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AUTOBIOGRAPHICAL WRITING AS PART OF THERAPY:

A TOOL FOR SELF-UNDERSTANDING AND CHANGE

A Dissertation Presented

by

JENNIFER IRÉ

Submitted to the Graduate School of the
University of Massachusetts Amherst in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

May 1997

School Of Education

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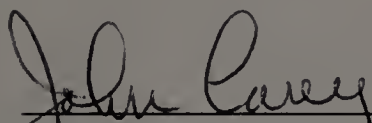
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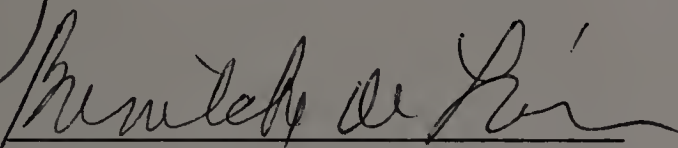
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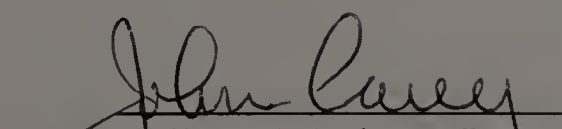
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ABSTRACT

AUTOBIOGRAPHICAL WRITING AS PART OF THERAPY:

A TOOL FOR SELF-UNDERSTANDING AND CHANGE

MAY 1997

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This study explored, from a phenomenological perspective, the experiences people in therapy had with autobiographical writing, including the descriptions of their experiences and what occurred during and after writing, and their evaluations of this form of writing. It describes some ways in which this form of writing can help facilitate therapeutic change.

Three women and one man in therapy engaged in a period of autobiographical writing focused on a problematic event in their family-of-origin that served as a quasi presenting problem for this study. Data was gathered through an in-depth interview with participants at the end of the period of writing, the journals that participants were

requested to keep, and the observations of their therapists gathered by in-depth interviews.

It was found that writing autobiography facilitated the expression of feelings, a shift in a personal paradigm, a beginning sense of self as agent, and changes in relationships.

It was determined that this process of writing, regardless of the content of that writing, had the potential to provide therapeutic benefit to the writer.

Participants found the writing partially responsible for their experiences and helpful in bringing forward the realization that there was a problem that needed to be addressed. It also made issues tangible and facilitated their ability to work with them, process and let go of them. Participants advocated the use of autobiographical writing as a tool in therapy because it brought up issues being worked on in a different format, it revealed things about the writer, even to that person, it loosened up things attached to the story, it made one's experiences real to oneself, and it was useful in reviewing one's life and honoring one's witnessing of one's life.

Therapists found some benefits in this tool. For example, it facilitated deep focused work, accelerated the writer's process, fostered self-reflective work outside of therapy, and brought a particular experience to the surface and allowed it to be worked on.

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CHAPTER 1

STATEMENT OF THE PROBLEM

The purpose of this exploratory study is to determine how autobiographical writing done by persons as part of therapy might facilitate a process of change that is experienced as therapeutic and therefore useful.

Participants were asked to engage in a period of autobiographical writing and then describe their experiences with the writing, especially their experiences of change in cognition, affect, behavior, etc., that occurred both during the writing process and as a result of it, and to evaluate the usefulness of autobiography to therapy.

Autobiography and Psychotherapy

Autobiography has been found to have varied uses as part of the process of therapy as well as in research and theorizing (Allport, 1942). It has been used, for example, to study the mental life of adolescents, to assess psychological effects of unemployment, to supplement the psychiatric examination, to study personality, the mental effects of physical conditions, and to construct questionnaires and tests like the TAT (Annis, 1967).

Shaw (1945), who used autobiography to assist in understanding how to deal with juvenile offenders, discovered that subjects' life stories revealed some causes of their delinquency and provided information on their personalities and social life. According to Shaw, autobiographical writing also appeared to have a cathartic effect on the writers. Shaw suggests that this came about partly as because the autobiographical writing

provided them with new perspectives on their lives. Thus, it allowed the writers to arrive at a new perspective and also gave the therapists a glimpse into their clients' personalities and life experiences as they remembered them.

Birren (1990) used guided autobiography in group settings to help the elderly adapt to shifting family life roles and to increase self-efficacy. Botella and Feixas (1992–93), using Birren's process with the elderly as a therapeutic tool, found it produced "a significant, gradual and positive change in the construing processes of the participants" (p. 316). According to Riordan (1996), writing has been used therapeutically to allow for cathartic expression and to foster self-understanding. Riordan further states that autobiography has been useful in providing a sense of self-worth in the elderly and for changing obsessive-compulsive behavior; it improved their self-efficacy by helping them make changes in their roles as well as how they understood and made meaning of their lives.

Cooley (1993), who used guided autobiography with young adults to enhance socio-emotional development, discovered that it fostered the enhancement of empathy and individuation in participants. DeWaele and Harré (1979) used the Brussels method of assisted autobiography and life review to learn a subject's way of conceiving situations and solving problems. They found that assisted autobiography and life review changed the subject's cognitive resources for understanding and managing social life.

These studies indicate that autobiographical writing plays a helpful role in the therapeutic process, promoting self-understanding and providing some type of impetus for change in juveniles, young adults, and the elderly.

It can be inferred from these studies that writing autobiography has been found to have a potential for producing change. Specifically, it has been found to help produce change in cognitive resources, socio-emotional development, individuation, and life roles. It has been useful in fostering empathy, increasing self-efficacy, and in changing behavior. Writing autobiography has also provided counselors with information about the writer's personality, cognitive resources, and life experiences. This form of writing should, therefore, be useful in psychotherapy.

Psychotherapy involves the employment of techniques to change or modify behavior, to alleviate emotional distress through the development of understanding, the provision of support and re-assurance. It involves the promotion of growth, insight and maturation by educating the person (Keith-Spiegel & Koocher, 1985). Autobiography has been used in therapy to allow the client to review her/his life "in order to develop a better understanding of who and how s/he has been, is now and might become," (Mahoney, 1990). According to McAdams (1993), both psychotherapy and autobiography are used to improve self-understanding and make change in personality. McAdams found that autobiography allows the individual to seek a narrative framework for her/his life and, in the process of finding this framework, to identify and construct a coherent view of self that allows self-understanding and change.

According to Olney (1980), this reflective act of focusing on self over time and telling one's story provides a possibility for gaining self-knowledge. Randolph (1993) tells of an autobiographer describing the experience of writing her life story as one of "confronting all my demons" and having to "stand and look at myself naked" (p. 131).

This individual is also reported to have said that what she saw, as she peeled away the layers of her life, surprised her but then it freed her.

It is this potential of autobiography — to have the writer face herself as she is in the recall of her life as lived — that can allow understanding and the possibility for change, which is part of the goal of therapy.

Change in Psychotherapy

Clients choose the interpersonal process that is psychotherapy because of a need to change something in themselves, whether cognitive, affective, or behavioral (Cummings, Hallberg & Slemon, 1994; Shapiro & Shapiro, 1987). Investigation into the process of change has focused on in-session occurrences (Prochaska, Rossi & Wilcox, 1991), short-term counseling (Cummings et al, 1994), clinicians' experiences, and empirical studies (Shapiro & Shapiro, 1987).

One focus in research on change in psychotherapy has been on the client's meaning and experience of change. Rosenblatt (1987) suggests that to gain a more comprehensive understanding of change we must pay attention to the introspective data from the patient about mental and affective changes as well as to the observations of the therapist about behavioral changes. Rennie & Toukmanian (1992) in Cummings, Hallberg & Slemon (1994) suggest the phenomenological approach for obtaining clients' experiences of change. Because all change does not occur during the counseling session, Prochaska, Rossi & Wilcox (1991) suggest focusing on between-session changes as well as in-session changes.

To understand how change is effected, it seems that one must have both the experiences of the person undergoing the change and the observations of those who are witness to the change in process. Also, because change is a continuous process, one must find ways to capture the experiences of the individual over a period of time rather than at a fixed point in the process.

Here, this meant an attempt to gather data while the writing was in progress and at its conclusion, from inside and outside the therapy room. It meant that the writers had to be asked to record, and share with the researcher, their process and experiences while writing. This allowed a point at which they somehow decided on the type and depth of work to be done and change to be attempted, in effect what might be shared with the researcher.

Cooper & Cooper (1991) state that the decision to make change in cognition, affect, or behavior involves having an awareness of one's attitude, a reason to question and reconsider one's position, and an activation of inner resources that foster change. Decision is involved in making or resisting change, as well as sustaining or not sustaining it. Personal responsibility for changes in behavior, they say, is vital to successful and lasting cognitive changes; inherent in personal responsibility is sense of self. This suggests that some knowledge of self is involved in the inner processing that leads to the assumption of personal responsibility and the decision to make change.

It has been said that both autobiography and psychotherapy work to enhance understanding of self and the production of change in functioning, and that

autobiographical writing, a reflective process, engages the writer's inner resources during the review of her/his life.

In summary, autobiography and psychotherapy are linked in their ability to help a person create some type of change, for example in cognition, emotion, understanding of self, behavior, personality, self. This study brings autobiography and psychotherapy together in an attempt to determine some ways in which using autobiography as part of the process of therapy might advance and enhance the therapeutic rationale.

Taking into consideration current changes in the delivery of psychotherapy, especially constraints on length of therapy, therapists might need to expand their conceptions of therapy to utilize between-session periods in ways that further the goals of the therapy. When Denmark initiated similar constraints on length of therapy, Dr. Terpager created a successful program of "long brief therapy" using guided letter writing (Rasmussen & Tomm, 1992). I suggest that autobiographical writing can be employed in similar ways.

Approach of the Study

The method used in conducting this study was qualitative and phenomenological; it is described in Chapter 3. Three women and one man, all of whom were in therapy, wrote an autobiographical account of her/his life based on an event in her/his family-of-origin.

The following research questions characterized the issues that were the focus of the study:

- ◆ In what ways does writing autobiography facilitate a process of change that is experienced as therapeutic by the writer?
- ◆ What occurs during and as a result of the process of autobiographical writing, and how is this described?
- ◆ In what ways can autobiographical writing be used in therapy?

Therapy involves working with a problem to produce some change (Cummings, Hallberg & Slemon, 1994), so in order to suggest how autobiographical writing might be useful in therapy, a quasi-problem had to be the focus of the work. An event in the family-of-origin that the individual experienced as problematic (see Appendix E: Exercise for Beginning Autobiographical Story) was used as the focus problem, or the core story of the autobiographical life review.

Family-of-Origin as Focus

Framo (1991) describes the family-of-origin as the most powerful influence in establishing and shaping later life experiences and choices, although other forces have as great an impact. He also suggests that ways of relating learned in the family-of-origin serve as models for other relationships, especially intimate ones, which are often the focus of therapeutic work.

Social scientists agree that the family unit is the major transmitter of culture in childhood through socialization, which includes images and symbols conveyed by words and actions of parents and other adults. These images and symbols are incorporated by the child into fantasies and play, and into the unconscious where, some psychologists believe, they become part of unconscious influence on behavior and experience into adulthood

(McAdams, 1993). According to Schafer (1992), in the family, children are provided with storylines for the construction of narratives about themselves and others; these storylines convey rules for construing and constructing experience.

Sherman (1990) found that family stories provide a rich view of the family's representation of past and current relationships and major affective themes. They also highlight relationship patterns in parents that parallel their children's relationship patterns. He found that an absence of family stories sometimes indicates problems in forming and maintaining relationships. Thus, it appears that stories from within the family-of-origin have a potential to provide a focus that might be useful in exploring an individual's life.

Summary of the Problem

This study explores the potential usefulness of autobiographical writing to therapy by documenting some ways in which this form of writing facilitates a process of change for the writer that might be considered therapeutic. Data was gathered on the descriptions and explanations of ways in which this form of writing helped facilitate change in participants. All participants were in therapy during the course of the study.

A focus on an event in the participant's family-of-origin substituted for the presenting problem, and was used as the core of the autobiographical work. Analysis employed three different sets of data: journal, interview of participant, and interview of therapist, providing data on between-session and in-session observations. This study continues the work of exploring the use of autobiographical writing as part of therapy because of its potential for helping create change in cognition, emotion, behavior,

personality, and self-understanding for the writer. The link between autobiographical writing and therapy makes a strong case for its use as part of the therapeutic process for some clients, especially given current changes in the delivery of therapy services.

Assumptions and Definitions of Terms

This study is based upon some assumptions from literature and my current thinking on autobiographical writing, change, and psychotherapy.

Neimeyer (1994) suggests that client stories serve intra-and inter-personal function in psychotherapy and represent a client's attempt to find a sense of coherence and continuity in her/his lived experience. McAdams (1993) suggests that personal stories function to provide life with "meaning, unity and purpose" (p. 265) and promote personal development and change that is useful to the person and to society. Oiler (1992) states that change involves a shift in perspective that might be gradual.

As cited in Annis (1967), Brower (1947), Clift (1943), and Leonard (1927) suggest that autobiography can help effect some kind of self-cure, and Tyler (1953) concludes that autobiography provides the therapist with a fuller picture of the client and her/his construction of her/his life.

Because of its potentially introspective focus, autobiographical writing can help capture the meaning and significance, or essence, of the writer's experience. In so doing, it can provide an opportunity for change that is therapeutic. This potential can be constrained, however, by the individual's motives when writing and ability to be introspective (Helle 1991).

This study assumed that stories of our experiences in our family-of-origin mold us (Stone 1988). They tell how we learn to apprehend and make meaning of our selves, our relationships, and our social environment, and prescribe how to act in the world, respond to the world (Kelly 1963, McAdams 1991), and perceive our “reality.”

This study also assumed that what a person attends to and the position she/he takes in the world determines the nature of her reality, which is subjective and “perspectival” (Oiler 1992). Thus, understanding a client’s subjective experience of the world and learning her/his perspectives on her experiences, as well as her coping strategies, can be helpful in the conduct of therapy.

In addition, this study assumed that narrative and written methods are useful in creating new perspectives, in sanctioning disclosure of important aspects of the lived experience, and in re-authoring lives and relationships (White & Epston, 1990).

Definitions of Terms

Autobiography is the retrospective story of a life in progress which recounts the experience of living through time and within some perspective. It is a form of writing that focuses attention on the self through interplay with the outer world, imposes a pattern on life and constructs out of it a coherent story. It evokes past meaning of an event, and can be a voyage of discovery and means of reconciliation (Pascal, 1960).

Phenomenology represents the effort to describe human experience as it is lived, without considering causal explanations, and capturing the individual’s relationship between her/him self and her/his world (Merleau-Ponty 1956).

Essence refers to the primary core of signification around which acts of connotation and expression are organized (Merleau-Ponty 1956).

Change refers to a shift in perception, meaning, understanding, and/or functioning, brought about through the acquisition of different insight(s) into an issue or experience. Change is therapeutic when it produces an effect experienced as beneficial to the individual.

CHAPTER 2

REVIEW OF THE LITERATURE

This study explores the potential of autobiographical writing to facilitate a process of change in therapy. The history of therapeutic benefits of various forms of writing, and their use in psychotherapy, is long. Creative expression in the form of poetry, fiction, and personal documents (especially diaries, letters, journals, and autobiographies) has been found useful to therapeutic outcome in various ways, such as providing cathartic release and insight, self-help, or generating conversations helpful to a process of change.

Personal documents, especially diaries, letters, and journals, are being used increasingly for therapeutic purposes. Although the use of autobiography was advocated as long ago as 1942 (Brand 1979), its use in therapy has not been increasing. This study focuses on autobiographical writing as a therapeutic tool partly because of the researcher's experience with it as such and partly to further the work of exploring how it can and should be used in therapy.

This chapter reviews literature on the therapeutic use of writing, with the focus on autobiography. It consists of three sections. Section 1 (Therapeutic Use of Writing) presents a brief history of the use of creative writing for therapeutic benefit and an exploration of some other forms of writing used in therapeutic settings. Section 2 (Use of Personal Documents/Journals) reviews the use of personal documents since the 1970's in therapy, with the focus on the use of journals. Section 3 (Use of Personal Documents/Autobiographies) reviews therapeutic uses of autobiography by researchers, professionals, and persons suffering from mental illnesses.

Therapeutic Use of Writing

Although the use of writing in psychotherapy has gained interest during the last 50 years, recognition of its therapeutic potential began in ancient Greece. The 20th-century return to creative writing as therapy began in psychoanalysis, with a pathology-oriented interpretation. Other schools later challenged this, and changed the interpretation of writing as an adjunct to talking therapy.

Creative Writing

In ancient Greece, philosophers Gorgias and Aristotle expounded on the healing value of poetry. At this time, writing poetry was found to produce psychological health and well-being, and “catharsis, a purging of destructive passions” (Brand 1979, p. 54).

In the early 20th century, Freud began using writing as a therapeutic occupation when he experienced a pleasing and thorough self-treatment from his own writings, especially his letters to Fliess and interpretations of his dreams. This was a crucial component of his self-analysis and his development of psychoanalytic theory. For example, Brand (1979) says, Freud used letter writing in carrying out the “Analysis of phobia in a five year old boy 1909/1959,” called the roots of psychoanalysis (Brand 1979).

Jung postulated a more humanistic interpretation of the potential of poetry and other art, suggesting that it comes from the same psychological states as psychological disorders (such as neuroses) and has the capacity to support psychological growth and health. Jung saw that artists and non-artists alike have the capacity for psychological

disorders and health, and made the claim every individual has the potential to discover deeper levels of consciousness through art, such as poetry.

Rank, Hefferline, Perls and Goodwin also believed that the creative process is health-producing, and included writing poetry as a therapeutic device, especially in assessing and solving inner conflict. Ellis used various forms of writing as an adjunct to therapy (Brand, 1979, L'abate, 1991, Riordan, 1996).

Early Uses of Non-creative Writing

In 1951, Landsman found that writing is more effective than talking in work with individuals with anxieties. He also found it useful in work with individuals who had been physically and psychologically blocked from contact with the social environment. Alston, who used writing in the form of correspondence to conduct therapy with a hospitalized individual, found that specific psychoanalytic phenomena continued to present themselves in the writings, and that writing discharged the individual's primary ego function, and provided significant psychic data. Farber, a psychiatrist, instituted writing as a way to help clients communicate with him when he was growing deaf, and discovered that slowing down to write allowed them to gain important insights, and afforded a more careful review of sessions for both client and therapist (Brand 1979).

