTIVES

The ultimate objective of the study is to provide practitioners in psychology with an understanding of the concept of the construction of reality, and how by creating in their clients' an awareness of their life scripts, it will empower them with the opportunity to recreate or reconstruct these scripts. Another objective would be to make available the knowledge of how people in the different life stages would behave and respond in therapy.
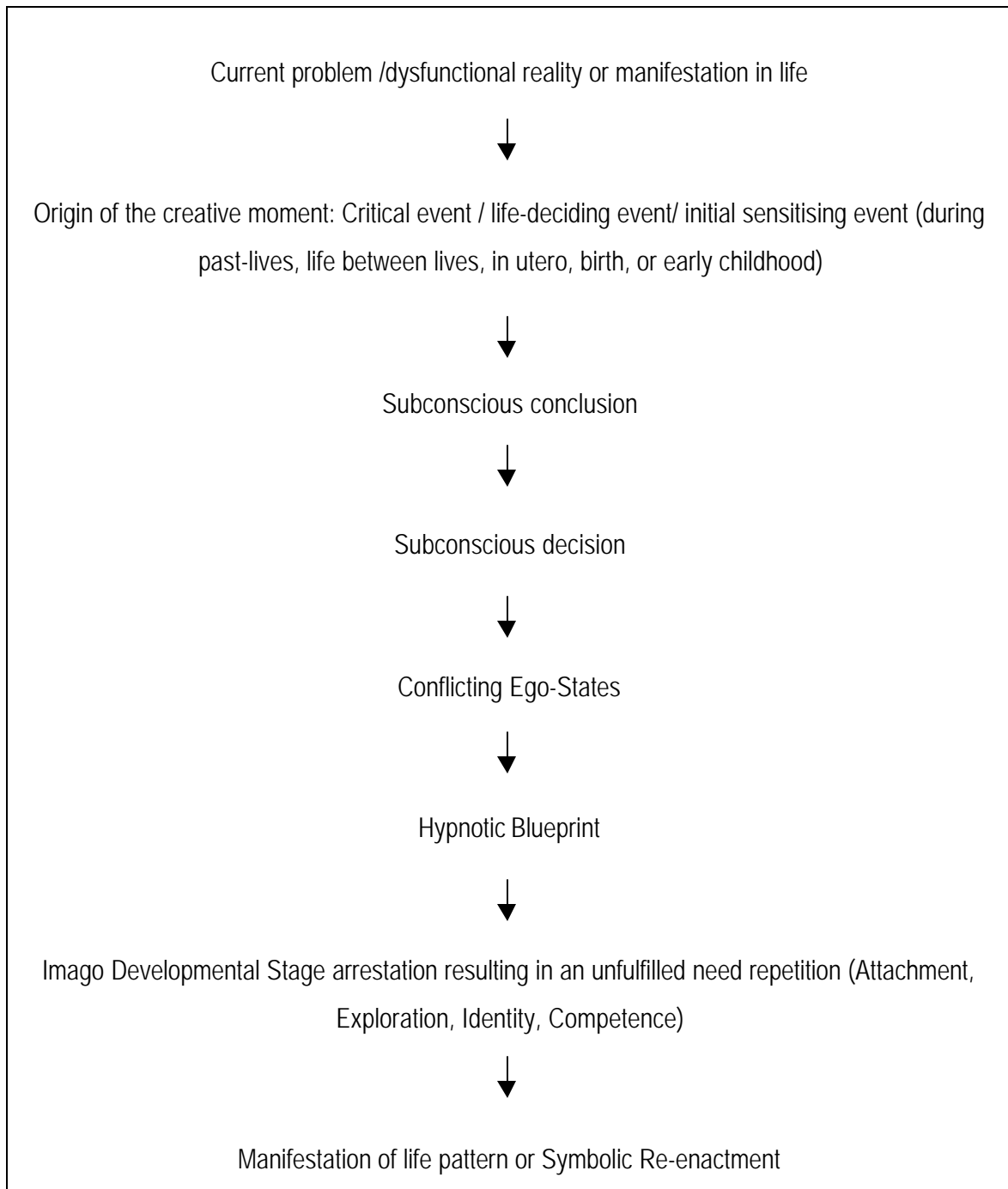
### 1.7.   DEFINITION OF CONCEPTS

### 1.7.1.   CREATION OR CONSTRUCTION OF REALITY DURING CRITICAL INCIDENTS

*"Reality is something we constantly create."* (Neville, 1989:9). Wolinsky (1993:88) states, *"The observer, through the act of observation, creates his/her subjective internal response pattern".* Dyer (1995:24) illustrates the point further by saying: *"Creation of anything in the physical universe is determined by what kind of attention you place on it. Remove the observer (attention) and you alter the creation."* Wolinsky (1991:2-3) states: *"This means that how we subjectively experience events, interactions, and our inner self is created by us. This reality suggests a further one: that we, as the observers of experience, choose how an experience is experienced."* Heaven (2001:39) concludes: *"The fact is that we are not passive consumers of the world around us, sponges for experience, but are active creators of it, and other worlds are possible and open to us right now."* (Heaven, 2001:39). Zukav (1979:53-54) confirms this phenomenon, *"Not only do we influence our reality, but,*

*in degree, we actually create it."* The researchers in Quantum Physics and Holotrophic theory provide evidence of the fact that we are actively involved in the creation of our reality, as opposed to being passive receivers or, worse, victims of our reality.

