

‘I Thought We Came for Therapy!’: Autobiography Sessions in Couple Work

Lê Hoang (Hoang thi Tuyet Lê)

Each family builds up its own culture which is partially invisible to each of its members, and so I invite my couple clients to write their own autobiography as part of a move towards self-differentiation. By emphasising difference in this way, I hope to allow my clients to feel OK about their discomfort, if any, with my ethnicity. I include vignettes to illustrate the process and client response.

I recently attended a family therapy forum. One of the presenters told how a positive learning experience had occurred for her when her then supervisor had said, ‘Be curious!’ As a recently trained couples therapist, I am afraid I have heard this expression a bit too often over the last few years! I was relieved to hear someone in the audience respond, ‘How do you look, when you’re curious?’ I am about to tell you how my clients look when I invite them to write their own autobiography, and read their partner’s. In other words, that ‘family of origin stuff’ that we all know about — only I am going to tell you my way of doing it.

When we ask clients ‘What brings you to therapy?’ people with relationship difficulties, whether they come on their own or with their partners, will talk about ‘communication problems’, or something of that sort. They will then embark on telling the therapist their partner’s ‘biography’ — ‘the real problem with him is his father ...’ and end it with ‘He needs to change’, ‘We’re so different’. These days, after letting them get their anger or frustration off their chests through talking about the history of their relationship, I come in at the point where they say, ‘We’re so different’.

I affirm their reality: they really *are* different. In doing this, I have found an extended metaphor about crosscultural experience useful. It helps clients contain their anger and helplessness; and it introduces me, with my cultural background, into the system. Instead of allowing them to focus on my ‘Asian look’, my ‘tiny build’, my ‘accent’ and so on, I invite them to be curious about their *own* ‘cultural backgrounds’. The metaphor also serves as a way of leading into an invi-

tation to ‘Write their own autobiography and read their partner’s’ as part of their journey on the road to self-differentiation (Bowen, 1978).

I start off by saying:

Once upon a time, you were each born into a family — your two different families of origin. It was like one family spoke Spanish, and lived the Spanish way, and the other spoke Italian and lived the Italian way. Then, you both left your families, and got together. Gradually, you began to accuse each other, ‘You don’t understand me!’ but you didn’t say, ‘Of course, it’s because you *didn’t grow up in my country*, or speak my language!’ Instead, you tried to guess at what the other one meant, and you got more difficulties and misunderstandings. You tried to get each other to change, and that led to even more anger and disappointment. You learned a new language, and a new way of living together: blaming, criticising, no-talking, fighting. That seemed to be the way you communicated best. In fact, you didn’t have any other way.

Maybe now that you’re in therapy, you could try some ‘translation work’ first, and then you can decide whether a multicultural society is the way your couple relationship (couple-ship) might work best.

Some time down the track, I’m going to invite you both to do a piece of work in sessions, which I call ‘autobiography work’. It will go like this. I’ll work with one of you and, in that work, you will be ‘writing’ your autobiography. While we are doing this, your partner will sit and observe, as if she is the ‘reader’. You’ll write from the viewpoint of your current age, as an adult looking back at the different stages of your life, revisiting your childhood, and the way you were in your family of origin. You’ll observe things, you’ll wonder about things, and

Address for correspondence:
61 Portland Street, Enfield, NSW 2136.

you'll contrast 'you now' with 'little you' when you still lived in your family of origin. You will be asking, 'How was I in relationships then, and how am I now?'

The 'Look'

More often than not, I get a series of nods from the two people sitting in their chairs, watching me draw hypothetical genograms. When they hear 'Spanish' and 'Italian', a 'curious but agreeing' look shows in their faces 'Yes, that's right!' The 'curious but anticipating look' often comes after they hear the expression 'translation work', as if they think, 'Yes, please, if that could help us to understand each other better!'