Written Productions

At an American Psychological Association symposium in the mid-'60s, psychologists Arthur Burton, Albert Ellis, Molly Harrower, Victor Raimy, and Harold Visotsky discussed their experiences with written productions in the form of diaries,

autobiographies, short stories, and letters, and explained many benefits and some limitations that they had found.

They found that writing is an expressive, creative activity that is deeply personal, that it helps offset inhibitions, is of benefit in that it leads to an analysis and synthesis of emotion on the part of the individual, and is of benefit in that it provides material for analysis similar to the manner in which dreams and projective tests provide material. A third benefit is that it assists in development and advancement of insight and cognition. Its limitations were found to be its capacity to be manipulated as a form of defense or resistance against authenticity, and that it lends itself to interpretation as being “final.” Mostly, the psychologists judged written productions to be potentially useful in preventing emotional disturbance, rather than in treating severely disturbed individuals (Pearson, 1965).

Thus, there has been innovative use of writing for therapeutic purposes, and a number of benefits have accrued it including: the ability to work with clients at a distance, the ability to overcome physical disabilities, to produce psychological well-being, and to develop insight and cognition. Some psychotherapists have initiated changes in the form of writing, from creative expression to letters to structured writing.

In structured writing, the task is shaped to try to achieve a particular purpose or meet the needs of the particular user. Directed writing is a form of structured writing.

Directed Writing

Widroe and Davidson(1961), who used directed writing with female patients in a mental hospital ward, discovered that it gave the women conscious ways to change

personal patterns, and found that its value was in its durability and the fact that the writer was able to go into and change the affective component of the meanings of the words and phrases repeatedly. Another benefit was that it gave the patient direction that, they said, acted to suppress conflictual ideation that was not part of a compulsive pattern. For example, they describe a patient who was compulsively expressing psychotic ideas during therapy but produced “realistic written accounts of her daily activities which indicated that she could suppress psychotic ideation when functioning under the demands of schedule writing” (p. 118).

In summary, since the therapeutic nature of poetic creative expression was formally noted in ancient Greece, other forms of writing have been found to produce the cathartic relief of poetry and to promote psychological health. Written work has been used as part of therapy, even when it was initiated because of a physical necessity, and was found to provide additional benefits in generating insights, relieving anxiety, and providing material for analysis. Structured writing has been found to help some mental patients make change in personal patterns and the emotional content of meanings. Thus, various forms of writing has been found to have therapeutic benefits. The next sections reviews the work done with personal documents since the 1970s.

Therapeutic Use of Personal Documents/Journals

Since the 1970s there has been an increase in therapeutic use of diaries, journals, and autobiography, all of which are types of personal documents. Autobiographical writing has been used to help the individual move toward psychoanalytic insight and emotional exorcism. Journal writing has been used to increase self-awareness and

acceptance, and to facilitate the expression of feelings as well as the integration and balancing of self and life (Brand 1979). Nevertheless, both forms have enjoyed limited usage. This section focuses on a review of work on the use of journals in therapy.

Chew (1992) described journals as enjoying varied usage in religious and cultural traditions, for historical purposes, as a place women expressed what they felt, in education, literature, psychiatry and psychology. In her grounded theory investigation of journal writing, she reports that the journal was used by her subjects to recreate themselves. The process was accomplished in four stages: "focusing on self, exploring options, composting, and maintaining self" (p. 6). According to Chew, the process is cumulative and recursive. When used as a means of self-examination, it is psychological.

When their psychological use was researched by McMurray (1980), journals were found to be a channel for discovering, recording and experiencing the process of individuation. They were also a place for self-confrontation, accounting for one's struggle for self-knowledge, and observing qualities characteristic of the writer. Asagioli (1965) found that one of the benefits in journal writing is its facilitation of emotional release. Baldwin (1977) found it useful in validating one's experience and mapping one's progress during the therapeutic journey (Chew 1992).

Jauncey (1976) the effectiveness of between-session journal writing for clients with affective problems and found a noticeable impact on self-concept and a less noticeable effect on the individual's concept of the problem; this agrees with theorists Rogers, Glasser, Walker, and Adler, among others, who suggest that a change must occur in self before a change occurs in problem solving.

Thus, journal writing has been found to play a part in therapeutic personal change. It enhances the experience of individuation, assists in recording the journey into self-knowledge, helps the individual observe her/his characteristics, and facilitates emotional release.

Autobiography has also had a role in psychology in the generation of theories, in facilitating research, and in therapy. Section 3 reviews work on the use of autobiography with the focus on its therapeutic usage.

Therapeutic Use of Personal Documents/Autobiography

Autobiography has long been a source of information for studying psychological phenomena. William James, E.D. Starbuck, and G. Stanley Hall used autobiography to study religious and adolescent experiences (Allport 1942, Annis 1967). An autobiography also became a catalyst for the change made in the delivery of mental health services in the United States: Clifford Beers' autobiographical account (1907) of his experiences in mental institution led to the founding of the mental health movement in America and the elimination of many wrongs suffered by institutionalized patients. The potential of autobiographical writing as a therapeutic tool was tested by psychologists early in this century when groups were asked to engage in autobiographical writing and then assess its effects.

Research on Autobiographical Writing

Murchison (1930–1936) asked 43 psychologists to write about themselves for publication and to think about the method they used. In 19 cases, much subjective material is included in an intellectual history; in 15 cases, the history is impersonal; in 9

cases, authors wrote an intimate recounting of their lives. The psychologists found both value and defects in autobiography as a psychological method: value as an analog of the therapeutic work they did with clients; in the importance of having subjective material that can be compared with other, more objective materials. The defect was that no standard technique was available to them.

Lee (1993) invited several psychologists to write their autobiographies in any form or style they desired but without making arguments or theorizing (unless making arguments or theorizing was their story), and then to reflect on the process. The reported effects included: having an awakening to a pattern in his work (Sarbin), becoming aware of his marginality (Rychlak), being surprised by his "Orpheus myth" (Spence, p. 110), understanding the subjectivity of narrative (Hare-Mustin, Rappoport, Detweiler), learning the importance of the unsaid (Detweiler), having the experience of connectedness (Sarbin, Scheibe, Crites), finding that memory has a sensory quality (Detweiler), experiencing a dynamic tension between past and future existing simultaneously in the present (Rappoport), recognizing the form's therapeutic value in propelling one into the future (Spence), and holding the tension of remembering the past while considering present possibilities (Howard).

Lee (1993) concludes that autobiography can construct and deconstruct narratives, but does not report on what the psychologists might have experienced as a result of the construction and deconstruction of their narratives. He does not explore the therapeutic potential of this writing with the psychologists. The psychologists' descriptions of

awakening, insight, and therapeutic value suggest that some benefit and/or change was derived in the process of the writing.

In these studies, psychologists discovered that autobiographical writing has therapeutic value. They assessed its value as being an analog to the work of therapy. They found value in the subjective material it provided them with. They found that it revealed patterns in their lives. It played an important role in understanding their own myths, narratives, particular stances taken in the world. They experienced connectedness with others, as well as between past, present and future. These insights have the potential to be therapeutic, but researchers did not pursue this information.

Therapeutic Use of Autobiography

According to Pascal (1960), the primary purpose of autobiography is self-knowledge or psychological understanding through the writing of experiences, events, actions, thoughts, and feelings. Pascal agrees with Suzanne Langer that autobiography provides the “intuitive knowledge of some unique experience which, as such, is representative of the character of life” (p. 186). According to Pascal, it gives the unique truth (truth of the writer’s feelings) of life as seen from the inside, which goes beyond factual truth (the truth of fact); as a result, it has no substitute or rival.

The work of psychotherapy, which in part is to understand the individual’s inside view of life and help her/him make adjustments to the fit between the internal and external views, should be able to accommodate this form of writing for use with some clients.

This was not the case with Clifford Beers, who used autobiography (1929) to document and create change in external circumstances. Beers' powerful autobiography was a catalyst for changing the delivery of mental health services in America. Although we get glimpses of his internal states during the course of his illness, Beers' story is primarily about the day-to-day treatment he and other patients received from caretakers in public and private mental hospitals during his three-year treatment for manic-depressive psychoses. There was no pursuit of the role in his recovery that was played by the writing, which he began as a patient in the mental hospital. Nor was there any comment on the impact of this autobiography on his life after it was written.

Another revealing autobiography is the story of "Renee" (1951) about her journey through schizophrenia. Her story, written at age 26 after her recovery, begins at age 5 and her first break with reality, at the time of the impending breakup of her parents' marriage. It gives details about the onset of her illness, scenes, sensations, thinking, internal states, visual distortions, loss of perspective, loss of visual unity (ability to perceive whole objects), and distortions of her expression of responses to her perceptions. These bring the reader in close to her experience of schizophrenia and her emergence from the illness. At the end of her recount, her analyst analyzes and interprets the story of the inner life of her illness from one perspective, "the problem of ego" (p. 139).

In this important work, we do not hear about her life or functioning after writing this powerful story, nor any effects it has had on her functioning. Given that it has been found that autobiography has the ability to facilitate change in cognitive, emotional,

behavioral functioning, in understanding of self, in personality, the larger investigation into the effect of this writing on the writer is a missing part of this work.

Bogdan and Taylor (1994) used the interview method to obtain autobiographies of two persons called mentally retarded. Their objective was to obtain an insider's view of the world, experiences, and culture of those people who are called mentally retarded. The autobiographies constructed from the interviews were to illuminate the inside of their world and possibly change the external experiences of this group. However, the psychological effects of this review of their lives is not discussed by Bogdan and Taylor.

A different approach is taken in "Nobody Nowhere," the autobiography of a woman who suffered from autism. Donna Williams (1992) writes an account of her experiences of life with autism from about age three to her recovery at around age 26. This autobiography is about the process of recovery and the construction of a coherent picture of herself and her life. Williams explains why she wrote the book:

"I had wanted to read it back and see my life consistently and see that my life had belonged to me. I also wanted to know why it had all happened because, although I had found many answers, I hadn't yet worked out why it had all happened" (p. 188).

She said she began with "the center of my world as far back as I could remember and relived each moment" (p. 187). She felt both angered and "found" in this recounting of and reflecting on the life she lived. She explains that reliving through writing helped her see how the abuse she suffered shaped part of her, but how another part remained intact in a "private cut-off world" (p. 187). She recounts that as she was completing the

book, a series of dreams recurred that “signaled the work of integrating her characters” (p. 187).

In her deliberate choice to write as a means to understand her life, Donna experienced some of what researchers have described as the power and therapeutic promise of autobiography, the facilitation of the understanding and acceptance of her life, herself and the condition that had been a part of both, and that was a huge change. She also provided the field of psychotherapy with important insights into the world of autism and ways to work with people with this condition.

The work was discovered only because Donna went to a child psychiatrist at a university to get help understanding the “whys” of autism. The psychiatrist read her work, recognized the power and potential value to the field of what she had done for herself, and persuaded her to share it.

Except for Donna Williams, autobiographical writing seems to have been at the behest of a professional for the purpose of creating change in external circumstances: mental health services, providing understanding to an external someone of the internal experiences of persons with particular illnesses or conditions (schizophrenia, mental retardation). The effect of this form on the individual whose life is told has not been explored.

In Williams’ case, her need to understand her life produced an autobiography which had the effect of producing external change by providing an internal view of autism and an outline of language and a meaning system of autism. Here, we have a view of the potential of autobiography written by and for the writer, but with a role for

psychotherapists to produce internal change that is therapeutic and external change that is beneficial to the provision of service.

On the other hand, the guided autobiography, a topical approach to life review, although not a therapeutic tool, has been found to create change in functioning.

Guided Autobiography

The expanding interest in exploring autobiographical material has focused largely on life-review and reminiscence by the elderly. De Vries, Birren and Deutchman (1990) developed guided autobiography as a group process to assist the elderly in adapting to changing roles in the family and society, and to increase self-efficacy. Their work with this form of autobiography was found to be a meaning-making exercise for the elderly and their families.

Guided autobiography is a two-step process with a written and an oral component. The written component, which is focused on pre-selected topics, facilitates in-depth personal reflection in the scrutiny of one's past life. For the oral component, the essay is read aloud in the group. Because it is for the purpose of life review, the essays usually focus on themes that foster life review in specific areas such as "family history, career or life's work, health, influences, beliefs and values that provide meaning in my life" (p. 168).

The oral component is a process of sharing one's life story with the group and operates to allow for members of the group to recall experiences similar to and different from the one being read, i.e. seeing oneself in the life of another (De Vries, Birren and Deutchman, 1995).

Participants with high family stress retained negative feelings toward fathers, reported decreased perceptions of family support, and experienced an increase in autonomy.

Summary of the Literature

The small body of literature on the use of autobiography, reviewed above, suggests that there is therapeutic value in the use of autobiographical writing. Autobiography itself, as illustrated by “Renee” and Donna Williams, allows writer and reader to understand the broader context of a life or condition. The experiences of psychologists studied by Murchison (1930/1936), Pearson (1965), and Lee (1993) indicated numerous benefits derived from writing autobiography. These findings have also been documented in work with both the elderly and young adults. Benefits described by these writers include increase in empathy, autonomy, self-worth; gaining an opportunity for change; increasing one’s understanding of self and self-knowledge; increasing cognition; providing insights into one’s life and functioning. All of these benefits are also obtained from psychotherapy, which suggests that a natural connection between autobiography and psychotherapy that might be utilized.

An expansion of the exploration of this research into work with different populations and ways of working with autobiography in therapy is needed. It is hoped that this small exploratory study will provide additional data to the literature on the use of autobiography in therapy. Above all, it is hoped that this study will provide the impetus for additional studies and expanded use of autobiography as a tool in therapy.

This study used a phenomenological methodology that allowed the writers to speak for themselves about the experience, and therapists as observers of the process to describe their observations.

Although this method was not intended for use as formal therapy, De Vries, Birren and Deutchman found that therapeutic value derived from “the reconciliation of old issues and insight offered by supportive group members” (p. 172). Other advantages they found included “obtaining personal fulfillment, integrating or making sense of one’s life as it has been lived, maintaining a sense of the continuity of self, renewing confidence in one’s ability to adapt, and increasing the understanding of one’s personal agenda” (p. 172).

These researchers concluded that autobiography touches areas of cognitive functioning, personality, spirituality, and social, family and intergenerational interactions, and therefore allows the building of new skills to meet new demands. Botella and Feixas (1992–93) support the findings of changes in cognitive functioning for the elderly deriving from this autobiographical method and declare it an adequate therapeutic tool.

Cooley (1993) used family stories as the focus of guided autobiography with young adults in a college setting. Cooley wanted to determine whether this process would assist young adults in changing perceptions of parental relationships and family support, changing feelings towards parents, increasing empathy, autonomy, self-worth, and social competence. The year-long process involved four components: writing one’s story about early relationships within the family-of-origin; reading the story aloud in a small group; reflecting on the story in a personal journal; rewriting the story until it seemed objective and complete to the author. This was followed by a questionnaire.

Cooley’s results indicated that there was an increase in empathy and individuation across participants, but that responses differed depending on the level of family stress.

CHAPTER 3

DESIGN AND PROCEDURES

This chapter describes in detail the activities that made up the study and the methodology used in studying the problem. It contains a brief review of literature relevant to the approach selected. It also contains a description of the selection of participants and techniques for collecting, managing, and analyzing that data generated by the study.

Description of the Study

This study was undertaken as an initial attempt to discover how autobiographical writing, when engaged in as part of therapy, can help produce change for the client/writer. This question was explored through the following sub-questions: What occurs during and as a result of the process of writing, and how is this described? In what ways can autobiography be used in therapy?

I looked for the answers in participants' descriptions and explanations of the effects of the process of autobiographical writing done in a context that approximated that of therapeutic context. I asked for participants' evaluation of this form of writing as a therapeutic device. The foundation of the study was an exercise of autobiographical writing based on the impact of an incident on the writer's life. Data for the study was gathered in interviews and journals.

The techniques used in this study were: autobiographical writing focused on a family-of-origin experience; journals kept by participants to record all occurrences during the time of writing; in-depth interviews with participants to gather descriptions of the experience of writing, outcomes from the process, and evaluation of the autobiographical

technique; in-depth interviews with participants' therapists about their observations of their clients and their evaluation of the method. I will discuss these procedures in detail in this chapter.

Research Methodology

The research methodology used for this study is grounded theory, theory inducted from the phenomenon being studied, and discovered, developed and verified through the systematic collection and analysis of data that pertains to the phenomenon (Strauss and Corbin 1990, p. 23). This method of qualitative research is employed with phenomenon that is little understood or investigated, and therefore needs description and categorization at a base or ground level. The data are observed, compared, analyzed, and contrasted to derive categories and define properties that describe relationships among categories in the building of the emergent theory (Cooley 1991).

Grounded Theory

The focus of this approach is on unraveling the elements of experience in order to derive theory about a phenomenon. The analytic procedures develop an inductively derived theoretical formulation of the reality being investigated by asking questions which illuminate the area under consideration (Strauss and Corbin 1990). Thus, the researcher begins to understand the nature and meaning of the experience for a particular group in a particular setting, and a theory is developed (Moustakas 1994). This approach captures the descriptions of subjects with a particular phenomenon in ways that allow for broad interpretation and variations that permit application to a variety of contexts related

to that phenomenon. Because of this, grounded theory is useful for studying the experiences a specific group of people with a particular form of autobiography.

Cooley (1991) used grounded theory to explore how a guided autobiography program enhanced the developmental processes in young adults, deriving measures to capture the process of change in participants. Watson and Rennie (1994) used grounded theory to illuminate cognitive-affective operations employed by clients in resolving problematic experiences and effecting behavioral changes. Frontman and Kunkel (1994) used phenomenological inquiry with grounded theory to understand the counselor's experience of success in initial sessions.