The researcher proposes that we all create reality in the following manner:

**FIGURE 1.1: THE MANNER IN WHICH REALITY IS CREATED**

Current problem /dysfunctional reality or manifestation in life

↓

Origin of the creative moment: Critical event / life-deciding event/ initial sensitising event (during past-lives, life between lives, in utero, birth, or early childhood)

↓

Subconscious conclusion

↓

Subconscious decision

↓

Conflicting Ego-States

↓

Hypnotic Blueprint

↓

Imago Developmental Stage arrestation resulting in an unfulfilled need repetition (Attachment, Exploration, Identity, Competence)

↓

Manifestation of life pattern or Symbolic Re-enactment

During critical incidents, including past lives, life between lives, in utero, birth and early childhood, critical incidents occur that the person/child does not have the ego strength to make an informed and conscious conclusions and decisions. It is important to note that it could be a once-off traumatic incident, or repeated traumas, or a series of mild events, like not responding to the needs of the child, or the child not feeling welcome at birth.  These events can leave deep scars on the psyche of the person.

## 1.7.2. THE FORMATION OF SUBCONSCIOUS CONCLUSIONS AND DECISIONS, MANIFESTING IN HYPNOTIC BLUEPRINTS OR SUBCONSCIOUS LIFE SCRIPTS

The objective of the study is, in part, the exploration of the construction of reality. During emotional and psychological traumas, referred to by McGraw (2001:98) as **defining moments,** the person perceives the event as potentially life-threatening; for instance, *"my father is trying to kill me"*. In response they often make erroneous subconscious conclusions about the event, such as *"therefore I must be bad"*. These traumas act as formative events. *"The child makes certain incorrect conclusions about life, which sink into the unconscious, and then mould the life of the adult"* (Thesenga, 1994:93). The person then makes a subconscious decision: *"and I will try to be a super good person so that my daddy will love me"*. McGraw refers to these conclusions and decisions as **critical choices**. This then becomes a life pattern or a **life script**. *"As children, after we experience some of life's disappointments, we attempt to ward off future pain by making certain generalizations about life, forming conclusions based on our particular experience and our specific interactions with our unique parents"* (Thesenga, 1994:100).

Possibly residing within the areas of both the reality criteria and meaning acquisition, as children we lack the ego strength and the insight to interpret events correctly. Therefore, certain *thought distortions* occur. Bradshaw, using the research of developmental psychologist Jean Piaget, states that children interpret life events by absolutising, being non-logical, egocentric, universalising and detailing (Bradshaw, 1995:23-24). This then forms the Hypnotic Blueprint that forms the basis of the person's reality as they create it for themselves.

The life script, or characterological pattern, coupled with the belief system that feeds it, becomes a magnet or self-fulfilling prophecy that keeps on creating and attracting life experiences and people to confirm and reinforce this erroneous pattern, forming a feedback loop. Consequently, the magnet

becomes increasingly strong, resulting in the repetition of these pervasive patterns throughout our lives. Life then merely mirrors what the individual has created.

The presenting state is not the actual underlying hypnotic state or pattern that the person repeats in life, or the life script. The presenting state could be uncharacteristic anger outbursts, where the life script, using the case illustration, is being the *"good person"*, the life decision with which that person is stuck, influenced by the developmental stage the person got stuck at, which will reverberate throughout their lives. The symptom alleviation is treated differently from dealing with the hypnotic life script.

Steiner (1990:69) states that, when a child's inborn expectations of protection are not met, adaptation of a script occurs. *"To the child it is as if alien forces were applying pressure against his growth; unless he yields to these pressures life becomes extremely difficult. Thus, the child is forced to abdicate his birthright, and he does this by readjusting his expectations and his wish to fit into the situation. This process is a crucial point in the development of scripts and is called the decision."* (Steiner, 1990:69). The script decision is made when the child, applying all of his creative resources, modifies his expectations and attempts to realign them with the perceived situation.