A big stir, an exchange of glances, a twist of their bodies in the chairs, and a look that is puzzled, curious, uneasy, and hopeful all at once tends to come when they hear me talk about 'autobiography work'. As if to say, 'Oh, but we know all about each other's families!' or 'Oh, yes, I do come from a dysfunctional family, but hers is worse!' or, 'I really want you [therapist] to know what weird people they are!' or, 'I'm not sure I want him/her to know that much about my family!' or, 'It's scary, I don't really know a lot about my family of origin', or even: 'Yes, I don't understand why it's so difficult for us to change — maybe this will tell us'.

Then I go on to say:

It will be down the track a bit when we do that work. When we come to that point, I'll invite you again to consider that opportunity — to write about, or read about, the 'Spanish' and 'Italian' ways of living and making meaning from life. But for now, I want to get back to understanding your way of being together.

A relieved, reassured, 'looking forward' expression is evident after I have made this statement, packaged in a readiness to go with the flow, for the moment.

Of course, nothing will ever work for all clients. I came up with this way of working out of my needs and beliefs, and through continuous experimenting. I wanted a way of inviting clients to view their 'communication problems' from more than the perspective of 'skills'. I wanted to suggest to them subtly, very early in the therapy process, that their problems belong within a wider context than their couple-ship: their families of origin, their 'cultures'. I believe in Bowen's 'differentiation of self' as a long-term means of recognising and managing the emotional world, while achieving intimacy and closeness within a relationship. And I wanted to allow my clients to feel OK about their discomfort, if any, with my ethnicity, so I would

not as often get that 'curious but uncomfortable' look ('But NESB people don't have relationships like we do! She wouldn't understand!').

The 'Autobiography' Sessions

It is possible to explore clients' families of origin within systemic work at different levels of thoroughness and intensity. Some therapists touch on family of origin only briefly, perhaps with a view to 'unpacking' a particular meaning in the context of a conflictual interaction.

In contrast, Bowen's own approach (as exemplified by his family of origin paper, Bowen, 1972 in Bowen, 1978) involves long-term work which aims to enhance self-differentiation in clients. Bowen rarely brought in his client's family of origin; instead he sent clients home for short, and long, visits, after having coached them on how to differentiate themselves from the emotional system in their family. Framo (1992) almost always conducted family-of-origin sessions with the actual families, after working with the clients to obtain the family history and to form an agenda for the session. The agenda was made up of items clients had been concerned about through the years but had never dealt with. Framo saw that conducting family of origin therapy with the actual original family brings realness, immediacy, and action-orientedness into the therapy frame.

Freeman (1992) distinguishes different phases of family of origin therapy with couples. In the initial phase and the first half of the middle phase, he places more attention on self and partners getting to know each other's family of origin and how it shapes them. Clients' parents would only be invited in the later middle phase, when appropriate, for example, 'to learn more about the complexity of the family' (1992: 210). Freeman involves extended family members in therapy primarily in order to break an impasse in clients' progress.

My own approach lies somewhere between these approaches, and attempts to integrate 'therapeutic' phases with 'educational' phases. I conduct the autobiography sessions more from an 'educational' standpoint, which I believe is consistent with what Bowen, Framo and Freeman had in mind. (Framo, at times, referred to his family of origin session as a 'procedure' additional to and integrated with individual or marital therapy. Freeman, acting as consultant, would conduct family of origin sessions in order to provide openings for the regular therapists to take up with their clients in ongoing therapy).

I emphasise that the autobiography sessions are a time for 'learning'. In my experience, clients seem to respond to this invitation by allowing themselves to take 'leave of absence' from current difficulties during these sessions.