Phenomenological Approach

In a phenomenological approach, clients are engaged as the authorities on their experiences. Rennie and Toukmanian (1992) as cited in Cummings, Hallberg and Slemon (1994), recommend a phenomenological approach to getting "inside the counseling experience through the use of self-reports" (p. 464). My goal was: to understand participants' subjective experiences with autobiography, i.e. the changes they experienced in this process, and participants' evaluation of its potential usefulness to therapy. My aim was to approach them as authorities in this experience and link the process of writing and therapeutic outcomes, in suggesting how this form might be used in therapy. Therefore, grounded theory with a phenomenological approach was judged appropriate.

Strength of the Approach

Since there has been very little research on the use of autobiographical writing as part of therapy or with persons in therapy, I saw a need to begin to document actual

experiences of persons in therapy with this form of writing. The qualitative method is designed to accomplish this type of understanding of experience. According to Strauss and Corbin (1990), the findings of grounded theory represent a theoretical formulation of the reality under investigation, whose purpose is to illuminate the area being investigated and provide a framework for action. In this exploratory study, grounded theory was used to obtain the realities experienced by persons writing autobiography, including that of change in functioning, as a base for further exploration and development of theory about this instrument.

One purpose of therapy is the initiation of some change in functioning. Since autobiography has been found to produce change in functioning (Cooley 1993; Birren 1990; Botella and Feixas 1992–93; Williams 1993; Birren et al. 1995), I wanted to understand the experiences with autobiography that facilitated change. In qualitative research, the phenomenological approach captures descriptions of human experience, i.e. the reality of an individual's interactions with the phenomenon of interest as it is lived, by means of a collaborative interview. This process is said to be similar to a counseling interview (Heppner, Kivlighan and Wampold 1992), and thus is most appropriate for a study investigating the potential use of a method of writing for therapy.

Limitations of the Approach

Some limitations of this approach arise from the research methodology implemented. Concerns have been raised about the reliability and validity of qualitative research. One limitation is in the inter-subjectivity of qualitative research. In both grounded theory and the phenomenological approaches, the interviewer/researcher plays

an active role in the creation of the data because data are generated from interviews. It is assumed that the interviewer is influenced by what she would like to hear or see and the interviewee is influenced to provide what is believed to be required, by explicit or implicit cues given by the interviewer. The interview process is also affected by the ability of participants to recall accurately the experiences being asked about. This puts the trustworthiness of the data in question and measures have to be implemented to increase trustworthiness, such as stating the parameters and assumptions of the study, triangulating the data, and confirming findings by a third party.

The reliability of qualitative data is not based on the ability to precisely replicate the data and findings in another setting. Because qualitative data are context-dependent, data cannot be replicated precisely. Instead, reliability is based on strategies used to collect, code, analyze, and present the data; these include making collection methods explicit, accounting for and presenting negative instances of the findings, discussing all biases, including biases of interest, making public strategies for data collection and analysis, and preserving the data. One method for controlling bias while reflecting on experience is “bracketing,” helping the person lay aside what s/he thinks s/he knows about the experience by asking for an example of the experience. For example, by asking “What do you mean by ‘the worst thing that’s ever happened?’ What are some bad things that have happened to you?”

Questions about the reliability of the accuracy of the data, in particular participants’ perceptions, recall, and evaluations, are answered in the understanding that the methodology attempts to gather participants’ lived experiences with the phenomenon,

not an all-encompassing, “objective” truth. Therefore, in building rapport with participants, any inclinations to provide acceptable responses must be minimized (Polkinghorne 1991).

Another limitation on the reliability of the methodology is in the subjective role of the researcher and the bias that this might give the data. Qualitative researchers often include their own experiences of the phenomenon under study and identify their own biases and premises which might interfere with their ability to remain neutral towards the content of the data (Polkinghorne 1991). Statement of my personal biases are included at the end of this section and chapter.

Assumptions of the Study

This study was based upon some of my assumptions and thinking on autobiographical writing, change, and psychotherapy. I believe that because of its potentially introspective focus, autobiographical writing can provide an opportunity for change that is therapeutic and that this opportunity and the possible outcomes might be constrained by the individual’s ability to engage in the process.

This study assumed that stories of our experiences in our family-of-origin mold us (Stone 1988). These stories tell how we have learned to apprehend and make meaning of our selves, our relationships, our social environment, how to act in and respond to the world (Kelly 1963, McAdams 1991), and how to perceive our “reality.”

The study also assumed that what a person attends to and the position she takes in the world determines the nature of her reality, which is subjective and “perspectival” (Oiler 1992, p. 178). Thus, understanding a client’s subjective experience of the world,

and learning her perspectives on her experiences and her coping strategies can be helpful in the conduct of therapy.

It is also assumed that narrative and written methods assist in the creation of new perspectives, in sanctioning the telling of important aspects of the lived experience, and in re-authoring lives and relationships (White and Epston 1990).

This study assumed there would be differences among participants with this form of writing, with experiences of change, and with descriptions of the process of change.

Research Questions

This research project attempted to answer the question: In what ways does autobiographical writing done as part of therapy, facilitate a process of change that is experienced as therapeutic? The answer was explored through two sub-questions: What occurred during and as a result of doing this writing? In what ways can autobiographical writing be used in therapy?

Interview questions were designed to elicit responses that address any process of change that might have occurred, any descriptions of experiences with the writing exercise, and any assessments of the usefulness of this form of writing in therapy.

These questions were attempts to specifically address the component parts of the larger research question as explained above, and were used in formulating the interview questions in Appendices B and C.

Participants

This exploratory qualitative study focused on autobiography as part of therapy. In qualitative studies, data sources are collected on the basis of theoretical considerations rather than considerations of the probability of outcome. Therefore, random sampling is not used.

In this study, theoretical considerations required that participants currently be in therapy. I asked four therapists in the Hampshire County, Massachusetts to recommend two or three clients who were 23 years or older to participate in the study. Therapists were recruited by asking therapists whom I know to volunteer and to recruit among their colleagues. I provided all therapists with information about the study and answered any questions they had.

I contacted the individuals recommended by the therapists and invited them to participate in the study, giving a brief overview of the study. Once they expressed interest, I met with each potential participant, described the study and provided all the information they desired to make a decision. Once they agreed to participate we met again to begin the study. A decision to participate meant that the individual's therapist would be required to observe that individual and would be interviewed about her/his observations as part of the study. Therefore, I informed therapists about their clients' decisions and reminded them that they would be interviewed about their observations of their clients.

Weinstein and Alschuler (1985), investigate self-knowledge from a developmental perspective found that individuals at a specific stage of self-knowledge rather than at a specific age benefited greatly from human growth education and work.

This suggests that within the developmental process driven by age, there is growth in the ability to make one's inner processes an object of self-reflection and the ability to see multiple perspectives and alternatives in every situation, which enable the individual to derive different strategies for responding to different experiences.

These stages occur in individuals who are 18 years and older. Belenky, Clinchy, Goldberger and Tarule (1986) found that for women, this inner knowing or period of subjectivism begins at about age 16, at which time the primary learning mode is one of "inward watching and listening" (p. 83); the women in their study associated this with "a sense of change" (p. 85). This study attempted to capture the experience of change as a result of the process of writing. This change depends on an individual's ability to access and articulate her/his inner process, therefore all participants were at least 23 years old.

Seven participants (six women and one man) were recruited for this study. Four women and one man accepted. Three women and one man completed it, which meant that they wrote an autobiographical story, kept a journal for the duration of the project, and were interviewed. They met the following criteria for participation: older than 23 years and in therapy concurrently with the project.

I provided participants with all materials needed and offered each a stipend of \$15.00 in gratitude for their participation. Only two of the five participants wanted a copy of all the writing they did, and they requested a copy rather than the originals.

Data Collection

The data to be used (interview and journal) was gathered after the technique being studied (autobiographical writing) was completed. Participants were guided into

autobiographical writing from the perspective of the story of a “problematic” event experienced in her/his family-of-origin (FOO). The “problematic event” was used as the problem that brings an individual into therapy. This event formed the base or perspective or “core” of the autobiographical account written. The experience of writing was the focus for the data to be collected.

Length of the Writing Task

There is no agreement about the length of time that should be given for writing an autobiography. Annis reports on studies by Kafka and Bolgar (1949) that used on-spot writing, by Fryer (1931) that allowed one to several weeks, by Coombs (1947) that gave one entire semester, by Selling (1932) and Shaw (1930) that allowed an unlimited amount of time. DeWaele and Harré (1979), working with the Brussels method, report that after one year of writing, review, and discussion, “One comes out at the end a different person” (p. 206). Thus, there is great leeway in length of writing time.

I was interested in being able, as fully as possible, to suggest an active role for autobiographical writing in therapy. However, it was not feasible to have participants complete the writing on the spot or in-between therapy sessions since this period fluctuates. Three of the five participants saw their therapist weekly, which meant that the writing exercise would have to be completed within one week, a time constraint I do not believe would have been conducive to the self-reflective purpose of autobiography.

In addition, I had undergone this process and found that it takes the average writer more than one week to develop her/his story, given time and life constraints. Therefore, I suggested a length of time of no more than three weeks for writing, a time period I hoped

would be sufficient for the writer to develop her/his story. This also helped the time constraints for this study.

Methods of Data Collection

Data collection for qualitative methodology is a process of entering and capturing the perspective of another in that person's own words through the technique of interviewing. There are three interview variations: the informal, conversational interview; the general interview guide approach; and the standardized open-ended interview. They differ in the extent to which the interview questions are pre-determined (Patton 1986).

In phenomenological investigations, data is collected through the long interview method in an informal interactive process using open-ended questions and comments. The researcher may develop a series of questions aimed at capturing a comprehensive account of the individual's experience of the phenomenon, but the questions may be varied, altered or not used at all in the actual interview, depending on how the participant shares the full story of her/his experience. Included in the interview process is an initial period of social conversation, which serves to create a relaxed and trusting atmosphere so that the participant will be inclined to respond honestly and completely (Moustakas, 1994).

For this study, the open-ended interview was used, in the style of the phenomenological interview, to capture comprehensive accounts of participants' experience with and process of writing, and the experience of change that occurred during the period of writing and because of the exercise of writing. Thus, questions were outlined in advance but were varied, altered, or not used, depending on the experience of

each participant. The interview also elicited participants' evaluations of the method of writing. The same open-ended interview technique was used with the participants' therapists. (The questions are outlined in Appendices B and C).

Another source of data for this study were the participants' journals. Participants were requested to record all experiences, thoughts, insights, and reflections that occur during the autobiographical writing period and up to the final interview. The journals were used by the researcher to expand and clarify the descriptions and explanations gathered in the interview data. My hope was that the journal entries would gather the day-to-day accounts of participants' experiences in fuller descriptions.

The journal has been used with clients as a tool for self-exploration, to gain a perspective on past and present life (Mahoney 1990), and to record turning points in one's life (Allport 1942). It has been used by therapists to understand the phenomenology of a client's experiences (Mahoney, 1990). Con (1993), in a grounded theory investigation of journal writing, found that journal writers used this tool for the process of recreating self and that this is effected in three stages: focusing on self, exploring options, and composing/maintaining self. My rationale for using the journal was that the participant would be focusing on self during the process of autobiographical writing and would use the journal as a place to reflect and record everything experienced that was not part of the autobiographical story being written. My hope was that the journal would give an indication of the individual's process.

One limitation of this was that the journal work depended on the individual's response to the task and comfort level with this form of writing. Therefore, it was

possible that the journal would not be used as I envisioned — and might not be used at all. Only one participant used the journal as I envisioned and suggested in the guidelines given to participants.

The third source of data was the open-ended interview with each participant's therapist. These interviews were undertaken to obtain the therapist's observations of her/his client. The therapists were in the role of observers of the process who might be kept outside the project itself but, as observers who know their clients through their therapy relationship, would be able to offer another perspective on the effect of the autobiographical writing.

The Interview

The interview began with my expressing thanks for the individual's participation in the study. I then asked whether the individual was satisfied that she/he had completed the writing of her/his story. Each participant responded in the affirmative, and I proceeded to impart that it meant that we were at the end of the study and that the interview would be about their experiences with and while writing their story, and their evaluation of the usefulness of this form of writing to therapy.

I explained that I would ask specific questions but might also ask spontaneous questions during the interview. Following these introductory statements, which helped the interviewee (and interviewer) relax, I turned on the tape recorder and began the interview. The questions followed those outlined in Appendix B, with variations when questions were given spontaneously or where, for example, an interviewee said that s/he did not experience change in functioning during the process of writing (Question 7: "Do you

think that the writing was responsible for any of the changes experienced?” was changed to, “Do you think that the writing was responsible for anything that was experienced?”).

The interview style was that of a guided conversation with time allowed for interviewees to relate and elaborate on their experiences. Upon completion of the interview, the interviewee was asked whether she had anything to add that she felt had not been covered, and whether she had any questions or comments that she would like to express. This was done to try to elicit feelings that might bias the data and to further reinforce the mutuality of the relationship between the interviewer and interviewee, and the research.

I then assured the interviewee about confidentiality, that all names and identifying information would be deleted from the transcript, and that a copy of her transcript and the results of the study would be available to her if she so desired. I thanked her for her participation and turned off the tape recorder, signaling that the interview was over.

Data Analysis

Qualitative analysis is a process of bringing order to data, and organizing its elements into patterns, categories, and descriptive units so that interpretation can be achieved and the analyst can make judgments about what has been found (Patton, 1980). It is necessary for the analyst to have some sense of purpose and direction in the process, which is provided by the research question (Strauss & Corbin, 1990).

The focus of this study was on the ways that autobiographical writing done as part of therapy might help facilitate a process of change that is therapeutic. The goals of analysis were: to capture and document the process of change experienced; to discover

whether change experienced was therapeutic (and the features that made it therapeutic); to discover whether the writing helped in accomplishing the changes experienced (and how it helped); and to discover whether this writing task would be useful in therapy; to extract an indication of how autobiographical writing works to help produce change; and to explain this with broad themes and categories.

The first step in analyzing the data was reading each transcript in its entirety to obtain a sense of the person's whole experience. In step two, each transcript was read again, this time focusing on the content of each answer, taking notes of the themes in the answers.

Themes were separated out and examined by content. The first content area was evaluation of the autobiographical process as helpful or not helpful. The second content area concerned occurrences while writing. The third content area concerned occurrences as a result of writing. The fourth area was concerned with whether writing was responsible for what was experienced. The fifth content area concerned evaluations of the experience as therapeutic or not therapeutic, and factors that made it thus. The sixth content area concerned why the autobiographical can be useful to therapy.

In separating out themes, varieties of responses to the task and experience, and themes that emerged across participants, it became clear that the richness of this study would lie not in the derivation of broad conceptual categories, but in documenting the variety of experiences and the similarities in evaluations and outcomes.

The data showed that each participant approached the task differently and had different outcomes, and thus it was important to document and present each participant's

approach to the task and the results of that approach. Therefore, the third step involved reading each transcript again, highlighting the following content areas: the process of writing and fulfilling the terms of the project used by each participant; the core story; the experience of change; experiences while writing; and some results of the process. These content areas were put together in the form of a case study that was presented separately to give a sense of the ground on which the results of the process and evaluations were made. At this stage each journal was read carefully and examined to extract data that described and clarified the participant's approach, the steps taken, and the experiences s/he had during process of writing. Thus data provided expanded insight into the process used in the case study.

The interview data from therapists were analyzed similarly, using case studies to present the process used with each client and the therapist's observation of the effect of this process on the client. The second step involved extracting themes in the data for the following content areas: differences in the process observed; benefit of using the tool and process.

Researcher Subjectivity

My strong interest in this area of study comes from my experience with autobiographical writing that I accomplished at the same time that I was in therapy, but not as part of therapy. I became involved in using this tool as a means to try to understand my life, my family-of-origin and my place therein, and especially to understand the stories about myself that have echoed in my psyche for as long as I remember. While learning

about the narrative methods of White and Epston, I became interested in experimenting with a form of narrative and decided to be my own subject.

The process was very difficult on many levels but the results were startling, and extremely therapeutic in many ways. My process took more than a year, writing in spurts and using the in-between times to deal with what the process was revealing and changing. I wrote up my experiences and found that other benefits accrued through analyzing my process and story. My curiosity was sharpened and my belief in the therapeutic value of this method of writing was strengthened and most likely biased.

I conducted a small project with three individuals on using an event in each person's family-of-origin as the focus of an autobiographical story for the purpose of assessing self-knowledge stage, and found difference in level of analysis and descriptions of strategies for change used by persons at different stages of self-knowledge. I decided to make the study of autobiography, the work for my dissertation.

Personal Biases

Since the roots of my interest in this research topic are strong and deep, one can be sure that strong biases about this work exist and had to be articulated so that they could be "bracketed out" during the research.

Regarding the conduct of therapy, I strongly believe that some clients have a capacity for deep un-observed work that advances the in-session process or evolves alongside that process. Some of this is accomplished with writing and should be brought into the therapy hour.

In addition, a power-over relationship that is part of the therapy model inhibits the relaxation of control over some clients' processes that would allow more out-of-session work to be done. This constrains the ability of clients to take more responsibility for part of their healing process.

I believe that therapy cannot be singularly oral in a world culture that is focused strongly on writing as the most legitimate form of communicating and making things real. Not using this form, I believe, interferes with the ability of some individuals to make the reality of their experiences available, even to themselves.

I believe that writing speeds up a process in ways that could shorten therapy for some individuals and also allow some individuals to engage independently in a process of self-understanding that could produce therapeutic benefit. This process might change some features of therapy for some practitioners and might expand some features and possibilities — and if it can do this, it should be allowed to do so.

CHAPTER 4

RESULTS

Introduction

The findings of the study are presented in this chapter largely in narrative form to maintain the participant's voice as purely as possible and by doing so to have her/him speak directly to the reader.

The data illuminated the answer to the research question: In what ways does autobiographical writing, done as part of therapy, facilitate a process of change that is experienced as therapeutic? This question was explored through two sub-questions: What occurred during and as a result of doing this writing? In what ways can autobiographical writing be used in therapy?

The chapter has three main sections:

1. Participant Cases and Participants' Evaluations of the Autobiographical Process relate the results of the process for participants.
2. Therapist Cases and Therapists' Observations and Evaluations gives therapists' observations and evaluations.
3. Summary provides a useful summary of the results from both sections.