### 1.7.3    CREATION OF THE OPPOSING OR CONFLICTING EGO-STATES

Conflicting ego-states are created at the time of the Original Decision or Life-Defining Moment.  In the moment of being sexually abused, the powerless infant is wounded.  *"If I am powerless, I get abused"*, therefore *"I decide to be strong"*. At the moment when the person is thrown off balance by a traumatic incident, an ego-state is created in that state of emotional and psychic disequilibrium. The organism, always attempting to be in perfect harmony or balance, immediately creates the opposite ego-state to, similar to weighing scales, balance out the disequilibrium or one-sidedness. He thus develops the aspect of himself that feels invulnerable, tough and powerful, and relentlessly denies anything about himself that reminds him of his *"weakness"*. The weak ego-state is then rejected or banished into the outer space of the subconscious, never to have his existence acknowledged again. This denied part of the self, in order to bring itself back into consciousness, attracts life situations and people to remind the psyche of its existence. The *"bad things that happen to good people"* directly relates to the banished parts of ourselves, our hypnotic blueprints, manifesting repetitive patterns in our lives. To use the analogy of *"bad things happening to good people"* further, the phenomenon occurs because we often attempt to be too *"good"*, and in the

process we banish its opposite, only for that opposite to manifest malevolently and maliciously in our lives. We only respect one aspect of our being, and we do not honour our opposites. Hendrix (1997:52) reports on this phenomenon as follows: Childhood experiences produce a specific wound in which the seamless fabric of our existence is ruptured, and our awkward attempt to repair the damage. *"We reweave a tangled web, a false self that fills the void of emptiness, covering our true nature with protective devices to shield us from further injury. Understanding the nature of the wound is the key to your healing, for it has affected all your behaviour, your decisions. And your life choices, especially in the arena of intimate relationships. It is the healing of our wounds that we seek, consciously or not, in committed relationships."*

### 1.7.4    THE VICTIM-PERPETRATOR-RESCUER TRIANGLE

(Please refer CHAPTER 2 paragraph 2.5 for a more detailed discussion of the phenomenon.) The victim-persecutor-saviour triangle can be described as a psychological dynamic that can occur intra-psychically, interpersonally, societally, nationally and internationally. It operates primarily through the perception of one being a victim, with another part saying *"You deserved what happened to you because you are bad"* (the persecutor), and its shadow opposite, the rescuer or saviour, saying *"What you are doing to the victim is unfair, he was innocent, he did not know better"*. Conflict between these two apparent opposites, namely perpetrators and victims, thus revolves about how the victim should be treated, or approached, the perpetrator maintaining a guilty verdict, versus the rescuer suggesting a not-guilty verdict. They keep on disagreeing on the issue of guilt, each maintaining their position and entrenching it deeper. The conflict revolves around the victim, which is often a child, unable to protect itself, being defenceless. The two other parts thus take up the battle on behalf of the child. The therapeutic aim, to resolve this repetitive pattern of conflict between the opposing ego-states with the helpless child watching on fearfully, is by healing the original trauma that the child experienced, because once the child is no longer a victim, the function of the two conflicting ego-states become redundant. The phenomenon could be illustrated graphically as follows:

**FIGURE 1.2: THE SAVIOUR-PERPETRATOR-RESCUER TRIANGLE**
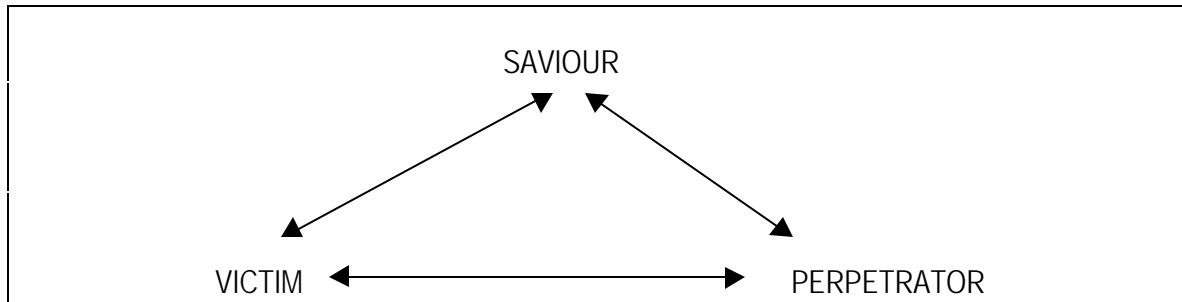


## 1.7.5   INCOMPLETE DEVELOPMENTAL STAGES, MANIFESTING IN THE COMPULSION TO RE-ENACT THE UNMET LIFE URGE

The developmental stages at which the person gets delayed could present in different formats, depending on the life decisions made by the person. The two main categories of decisions are the minimiser and the maximiser. The developmental stages and subsequent life script that is clearly evident in therapy are based upon the research of Hendrix (1997) and Hendrix and Hunt (1998):

- **Stage 1: Attachment stage:** The baby is suddenly separated from the safety of the womb and, between the ages of 0 -18 months, the vital agenda of the infant is to close the gulf of separation, and securely attaches himself to the nurturing, protective source of his survival. The sense of security established at this stage sets the tone for the rest of his journey through life, and forms the foundation of how life is perceived and approached.

- **Stage 2: Exploration stage:** The exploration age occurs between 18 months and 3 years where the child gains mobility, wanting to leave his mother's side and explore the environment, but needing the assurance that his caregivers will be there, forming a secure and loving home base when he returns.

- **Stage 3: Identity stage:** The child of approximately 3 to 4 years embarks on the process of becoming a self, and to accomplish that he needs to develop a stable and consistent image of himself and of the significant others in his life.

- **Stage 4: Competence stage:** At this stage the child is trying to become competent in the management of himself, others and objects in the world, and to establish his personal power.