The features of the 'autobiography' approach are:

- It is 'autobiography', because it focuses consistently and in detail on the course of clients' lives (particularly their early lives in their families of origin) without diffusing the intensity of this by 'zooming in and out' between client's past and current conflicts
- It is 'autobiography' because the 'writer' exposes him/herself to a significant 'reader' (his/her partner)
- It brings up powerful and mixed emotions at many levels at once, because clients are talking about and 're-experiencing' their feelings in relation to many family members within a few sessions, whereas in Bowen's approach, individual relatives might be re-encountered at long intervals.
- It balances the emotional and the rational world (Bowen's 'thinking' and 'emotional/instinctive' functions). When clients experience intense emotions, the therapist invites them to *observe an interactional pattern* (thinking function); when clients dwell on a conflictual pattern, the therapist facilitates the *experiencing of emerging emotions* (emotional function)
- It balances the individual's reality with the family's reality. When clients compare their position with that of other family members, the therapist challenges this by pointing out that others may not have experienced the 'advantage' or 'disadvantage' that the client perceived. For example, when a woman complains that 'My parents never asked me my opinions, but they always asked my (elder) sister for hers', the therapist responds, 'What would you imagine it was like for your sister to have to be constantly in readiness to answer your parents?' Or, when a man says 'My Dad made model airplanes for me, and not for my (younger) brother', the therapist prompts, 'What do you imagine it was like for your younger brother to get picked up by Dad after childcare?' Even when clients claim to be the favoured child, self-differentiation work requires clients to challenge their attachment to their own view as the only reality.

Who Should 'Write' First?

When is it appropriate to take a client deeply into 'autobiography' work, while a partner plays the observer or 'reader' role? Assuming that you already

know the principles of engagement and establishing rapport, then it's a matter of sensing that your clients feel safe, supported and — in the couple context — perceive you as neutral.

Who should 'write their autobiography' first? I still don't know quite how to be sure. Here are some examples of the choices I made, and their outcomes:

Case One

A couple (ten years married, with two children) came to explore whether to separate, or remain married. During the first few sessions, I became aware that the woman had seen several psychiatrists over the years in connection with her depression, and that there had been a history of depression in her family of origin. The man described his own family of origin as 'a happy family'. I chose the woman to be the first to undertake the 'autobiography', because I thought that she would set a model, which would enable her husband to go deeper when doing his own autobiography session. I was wrong. The wife became quite emotional in her session, but during a fight after the session, she was able to get angry with her husband instead of becoming depressed and withdrawn. The husband, by contrast, experienced confusing and disturbing emotions. On one hand, he felt relieved seeing his wife 'come to life' by getting angry at him; on the other hand, he became extremely anxious at the prospect of his wife's depression getting worse, after listening to her story of depression in her own family. He declined to come back and, in the event, neither returned for another session. However, on a follow-up call to each partner a month later, I found that they were getting on much better, with 'a lot more talking between us, and our sex life has improved too'.

Case Two

A couple (six year marriage, no children) came into relationship therapy on the recommendation of the man's therapist (he was in therapy for long-term substance abuse). He had become more verbally abusive and aggressive after having given up his addiction. She had begun to swear back at him, and felt bored in the relationship. I chose her as the first 'writer', thinking that it would take a much longer time to work with the man on his family of origin dynamics, and on his relationship with his addiction. However, the couple took time for each other, and 'protected' each other. When the woman was 'writing her autobiography', he expressed his admiration and pride in her ability to 'stand up to him' and 'set up her own social network'. She joined him in

expressing how 'harsh' he had felt his own autobiography session to be, and how vulnerable he had felt between sessions. She requested that his session proceed more slowly, while he expressed his concern about the confrontational material that had emerged. Both, at times, complained that the style of the therapist contributed to their unease between sessions. Nevertheless, the couple went through both his and her autobiography sessions, with a great deal of discomfort, but with a good deal of hope, and the expectation of gaining a solid grasp on their individual problems, and seeing better how these had become problems for them as a couple. They completed the whole educational phase, and then contracted for sessions where they experimented with changes in their interactions, based on the knowledge they had gained from the family of origin work. They ended couple therapy after having successfully managed to go out with joint friends to dinner parties, without the man feeling the need to consume alcohol. The man also terminated his own therapy for alcohol addiction.