The participant section has two parts. The first includes a profile of each participant, including a brief biography, a recount of the participant's core story, the use s/he made of the autobiography and the journal, the process created with the project, the experience of change, the experience while writing, and results of the process. The second part contains an analysis of the interview data for each participant. In it, themes

are disclosed and explained in order to provide a sketch of individual responses to and evaluations of the project.

The therapist section of the chapter consists of descriptions of each therapist's process with the client(s), including the therapist's observations and evaluations of the effect of the project.

The third section summarizes themes from the participants and therapists to provide a coherent picture of how autobiography was found useful to these individuals.

Section 1: Participants

There were five participants in the study: four white women, one white male. All of them were between the ages of 24 and 50 years old. Two of the participants, a male and a female, were a couple. All participants had been in therapy for at least one year before getting involved in this research project.

Four of the five used journal writing in general as part of their therapeutic process. The participant who had never used writing in general nor kept a journal did the first exercise, i.e. selecting the core story and writing an autobiographical piece, and wrote one paragraph in the journal, but did not get beyond that. I will report on this case at the end of this chapter.

Part 1: Participant Cases

These participant cases give a brief picture of each person, describe their uses of autobiography and journal, and the process created in fulfilling the guidelines for the project. The cases also describe participants' experience of change, their experience while writing, and some results of the project.

As expected, each person interpreted and shaped the task in individualized ways which, I believe, parallels ways in which each one personalizes the act of therapy and shapes suggestions and exercises given by the therapist.

All participants agreed that the exercise of writing autobiography was helpful to them and could be useful in therapy with some persons.

Case #1: Sally

The first participant, Sally, age 34, had been in therapy for about a year-and-(a)-half when she agreed to participate in the study. Sally is a prolific journaler who uses journals as part of her process of therapy. She was described by her therapist as very task oriented:

“She’s a journal writer anyway so I observed that she really loved the process. She’s very task oriented. The other thing is that she really loves to write, so I think that was very appealing to her.”

Sally said:

“When I first started doing this I was very diligent. Every morning for some amount of time I’d just get up and do stuff.”

Sally had not done autobiographical writing before and found the dual process (story and journal) fascinating:

“It was just fascinating to have a dual process, this feels that this is the beginning of almost a therapy process or something. It was actually very unusual to take one incident and try to flesh it out. I kept all the versions of the story.”

Sally's core story

Sally chose one story because she thought it would connect in a certain way. She found that it did not connect in the way she had envisioned. Nevertheless, the story allowed her to recognize patterns:

“All of a sudden I see a similar pattern that’s repeating itself that is actually more similar to the first exercise.” “It has to do with the pattern that’s set up there which ended up in therapy.” “She [the therapist] became sort of like a transference of my mom and I did to her the same thing that I did to my mom.”

Sally's core story was about an interaction with her mother over the giving away of a dress when she was a child.

Sally's autobiography

Sally wrote a short piece that covered the prologue to the event and the confrontation with her mother over giving away the dress. Then she changed her perspective on the event, becoming an observer, and wrote a description of the scene. Next she located and wrote about an event in the future that was connected to the core story. Finally, she articulated something she learned from the experience.

Sally's journal

Sally used the journal as instructed and extensively pulled apart story lines that emerged from the story. In the journal, she explored her thoughts about the core story and the players in it. She examined family dynamics, engaged in self-talk, explored different versions of the core story, and questioned her analyses and observations. She recorded dreams, analyzed some of them, reflected on therapy sessions, etc.

Sally's process

Sally followed the research process as agreed. As summarized in Table 1 at the end of this chapter, she wrote the story separately, and kept the research journal as a place of reflection on the process and her experiences. She chose to take the story she was writing into therapy and shared it with her therapist. She describes what occurred because of doing so:

“Working with my therapist just blew things out of the water. I wouldn't have realized there was a problem if I hadn't done this story. I'm a great head person. It essentially forced me into coming back to feelings.”

Her therapist describes the initial working of the process as follows:

“She had read the story to me and talked about it a little bit, making our kinds of 'Ahas,' and that day I said to her, 'Where are your feelings about all this?' Well, that set up such a crisis that we're still processing it, and it's over a month now.”

Sally created a sort of parallel process by keeping the therapy process separate from the research process. She used her personal journal for working on what was occurring in therapy, and recorded in the research journal the occurrences in therapy that affected the research process:

“I kept the various versions of it [the story], they're not even drafts, they happened in stages. All of a sudden when things happened in therapy I'd have to go back and do something else with the story. Whether my therapist's suggestion or something that would happen would tick me off.”

She found the autobiographical process extremely helpful as a “neat way to get into something remembered from childhood that affected us in some way.” The

prompting of her therapist about working on the feelings in the event enabled an experience:

“I was actually able to go back and feel the feelings and in some ways they’re so frightening and sort of hollow for a young child.” “It would not have been possible for me without the story.”

She experienced in the present the feelings of the past event with an intensity that produced other reactions:

“I think my first reaction was just disillusionment. I thought on some level, I’m working on all sorts of things but this sort of core piece had not come into focus. For a couple weeks [I] felt that I had been disappointed by my therapist the same way I had been disappointed by my mother. It eventually got to trying to figure out who I was really mad at or that I was mad at someone.”

She also tried to take her process deeper towards resolution to get more from it:

“I think if there was a procedure to take the story one more chapter, some of that happened in my journal. I would try to do things but it actually didn’t take the step further, I’d make it into a story.”

She perused the past, brought it up to the present, and looked elsewhere at other situations. However, she found that the process “created so much turmoil I couldn’t deal with other stuff.”

Sally’s experience of change

While working with her therapist, Sally stumbled upon a “sort of self-perception of why she felt the way she did [and] pieced together where and how the message was

given.” Sally said, “My world absolutely revolved” and, “For the first time in my life, I was no longer on the outside, I was one of everybody who was here.”

She experienced “elation” and found “answers to questions that had been asked forever [which] make my life understandable.” However, she could not describe emotional responses: “I don’t know. I’m pretty disconnected from them [emotions].”

Sally’s experiences while writing

As summarized in Table 2 Part A at the end of this chapter, Sally did not have a “world altering” experience while writing for the project:

“The writing process seemed to almost create a basis for thinking. Things would total up, I’d read the words and I’d go, Oh! How did that happen? I didn’t see that. After writing the thoughts the things that sort of continue to spin off the story seem to almost have more of the ‘Aha’ moments. Or talking about them had more, ‘Oh my god! That really does connect something else!’”

There was a period when Sally could not write, “when the huge changes happened,” when she felt the anger she had stored towards her mother. With her therapist’s help she devised a non-writing method to help express the anger: She drew her feelings and the resolutions she wanted.

Sally said that from her perspective, this piece of work “changed nothing between [my] mother and [myself] except an attitude.” However, she also said that since that change of attitude:

“It’s astounding, I feel entirely different, I just feel like I honestly could fly. I don’t have to do or be whatever that person is supposed to be.”

Nevertheless, she does not associate the experience of feeling different or the shift in her attitude as change until a period of time has passed, and then she says, "Something's shifted, whew!"

Some results of the process

Sally found most of what occurred to be unexpected:

"I was not expecting to be pulled down from working so much in my head, which is really easy for me to do. Essentially, getting not being my mother's daughter was entirely unexpected. It actually feels like mine rather than some outside possibility. I always thought I was going to do something drastic to make this happen and I didn't. The mind shift is quite amazing."

Table 2 Part B at the end of this chapter summarizes her process.

This could be interpreted as a sign of her connecting to her feelings. She found that the process connected her back to people:

"Through the result of the story I got back in touch with my aunt who is sort of a marginal player in the story. We used to get along well, it was really nice to get back in contact with her. We were sitting and talking for four hours."

To summarize this case: Sally followed all the research guidelines for the project, used the suggestions and prompts provided, and took her story into therapy. She found the process very helpful, experienced changes in attitudes, feelings, in understanding of self, in relationships, and in her way of working solely in her head.

Case # 2: Carol

Carol, age 25, had been in therapy for more than one year and was about to end therapy. She was getting ready to permanently move to Europe but was first going to

return to her family home for a long visit. Carol found the story “impossible to write because of mental protectiveness.” As she explains:

“This story was pretty almost impossible to write, I’m not sure why I chose it to begin with. There was something in me that was very strongly opposed to writing about it. I’m going home for a month before I leave for Europe, so I can tell that the reason why I wasn’t doing this was because I was afraid to go back.”

Carol writes stories and journals, and uses a journal in therapy. She kept a personal journal while doing the project. She said that she does autobiographical writing “on my own... When I try to sort through things, I either do the journal or a story.” According to Carol, this might have contributed to why “this [exercise] wasn’t as freeing for me as it might be for some people.”

Carol’s core story

Carol’s core story described a time when she was about 12 years old and witnessed her parents quarreling and her father leaving the house. She said she did not know why she chose this story, but found it “confining.” In her research journal, she hypothesized that it filled in a missing piece about an event that marked a turning point in her parents’ relationship. She found that she could not access the event and that “there was just this mental protection of not going back.”

Carol’s autobiography

Carol wrote the core story detailing the quarrel, her witnessing of it, and her caretaking of her siblings while it was going on. She did not go further with the

autobiographical writing; the autobiographical work submitted for the research project consisted solely of the core story.

Carol's journal

Carol did more extensive work in her research journal. In it, she worked at questioning her choice of core story. She explored thoughts she remembered having as a child about her parents' relationship. She described her quest for greater understanding of their relationship and for ways to connect their relationship and the core event to her experience of incest. Her journal entries stop with an articulation of her inability to continue the story. She reports in the journal that many other memories arose as a result of the writing the story and that although she can see value in re-telling it, she is resistant to do so.

Interestingly, Carol's first journal entry is on the impact of the Experience Recall exercise. She explains that working on that instrument helped her "process issues in a short time, make connections, and expel negative feelings attached to the event."

Carol's process

Carol followed parts of the research process. She selected a core story and used the journal to some extent as advised to reflect on her choice of story and her experiences trying to work the story. There is no sense that she tried to use the writing prompts and suggestions that were provided; in fact, she declared her resistance to the task.

She did tell her therapist of the experience she wrote about in the Experience Recall, but there was no sense that she shared the core story with her. However, in

therapy she worked on her relationships with her parents, which was the focus for both stories. Her use of the process is summarized in Table 1 at the end of this chapter.

She said she wrote a couple of stories about her mother and about her father as a way of letting them go:

“Actually, I wrote a couple of stories about my mother, and a story about her life, and then a story about my life related to hers. Then I did the same thing a week later with my dad, and that was like the ending of therapy, and that was my way of really, really letting them go.”

Her therapist describes their work together:

“We worked with writing a series of letters to her mother, they were hatred, then they were nice, then they were, ‘this is what I really need from my mother.’ She also said, ‘What I really need from my mother is for my mother to show up and show me that she loves me.’ She never sent them.”

Carol’s experience of change

Carol described an experience of physical and emotional change, as well as change in relationship. When she began recalling memories of incest, her face “broke out” and she went through physical change:

“All this shame of being abused had just reached the top and it changed my physical structure. The picture of me as a teenager and the picture of me now is so different. My hair color is the exact opposite of how it used to be, blonde. I had a pap smear and it came back that all the cells had changed, had turned over and re-generated and there’s nothing wrong. They were totally different cells than before.”

She experienced emotional changes during this time:

“There was depression, a deep feeling of loss. I wasn’t catatonic but I felt not very alive, as though I was moving through a dream. As soon as I started to feel awake again I felt that I was done with that.”

She also experienced changes in relationship:

“I had always wanted to be dark haired because my mother is dark haired and my father is blond and I was blond. As soon as my hair started changing [my mother] started identifying me with her.”

Her experiences while writing

She experienced change in her relationship with herself during the research process:

“The main thing I really realized is that part of me that was saying it didn’t want to do any more backtracking. It didn’t want to look any longer into the past. I did try to push myself because I would feel that I wanted to give you more to work with. There was a guilt that I hadn’t written enough. Then I tried to appreciate ‘Well, if this is how you are usually this must be because you really can’t do it.’ This was the first time I ever respected that I just can’t do it. This was the major shift in my life.”

Table 2 Part A at the end of this chapter summarizes her experiences while writing.

Some results of the process

By realizing that she did not want to go into the past, and giving herself permission to respect that side of herself, Carol experienced “a new and huge sense of protectiveness.” She also came to some resolution concerning her feeling that her father owed her financially for the sexual abuse she had experienced at his hands:

“One came up with my father, and a deep sense that he owed me. That was the first time that I ever felt he owed me and I wrote a letter and made up a bill for him. Then I didn’t send it because I thought, when it came to the total, I’m worth a lot more than that. It helped me within this writing to first get out the anger and say he owes me. But then to say that’s not enough, I’d rather not be paid for my silence.”

Table 2 Part B at the end of this chapter summarizes these results.

To summarize this case: Carol partially followed the research guidelines. She did not write an autobiography nor did she follow the suggestions for using the journal or take the story into therapy. Her use of the journal included questioning her choice of core story and reflecting on her parents’ relationship. Nevertheless, she found that the process brought about changes in herself, in her relationships to her parents, and in her attitudes and feelings towards her father.

Case #3: Tracy

Tracy, age 25, is a performance artist and uses autobiographical material in her work. In addition, she uses journal writing in her personal and therapy process. Tracy had been working with her therapist for about a year-and-(a)-half when she agreed to participate in the research study.

The act of writing a story of her life was:

“A little difficult at first. Somehow it seemed like there was this very large task in front of me and what to include and what not to include.”

She found pleasure in the research task, however, and noted that “there was just a sense that it could be whatever it was, even if inside I was holding judgments about, ‘Oh this isn’t very eloquent’ or ‘This is self-indulgent.’”

She did not take her writing or her process into therapy at all, although she did mention to her therapist that it was about her sister.

Tracy’s core story

Tracy said that when she was asked to select an experience from her family-of-origin for her core story:

“The first thing that came to me was something that had to do with my sister when I was about 15, and that took me to writing about the experience and the ways that I feel my identity has been shaped by my relationship with her and my parents’ relationship with each of us. I ended up contextualizing that life story into something smaller.”

“That life story” was about the betrayal she felt in her teen years when her younger sister was allowed to engage in the same activities she was involved in. She felt that there was an understanding that she and her sister would not engage in similar activities.

Tracy’s autobiography

Tracy wrote a piece about the conversation between herself and her mother, when her mother explained that her sister was about to take voice lessons, too. She briefly described how she felt about this and the impact it had on the relationship between her and her sister. Tracy wrote the autobiographical story in the research journal as the first entry.

Tracy's journal

Tracy used the journal to record some of her observations of her process, to self-talk, to recall similar incidents, to examine relationships between sisters she knows, in the light of the process she was undergoing, to reflect on family relationships and her sense of herself related to her sister. She also used this space to reflect on her feelings about her relationship to her sister.

Tracy's process

Tracy altered the research process by working only in the journal and not writing a separate autobiographical story. She wrote the core story as the first journal entry. Thus there was no physical separation of the storying and the reflection. She does not seem to have used any of the writing prompts or suggestions, although she briefly explored the relationship between herself and her sister that is one aspect of the core story. She did not work with the relationship with her parents that resulted from this incident nor did she trace the influence of that experience on her life in any way.

She admits to not being "incredibly diligent" about the work but does not explore the meaning of this lack of diligence. She kept the research project out of therapy by not sharing either the story or any of the process with her therapist, except to mention, when asked, that she had written about her sister. Her process is summarized in Table 1 at the end of this chapter.

Tracy's experience of change

Tracy described a behavioral change during a meeting with "a theater person." In the past, she said, a similar experience "really flipped me out," but this time "it didn't dredge up any serious resentment" towards the other person:

"I went to this meeting and there was this woman who was this sort of 'theater person.' This type has always flipped me out, has always sent me into this existential crisis of, 'Oh my god, I don't fit with this, I'll never be able to be in this world.' All of a sudden I felt myself being absolutely real, and it calmed her down. I noticed myself not flipping out, just realizing I can fit with this to whatever extent I want to, because I want to be here. It was something to be almost able to stare her down. That was something I couldn't have done a year ago."

She experienced this as a feeling that was great internally, very strong and proud:

"It felt great, I felt strong, I felt proud. There was a feeling of peace and a sense that there is a choice besides flipping out and feeling inadequate and like an impostor."

Her experiences while writing

As summarized in Table 2 Part A at the end of this chapter, Tracy describes how the writing sharpened her focus:

"When you're going through an experience I guess you're sensitive towards a certain thing or looking for that kind of thing. So I was attuned to experiences that refer to that thing, watching a friend of mine and her sister was like that, it felt particularly heightened."

During the writing period, she met with her sister:

“I was really surprised at one point to just feel this very parental sort of judgmental streak about her come out, and that’s really straight back to family stuff. To feel that come out as I’m sitting there looking at her, I had to hold back on it.”

Although she said she did not experience a specific change, she came to the realization, while reflecting on what her therapist said about modeling realness, that it was possible for this to happen with her sister sometime in the future:

“The closest I came to it was when I was recording what my therapist had said, ‘you can model realness,’ and it was like I knew exactly what she meant. It wasn’t the same [as the other experience] because it was like a suggestion, planting a seed and realizing, yeah, I would like to do that. It wasn’t exactly feeling it happen, I hadn’t done it yet. It’s almost like, I bet I could feel that way in an interaction with my sister in the future.”

Some results of the process

Tracy said that although she did not change the way she interacted with her sister, their relationship began to shift, at least in the way she perceived her place and role as elder sister:

“Because it stayed on my mind, I was realizing that this person is in my life for better or worse and I want to be proud of her. I was talking to my therapist about it and her suggestion was to think about being more fully myself when I’m with her. I realize that that’s exactly what I wasn’t doing and what I’d like to move towards being. I think I was given a sense that, as both of us were in late adolescence, I couldn’t expect her to be like me or interact just like me. It’s the sense now that, that’s not really my goal or my expectation.”