A person remains stuck in the developmental stage for the duration of their life where, as a child, they were exposed to perceived trauma and, during a specific age bracket, where they had reduced ego strength. The person can only move to the next level by dehypnotising their life pattern and by

becoming and remaining conscious in their relationship with life. Only by the person accepting responsibility toward dehypnotising the self can he move to the next developmental level, which must then, in turn, be healed. This is the longer-term therapeutic life goal as opposed to short-term symptom alleviation.

These stages will manifest themselves in the life of the person, and re-enact or replay in the different spheres of his or her life.

## 1.7.6  TRANSPERSONAL PSYCHOLOGY AND THE ROLE OF GOD IN HEALING

*"In everyone's heart stirs a great homesickness."*
**Rabbi Seymour Segal (In Moody and Carrol, 1998:3).**

The homesickness referred to in the above quotation is that longing for God, inherent in all of us. The analogy is paradise lost, of having experienced God's love and then being sent to earth for another incarnation and losing it. That is the great spiritual longing for God, the urgent need to be reunited with God. And through our healing we can achieve and experience God's love. Moody and Carrol (1998:292) refer to a breakthrough experience, that transcending moment when one becomes one with God, by relating the tale of the Zen master Hakiun, who compared the moment of enlightenment to a great structure of ice suddenly melting and collapsing – *"just as our ego collapses under the weight of spiritual force, and we fall into our Supreme Identity."*

Thesenga (1994:266) argues that, *"When we experience ourselves as being **in** this limited, dualistic world, but not necessarily **of** this world, we will know ourselves as one with the Creator. Our task is to bring into manifestation as much of our inherent divinity as we can by learning to be positive co-creators of our world."*

The ultimate creator is God, but we are co-creators and for that reason, Godlike. The goal of therapy is to rid ourselves of our shadow and lost selves and, through the process, discover our God-selves. Myss (2001:27) refers to the experiencing of an *"epiphany"*, from the Greek word to *"manifest"*: *"… a sudden illumination of our ultimate union with the Divine. During an epiphany, your relationship to God is transformed from one of doubt or fear into one of deep trust. You suddenly understand that everything in your life has occurred by divine intention, by the grace of God."*

Walsch (2000:7) states: *"indeed, all paths lead to God. This is because there is no other place to go."*

*"'Original sin' really means the imperfections inherent in our human nature as a result of the original choice to separate from God consciousness. The awareness of original sin is simply an awareness of our alienation from the whole. But this is not our most basis identity. Our most original nature is divinity; the distortions occurred later. The myth of Adam and Eve's choice to disobey God and to follow Satan, thus resulting in expulsion from the primal Garden of Eden, is one way of trying to personify our original choice to leave unitive consciousness."* (Thesenga, 1994:169-170).

*"Re-create your Self anew in every moment of Now in the grandest version of the greatest vision ever you held about Who You Are. In this I will be glorified, for the glory of God is the Glory of you, expressed wondrously indeed."* (Walsch, 1999:151). The researcher proposes that when true soul healing occurs, it is an essential outflow that we will reconnect with God. If one achieves soul healing, one cannot remain separate from God.

Taylor (1997:43) notes that, in spiritual healing, the domain of the spirit is primary, the only reality; the domain of the natural is illusory, or at best inconsequential. Healing, whether physical or mental, takes place when we come into the full presence of the Divine, when we cast away our illusion and enter into the wider domain of the highest and the best that is possible to experience. The nature of this spiritual domain is undefiled, ecstatic, pure, all-loving, and illuminating. When we come into the presence of what is divinely highest, we are healed.

Chopra (2000:246) explains that in the quantum model there is no inside or outside. God is no more in us than he is anywhere else – he is simply not locatable. To say that we go within to meditate, to pray, or to find God is really just a convention. The timeless place where God exists cannot be reduced to an address. Our exploration into former lifetimes indicates that the same may be true of us as well. He also observes (2000:275-276) that, when I experience myself in the world, I am not experiencing my soul, yet it is somewhere on the periphery. There is no doubt that we sense its presence, however vaguely. But it would be a mistake to think that the soul and the person are the same. So the soul is like a carrier of the essence, but what is that essence like? If I cannot experience my soul as an emotion, if everything I know about myself since birth is separate from my soul, it must not be a material thing. In other words, the soul begins at the quantum level, which makes sense since the quantum level is also our doorway to God. To go through this door is not

something we choose; participation is mandatory. In India the soul has two parts, according to Chopra. One is called *Jiva*, which corresponds to the individual soul making its long journey through many lifetimes until it reaches full realization of God. Jiva is involved in action. It is affected by our good and bad acts; it rules our conscience, and all the seeds of karma are planted inside it. The second half of the soul, called *Atman*, does not accompany us on any journey. It is pure spirit, made of the same essence as God. Atman cannot change in any way. It never reaches God because it never left in the first place. No matter how good or bad your life, your Atman remains constant; in fact, the worst criminal and the holiest saint have the same quality of soul when it is this aspect that is in question." Chopra (2000:276) posits "*You need Jiva to remember who you are personally. You need Atman to remember yourself as pure spirit. You need Jiva to have a reason to act, think, wish, and dream. You need Atman for the peace beyond all action. You need Jiva to journey through time and space. You need Atman to live in the timeless. You need Jiva to preserve personality and identity. You need Atman to become universal, beyond identity".* Chopra (2000:288-289) is of the opinion that we have whittled away the scientific objections to God by placing him outside the reach of measurement. This means that a person's subjective experience of God can't be changed – at the quantum level; objectivity and subjectivity merge into each other. We have a picture of the situation, then:

**FIGURE 1.3: GRAPHIC REPRESENTATION OF THE NEED TO REUNITE WITH GOD**
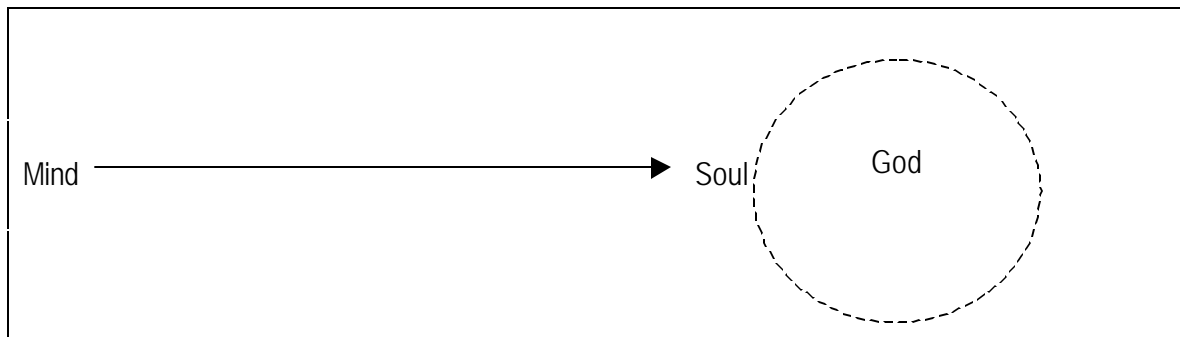


The mind is creeping closer and closer to the soul, which sits on the edge of God's world at the event horizon.

Tart in Rogo (1992:115) states that transpersonal psychologies show us that experiences exist where we can go beyond ourselves, where we can transcend the purely personal. The implication is that we are not just limited personal identities operating in a limited social world. We can view

ourselves as more cosmic and more spiritual beings. The transpersonal psychologies show us that these feelings are just as real and important as other kinds of psychological experiences.

## 1.7.7 DISTINGUISHING BETWEEN HYPNOSIS AS A SUBCONSCIOUS DYSFUNCTIONAL REPETITIVE STATE AND AS A THERAPEUTIC TECHNIQUE

Hypnosis could be interpreted in two different ways. Firstly, as trance phenomena or the hypnotic blueprint, originating from sub-conscious conclusions and decisions, being re-enacted automatically and, secondly, as a therapeutic technique or hypnotherapy.

- **Hypnosis seen as hypnotic blueprint**

During an earlier time, normally accepted to be childhood, the person is exposed to a critical moment that he perceives as traumatic, (i.e. his father abuses his mother), subconscious conclusions are formed *("My mother is in danger, I must protect her")*, followed by subconscious decisions *("Because I am too small to protect her, I am bad and I deserve to be treated as if I was bad")*. This forms a life script or hypnotic blueprint for the child that might remain latent, but is activated later in life, and becomes a repetitive pattern. The individual is thus perceived as being in a hypnotic trance for all his life, re-enacting patterns, both functional and dysfunctional, without consciously being aware of their existence or their potentially limiting influence on his life. Hypnosis is thus, according to this thesis, a state of being in which a person functions, and the set of glasses through which he looks at the world. As this is all he knows, he is not even aware of the fact that his perception of reality is erroneous. In later life these life patterns re-enact themselves, in a bizarre manner intending, through the recreation of the dysfunctional patterns, to finally heal. This process is referred to as repetition compulsion or re-enactment of dysfunctional life patterns. Janov (1993:65) mentions that "*Hypnosis demonstrates that inner processes can pre-potent over external reality. One responds to one's inner programme rather than what is in front of one's eyes.*" The mind can thus be programmed to believe in unreality.

- **Hypnosis as hypnotherapy**

Hypnosis can also be described as it is commonly identified, as hypnotic intervention or hypnotherapy. In this thesis hypnotherapy will be referred to as dehypnotizing, or using the existing hypnotic trance to expose the origins of hypnotic blueprints and making these blueprints conscious by bringing them into awareness, and then making conscious, informed and functional conclusions and decisions. Please refer to paragraph 1.7.8 in this regard.