Case Three

A couple in a two-year de facto relationship came to explore whether they should separate. Among their friends, the woman was known to be 'rational' and a 'high achiever', and he was seen as 'emotional', 'clingy' and 'romantic'. They saw themselves as representing a 'handsome, modern childless couple lifestyle'. After the second session, the woman asked the man to move out, but both wanted to continue in therapy together. I chose the woman to be the first 'writer', because he expressed confusion and doubt about her motives, and I positively connoted her willingness to be in therapy with him as demonstrating her commitment to a 'modern' relationship. Both became closer, and the woman expressed her feelings towards the man both during and between her autobiography sessions. Both were able to maintain the balance of closeness and separateness in their contacts. The man went very deeply into his autobiography, and felt overwhelmed by his emotions. Both felt doubtful about continuing with his sessions. She felt that he had become more 'schizophrenic' in his behaviour, while he himself became more ashamed of his family of origin, and of his own unwanted behaviour patterns. He attended, however, for two more autobiography sessions on his own, while she went overseas. The couple resumed therapy after a 'romantic night' followed by the 'awful birthday party' of one of her friends. He then decided to see a psychiatrist on his own. The couple terminated relationship therapy, and went their own ways.

Five months later, the woman came back into therapy, alone and in tears, wanting to work on why she was now 'so emotional about him'. She stated, 'I just want a simple relationship, a home-cooked meal after work, watching TV together, instead of hanging around restaurants with friends'. After he had had three months of psychiatric treatment, they had dated again, but he had then 'given her the flick', and wanted 'to be free'. She worked on 'staying with her feelings' and ended therapy accepting 'the ups and downs of the emotional world'.

Case Four

A couple (two-year marriage) came to work on improving their relationship to see whether they could make it together to a planned 'religious wedding' in her homeland. The couple were legally married in Australia, but were not yet considered married in her own country. Over the first few sessions, it was disclosed that the woman suffered from an overeating problem and from periods of depression; she had consulted counsellors in the past. She felt that her husband was emotionally abusive towards her, was angry, and was considering calling off the 'religious wedding'. The man considered that he had had 'a good childhood'. The woman was enthusiastic about the idea of doing the autobiography sessions. She liked the idea of him appreciating her culture more, and understanding better how difficult it was for her to handle his 'confident' behaviour. I chose him to be the first 'writer', thinking that it would be helpful if he could observe some of his own 'overconfident' behaviours, which stifled the relationship, before he observed the dynamics of her family of origin. The couple took time out for him to 'write his autobiography'. They had no fights during the entire period. When it was time to move to her, the woman was again very willing to recount her experiences in her family of origin. But after her first session, the couple had a serious fight, and she moved out. They came back to request a short period of individual sessions, intending to keep up regular contact. The man came to his own session upset, but calm and active, and accepting the situation. She did not attend hers. At this stage, it is not known whether either of them will return, separately or together.

Reflections

I don't think it is easy to know how therapy works for clients, or which of the above cases was the most 'successful' one. When one of Framo's students asked him which clients improved with his family of origin

approach, he answered, 'they are probably the ones that I liked' (1992: 187). For the cases in this paper, though, I'd like to offer my observations.

Ideally, I would have liked each partner to complete his/her autobiography in the presence of the other, as in Case Two. On reflection, I think the fact that both the clients were able to front, without negative repercussions, a female therapist whom they perceived as 'harsh and confrontational' allowed them each to feel more at ease with their differentiation. The female therapist modeled for the woman the new goal of being able to 'stand up to [her partner]' without having to swear. For the man, the female therapist modeled the right to express his feelings (about the therapist's 'authoritarian' attitude) without having to resort to addictive behaviour, or to behaving abusively.

In Case One, only one partner commenced her autobiography. On the evidence of the feedback from the follow-up calls, I would guess that having a special time and space allotted to her to walk back into her 'depressed family of origin' enabled her to come out of her shell. In particular, the 'autobiography' was effective because (a) it was done in the presence of others (her husband, and the therapist); (b) she revisited and observed, as an adult, the images she had had as a child of her mother's depressed face and her 'scared child' posture; and (c) she was not sidetracked by her husband's automatic 'I come from a happy family' reactions. After that traumatic session, when her husband asked her for sex that night, she screamed, 'Over my dead body!' He didn't like her anger, but admitted that 'She came alive for the first time I could remember since we had children'. The couple's language suggested that they had both awoken from a long-ago nightmare, and the past seemed to have become differentiated from the present.