As summarized in Table 2 Part B at the end of this chapter, Tracy found that the process enabled her to think of her own current development:

“It made me think of the ways in which I’m developing as an adult in new ways. Listening to my sister and realizing that both of us have really changed. I’ve transitioned from heart on my sleeve and if I had a feeling my parents knew about it, to trying to put some limits and distance and just guarding my personal life. So just thinking about that in the context of my parents and our own relationship, that was helpful.”

To summarize this case: Tracy followed the research guidelines partially. She did not write an autobiography, did not keep journal and story separate; instead, she wrote the core story as the first journal entry. She did not take the story into therapy, and nevertheless experienced a sharpening of her focus on issues and themes in her core story and realized changes in her understanding of her development as an adult. She also found changes in how she thought about her ways of relating to her sister.

Case #4: Thomas

Static made it impossible to completely transcribe the interview tape. However, sufficient data was transcribed to permit its use.

Thomas, age 39, had been in therapy for at least one year when he agreed to be part of the research study. He is a writer, musician, and craftsman, and was in his fifth month of a course of self-reflective writing, “The Artist’s Way,” at the onset of the project. He had never done autobiographical writing before the project, however, and while involved in this writing project he went on a vision quest, a period of solitary meditation and fasting in the woods. About the experience of writing, he said:

“It was a very deep experience, deep emotionally, deep in that it shifted some really strong points of attachment.”

Thomas's core story

In his research journal, Thomas described being apprehensive about “picking the RIGHT experiences” but found himself “drawn to the ones on which [he] had done little work previously.” He was surprised at the obvious connections between the events he wrote about because “each was in itself an event of similar awakening.” The common themes of the events, and a pattern that they revealed, was “uncomfortable.”

His core story recounted being very ill, near death from a ruptured appendix when he was 11 years old. His family, led by his paternal grandmother, did not believe him to be ill until he became unconscious and had to be rushed to the hospital for emergency surgery.

Thomas's autobiography

Thomas wrote 36 pages exploring his life. He began with his birth, the trauma experienced, and initial socialization by his father (he was the first child of his father's second family). He recounts details of memory up to the age of one or two years old. He tells of having no memory of ages two to four; the resumption of memory is marked by a clear recall of his fifth birthday party.

Thomas traces experiences of trauma throughout his life. He explores deeply experiences in family and school that connect through their traumatic nature, including the ways they combine to form his personality and sense of self. He traces certain themes

consistent in his life to the present and describes the work he has done to resolve some of their effects on him.

This work is a combination of telling, reflecting, and analyzing that follows the research guide as far as possible.

The journal

Thomas used the journal as a place to engage in self-talk, to reflect on his story, and to explore patterns of behavior as they become evident to him. He examined feelings that arose as he wrote, especially issues around his own parenting and his relationship with his father. He discussed what was occurring in his life and relationships as the work was progressing, recorded insights, and described work he was doing simultaneously with this project. He discussed the impact of all this on himself.

Thomas's process

Thomas followed the research process as agreed. He wrote his autobiography separately and kept the research journal as a place for reflection. During this time, he was in therapy with his first wife about parenting, and also with his present partner. He did not indicate whether he took the core story or any of the work being done for the research project into therapy. His therapist said:

“He did not bring it [the story] in on paper. He used it as a reference point for the bigger exploration he was doing.”

Thomas used the suggestions and guidelines provided for working with the tool and with voice.

He found that the writing:

“Allowed me to get into my issues, to be as objective or un-objective as I wanted, to be encouraged not to be judgmental, to protect myself and hold the innocence of the story.”

He found that “it was also therapeutic in the voice, in that I could use any voice that I wanted.” His process is summarized in Table 1 at the end of this chapter.

Thomas’s experience of change

Thomas described an experience seven years ago with the father of his wife’s child:

“I changed a behavior of being closed to the other father, to being open to him, to allow him to visit. That’s an outward change. What it meant for me then I couldn’t really implement or integrate in my life because I hadn’t changed my behaviors around the issues I needed to work on. At that time it was very exhilarating and liberating change, and freeing, because to be closed to another parent is almost untenable.”

His experiences while writing

As summarized in Table 2 Part A at the end of this chapter, in identifying three “huge changes,” Thomas reported:

“I experienced the same freedom with the change in the paradigms regards parenting. Doing this autobiographical work at the same time as counseling all came together in these last three months. The relief and the freedom I felt from the change in trying to pursue a self-generated fantasy which is unattainable, was one huge change.”

In addition, he reported:

“The second change was the culmination of this work in terms of the deep inner shifting I had to do to look at my life from different angles. I really feel like I owned my basic fear in life of not belonging and that freed me to be more of a witness to my life, and, the third thing that’s changed is witnessing myself and knowing how to keep firm boundaries.”

Some results of the process

Thomas admits that “it is hard to separate what changed as a result of the writing,” but describes experiencing a change in his parenting paradigm that has allowed him to reach the point of honoring his witness — the part of himself that observes all of his experiences. He said it helped him “affirm and honor the witness, which is so crucial.” He “noticed more synchronicity” in his life, and that he was paying more attention to his life:

“I came to fully accept that I’m not a fifty-fifty parenter. That is a generation of a fantasy that was keeping me in torture because I was continually denigrating myself for not matching up to my own fantasy. To drop that rock and move ahead was one huge change.”

He has also faced his unspoken fear of homelessness:

“I’ve lived on people’s couches, I’ve wandered. It’s been very much my fear is I’m homeless, so I’ll be homeless. Now the whole thing has shifted to a level of authentic expression and being present to myself.”

These results are summarized in Table 2 Part B at the end of this chapter.

To summarize this case: Thomas, who was accustomed to doing self-reflective work, followed the research guidelines and took the story into therapy indirectly by using it as a point of reference in the work he was doing. He experienced three specific

changes: a shift in a paradigm, a deep inner shifting and owning of a basic fear, and the emergence of an ability to witness himself and to keep firm boundaries.

Summary of Participants' Cases

These cases reveal that despite their varying approaches to the task, all four participants experienced writing an autobiographical account of their lives as helpful.

Two participants who had not used autobiography before, Sally and Thomas, followed the research guidelines closely. Sally is described as being very task-oriented, while Thomas had experience with using internal processes to make sense of his life and was engaged in another form of self-reflective writing.

The other two participants, Carol and Tracy, were accustomed to using autobiographical writing. Both wrote only the core story, but for different reasons: Carol experienced an internal refusal to re-visit that past incident. Tracy found pleasure in her ability to control the process, but the task felt huge and so was altered.

Participants chose their core story for various reasons. Sally thought it would connect in a certain way; she seems to have tried to impose an expectation or desired outcome on the process from the outset. It was the intervention by her therapist that interrupted this strategy and changed the shape of the entire experience for her. Thomas chose a story that he had not worked on before; this, too, seems to have been a deliberate and mental choice. Tracy chose the first incident that came to mind. Carol said she did not know why she chose that particular story.

Sally and Thomas, who followed the research process as given, found that exploring their lives through the lens of the core story allowed, for Sally, the recognition

of patterns in her life similar to those in her story, and for Thomas, obvious connections between the events he wrote about. Of the participants who did not explore their lives through the lens of the core story, Tracy experienced a heightening of awareness of one theme in her core story, i.e. sisterly relationships; Carol seems to have played out a theme in her story — that of silently or passively witnessing. Just as she silently witnessed her parents quarreling in that story, she appears to witness her internal conflict about doing the task, without addressing it. In doing this, she maintains a form of silence about the presence of the story in her life as mental protectiveness. This time, however, she makes the choice to be a silent witness.

Participants had a variety of experiences while writing. Sally experienced the release of an emotion (anger) and a shift in attitude. She also found that the writing created a basis for thinking that, with talking in therapy, produced insights and the possibility of change. Thomas experienced relief and freedom while writing, and a deep inner shifting caused by having to look at his life from different angles. Carol had the experience of listening to herself, for the first time. Tracy experienced a sharpening of her focus regarding her core story.

It was difficult, if not impossible, to assign direct responsibility to the writing process for what occurred during and immediately after it, but participants agreed that the writing had something to do with the changes they experienced.

The process resulted in Sally being pulled from working in her head and beginning to find ways of expressing emotion. She re-established a connection to a relative. She also gained a shift in perspective — a mind shift and an understanding that

she was not her mother's daughter — which began a process of experiencing herself as agent. Carol found that the process enabled her to be more protective of self and to come to some resolution about her experience of sexual abuse. Tracy came to the realization that she could have a different relationship with her sister than what she had; she was able to determine that she wanted a relationship with her sister and to recognize some ways in which she was developing as a adult. Thomas experienced a shift in a paradigm and an honoring and affirming of his witness; he also came to face his unspoken fear of being homeless.

The second part of this section reports on participants' evaluations of the autobiographical process, including their assessment of whether it was helpful, what occurred that made it helpful, whether it was responsible for what was experienced, and why it can be useful in therapy.

Part 2: Participants' Evaluations of the Autobiographical Process

Participants were asked to say whether the experience was helpful to them. Then they were to describe what occurred during the writing and as a result of the project. And to ascertain whether the writing was in any way responsible for what they experienced. Finally, they were asked to evaluate the usefulness of autobiographical writing as they experienced it to therapy.

All participants said they found autobiographical writing helpful. One said that as she was reflecting on it in the interview, she realized that it was helpful, although while she was writing she did not find it helpful.

The participants were asked to describe how writing autobiography was helpful. Their responses are summarized in Table 3 Part A at the end of this chapter.

How autobiographical writing was helpful

Case #1: Sally

The writing revealed some repeating patterns, revealing connections between the core story and some of Sally's other stories. Sally described her intention in selecting the core story and the results:

“I chose one story cause I thought it would connect in a certain way and it didn't. It ended up connecting in a different way. But even the other story that I was thinking about, all of a sudden see a similar pattern that's repeating itself now that is actually more similar to that first exercise [ERT] that had to do with the pattern that's set there, which actually ended up in therapy. She [the therapist] became sort of like a transference of my mom. I did the same thing to her that I did to my mom when she pointed out, ‘Your head is everywhere, you're thinking about and trying to analyze things from all different directions, but where are your feelings?’”

It produced the recovery of the feelings in the core story and triggered reactions:

“I was able to go back and feel the feelings, and in some way they're so frightening and sort of hollow for a young child. It's astounding, because it would not have been possible for me without the story. I'm sure it would have come up in some way somewhere, but I don't think with the intensity with which it came up.”

Her first reaction was disillusionment:

“I thought on some level, I’m working on all sorts of things, but this sort of core piece had not been touched before, it hadn’t become into the focus, and that happened.”

Her second reaction was disappointment:

“For a long time, probably a couple weeks, I felt that I had been disappointed by my therapist the same way I had been disappointed by my mother. At this point I’m smart enough to know that that’s not the person I want to distance from.”

Her third reaction was anger:

“Through the process I eventually got to trying to figure out who I was really mad at, or that I was mad at someone.”

Case #2: Carol

The writing brought Carol to respect her own wishes for the first time. She found herself reluctant to explore the story and these past events in her family of origin:

“There was something in me that was very opposed to writing about it, even as far as I got. Now I’m going home for a month before I leave for Europe, so I can tell that the reason why I wasn’t doing this was because I was afraid to go back. So there was this mental protection of not going back. This was the first time I ever respected that I just can’t do it.”

It was useful in managing thought processes during a period of serious therapeutic work, to explore the connections between one’s life and that of one’s parents, and to

bring a phase of therapeutic work to conclusion:

“I think it was very important just in terms of keeping out the thoughts in your head. During the very, very heaviest moments I wrote a couple of stories about her [mother’s] life, and then a story about my life related to hers. Then I did the same thing a week later with my dad. That was like the ending of therapy and my way of really, really letting go of them.”

Case #3: Tracy

Tracy did not experience the writing as helpful while engaged in the process.

However, on reflection she realized some value: she saw that she had matured, and realized her difference from her sister.

“I don’t think I experienced it as all that helpful while it was going on. Looking back at it now and seeing it as part of a whole, I think yes. It made me think about the ways in which I’m developing as an adult in new ways. Listening to my sister go on and on about stuff and realizing both of us have really changed in that respect, I’ve transitioned from heart on my sleeve, and if I had a feeling, my parents knew about it, to really trying to put some limits and distance and guarding my personal life very scrupulously. So it was just then thinking about that in the context of my parents and our own relationship. Yeah, that was helpful.”

The writing was useful in bringing the features of the relationship that were difficult to the foreground:

“It heightened some stuff that was going on anyway, so in that sense it was helpful. As I was doing it there were times when I questioned did it feel quite real, because it felt sort of an effort. There were times when I’d be writing about the way in which at fifteen I perceived her as taking my world away and my parents letting her, and that part of me that still kind of seethes about

it. It was like, 'Bummer, I'd rather be out playing, I don't want to think about this. But I think it was a good experience.'

"Just within the last week and a half or so, I was visiting some friends and met with my sister for dinner. The way she was interacting with me all these feelings were coming up. I guess because all along I was writing and thinking about stuff that went down in the past and then meeting her, me living my life independently now and feeling she was clashing with a lot of stuff I'm about or that my friends are about. I was surprised at one point to feel this very parental sort of judgmental streak come out, that's really straight back to family stuff. To feel that come out as I'm sitting there looking at her, I had to hold back on it."

It allowed her to talk directly in therapy about her sister for the first time:

"This was the only time since beginning therapy that I really talked about sibling stuff directly."

Case #4: Thomas

The writing was helpful to Thomas, as it allowed a period of intense self-reflection on the past which coincided with other therapeutic work:

"Doing this writing coincided with probably five months of very important deep work. I'd been doing the Artist's Way, which is self-reflective writing and unhooking your creativity from your fears and past disappointments. This followed for me three months when I was really pulling together so I could work through to the harvest. So it has been helpful at the tail end of a seven-year cycle."

In summary, all participants found autobiographical writing to be helpful, but for different reasons. For Sally, it revealed patterns in her life that were repeating, brought

about the recovery of feelings in the core story, which produced reactions and allowed for working them through. For Carol, it allowed her to respect her own wishes for the first time in her life; it helped in managing thought processes; it was useful in exploring connections between her life and her parents' lives; it was useful in bringing a phase of therapy to a close. For Tracy, it was helpful only on looking back at the whole experience. It made her think of how she was developing as an adult in new ways; it brought to the foreground some difficult features of her relationship to her sister; it allowed her, for the first time, to be able to talk directly about her sister in therapy. For Thomas, it was helpful because it allowed a period of intense self-reflection on the past that coincided with therapeutic work.

The participants were then asked to describe what occurred while they were writing. These are summarized in Table 3 Part B at the end of this chapter.

Occurrences while writing

Case #1: Sally

The process of writing seemed to create a basis for thinking. It provided a space that helped to bring forward insights while talking to the therapist. Sometimes what was brought up by the process interrupted the ability to write. Sally said:

“Things would total up. I’d read the words and I’d go, ‘Oh! How did that happen? I didn’t see that! The thoughts, the things that continue to spin off the story seem to almost have more ‘Aha’ moments. Talking about them had more ‘Oh my God, that really does connect something else. [The writing] was more like a platform,” and, “Actually there was a while when I couldn’t

write, when the huge changes happened. I was trying to deal with what was thrown up.”

As she worked on the prologue of the core story and after she wrote of a future moment with the participants in the story, she experienced two dreams. In her journal, she writes that the second dream was still vivid on awakening.

Two days earlier, she had written different versions of the confrontation with her mother about giving the dress away. One was from her own perspective and one was from her mother's. She told of her physical and emotional states and responses, and provides some internal dialogue. Then she wrote a bird's eye view of the event, seeing the emotional field in which the event is playing and the various colors that fill the room. It was that night that she has a vivid dream that remained clear on awakening.

The dream is about two friends, one a male who has a traditional family, and one a female who is trying to conceive. The conversation is about coping with having children and one's reasons for having a child.

Case #2: Carol

The process produced a tussle between wanting to write to follow instructions and wanting to honor her desire to not return to past events. It resulted in a new respect for the desire not to return to the past, a position of self-awareness and respect that was different for Carol:

“This was the first time I ever respected that I just can't do it. That was the main shift, to say, 'If she's mad at me, she's mad at me, it's not my fault.' I would typically feel, 'What if I get her upset? I have to do something!' What I really realized is that part of me was saying it didn't want to do any more

back tracking, it didn't want to look any longer into the past, it wanted to let go of the past. I think in one way I did try to push myself because I would feel that I wanted to give you more to work with, there was a guilt that I hadn't written enough. I was feeling this isn't like me, cause I usually do give a lot more, but then I tried to appreciate, 'Well, if this is how you usually are, then it must be because you really can't [do more].'

Case #3: Tracy

Tracy found that she placed limits on her involvement:

"It was very self-conscious even though it was similar to journal writing in its form. There was a sense that I limited myself more than I had to."

Case #4: Thomas

Thomas experienced a shift in paradigm and the release of an unattainable fantasy. There was deep inner shifting through examining life from different angles. It created the ability to witness self and by this to create firm boundaries:

"I experienced freedom with the change in the paradigm as regards parenting. I just came to fully accept that I'm not a fifty-fifty parenter. I felt freedom from the change in trying to pursue a self-generated fantasy which is unattainable by anybody's standards.

"The work of deep inner shifting I had to do to look at my life from different angles freed me to be more of a witness to my life, [not to] hold to a fear-based reality. I noticed that I was witnessing myself more and knowing how to keep firm boundaries."

In summary, participants found that while writing, the process seemed to create a basis for thinking and provided a space in which insights could arise. There was a

struggle between wanting to write to satisfy the project and wanting to honor a desire to not revisit that past. While writing, there was an experience of self-consciousness that caused a participant to limit herself more than she needed to do. There was an experience of a shift in a paradigm for parenting and the release on an attainable fantasy.

The participants then described what occurred as a result of writing. Their responses are summarized in Table 3 Part B at the end of this chapter.

Occurrences as a result of writing

Case #1: Sally

The process resulted in changes in relationships, attitudes, perceptions and feelings, and in a sense of her role within her family-of-origin. It also facilitated the creation of different methods to work with the expression of feeling.