## 1.7.8  DE-HYPNOTISING THE HYPNOTIC BLUEPRINT AND HEALING THE SYMPTOMATOLOGY

Wolinsky (in Leskowitz, 2000:95-102) states that people automatically and unconsciously recreate patterns, referred to as states of awareness, from the past as trance phenomena, or what the researcher refers to as Hypnotic Blueprints, in the present. These states of awareness involve some combination of Deep Trance Phenomena; any state that is problematic includes one or more trance phenomenon. The main contribution of Wolinsky, in the view of the researcher, comes in the form of this assertion: *"The task of the psychotherapist therefore becomes one of de-hypnotising the client: awakening the client's awareness to the deep trance that is being recreated from the original family context and which continues to function, unnoticed, as the invisible "glue" of the client's current daily symptom complex."*

Wolinsky (in Leskowitz, 2000:95-102) came to the realization that Trance Phenomena are trance states that form our symptomatology. He recognized that the person who brings his problems and symptoms to the therapy is already in a trance state, and that it is this very trance state, or what the researcher refers to as the Hypnotic Blueprint, that is interrupting his experience of the present moment, blocking unconscious potentials and resources, and creating problems and symptoms. The therapeutic intervention then invites the therapist to utilise the trance state the person has already created. The client has to discover that he is more than the source of distress with which he is identified. When the client is assisted to move outside of this misidentification so that he can view it, observe it and describe it, he gains knowledge of the problem; he becomes bigger than the problem. In breaking with the misidentification, he creates a larger context of selfhood, a transpersonal self that allows him to observe and misidentify at the same time. The problem no longer occupies all his inner space; it is surrounded by a context of perception and awareness that begins to diminish the valence of the problem.

The client is not that which passes through his consciousness; he is not his thoughts, his emotions, his ideas, memories or fears. Deep Trance Phenomena are the means by which he can reduce himself to these limited states by which he erroneously identifies with the beliefs such as, *"I'm a loser," "I'm not smart enough,"* or *"I can't get close."* Once he diminishes his sense of self and becomes his erroneous belief by identifying with it, he finds himself completely isolated inside the experience. There is no context to provide perspective or resources. Anything that he identifies with is going to limit him by blocking out any other experience. To highlight this further, Wolinsky states

that, *"If there were only one key point…, it would be that you are not your problem; you are not your trance states which create your problem. You are the creator and the knower or perceiver of your problem. You are the being who chose particular responses to handle particular types of experiences; and you are the being who put those responses on automatic. That is the larger context that therapy must awaken in any person seeking a solution to a problem or a resolution of a symptom."* (Wolinsky, in Leskowitz, 2000:95-102)

## 1.8 AUXILIARY PROGRESS OF THE STUDY

In Chapter 2 the nature of reality, and specifically whether we are passive receptors of reality, interpreting and adapting to reality, or whether we are creators of our reality, is considered. Holding the opinion contrary to the dominant thought pattern of the day, and moving around the periphery of science, is the controversial concept of Holographic reality. The researcher argues that Holographic theory provides an explanation of phenomena previously largely ignored by the scientific community, as it did not fit their worldview. These phenomena include Synchronicities; Past Lives, Multiple Personality Disorder (MPD) or Dissociative Personality Disorder (DID); the power of belief; the placebo effect; transpersonal experiences; unconscious beliefs in hypnosis; stigmata; attracting the shadow opposite or imago in our long term relationships, and repeating the patterns of our childhood despite our conscious choices to the contrary.

The therapeutic building blocks from which the model of Creation and Manifestation of Reality Therapy was created with the objective of dehypnotizing the patient, is then considered, including the main contributors to the model, namely Heart Centred-Hypnotherapy (Zimberoff & Hoffman) and Imago Relationship Therapy (Hendrix, Hendrix & Hunt), Ego State Therapy (Phillips & Fredericks), Medical Hypno-analysis (Scott, Modlin, Roets), Quantum Psychology (Wolinsky), Ericksonian Therapy (Erickson, Rossi), Holotrophic Breathwork (Grof, Taylor), New Primal Scream Therapy (Janov), The Pathwork (Thesenga), Re-decision Therapy (Goulding & Goulding).

The therapeutic objective or purpose of the Creation and Manifestation of Reality Therapy could be condensed into the word dehypnotizing. When the person becomes liberated from their hypnotically-compulsive repetitive patterns, and makes new conscious choices, they can make their lives and their relationships conscious, befriend their shadow sides, and embark on a journey of becoming increasingly conscious and healthy.

The structure of the therapeutic process in The Creation and Manifestation of Reality–theory is then described. Numerous aspects are attended to, including seeding a successful outcome, explaining the process of the creation and re-enactment of the dysfunctional patterns.

The nature of God is to be questioned, relating directly to the nature of reality. Does God put human beings on this earth as pets, to entertain him, similar to a little boy keeping an ant farm or white mice? Is God a cruel God that allows humans to get stuck in an unassailable cycle of repeating dysfunctional patterns, or is there a hidden meaning in the suffering of humans on this earth? Or is it all in vain? An attempt will be made to provide an answer to the age-old question: *"What is the meaning of my life?"*

The occurrence of original wounding and its effect on the formation of subconscious conclusions and decisions, which form the basis for the life script, will be discussed. The establishment or formation of Sub-conscious Conclusions and Decisions, resulting in the formation of the Life-script of Hypnotic Blueprint, form the core of the proposed theory. The creation of dualities or opposing parts or conflicting ego states, culminating in the illusion of the victim-persecutor-saviour triangle, is at the core of our struggles in life.