When the female partner in Case Three came back alone, she was a very different person. No longer did she adopt the façade of the 'young, trendy, cool, high-flying corporate woman'. With hot tears and her beautiful eyes red, she sat and talked about the pain she felt at loving her partner, but not receiving his love in return. She expressed her anger at him for finding his 'freedom', and at herself for discovering her own emotions. She was amazed at how these things could happen 'in just a few sessions'. She agonised over and over: 'We came into therapy as two very different people, with me wanting to break up and gain my independence, and now we come out as two very different people, but the other way around, with me wanting him, and him wanting his freedom'. Unless relationship therapy is about preserving relationships

at all costs (which it isn't), this couple's experience of their autobiography sessions (and some other interventions) seemed to allow them to sense another side of themselves which had been hidden under their 'modern lifestyle' (adopted in reaction against the 'traditional' one of their parents). A differentiated self is a self that has many aspects, sometimes even contradictory, and accepts all those aspects equally, I think.

“I see differentiation evidenced in the way each partner focuses less on blaming or criticising the other. Instead, they face more about themselves, and wonder what it was about them that has led *them* to feel and act the way they do.”

Somewhat as in Case Three, the man in Case Four came to his own session saying, 'Our relationship has to come to this stage for me to see what it meant to her when I abused her. I had no idea what she meant. She would talk about being overweight, and how much she didn't like it, and she just got depressed over it, so I organised for her to do exercises, got her going shopping to buy nice dresses. Now I know that whether this relationship gets anywhere or not, I can't change other people. I am very sad, because I still love her, but I'm not desperate any more. Now, when I get stressed out, I still see in my mind the anxious images I have hung onto — the faces of my father, my brother, and my mother, who is dead — but I am not reacting to them any more. I'm glad that the relationship has got to this stage, so I can see that love was there, but hostility was there too, and both of them were so strong.' The client acknowledged his dysfunctional behaviours and let go of the 'ghosts of the past' (his mother had died young, leaving him a burden of responsibility as the eldest son), in the process of becoming a more differentiated self.

The examples show degrees of self-differentiation following the 'autobiography' sessions. I see differentiation evidenced in the way each partner focuses less on blaming or criticising the other. Instead, they face more about themselves, and wonder what it was about *them* that has led them to feel and act the way they do. To some extent, they may start to see the relationship as a particular part of their lives, rather than as their whole life. In those cases where couples completed

both autobiography sessions together, I have often heard snippets which suggest that they now recognise their partner's patterns as having been 'moulded' by his/her family of origin, or culture, rather than as a 'personal' response to them. Importantly, they seemed able to see why they had responded so intensely to their partner's patterns. One client said at termination, 'I'm not angry at him any more. I don't have the energy to want to know right now how the relationship will work out. I'm OK about letting it go its own way, whatever the outcome is.'

At times I have split the couple for the autobiography work. In making that decision, I relied on the same principle as I would when deciding that individual work was appropriate, in cases where no actual family of origin work was involved. For example, I would make this decision when the couple were unable to hear each other. Once being seen individually, clients 'wrote' their autobiographies in much the same way, but without their significant 'reader' being present. Almost all of them completed the autobiography sessions. I made the following observations which include both solo clients, and couples who undertook individual sessions:

Individual clients would talk about their 'learning' in relation to members of their families of origin. For example:

'I see my sister differently now. I was so different that I thought I must have been adopted.'

'My parents and my elder sister aren't like I thought. I observed how they were with each other when I went home for dinner the other day, and when I consciously acted differently, like you suggested, they all reacted differently too! They included me in an 'adult' conversation. It's amazing!'