The change in her relationship to her mother precipitated changes in attitude, feelings, and her sense of her family role, all of which I interpret as an emergence of a sense of agency, of being the subject of one's experiences and actions:

“Anger is a hard thing for me to feel, but eventually it came down to I wanted to kill my mother, and how do I do that? I can't do it with the role-playing, I can't do it by screaming, it's not my way. So we went visual. I'm an artist so we drew. I drew what I would have wanted to do. After that I had the sense that, 'Okay, on to the next. I need to continue this story.'”

Sally also reconnected with a family member as a result of the process of writing:

“Well, it connected me back to people. Through the result of the story, I got back in touch with my aunt who is a sort of a marginal player in the story. So it brought change. The connection with my aunt was as a result of the story. I

meant to be in touch with her, but all of a sudden I was back. We were sitting and talking for four hours. So it re-established one of those relationships. I think it made me realize that there are some relationships which I want to have regardless. That I should be caring for these people. Those are the primary players, the primary players.”

I interpret her act of “disowning mother” as the emergence of a sense of agency, of being the subject or author of one’s actions and experiences (Schafer, 1991), or forming new configurations and understandings of the relationship and using her power and awareness of herself in shaping options and opinions about how she wants to relate (Miller, 1991). Evidence of this is in Sally’s statement, “I’ve essentially disowned myself from her as my mother.”

As a result of this act of agency, disowning herself from mother, Sally experiences changes in attitude and feelings, and in her sense of her role in her family of origin:

“That hasn’t really changed anything, except an attitude from my perspective. Its like, ‘I don’t have to behave like who you expect me to, or who I think I should behave like when I’m around you!’ You know you just switched how you got to perceive this, but it’s astounding, I feel entirely different. So for two days I’m like ‘Wow!’ I just feel like I honestly can fly. I don’t have to do or I don’t have to be whatever that person is supposed to be. It feels entirely freeing.”

She understands that this change in her relationship with her mother allows her to change her role in the family. She also recognizes that it is difficult to give up a role, especially where there is a family myth about the potential outcome of giving up such a role, in this case that the mother will die:

“It’s in a family where you’re supposedly keeping up the icon of your mother’s great mother abilities, and that’s your role, and if you stop they’re keeping the threat that she’ll die. It’s not as easy to just jump. But the initial feeling was, ‘Wow!’”

Case #2: Carol

For this participant, the process resulted in a change in how she was dealing with the sexual abuse, her anger about it, and in a sense of self worth. She changed the view she had of her father’s responsibility to her because of his sexual abuse:

“One (change) came up with my father and a deep sense that he owed me. That was the first time that I felt like he owed me. I wrote a whole letter and made up a bill for him, it was a bill for all the therapy I had this past year. Then I didn’t send it because I thought when it came to the total, it was a big total, ‘I’m worth a lot more than that.’ It gave me a price to know about and it helped me within this writing and this project first to get out the anger and say ‘he owes me’ but then to say, ‘that’s not enough.’ I felt like he needs to compensate my life for what he did to me, and then I felt, I would be reasonable and just say, ‘Would you help me out with this bill? Because I think you should.’ And then it went to, ‘I will never let him make me do something to make me feel like I’m somehow a victim.’ [That process made me feel] really good, really strong again. It’s so much to take back. Cause I always said to myself, ‘You’ll never get back what he took from you. You won’t get it from him, but you’ll get it from yourself.’”

Case #3: Tracy

The writing heightened Tracy’s awareness around sister relationships, making them more visible in her environment. It allowed her to re-evaluate her relationship with her sister and make a change:

“When you’re going through an experience I guess you’re sensitive to experiences that refer to that thing. An experience of watching a friend of mine and her sister was like that. I think I was given a sense that I couldn’t expect her to be like me or interact like me, and now that’s not really my goal or my expectation. It’s almost like she’s inviting me to be a friend and I’d like to be able to do that.”

Case #4: Thomas

Thomas found that the process of writing, in conjunction with other therapeutic work, allowed him to move to releasing a fantasy:

“I had pursued an inner childhood fantasy of a perfect parent. Doing this autobiographical work at the same time as doing counseling over parenting all came together. I felt relief and freedom from the change in trying to pursue a self-generated fantasy that was unattainable by anybody’s standards. To drop that rock and move ahead was one huge change.”

In summary, as a result of the process of writing there were changes in attitudes, feelings, perceptions and in relationships. There was the creation of a way to express feelings, and the emergence of a sense of oneself as agent of one’s life. There was a change in the way of dealing with past sexual abuse and the anger about it. There was a heightening of awareness about relationships between sisters, which allowed a re-evaluation of the relationship to a sister. There was an experience of freedom generated from the release of a fantasy, which fostered the ability to move ahead.

How the writing was responsible for the experiences

All participants felt that the writing was in some measure responsible for their experiences, but not totally responsible. It was a significant part of their entire process,

which included therapy. Their responses are summarized in Table 3 Part C at the end of this chapter.

Case #1: Sally

The writing brought about the initial realization that there was a problem. However, taking the story into therapy and working simultaneously on it in both venues, research project and therapy, facilitated the deep work and change for Sally:

“I wouldn’t have realized there was a problem if I hadn’t done this story. It essentially forced me into coming back to feelings. I think it was the story that started that whole process,” and, “Trying to flesh something out just raised a lot of issues that I was already working on and it brought them in a different format, a different way to talk about them.”

Case #2: Carol

For Carol, the writing made things tangible and facilitated letting go:

“I think that until you have it down on paper to work with you can’t really work with it. The other process is of letting go. You really can’t let go of anything until you can tangibly see it. If it’s still obstructing your mind it’s very hard to let it go, but if you can put it on paper and either turn the page, crumple it up and throw it out, or just know it’s there for you to refer to, you can really let go. For me, writing the letter to my mother, writing a letter to my father ... both of them were enough. They had the strong intent of being mailed and being read, but I didn’t have to do that.”

It also gave her choice and control in what happened to her in her story:

“It was my choice too, I had control. With writing you have the power to control what happens to you in the story, how the story unfolds, how fast it unfolds, who’s there and who’s not there and how it ends. That’s why I think

not only do you benefit from writing a story but you benefit from writing letters in therapy or writing a make-believe story. But I think the journal was the most therapeutic and changing.”

Case #3: Tracy

Tracy experienced this writing as responsible for sharpening her focus and getting her to think about changing the way she related to her sister:

“Whereas had I not been doing this I probably would still have thought about those things, taking one or two to my therapist, but it did feel particularly heightened. It made me think about stuff in my life, the ways in which I’m developing as an adult in new ways. Having a specific focus helps. It helped me, rather than writing in a general sense.”

Case #4: Thomas

The writing, along with his work in counseling, produced for Thomas the experience of a change in paradigm, and with it, freedom:

“Doing this writing, it’s been very important, deep work (it coincided with the Artist’s Way, self-reflective writing) at the same time as counseling produced the three huge changes, and it’s hard to separate what changed as a result of the writing and what changed just in real terms.”

In summary, the writing brought on the initial realization that there was a problem; taking it into therapy facilitated the deep work that was done. It brought up old issues in a different format and provided a different way to talk about them. It made things tangible and facilitated letting go. It gave choice and control in what happened to one in one’s story. It sharpened one’s focus and got one to think about changing how one

related to one's sister. Doing this work at the same time as counseling produced three huge experiences of change.

How participants evaluated the experience

As summarized in Table 3 Part D at the end of this chapter, participants discussed whether what occurred while writing was therapeutic.

Case #1: Sally

Sally did not experience what occurred while writing as therapeutic, but as creating turmoil:

“I think it is getting more [therapeutic], I think it created a lot of turmoil, and I'm trying to deal with that. I needed to take the story one step further. I would try to do things but it actually didn't take the step further, I'd make it into a story.”

Case #2: Carol

Carol experienced what occurred as therapeutic because of the experience of integration she had:

“The feeling down inside. There's a sense of self there. I feel like I'm integrated.”

Case #3: Tracy

Tracy did not find it therapeutic while doing it. As she reflected on the whole experience, she found that it was helpful:

“I don’t think I really experienced it as all that helpful while it was going on. Looking back at it now and seeing it as a part of a whole I think in a sense, yes.”

Case #4: Thomas

Thomas found the experience therapeutic because it allowed him full control of the process. He could engage in a self-reflective, non-judgmental review and writing of his life and story that was primarily for himself:

“It is therapeutic for me to use it as a tool, for one it goes beyond the ‘Artist’s Way,’ which is purely subconscious. This was therapeutic for me because it allowed me to get into my issues, to be as objective or un-objective as I wanted, to be encouraged not to be judgmental — although I did reach censors in parts — to protect myself and hold the innocence of the story. I think that to have to use different voices was therapeutic, I could use any voice I wanted. I think the deepest level of therapeutic value for me was that the creating of my own story in the context of a situation that didn’t have to match up to someone, meant that I could honor my witness. That’s the thing that I noticed most, that I am able now to witness my own life.”

In summary, one participant found that the experience was not therapeutic while in progress because it created a lot of turmoil. Another found that it was therapeutic only on looking back at it. Another experienced integration and a heightened sense of self which was therapeutic. Another found that being able to use different voices was therapeutic, as was the ability to be as objective or un-objective as he wished and to be encouraged to be non-judgmental. This participant said that the deepest level of therapeutic value was found in the creation of a story in a frame that did not have to match anyone else’s.

Why Autobiographical Writing can be Useful to Therapy

All participants declared that the process of autobiographical writing can be useful to therapy. As summarized in Table 3 Part E at the end of this chapter, among the reasons for declaring it useful to therapy was the fact that it brought up old issues in a different format:

“From my experience trying to flesh something out raised a lot of issues that I was already working on and it brought them out in a different format, a different way to talk about them. I think there’s a lot in those memories that keep nagging at us, or those little incidents we keep remembering from our childhood, or conflicts that we had.” (Sally)

It can reveal things about the person, even to the person herself:

“There’s something about the writing process, about yourself — even now when I look back in high school when I wrote stories it’s like ‘Was I really this obvious?’ I see so much of me in the stories. I think you’ll find things about the people that they can explain, or that they don’t explain. Or all of a sudden stuff starts showing up. It’s even choices of words. That’s what I found. It’s like, ‘Where did this come from? I don’t use that when I speak!’” (Sally)

“There is also something about the creative process that loosens up a lot of other things. Or you’re just not aware of what you’re really saying. You sort of write the story and then say, ‘Oh my God, why did I write that?’” (Sally)

“It ends up taking you where you didn’t even know you needed to go.”
(Carol)

It can allow a sense of the relevance of experience:

“Part of the first shift that I had was the relevance of the messages and the relevance of what was happening. It was part of what did they say and why did they say it.” (Sally)

“It’s an incredible tool for flushing out your experience, making it more real to yourself.” (Tracy)

It facilitates the ability to process, to focus, to let go, and to articulate thoughts:

“In being able to let go, to process, to really eloquate your thoughts. Too often things just run and they’re going on tangents, this way you’re forced to control them a bit, to sort of focus. It forces you to focus, and I think without some kind of focus you really can’t hear what’s being said. I’ve noticed you start writing and you don’t have anything to write, and then it starts to come out.” (Carol)

It provides you with the ability to review your life:

“If you’re able to go back, even if you were to journal, then you can see trends, habits, and you can also see how you see that story differently. That can show you how you’ve changed.” (Carol)

“It can show you when you look at the pronouns too. My stories used to always be in ‘she.’ Now they’re in ‘I.’” (Carol)

It can allow you to write endings of stories differently:

“Part of the power of this is you can write endings differently than now.”
(Carol)

It's an incredible tool for honoring one's witness:

“For those who can flow with it, this is an incredible tool, because if only one could reach the point of honoring your witness, this is a great tool.

Autobiography as a tool is totally valid.” (Thomas)

In summary, participants said that this form of writing can be useful to therapy because it brings up old issues in a different format. It reveals things about the person writing even to the writer her/himself. It allows a sense of relevance of experience. It takes the writer where s/he didn't even know s/he needed to go. It makes one's experiences real to oneself. It facilitates an ability to verbalize thought, to process and then to let go. It allows you to review your life to see trends and habits.

Summary of Participants' Evaluations of the Autobiographical Process

Autobiographical writing was evaluated to be helpful to participants in various ways as follows.

It was helpful for Sally in that it revealed a particular pattern of transference; it helped the recovery of feelings in the event; it showed links between current and past experiences; and it helped identify and process emotion.

For Carol, it was helpful because it produced a sense of mental protectiveness, and brought her to a decision to respect her own wishes. It was also helpful in managing thought processes, exploring connections between her life and those of her parents, and in bringing a phase of therapeutic work to an end.

For Tracy it was helpful only on reflection on the entire process during the interview. It showed her how she was changing as she was maturing. It sharpened her

focus and allowed her to witness herself responding to her sister in a parental manner. It also helped her talk directly about her sister in therapy for the first time.

For Thomas, it was helpful as it allowed him a period of intense self-reflection on the past that coincided with other therapeutic work he was doing.

While writing, participants experienced a number of occurrences. Sally had periods in which there was the revelation of insight, particularly while reading what she had written. She had dreams. She found that when huge changes were occurring she was not able to write. Carol experienced the struggle between wanting to do the task as given and honoring her internal desire to not revisit the past. She also experienced the emergence of a new stance of self-respect and self-awareness. Tracy found that she was limiting herself and being self-conscious about her writing. Thomas experienced a shift in a paradigm and the release of an old, unattainable fantasy. He found himself witnessing himself and his life more than he had been doing.

The writing process resulted in the experience of a variety of changes by participants. Sally found that there were changes in relationships, attitudes, perceptions and feelings. She found a new sense of her role in her family-of-origin, and a realization of how difficult it would be to change her role there entirely. In all of this, a sense of agency emerged for her.

Carol realized change in the way she made meaning of and dealt with her rage at the sexual abuse by her father, and her view of how his victimization of her should be resolved. She also experienced change in her sense of self-worth. Tracy found herself able

to re-evaluate her relationship with her sister, and to recognize that she wanted to be her sister's friend. Thomas was able to drop a self-generated fantasy and move ahead.

All participants felt that the writing process played a role in the process that led to the changes experienced during this time. For Sally, it produced the initial realization that there was a problem. However, the work toward change began after the involvement of her therapist in the process, and specifically the challenge about including feelings in the work. Sally also found that because she was trying to flesh things out in a different way of writing, issues were raised in a different manner that helped the change that occurred.

The writing process made things tangible for Carol, and facilitated her letting go. It provided choice and control over what happened to her in her story. The writing sharpened her focus and got Tracy to think of changing the way she related to her sister. Although Thomas found it difficult to distinguish what changed as a result of the writing from what changed because of the other work he was doing, he felt that the combination of this work, counseling and other self-reflective work he was engaged in produced the three huge changes he experienced.

Two participants found what was experienced to be therapeutic and two found that it was not therapeutic. Carol experienced internal integration which was therapeutic. Thomas found the entire experience to be therapeutic because he had full control of the process and could engage in a non-judgmental review and writing of his life story for himself.

Sally experienced turmoil which needed to be dealt with while writing, but which was becoming more therapeutic with time. Tracy differentiated between during and after:

She did not find it therapeutic while engaged in the process, but during the interview, while reflecting on the entire process, agreed that in its entirety it was therapeutic.

All participants declared the process to be useful to therapy. It can give issues being worked on a different way to be addressed; it reveals things about the writer even to her/himself; it can allow for the relevance of experience; it can facilitate one's ability to focus, to verbalize thoughts, to process, and to let go; it allows the review of your life; it allows you to write endings differently, the creative process loosens up a lot of other things, one can reach the point of honoring one's witness. In addition, Sally said that the family-of-origin focus would be helpful to therapy because there's a lot held in childhood memories, especially those that keep nagging at you.

The following section presents the data from therapists. It includes therapists' observation of their clients' therapy process during the research period, their evaluation of the tool, and their responses to the research process itself, where that was given.

Section 2: Therapists

Two therapists provided all the participants in this study. In the first part of this section, case studies of the therapists' involvement with participants are presented. The first therapist discusses the three participants she provided, and the second therapist discusses two participants, a couple, only one of whom fulfilled the requirements for the project.

Part 1: Therapists' Cases

Therapist #1

This therapist, a female, provided three female participants to the study. She saw each participant weekly during their involvement in the project and has continued to see two. One participant emigrated, ending formal therapy, but has maintained contact with her.

She found that autobiography provided her with an opportunity to do a different type of focused work with two of her clients, and has continued to use it in her work with them.

Process with client

Case #1: Sally. Sally brought the story into therapy, reading it to her weekly. This followed an already established pattern:

“For the last year and a half, she’d come in each week and work on the piece she’s working on and understand it etc. She’d read out of her journal some feeling or something that’s happened.”

The therapist made an observation which, according to Sally, “blew things out of the water.” For the therapist:

“Therapy has been fascinating in the past four to five weeks since I asked her to have feelings around the story. She had been working on the story and had read the story to me and talked about it, and I said to her, ‘Where are your feelings about all this?’ Well, that set such a crisis in motion with me that we’re still processing it, and it’s over a month now. It brought up all this mother issue with me, it was total transference. She thought I stopped her from having fun and that’s what her mother used to do.”

This crisis brought up feelings in the client and stress in the therapeutic relationship:

“Right after writing the story there was a way in which she was lost and angry for a couple of weeks. She couldn’t figure out what she was angry at. She came in and read from the journal about how I betrayed her, the relationship was over, how could she trust me, what she had wished for. We have been processing it over the past four weeks. She said for two weeks that she didn’t trust me that somehow I took something away from her when I asked her to have her feelings.”

Part of the processing of this crisis involved the client re-establishing trust in the therapist and their relationship:

“She did spend a lot of time trying to focus on this piece with her mother and was actually trying to re-connect with me because that trust was broken the very first time when I said, ‘you have to have your feelings, we can’t continue doing this work in your head at this level.’”

The length and strength of their relationship made the timing of this work important:

“I’m glad this wasn’t early on in our therapy. It’s been really helpful that she and I have a long established relationship. I would have probably lost her at some point, she was so mad at me that week, for being the bad mother and really confronting her. But we had worked for over a year, so it was good timing in our relationship to go even deeper.”

Case #2: Carol. Carol did not read the story to her therapist but told her of the story she wrote for the first Experience Recall instrument. In therapy during the project, Carol worked on issues with her parents.