The concept of Repression and the Triple Allergenic Theory is explained.

The structure of the therapeutic process in The Creation and Manifestation of Reality–theory is highlighted, including the identification of the core emotion (Ericksonian Utilisation), the recent time emotion occurred, the expression of emotion (Gestalt Empty Chair technique), the identification of the Felt Sense, Location and Intensity (SUD), the Affect Bridge to Origin of the Pattern (Ego State Therapy), Identification of Subconscious Conclusions and Decisions, Healing Completion (Inner Child Work, Ego Strengthening and Re-decision therapy).

In Chapter 3 the creation and Manifestation of Reality is considered, with the emphasis on the Semi-permanent Imago Developmental Stages in which the person was arrested or stuck during his early childhood, according to the research of Hendrix. Hendrix (1997:308) states that the time sequences of the developmental stages outlined are an amalgamation of general agreement among developmental psychologists, but they conform to no particular theory. He is of the opinion that the most influential theorist is Margaret Mahler, whose sequences are as follows: birth to six months is the stage of autism; six to ten months begins the stage of differentiation; ten to fifteen

months she calls practicing; fifteen to twenty-four months is called rapprochement; twenty-two to thirty months the age of object constancy. He combines her observations with that of other theorists, mainly John Bowlby and Mary Ainsworth, Sigmund Freud, and Erik Erickson. Hendrix (1997:58) states that he places the different stages at the following places:

- Attachment process between zero and eighteen months;

- Differentiation and Exploration 'between eighteen and thirty-six months;

- Individuation and Identity between age three and four;

- Competence from ages four through seven;

- Concern from ages seven through thirteen; and

- Intimacy from age thirteen through nineteen.

Hendrix (1997:70) notes that nature, with its compulsive passion for survival, equipped humans neurologically to adapt in one of two ways to perceived life-threatening obstructions at each stage of our development, namely by minimizing or maximizing their reaction. He ascribes this choice of our response when our needs are not being met, on our genetic makeup and our interaction with the specific ways our caretakers treated us. These opposites form a complementary pattern, the yin and yang, which has a symmetry and mutual complementarity that manifests in all stages.

Hendrix (1997:70) confirms that this dual pattern of adaptation is operational on a continuum throughout our development and socialization. Irrelevant of the original wounding, or the developmental stage where it occurs, some exaggerate their response and others diminish their response. Minimising or Maximising describes the way energy is expressed when danger threatens, which is an expression of the evolutionary survival instinct to constrict or diminish energy or alternatively to explode or exaggerate it. The brain over-interprets signals for danger and the dualistic pattern is transferred into relational behaviour.

The concept of minimising and maximising energies is elucidated, and adapted for the needs of this study as not only happening as opposites who then later attract one another in life and end up in relationships, but also as opposing and conflicting ego states in one person. In the Attachment stage, for instance, the person will have clinging as well as avoiding energies operational at different times in different situations. One energy may be more prevalent, but the other energy will certainly still be active, even if it has a latent subconscious influence.

In a table, the concepts could be explained as follows:

**TABLE 1.5: TABLE OF THE DEVELOPMENTAL STAGES**

| Developmental Stage | Stage 1: Attachment | Stage 2: Exploration | Stage 3: Identity | Stage 4: Competence | Stage 5: Concern | Stage 6: Intimacy |
|---|---|---|---|---|---|---|
| *Core task* | Struggle to Exist | Love affair with the world | Becoming a self | I can do it | I belong | I can be close and loving |
| *Fear of* | Abandonment | Absorption | Being shamed | Failure/Disapproval | Others/Ostracism | Being controlled |
| *Manifesting in childhood in the maximiser* | Clinging child | Distancing child | Rigid child | Competitive Child | Lonely child | Rebellious child |
| *Manifesting in adulthood as the maximiser* | Clinger | Isolator | Rigid Controller | Compulsive competitor | Loner | Rebel |
| *Fear of:* | Rejection | Loss | Being a child | Aggressiveness/Success | Neediness/Being alone | Being different |
| *Manifesting in childhood as the minimiser* | Detached child | Ambivalent child | Invisible child | Helpless/Manipulative child | Gregarious child | Model child |
| *Manifesting in adulthood as the minimiser* | Avoider | Pursuer | Complaint diffuser | Manipulative compromiser | Sacrificing caretaker | Conformist |

What occurred to the researcher in his therapeutic sessions is the fact that clients would repeat the same theme wherever they journeyed to during their hypnotic work, not only in past-life regression but also in future progression. For example, a person stuck in the developmental stage of attachment will have a life theme of *"there is no one there for me"*, will repeat this blueprint during his past life regression, being rejected from his village and having to flee, and subsequently being ostracized and ill-treated at all other villages, confirming or replaying his thematic blue print of *"there is no one there for me"*.