'I can't believe that therapy has ended this way! I remember the first time I came to see you, I only wanted to know if I should end the marriage, because there wasn't anything sexual between us any more. At the end of that session I walked away with so much to think about: caring, affection, fun, and after that, whenever my wife said that she'd 'lost the spark in the relationship', I'd say, "But love is more than sex!" All the way through therapy, you didn't say anything about our marriage, instead you took me back to my own parents and us children in our old home. You listened, but you didn't dwell on what I said about my wife. You got me exploring my thoughts and feelings about what I said. I can't believe that I was 25 when I started these sessions and I'm still 25 now that they're over!'

Clients being seen conjointly, by contrast, knowing that their partners were writing their autobiographies in parallel, were more likely to say, 'Yes, but ...' at the beginning of these sessions: 'Yes, that's how it is in my family, but *his* family ...' There was some competitiveness, and some 'wait and see' tactics ('I won't admit it until he does first ...') at the early stages. Once they re-experienced their family of origin dynamics, and emotions kicked in, they let go of that 'game'. My experience was that it often felt traumatic when they returned to joint sessions focused on the couple relationship. It was traumatic, because they both felt alone, still trying to understand themselves and what had happened in their families of origin. Yet they were also anxious to sort out their relationship, and not fully aware of what was happening within their partner during the separate sessions. I suspect it was no longer so easy for them simply to point the finger at one another, and they were lost as to how to 'be' together during joint sessions. They sat back more, and (noticeably different) they looked at each other's faces more, as if to say, 'I'm not sure I know who you are because I'm still working on myself. I can't believe I got so stuck in responding to you the way I did. I still can't tolerate the way you were with me, but I don't know if I want to respond to you in the same old way any more.'

How Other Therapists Do It

Framo (1992) observed that many of the positive results of family of origin interventions do not appear until long after the sessions are over and depend on many factors, including family and therapist variables and the interaction between the two. Interestingly, Framo often chose 'the most motivated one' of the partners to start the collection of family of origin history. I assume he meant 'the one most motivated to learn about themselves', yet when couples enter the therapist's office in the beginning, this motivation to learn about oneself isn't often presented. On the other hand, if 'the most motivated one' means the one that initiated therapy, it is more likely the woman; and in these cases, the man's motivation often gets presented as 'I am here because she's unhappy', or 'I'd do anything to help her more happy'. I wonder whether this was why I 'happened' to choose women more often than men to start the autobiography sessions. Incidentally, in those cases where I left the choice with the partners, I always ended up with the women being the first to undertake the family of origin work.

I agree with both Framo and Freeman that clients' age, and their relationship life stage generally are important factors to be kept in mind when conducting family of origin work. Freeman comments:

It is not appropriate to encourage 20-year-olds to go back and rework certain issues with their extended families. Developmentally, it is a bit premature. Chronologically, the young adult must leave his or her family, establish himself or herself in a career and his or her own family, and achieve a sense of accomplishment in the world. It is then appropriate to rethink one's emotional position in one's family-of-origin (1992: 176).

“Obviously, differentiation of self refers to differentiation from the family of origin as well as from the culture of origin.”

With bicultural clients and interracial couples, the degree of acculturation is also a significant and sensitive factor to keep in mind when approaching family of origin work. By 'degree of acculturation', I mean, whether clients are comfortable enough with their 'mixed/inter-culture' that they don't get 'triggered' by it to the extent that the therapeutic exploration of 'culture' in the families/countries of origin turns into a ethnic/national fight. A woman said about her husband 'He's Dutch!!! Dutch people ...' [she poured out her distaste for his countrymen]. In another instance, a Chinese-Malaysian-Singaporean woman quickly asserted 'You [the therapist] surely know what Asian families are like! Australians like him [her fiancé] think about divorce and marriage as interchangeable commodities. They [Australians] ...' [and she went on 'commoditising' Australians]. Obviously, differentiation of self refers to differentiation from the family of origin as well as from the culture of origin.