The therapist observed the appearance of zits (pimples) on her face during the time she was writing for the project. It was the first time in their relationship that there was any such outward manifestation and she connected it to the story Carol was writing:

“After she wrote the story she wound up with two or three zits on her face which set her in a panic. I have seen her for a year and I’ve never seen zits on her face, so I didn’t get it at first. Then, ‘Oh my God! She’s writing about it and she’s breaking out and has gotten very angry!’”

“It was at this time too that she got much more in depth with the incest work, and I think she had more memories. I think when she first had to write the story it gave her concrete memories.”

This client was about to return to her family home for a visit before emigrating:

“Part of that story of going to Europe was how her mother responded to her face, and shamed her. So we worked with writing a series of letters to her mother in that time period, they were hatred, then they were nice, then they were, ‘This is what I need.’”

The therapist continued the form of writing with this client after the end of the project which coincided with the end of therapy:

“When I spoke with her yesterday I gave her that same assignment that you originally gave her, to write that story of the sexual abuse. You set the foundation, that was layer one and here it’s six weeks later and she’s home. I think when she writes the story she’s going to move into the next phase. So I think this process can be used many times over as a tool when working with specific stories in the family.”

Case #3: Tracy. Tracy, did not take the story into therapy, show her therapist the story, or talk about it, except to mention that it was about her sister:

“You know how I got it? I asked her the other day, ‘What did you write about?’ cause I didn’t want to pry. If she didn’t bring it up then I felt like it wasn’t really appropriate. And she says, ‘I wrote about my sister and our relationship.’ And then it was like, ‘Oh! A couple weeks ago you talked about your sister and your relationship being different.’”

Observations of effect of process

Case #1: Sally. This therapist observed differences in Sally while working on this project, including acceleration of her process, disorientation, the beginnings of expressing feelings:

“I think it really accelerated her...in some way she lost control of her own process. She wanted to go back. She talked a number of times of wanting to back to the way it was before this critical incident of writing the story.”

“She crashed and burned, in a really big way. She came back so disoriented on some level after this experience. She wrote that story about her mother and since then that’s what she’s been dealing with — the image of her mother being this bat-like thing that takes from her. It was all in that, because how she wrote the story doesn’t seem to really matter, it doesn’t seem like that’s the important piece here.”

“It also has opened her to feel these feelings. Right after writing the story there’s a way in which she was lost and angry for a couple of weeks, she couldn’t figure it out.”

“It threw her into all kinds of dilemmas with herself and with her mother, because she does not want anything to do with this woman in the strongest way that she’s ever been.”

She also worked with Sally to get her to express feelings:

“She has, through this process, been drawing pictures. There’s a way she’s detached [from her feelings], she’s having them but can’t articulate them. A couple weeks ago I asked her to draw what her mother meant to her, and she drew this bat-like animal on this pedestal. Then I asked her, ‘Well what do you want to do about your mother?’ So she drew that again and tore her off the mantle. So she’s really moving into the feelings, struggling with it.”

“So, I was able to get her to draw. She is so in her head that she’s never done that with me, that was the first time. But it’s been three weeks in a row, and she’s had these images so it was really good for her to get the images on paper. For her to use some other visual images was different in the last five weeks.”

Case #2: Carol. With Carol, the effect of the research process was mediated by the fact that she was about to return to her family home to live briefly with her mother in the same town in which her father still lived. In addition she was emigrating right after that visit. Thus, she was ending therapy, and leaving the country permanently and facing a return to the family-of-origin immediately after ending this project. The therapist said that she would attribute what she observed to the writing:

“But, there were other variables, she was leaving therapy. She was going back home, and she was doing body work.”

The therapist observed differences in Carol during this process but was unable to define what she observed as attributable mainly to the research.

She found that Carol was doing deeper work on the incest, changing her relationship to her mother, writing in a more focused manner, and accessing more memories:

“What I see happening is that she was really doing much deeper work on the incest and doing it very slowly.”

“Part of that story of going to Europe was how her mother responded to her face, and shamed her. So we worked with writing a series of letters to her mother in that time period. She never sent them but, I felt like she grew up. She’s now back home living and her relationship with her mother is totally different.”

“She wrote throughout our therapy but never like this. It gave us a focus. It really focused things more because I told her to write all her hatred for her father. So each week she wrote the story.”

Case #3: Tracy. With Tracy, the effect of the process was subtle and noticeable because of a change in her affect when mentioning her sister. Tracy mentioned that something was different in their relationship and the therapist noticed a nonchalance in her attitude, during this conversation, that was different:

“She just said that something was different in their relationship, that it just was softer. There was just a softness in the relationship I could detect. And she didn’t even say that, it was just in her tone when talking about her sister.”

“She wrote about it and brought it up about a week or two later, not even letting me know that she had written about it. She came in and said that she’d seen her sister and things were different. It was a short comment that things were good and that they hung out and she didn’t get upset when the sister spoke or asked her a question. It was just a little matter-of-fact for her; she

usually isn't. She would usually tell you a hundred stories to tell you what she's feeling. So it's really more observation that it was just easy for her with her sister."

Therapist #2

This therapist, a male, provided two participants to the study: a male, female couple. He continued to see them individually and as a couple during the research process and continues to do so. This couple has a strong commitment to therapy, but it is moderated by other life constraints which keep them in and out of therapy.

The female does not use writing as a form of expression and did not do the writing part of the research. The male is a writer, uses a journal as a tool for self-reflection, and did the research process as advised:

"She didn't really engage, she liked the idea of it a lot. I know she felt badly about procrastinating around it and not being able to for whatever reason."

"[Thomas] came to me initially with a high level of ability to self-reflect, and to examine his story. He also had always been doing journal writing, so he was familiar with that mode and made good use of it."

Process with clients

This therapist observed that the female participant did not engage in the research writing process and did not bring up this issue with her:

"She didn't really engage. I didn't focus on trying to figure what the reason was, we could have done that and used it as a therapeutic investigation, but we didn't do that. I think she understood the concept and why it could be useful, but it just wasn't a high enough priority, and it's also not a medium that I think she's comfortable with."

The other member of this couple, Thomas, did not take the written story into therapy, but used it in the work being done:

“He did not bring it in on paper. He used it as a reference point for the bigger exploration that he was doing. I find that that happens a lot where people hone in on a particular incident that becomes almost a metaphor for the patterns of their life and he was very good at doing that, and able to come back to it. What he was doing with you elevated this particular piece and kept it as a reference point that he could come back to and talk about in relationship to a number of different pieces.”

In their relationship as a couple, the fact that one member followed the process and the other did not, did not manifest as an issue, nor did it accelerate any issues being worked on. It is possible however, that it was in the dynamics that played out during the research period:

“An interesting question that we didn’t pursue was to what extent did she feel bad in relationship to him: ‘So he’s doing this thing and I’m not, he’s the good guy and I’m the mess up.’ We didn’t really explore that although I think that there was a piece of that for her. I don’t think this in itself created anything that wasn’t already there, or escalated it, but I think it was another piece of the mix there.”

Observations of effect of process

Thomas was used to engaging in self-reflection and using his dream life as a focus for self reflection. The therapist observed that during this time he began a shift into using his personal history in this manner:

“It’s hard to ascribe specifically what are the factors that are going into changes. He came to me initially with a high level of ability to self-reflect,

and to examine his story. He was very into using his dream life as a medium for examining his experience. What I noticed was that he became less focused on the dream life as the vehicle for his self-reflection, and more focused on the connections of his personal history. I don't think one is better than the other but it was an interesting shift over the course of the time. I think some of that had to do with the fact that that's what I was pulling for and I think some of that had to do with the fact that he was engaged in this process."

This project met a need by the female member for the male to be more self-reflective and vulnerable. However because of the male member's propensity for self-absorption, the process, while helpful, contradicted his need to be available to the couple relationship:

"I'm trying to think if I noticed anything changed in their dynamic. She loves his self-reflectiveness, that's very reassuring to her especially when it has elements of vulnerability. Whenever he does that I can see that she can feel more safe, relaxed, able to connect with him. So, to the extent that doing this gave him another way of being vulnerable, of being self-reflective, I think it was useful for her, and it also gives him more language and more content to be vulnerable about."

"The other side of that is he tends to talk a lot. One of the dynamics in their relationship is who gets the air time, and who's being listened to. Her issue is 'nobody ever really listens to me,' and she often doesn't experience Thomas as really listening. She often experiences him as so self-consumed that he doesn't have anything extra to give. He's so wrapped up in his own stuff, even if it's in a good way, that he's not putting that aside and going, 'What's going on for you?' She didn't say it directly about this but I could imagine it, he gets so kind of mesmerized by how intriguing the inner life is that he forgets to check in out there."

Summary of Therapists' Processes

Both therapist's process with clients depended upon whether and how the participant brought the process into therapy. For therapist #1, one client brought the entire process into therapy, another used the process without revealing the story, the other did not bring the process in any form into therapy. For therapist #2, the client who did the process used it only as a point of reference.

The therapist intervened with the participant who read the story to her, Sally, and there ensued a crisis in the relationship brought about by the issue of transference. This made it necessary for the re-establishment of trust to be worked on. It revealed that the timing of this work was important as it tested the relationship between therapist and client. It also allowed for a deeper level of work to be done.

Carol did not bring the story into therapy, but employed a key feature of the story. The therapist facilitated her process by incorporating an additional form of writing, letters, into their work during this time. Their work involved her relationship to her parents, especially her mother, and on the experience of incest, which are themes in the core story. The therapist also continued using this autobiographical writing process with Carol after ending face-to-face therapy. Tracy did not bring the story into therapy either directly or indirectly.

For therapist #2, the client did not bring the story into therapy but used it as a reference point in the work being done. In so doing, he shifted his focus from using dream work to explore experiences to using this personal history for this purpose.

The effects of the process follow. One therapist observed that the client who brought the process into therapy, Sally, displayed signs of the acceleration of her process, disorientation, and the start of an ability to express feelings. She observed that another client, Carol, who was about to end therapy and return to her family-of-origin for awhile, was doing more focused writing. She was also doing deeper work on the incest and accessing more memories, and was changing her relationship with her mother. Her other client, Tracy, showed a more subtle effect of the work in a softening and nonchalance when she spoke directly about her sister.

Therapist #2 observed that Thomas displayed a shifting into more use of personal history, rather than dreams, as a means of examining his life. This therapist was pushing for him to do so and thought the process was partially responsible for this switch.

For this couple, where one member did the work and the other did not, this work might have contradicted and helped some needs of the relationship. The need for the male to be more vulnerable and self-reflective was aided, while it made him more self-absorbed and probably less available to his partner and their relationship.

Part 2: Therapists' Observations and Evaluations

In this section therapists talk about whether the changes observed were different from changes they see in therapy, whether this was beneficial, and the possibility of attributing what was observed to the tool and/or process. All these responses are summarized in Table 4 at the end of this chapter.

Whether the changes observed were different

Therapist #1

This therapist observed that the work with participant 1, Sally, was at a very deep level, and it opened her up to feel feelings and find a way of expressing them:

“This has given us an opportunity to go deeper than we’ve ever gone before, cause she’s really afraid of her feelings. In the last five weeks she’s unearthed a kind of stuff, it has also opened her up to feel these feelings.”

“I was able to get her to draw. She’s never done that with me, that was the first time. For her to use some other visual images was different in the last five weeks.”

For participant 2, Carol, the work was also at a very deep level and very slow. There was also an intensity, and an acceleration, in the change occurring that was different:

“Well, my sense was there was an intensity. We’ve been working for a year, and in the last month (this is when you saw her and she was leaving therapy — those two things were going on and she was doing body work, she uses many modalities), there was an acceleration and a deepening at the level that her change was happening.”

For participant 3, Tracy, the therapist observed a subtle difference in the way she told about seeing her sister:

“I was a little surprised that she talked about her sister, because we’ve talked about it on and off for a year and a half. It was just a little matter-of-fact for her. So it’s really more an observation of how it was just easy for her with her sister. Nothing else has changed, there are no other variables in her life that

would say to me that it was different for her and her sister. The only different thing is that she didn't angst, and for her that's a really big deal."

Therapist #2

Participant 4, Thomas, is quite adept in the use of self-reflection and journaling. His therapist found that the tool gave Thomas another way of engaging in self-reflection, being vulnerable, and self-absorbed. There was no clear difference observed during this time, especially given that the other part of the couple did not engage in the activity. He expressed one concern:

"An interesting question is, to what extent does it contribute to self-absorption in a way that might need to have some balance. I do think he has a tendency. I think that's partly why he was able to dive into this so."

Some benefits of this tool and process

Therapist #1

This therapist found that the tool and the process was beneficial for all her clients for various reasons: it was concrete, it was very specific, it provided a focus for the work, it allowed a deep process to occur, it stopped analysis and allowed feeling to occur, somebody wanted to know about her life:

"My biggest thing is it was really able to focus the process. This was very concrete and very specific which had many ripple effects. It wasn't just that story, but it had ripple effects, because it was written, it was very concrete, it focused her."

"The structure of having to write a story and to focus on it, I think has opened the door for this kind of focused work."

“It’s a story, it’s her life, somebody wants to know it. I really believe that’s been the vehicle for the level of depth of this work that she’s doing cause it’s not a modality I’ve ever used.”

“It has never been this focused consistently, on her mom for five weeks! She couldn’t escape with another story, because she’ll move around a lot. So I think to have to work this through in a very deep way kept her very focused. The story drove it because that’s what opened the door for it.”

“She analyzes everything, my job has been to get her to feel, to slow down and not tell me five hundred things in a session. For her to come in and actually be a little more nonchalant about her visit to her sister was a big deal.”

Therapist #2

This therapist found benefit in the way the tool fostered the generalizing of self-reflection outside of therapy, as well as its capacity to bring a particular experience to the surface:

“I think one of the things is that it helps to generalize outside of the formal therapeutic setting, the ability, the meaning and value of that kind of self-reflection. My sense is that this is a great tool in early therapy because it helps to elevate stuff and bring it forward. Certainly I think too, to elevate a particular experience and look at it in depth and use it as a reference point for a whole range of life experiences, I think that’s really powerful.”

“Hopefully, by the time one’s been involved in the therapeutic process for a period of time, if it is ongoing therapy, unless it’s feeling stuck or there hasn’t been any delving into earlier life experience, it may not be as effective. But as an introductory piece to working with earlier life experiences, and if that’s

what a couple is interested in doing, it's great. Really I think it's a wonderful approach to use, and if they're willing to use the mode."

The role of the writing in the observed changes

Therapist #1

For all of her clients in this project, the focused nature of this project and the story played a role in the outcomes therapist #1 observed. For one client, the writing gave a focus, but it was the reading of the story in therapy and the intervention by the therapist that opened the door for the work that ensued:

"It focused her [Sally] on a story, that she would write in her journal every single day, couple times a week, whatever. The structure of having to write a story and focus on it has opened the door for this kind of work. But it was after she read the story to me that this kicked off. She'd been working on it for a week or two, then came in and read it. The story, then the transference, has kept her having to keep working this. Before that there wasn't anything I could honestly say that I noticed. It was when she came in and read [the story] and I said what are you feeling [that things started happening]."

For another client the act of focusing on one task for the short period was enough because it was different from her way of working:

"I think it was helpful for her to have a focused task of having to write the story. What was helpful I think was having to focus and not just free thought, because her mind is one that goes all over the place. Little intervals of having to focus are very important."

For a third client the writing was only one part of a multi-layer process which together produced the changes observed:

“There were other variables, she was ending therapy, she was going back home, and she was doing body work.”

“I think when she first had to write the story it gave her concrete memories. Because of the depth she went to, it felt like it broke open a piece about the incest and the sexual abuse, and more dynamics about her family than it had really done before. And it started with writing cause we’ve talked about the sexual abuse on and off for over a year.”

“I think when she put those words on the paper there was validation. It validated on layers and levels that’s different from when she tells the story verbally.”

Therapist #2

Therapist #2 could not pinpoint any difference that could be attributed to the influence of the research writing and process. Since this client, Thomas, already used self-reflection as a tool, it was impossible to evaluate the influence of this self-reflective modality. Hence this question was not found to be relevant with this participant.

The researcher effect as observed by the therapists

Both therapists addressed a particular researcher effect of the research project. For both therapists it was of some value to have another person meet and work with their participants. However, it was an artifact of this particular process that might affect the efficacy of this tool:

“For me as the therapist, there were two things I appreciated, one is that there was somebody who got to meet them. There was a way in which having your presence, meeting them and having your response to them, that was very validating to me. Then there was something special about my sending them to

you and you giving them an assignment. There was a window in which it broke something open, because it was a very concrete tool. Secondly, you sent them to go and do it on their own, but they continued to work with me. There was some team effect, not a supervision effect, that I hadn't thought about before."

"You weren't the therapist here, you were some outside person who was reinforcing and supporting and providing attention around these kinds of things and I think that there's some value in that. That may not be useful for your recommendations for the use as a therapeutic tool, but I think that was a factor."

Summary of therapists' observations and evaluations

The work took place at a deep level for two of therapist #1's clients, Sally and Carol. It opened Sally up to feel and to find a way to express feelings. Carol experienced a different intensity and acceleration in change. The third client, Tracy, displayed a new ease when she spoke about her sister. Therapist #2 observed no clear difference with his client, Thomas, who was already adept at the use of self-reflection.

In evaluating the tool, therapist #1 found that there was benefit brought to all her clients. It enabled them to hold a particular focus for an extended period, and was concrete and very specific. A benefit for one client, Sally, was that it was her story, her life, and someone wanted to know it. It enabled another client to slow down and feel. For another, it brought validation of memories.

Therapist #2 found benefits in that it helped generalize self-reflection outside of therapy and bring to the surface one particular experience.

The writing played a role in the observed differences because of the focused nature of the project, but with differences among participants. For therapist #1, Sally's writing initiated the process but bringing it into therapy and intervention by the therapist began the process of change. With Tracy, focusing on a specific writing task for a short period was effective and different from her usual way of working, free thinking. For Carol, the writing served to produce validation of past experiences and helped push the work to a deeper level. Therapist #2 could not suggest any difference in his client that could be attributed to the writing process, given that his client was already so familiar with self-reflection as a process.

