

Psychotherapy Guidebook

FUTURE ORIENTED PSYCHOTHERAPY

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Future Oriented Psychotherapy

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Future Oriented Psychotherapy

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DEFINITION

Future Oriented Psychotherapy focuses on the future rather than on the past or present. It is designed for: 1) helping patients choose and clarify realistic personal goals and 2) inducing them to develop and rehearse plans of action that will achieve their chosen goals. Future Oriented Psychotherapy is a short-term cognitive therapy that can be a useful adjunct to past and present oriented therapies, since it helps patients to crystallize what to do next and how to go about it.

HISTORY

Future Oriented Psychotherapy was first explicitly described by Frederick Melges (1972), although it stems from diverse theoretical and experimental backgrounds. Considerable experimental evidence indicated that behavior is controlled by consequences. With the human capacity for foresight and planning, human behavior appeared to be controlled largely by extensive anticipated consequences (Kelly, 1955; Miller, et al., 1960). These considerations prompted the central question for the genesis of Future

Oriented Psychotherapy: if a psychotherapist can help a patient to modify his expectations and the structure of his anticipated reinforcements, will this change the patient's behavior, including his self-image and his interpersonal relationships?

Also, research dealing with human psychopathology had indicated that disturbances in psychological time and misconstructions of the personal future were involved in various psychiatric symptoms and syndromes — such as depersonalization, inner-outer confusion, paranoia, depression, low self-esteem, suicidal thoughts, and impulsive behavior (for review, see Melges and Bowlby, 1969; Melges and Freeman, 1977). In contrast, adaptive behavior and high self-esteem could be predicted from evaluating a person's degree of detailed future planning in which the person viewed himself, rather than luck or other people, as the agent of change (Ezekiel, 1968). Thus, from the standpoint of research findings, it appeared that clarifications and extension of future outlook might be therapeutic in a variety of syndromes.

TECHNIQUE

There are essentially two basic therapeutic methods for Future Oriented Psychotherapy: 1) “image therapy” for clarifying personal goals and 2) “future autobiography” for rehearsing plans of action to meet the chosen goals. Image therapy precedes future autobiography, and thereafter the two procedures

are interrelated. These procedures are carried out after the therapist has established rapport with the patient and gathered sufficient historical material to discover the key elements of what Eric Berne (1972) has termed the patient's "script" — that is, the life-plan that the patient has adopted unwittingly from those who reared him. Knowledge of how the patient is scripted helps the therapist identify habitual self-defeating behavior the patient may choose to change.

Image therapy helps the patient to get a clear image of the kind of person he wants to become. To do this, the patient is projected into the future to a specific day about three months ahead. The day chosen should be one that entails involvement with people important to the patient, such as a holiday, and has the potential of the patient changing his own behavior and attitudes so that the experience becomes positive and rewarding. The patient is asked to visualize as concretely as possible all the sequences and interactions of this day. He is prompted to talk out loud about his visualizations using the present tense, as though the future day were occurring in the here-and-now. He is prompted to see himself interacting with others according to the kind of person he chooses to become. He is then prompted to visualize how others will react to him and how he feels about himself. Once a positive yet realistic future self becomes vivified, the therapist then introduces people that the patient's history reveals are troublesome, such as a guilt-provoking mother, in order to get the patient to modify his

inner and outer reactions according to his chosen self-image.

After the projection into the future, it is often helpful to have the patient fill out a semantic differential scale of the self-image. This helps codify the projected images into words that later can be used as reminders of his projected self-image. On the scale, the patient rates contrary adjectives. Some of the key dimensions are: trusting vs. distrusting, self-assured vs. self-conscious, assertive vs. defensive, competent vs. inadequate, real vs. unreal, warm vs. distant, caring for others vs. self-absorbed, sincere vs. phony, strong vs. weak, active vs. passive, good vs. bad, feminine vs. masculine. Also, the patient is encouraged to generate adjectives that are more fitting to his future self-image by, for example, having him fit adjectives to the first letters of his or her name, such as Joan = joyous, organized, assertive, no-nonsense. The images can be further ingrained, if appropriate, through the use of hypnosis. The basic idea behind crystallizing such personal goals is that the person has to structure his ego-ideal specifically enough so that he will know when his behavior matches or mismatches his chosen self-image. Only then can he become self-reinforcing.

After the patient has crystallized a satisfying yet realistic future self-image, the next step is future autobiography. This also involves guided imagery into the future, but the focus is on specific plans of action and behavior that meet the patient's chosen goals of his future self-image. One

technique is for the patient and therapist to pretend that it is actually one week ahead in time, and then the therapist takes a “history” of what the patient did in this time span, now viewed as past, in order to meet his chosen self-image goals. It is important to prompt the patient to talk in the past tense, as though the events had already taken place. This helps the patient avoid the host of “ifs” and “if only such would happen” that are likely to occur when the future is viewed as open and unpredictable, compared to past events that are fixed. Such a future autobiography often reveals the patient’s self-defeating pattern or script. When this happens, it is pointed out to the patient and he is asked to start again, revising his future autobiography so that his actions meet his chosen goals. When the patient shows such self-reinforcement, or matching, the therapist prompts the patient to register the self-rewarding behavior and associated good feelings. Although the image therapy can be therapeutic in itself, it is given considerable impetus by the future autobiographical methods.

APPLICATIONS

Jerome Frank (1974) points out that the central task underlying all forms of psychotherapy is to combat demoralization and to instill hope. Since the aim of Future Oriented Psychotherapy is to provide specific ways of restructuring the ego-ideal and for enhancing self-reinforcement in the future, it is designed to instill hope and self-direction. As such, it has wide

applications to patients who are demoralized. Future Oriented Psychotherapy is particularly useful for patients with low self-esteem, identity diffusion, and impulsive characters, especially those who believe that the future is beyond their control.