These remarks do offer some clues as to the meanings that clients make about each other and about relationships, and I have, at times, received advice to incorporate the remarks within a (Milan) systemic hypothesis, which can then be explored with clients, instead of continuing with family of origin sessions. That's definitely an option. I have however chosen mostly to diffuse the intensity of the 'ethnic/national' arguments, yet stay close to the

'autobiography sessions', by weaving in an intervention from Imago therapy — Harville Hendrix's question about 'What did you want most from your caregivers, and didn't get?' (Luquet & Hendrix, 1998). It's impromptu, and I would do it as an in-the-room experiment (during the remaining part of the session) with those clients who find their partner's 'race' 'inferior' to their own.

Clients often remained speechless for minutes, when the experiment required them to observe that the way they behave now towards their partner repeats how they had behaved towards their caregivers when they didn't get what they wanted. In a case like this, I made use of that intervention as an 'entrée' to the main meal — the 'autobiography sessions'. I have, at other times, made use of it as 'dessert' (after the 'autobiography sessions') or as 'snack' (in between the 'autobiography sessions'), when I sensed that the clients' level of emotional numbness had reached a level that would jeopardise their learning in the 'autobiography sessions'.

A Significant Outcome

Ever since I started employing Bowen's concept of self-differentiation, in my own personal way, in conjunction with the Milan systemic model, I have found that my clients seem to stay in therapy much longer, and that they go deeper into themselves and into the relationship. When I was still in training, I would panic when I heard, 'Statistically, couples only come to a maximum of four sessions ... if you don't explore closeness/intimacy issues by the third session, you'll most likely miss the chance to make a difference'. I couldn't see myself exploring 'closeness' or 'intimacy' with clients within that timeframe! Perhaps that says something about me? The 'differentiation of self' model suits my belief that one experiences deep and meaningful relationships when one goes deeply into oneself'. My clients now seem to demonstrate that principle exactly.

I have reflected on various models/approaches, and sometimes it seems almost as if they are abstractions, quite separate from what actually goes on in therapy sessions. I am not sure that the models or approaches that I chose to use would have made much difference to my clients, except at the level of providing some sort of catharsis, unless they were a reflection of my own beliefs. Those beliefs of mine have led me to attempt to create conditions for long-lasting impact on my clients, either within themselves, or with their partners. So I have tried the

autobiography sessions over and over again, with different clients, in different ways, observing and reflecting on each variation. Rogers called this 'the process of becoming' (Rogers, 1967), while in Bowen's terms, clients work towards 'healthy differentiation of self' (Bowen, 1978).

Acknowledgement

My thanks to Hugh Crago for his encouragement to me in writing this paper and his editorial input.

References

- Bowen, M., 1978. *Family Therapy in Clinical Practice*, NY, Aronson.
- Framo, J. L., 1992. *Family-of-Origin Therapy: An Intergenerational Approach*, NY, Brunner-Mazel.
- Freeman, D. S., 1992. *Multigenerational Family Therapy*, Binghamton, NX.
- Luquet, W. & Hendrix, H., 1998. Imago Relationship Therapy. In F. M. Dattilio (Ed.), *Case Studies in Couple and Family Therapy: Systemic & Cognitive Perspectives*, NY, Guilford.
- Rogers, C. R., 1967. *On Becoming a Person: A Therapist's view of Psychotherapy*, London, Constable. ©

Counselling & Mediation Courses

Earn nationally accredited qualifications with our high quality VETAB registered courses:

- Certificate IV in Introductory Counselling Skills
- Diploma of Systemic Counselling Skills
- Advanced Diploma of Systemic Therapy
- Certificate IV in Community Mediation (Family Law focus)



NSW Vocational
Education & Training
Accreditation Board

Short courses also available:

- Framework for Mediation
- Clinical Supervision
- Family Therapy
- Suicide Assessment, Intervention & Post Trauma Support
- Child Protection Issues

For more information or to talk to a consultant
Phone (02) 9633 4555

 **Unifam** NSW.ACT
Unifam Training & Education