Lastly, pre-birth and birth experiences are considered, specifically the research of Grof, Verny and Janov. Grof identified four stages during pre-birth and birth. The researcher found it interesting to discover that the four stages identified by Grof show a strong correlation to the first four developmental stages as identified by Hendrix: The four stages are:

- the Basic Perinatal Matrix (BPM) I: Amniotic Universe, showing correlation with the attachment and love the unborn baby experiences from his parents,

- Basic Perinatal Matrix (BPM) II: Cosmic Engulfment and No Exit, show a relationship with the Exploration phase; the baby feels stuck and held back,

- Basic Perinatal Matrix (BPM) III: Death and Rebirth Struggle, the baby now has to define his character and himself in the struggle to emerge into the world, and

- Basic Perinatal Matrix (BPM) IV: Death and Rebirth, where the baby becomes competent by surviving his birth, completing the process of being born.

Grof (1993:24) refers to a discovery he made in his research, that memories of emotional and physical experiences are stored in the psyche in the form of complex constellations, which he refers to as COEX (systems of condensed experience).

## 1.9 DIVISION OF CHAPTERS IN THIS STUDY

- **Chapter 2:** The nature of reality, and specifically whether we are passive receptors of reality, interpreting and adapting to reality, or whether we are creators of our reality, is considered with emphasis on the Holographic Theory. The nature of God is to be questioned, as a natural outflow of the nature of reality. The concept of hypnosis and dehypnotizing will be defined. Hypnosis could be interpreted in two different ways, firstly as trance phenomena or the hypnotic blueprint, originating from sub-conscious conclusions and decisions, being re-enacted automatically. The individual is thus perceived as being in a hypnotic trance most of his life, re-enacting patterns, both functional and dysfunctional, without consciously being aware of their existence or their potentially limiting influence on his life. Later in life these life patterns re-enact themselves in a bizarre manner intending, through the recreation of the dysfunctional patterns, to finally conclude and heal it. This process is referred to as repetition compulsion or re-enactment of dysfunctional life patterns. The second approach to hypnosis is considering it as it is commonly identified, as hypnotic intervention or hypnotherapy. In this study, this will be referred to as de-hypnotising.

The first part of therapeutic building blocks from which the Creation and Manifestation of Reality
-theory was created with the objective of dehypnotizing the patient is then considered, including
the main contributors to the theory, namely Heart-Centred Hypnotherapy.

The therapeutic objective or purpose of the Creation and Manifestation of Reality-theory could
be summarised in one word as dehypnotizing.

In this chapter the structure of the therapeutic process in The Creation and Manifestation of
Reality–theory is described. The subconscious conclusions and decisions, culminating in the
subconscious life script, came into existence at different times in the existence of the individual,
including past lives, life between lives, death moments, birth, early childhood and traumatic
happenings at any other time in life. The pattern originated out of the trauma, during which the
individual made a conclusion, and decisions, forming a life script or deep-trance phenomena.

- **Chapter 3:** These life patterns all obey the unwritten normative rules of the semi-permanent
  framework of the developmental stages at which the individual got stuck, and manifested in
  their lives, namely the attachment, exploration, identity, and competence stages, as identified
  by Harville Hendrix (1997). The individual will thus re-enact the pattern of these stages within
  the structure of these semi-permanent developmental stages in life, which has considerable
  implications for the therapeutic process. By combining the different aspects of varied
  therapeutic modalities, the Creation and Manifestation of Reality-theory were created.

- **Chapter 4** encompasses the research design and methodology that will be applied during the
  course of the study. Qualitative, descriptive and contextual research methods will be applied
  with regard to the multiple case studies in this research. A dynamic interaction between the
  Theory or Model Building method and the Life History method will be introduced, finding
  manifestation in the development and testing of the Creation and Manifestation of Reality-
  theory, and utilising case studies to serve as a description and illustration of the Creation and
  Manifestation of Reality-theory.

- In **Chapter 5** extracts of different case studies are used to illustrate the influence of the different
  Relational Developmental stages, namely Attachment, Exploration, Identity and Competence,
  on the manifestation of reality.

- **Chapter 6** is the culmination of the study in final conclusions and recommendations of the study.

## 1.10    TERMS AND SPELLING FORMAT USED IN THE STUDY

**The following terms will be interchanged:**

- **Client/Patient:** Although the researcher prefers the term *"client"* over *"patient"*, as patient relates to the old medical model, where the balance of power is disturbed, with patients having limited rights and the expert in possession of all the knowledge, creating a relationship of dependence. Client implies somebody choosing a service with a more equal distribution of power. In spite of all that is said, often the term patient is used by authors, with one (Evans & Abarbanel, 1999:358) using both client and patient in three consecutive sentences.
- **He/She:** Due to the cumbersome nature of referring to both genders, the researcher will mostly refer to male gender, intending no disrespect toward the female gender. So when referring to his/him/he, it also applies to her/hers/she, except when it is stated differently.

For the sake of consistency, **British English spelling** will be used throughout, even when making direct quotations for American sources.