Both therapists identified another effect of the process, a researcher effect. The value in having another person meet and work with her clients for a short period produced a team effect for therapist #1. Therapist #2 found some value in having an outsider who was supporting, reinforcing, and providing some attention, meet and work with his client. This was a factor in the results of the project.

Section 3: Summary

The findings presented in this chapter capture the range of experiences the four participants had with this tool and the different ways they used it in their therapeutic process. It also presents a summary of the observations and evaluations of therapists.

The results of the research indicate a great deal of variation in the choices participants made in the use of the writing tool and process. The choices had to do with individual style, level of development, personality type, the relevance of the story in their lives, and level of engagement with the process.

Participants

Participants engaged in the research experience at different levels of involvement. Two were highly engaged, one was described as being task oriented, the other was accustomed to doing self-reflective work. These two had not previously done autobiographical writing and followed the research guidelines with little modification. The other two participants were accustomed to doing autobiographical writing and both modified the research guidelines.

In selecting the core story the two participants who had not previously done autobiographical work seem to have made a deliberate choice. One chose a story she thought would connect in a certain way, the other (who had been writing self-reflectively but had not in the autobiographical form) chose a story he had not worked on before. Interestingly enough, the participants who were experienced in the use of autobiography did this selection differently. One chose the first story that came to mind, the other seemed to have done the same, although she said she did not know why she chose the story she did.

The act of selecting a core story and writing from that perspective set in motion various experiences: the revelation of repeating patterns; the facilitation of the recovery of the feelings in the core story; the bringing forward of emotional reactions; the push to respect one's wishes; the process of letting go of old family patterns of connecting; highlighting difficult features in the relationship; a shift in the paradigm related to the story.

Autobiographical writing appears to have worked as a process for change because of what occurred. Participants found that the writing: acted as a platform for dreams, revelations, and thoughts that would come off the story; would later bring on insights; produced a struggle between a desire to not return to the past and a desire to follow the research guidelines; brought forward old emotions and attitudes; helped to shift a paradigm; facilitated deep inner shifting because of having to look at life from different angles; helped in owning a basic fear. By this process change was made in relationships, perceptions attitudes, feelings. There was the emergence of the sense of self as agent. There was change in the view of how an old issue might be resolved, and there was change in self worth, in the holding of a fantasy.

Participants found that in the process of making change there was the experience of: being pulled down from working in the head; a mind shift that changed perceptions, attitudes and feelings; re-connecting to people; a sense of protectiveness; the resolution of some feelings towards the father; it being a little easier to talk to and relate to a sister; a shift in perception of her place and role as elder sister; realizing that it was possible to have a different kind of relationship with her sister; finding new ways to think of one's maturation; releasing a fantasy; paying more attention to one's life; and, affirming and honoring the witnessing one's life.

All participants said that the writing was partially responsible for what was experienced, because other factors were involved. These included: being in therapy or counseling, interventions by one's therapist, being engaged in some self-reflective process, the impending ending of therapy. For the participant who took the story into

therapy, the intervention by the therapist was the key factor in moving the work onto a deeper level. This allowed the acceleration of the process, her opening up to feel, for the revelation of dilemmas in her relationship with herself, her mother and her therapist, and for the derivation of a method for the expression of feelings.

Participants agreed that the autobiographical writing was helpful. It brought about a realization that there was a problem; it revealed a pattern; it helped in the recovery of feelings; it helped link current and past experiences; it allowed mental protectiveness and respect for one's wishes; it helped in managing thought processes; in exploring connections between the lives of family members; it helped in closing a phase of therapeutic work; it allowed a period of intense self-reflection; it made things tangible which helped in letting them go; it sharpened the writer's focus; it combined with other work to produce changes.

Two participants found the experience to be therapeutic, because of the feeling of internal integration, because of the feeling of being in full control of the process, and because it allowed for a non-judgmental view of one's life. One participant experienced turmoil that at the time of the experience she did not consider therapeutic. On reflection, she said it was becoming more therapeutic. Another participant also did not consider the experience to be therapeutic as it was occurring, but on reflection on the entire process, said that it was indeed therapeutic.

All participants agreed that the process would be useful in therapy. Reasons given were: it can give a different way to address issues being worked on; it reveals thing about the writer, even to the writer her/him self; it can help to make one's experiences relevant;

it facilitates one's ability to focus; it allows thoughts to be verbalized; it allows one to process, to let go, to witness and review one's life; it allows one to write endings differently; it helps to bring forward other issues; it helps in exploring childhood memories that keep nagging.

Therapists

One therapist observed differences with this process. For two participants, the work took place at a deep level, and there was an intensity and acceleration in their experiences. For another participant, the difference was in the ease with which she spoke about her sister. The other therapist observed no difference with his participant, who was accustomed to doing self-reflective work.

They both agreed that the writing played a role in what they observed mainly because of the focused nature of the autobiographical work, which required that participants work on the issue around which the story revolved for at least three weeks. The role played by the writing seemed to be dependent on whether or not the writing was integrated into therapy.

One therapist, whose client read the story to her in session, intervened in what she observed was a process that was being kept at the intellectual level. Her question about feelings changed this participant's process with the story and work in therapy, as issues related to the story were raised and worked on while the writing was being done. For another participant, the process provided validation that helped her go deeper in the work being done in therapy, even though she did not share her story in therapy. The therapist found the short period of focusing on one issue was helpful to another participant because

it was different enough from the way she usually worked. This participant did not bring the work into therapy. Another participant used the story in therapy only by reference, but the therapist observed that he increased the use of personal history in examining his life.

Both therapists found that the tool was beneficial because it was a concrete, specific, and focused tool which seemed to have the capacity to bring a particular experience to the surface, and to allow a deep process to emerge. It appeared to stop analysis, which enabled feelings to arise, and encouraged the generalization of self-reflection outside of therapy. A benefit was found by a participant from the fact that someone wanted to know about her life.

Therapists also observed an effect from the research and researcher that they felt has some value. This came from having another person meet and work with their clients for this short period, provide attention, support and reinforcement, and work with them in a different way. This effect was called a "team" effect by one therapist, who found benefit accruing to her participants and to herself.

The tables — 1 to 4 — mentioned in this chapter start on the following page.

Table 1: Participants' Use of Research Process

Participant	Wrote Autobiography	Kept Journal	Took Story into Therapy
Sally	Yes	Yes	Yes – Directly
Carol	No	Yes	No
Tracy	No	Yes	No
Thomas	Yes	Yes	Yes – Indirectly

Table 2: Experiences with Autobiography

A Experiences While Writing

Sally	“The writing process seemed to almost create a basis for thinking. Things would total up. The thoughts, the things that continue to spin off the story seem almost to have more of the ‘Aha’ moments.”
Carol	“The main thing I really realized is that part of me was saying it didn’t want to do any more back tracking. It didn’t want to look any longer into the past. This was the first time I ever respected that I just can’t do it. That was the major shift in my life.”
Tracy	“When you’re going through an experience I guess you’re sensitive towards a certain thing. So I was attuned to experiences that refer to that thing, watching a friend of mine and her sister was like that, it felt particularly heightened.”
Thomas	“Doing this autobiographical work at the same time as counseling all came together. The relief and freedom I felt from the change in trying to pursue a self-generated fantasy which is unattainable, was one huge change. The second was the culmination of this work in terms of the deep inner shifting I had to do to look at my life from different angles. The third thing is witnessing myself and knowing how to keep firm boundaries.”

Table 2 continued on next page

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B. Some Results of the Process of Writing Autobiography

- Sally “I was not expecting to be pulled down from working so much in my head. Getting not being my mother’s daughter was entirely unexpected. The mind shift is quite amazing.”
- Carol “A new and huge sense of protectiveness.”
- Tracy “I was realizing that this person is in my life for better or for worse and I want to be proud of her. It made me think of the ways in which I’m developing as an adult in new ways.”
- Thomas “I came to fully accept that I’m not a fifty-fifty parenter.”
- “The thing I noticed most is that I am able to now witness my life. I noticed more synchronicity.”
-

Table 3: Participants’ Evaluation of Autobiography

A. How The Autobiographical Writing was Helpful

- Sally “I chose one story cause I thought it would connect in a certain way and it didn’t. But even the other story I was thinking about, all of a sudden I see a similar pattern that’s repeating itself now. It produced the recovery of the feelings in the core story and triggered reactions.”
- Carol “This was the first time I ever respected that I just can’t do it.”
- “It was very important just in terms of keeping out the thoughts in your head.”
- Tracy “I don’t think I experienced it as all that helpful while it was going on. Looking back at it now and seeing it as part of a whole, I think, yes. It made me think about the ways in which I’m developing as an adult in new ways.”
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Table 3 continued on next page

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| Tracy | “It heightened some stuff that was going on anyway, so in that sense it was helpful.” |
| Thomas | “Doing this writing coincided with probably five months of very important deep work. So it has been helpful at the tail end of a seven year cycle.” |
-

B. Events that Facilitated Change

1. Specific Occurrences While Writing

- | | |
|--------|--|
| Sally | “Things would tot up. I’d read the words and I’d go, ‘Oh! How did that happen? I didn’t see that!’ Actually there was a while when I could not write, when the huge changes happened. I was trying to deal with what was thrown up.” |
| Carol | “What I realized is that part of me was saying it didn’t want to do more back tracking, it didn’t want to look any longer into the past. I think in one way I did try to push myself, there was a guilt that I hadn’t written enough. I was feeling this isn’t like me cause I usually do give a lot more, but then I tried to appreciate, well if this is how you usually are, then it must be because you really can’t.” |
| Tracy | “It was very self-conscious. There was a sense that I limited myself more than I had to.” |
| Thomas | “I experienced freedom. The deep inner shifting I had to do to look at my life from different angles freed me to be more of a witness to my life. I noticed I was witnessing myself more and knowing how to keep firm boundaries.” |

2. Occurrences as a Result of Writing Process

- | | |
|-------|---|
| Sally | “Anger is a hard thing for me to feel, but it eventually came down to I wanted to kill my mother and how do I do that? I can’t do it with role playing. I can’t do it by screaming, it’s not my way. So we went visual. I drew what I would have wanted to do. After that I had the sense that, okay, on to the next. I need to continue this story.” |
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Sally	<p>“It connected me back to people. Through the result of the story I got back in touch with my aunt who is a sort of marginal player in the story. All of a sudden we were sitting and talking for four hours.”</p> <p>“I’ve essentially disowned myself from her as my mother. That hasn’t changed anything except an attitude from my perspective, but it’s astounding, I feel entirely different.”</p>
Carol	<p>“One change came up with my father and a deep sense that he owed me. I wrote a whole letter and made up a bill for him, it was a bill for all the therapy I had this past year. Then I didn’t send it because I thought when it came to the total, I’m worth a lot more than that.’ It gave me a price to know about and it helped me within this writing and this project first to get out the anger and say ‘he owes me,’ but then to say, ‘That’s not enough.’”</p>
Tracy	<p>“I was given a sense that I couldn’t expect her to be like me or interact like me, and now that’s not my goal or my expectation.”</p>
Thomas	<p>“Doing this autobiographical work the same time as doing counseling over parenting all came together. I felt relief and freedom from the change in trying to pursue a self-generated fantasy that was unattainable by anybody’s standards. To drop that rock and move ahead was one huge change.”</p>

C. How the Writing was Responsible for Participants’ Experiences

Sally	<p>“I wouldn’t have realized there was a problem if I hadn’t done this story. It essentially forced me into coming back to feelings. I think it was the story that started that whole process. Trying to flesh something out raised a lot of issues I was already working on and it brought them in a different format, a different way to talk about them.”</p>
Carol	<p>“The other process is letting go, you really can’t let go of anything until you can tangibly see it. With writing you have the power to control what happens to you in the story, how the story unfolds, who’s there and who’s not there and how it ends.”</p>

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| Carol | “I think that until you have it down on paper to work on you can’t really work with it.” |
| Tracy | “Whereas had I not been doing this I probably would still have thought about those things, but it did feel particularly heightened. Having a specific focus helps. It helped me.” |
| Thomas | “Doing this writing, it’s been very important deep work, at the same time as counseling produced the three huge changes, and it’s hard to separate what changed as a result of the writing and what changed just in real terms.” |
-

D. Whether the Experience of Writing was Therapeutic

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|--------|---|
| Sally | “No, I think it created a lot of turmoil, and I’m trying to deal with that. I needed to take the story one step further.” |
| Carol | “Yes, I feel like I’m integrated. There’s a sense of self there.” |
| Tracy | “I don’t think I really experienced it as helpful while it was going on, looking back now, I think in a sense, yes.” |
| Thomas | “It was therapeutic for me because it allowed me to get into my issues, to be as objective or un-objective as I wanted, to be encouraged not to be judgmental and hold the innocence of the story. I think the deepest level of therapeutic value for me was that the creating of my own story in the context of a situation that didn’t have to match up to someone, meant that I could honor my witness.” |
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E. Why it can be Useful to Therapy

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|-------|---|
| Sally | “It can reveal things about the person, even to the person herself. There is also something about the creative process that loosens up a lot of other things.” |
| Carol | “It ends up taking you where you didn’t even know you needed to go. It facilitates being able to let go, to process, and to really eloquently your thoughts. You can write ending differently.” |
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Table 3 continued on next page

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Tracy	“It’s an incredible tool for flushing out your experience, making it more real to yourself.”
Thomas	“For those who can flow with it, this is an incredible tool, because if only one could reach the point of honoring your witness, this is a great tool.”

Table 4: Therapists’ Observations

A. Therapist Differences Observed during this process

#1 “This has given us an opportunity to go deeper than we’ve ever gone before. It has also opened her up to feel these feelings.”

“My sense was there was an intensity, there was an acceleration and a deepening at the level that her change was happening.”

“I was surprised that she talked about her sister, it was just a little matter-of-fact for her. So its really more an observation of how it was just easy for her with her sister.”

#2 “What I noticed is that he became less focused on the dream life as the vehicle for self-reflection and more focused on the connections of his personal history.”

B. Therapist Some Benefits of this Tool and Process

#1 “My biggest thing is that it was really able to focus the process. This was very concrete and very specific which had many ripple effects. The structure of having to write a story and to focus on it I think has opened the door for this kind of focused work. The story drove it because that’s what opened the door for it.”

#2 “I think one of the things is that it helps to generalize outside of the formal therapeutic setting, the ability, the meaning and value of that kind of self-reflection.”

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#2 “My sense is that this is a great tool in early therapy because it helps to elevate stuff and bring it forward. Certainly I think too, to elevate a particular experience and look at it in depth and use it as a reference point for a whole range of life experiences, I think that’s really powerful.”

C. Therapist Role of Writing in Observed Changes

#1 “It focused her on a story. The structure of having to write a story and focus on it has opened the door for this kind of work. But, it was after she read the story to me that this kicked off.”

“It was helpful for her to have a focused task. What was helpful I think was having to focus and not just free thought, because her mind goes all over the place.”

“There were other variables, she was ending therapy, she was going back home and she was doing body work. I think when she first had to write the story it gave her concrete memories. Because of the depth she went to it felt like it broke open a piece about the incest and the sexual abuse. I think when she put those words on paper there was validation. It validated on layers and levels that’s different from when she tells the story verbally.”

CHAPTER 5

DISCUSSION AND CONCLUSION

Introduction

This study investigated the ways in which autobiographical writing done as part of therapy, facilitated a process of change. Four persons in therapy at the time of the study engaged in a process of writing a story of their lives focused on an experience in their family-of-origin. This formed the core of their life review.

After the writing was done, participants were interviewed about their experiences with the writing and their evaluation of autobiography as a therapeutic tool. Participants' therapists were also interviewed about their observations of the participant's process and experience, and their assessment of the tool. The data provided intriguing information about the tool, including different ways each person worked with it, and an important beginning for understanding its potential as a clinical tool.

The preceding chapter attempted to present the results of the study in a way that retained the actual words and experiences of the participants. This chapter presents a discussion of the range of experiences with, and approaches to, writing one's life story as a therapeutic exercise. It also presents limitations of the study and implications for research and practice.

Discussions of Findings

The question that guided this study was, "In what ways does autobiographical writing, done as part of therapy, facilitate a process of change that is experienced as

therapeutic?” The answer was explored by means of two sub-questions. The first was, “What occurred during and as a result of doing autobiographical writing?”

Occurrences During and as a Result of the Writing

Participants had a variety of experiences during the time of writing. These included: release of emotions; change in attitude; manifestation, analysis and resolution of transference; experience of deep inner shifting; finding relief and freedom in changing a paradigm; releasing a self-generated fantasy; listening to oneself; and sharpening a focus. However, this range of experiences seems related to the extent that participants followed the research guidelines, as well as other factors such as personality, facility with self-reflective work, familiarity with autobiographical writing, relationship issues, and how the participant worked with the story in therapy.

The participant who most closely followed the research guidelines and took the story directly into therapy experienced dramatic changes in emotional functioning, perception, and attitude. She began to observe patterns in her life experiences that followed from her core story and were connected to how she navigated her reality. The issue of transference surfaced, and with it a way to recover and express feelings. She is very task-oriented (according to her therapist), which helps explain her use of the research guidelines.

The dramatic changes she experienced suggest that with this tool, outcome might be affected by the thoroughness of the self-reflective focus brought to the autobiographical writing. In addition, the intervention by the therapist helped produce

much deeper work and change. Thus, the combination of task-orientation, thorough self-reflective work, and taking the work into therapy appear to have produced the changes.

The other participant who followed the research guidelines closely experienced “three huge changes,” specifically a deep inner shifting, relief and freedom from a change in a paradigm and the release of a fantasy, and the emergence of an ability to witness self and keep firm boundaries. This person was accustomed to doing self-reflective work and used the story indirectly in therapy. This suggests that the ability and desire to engage in the self-reflective work involved in autobiographical exploration can enhance potential for change, even when used indirectly in therapy. This potential for change is possible even when the person has not previously done autobiographical writing, which was the case with these two participants.

On the other hand, the two participants who had previously done autobiographical writing did not describe having experienced the level of change of the other two. They did not follow the research guidelines. One wrote just the core story, then used the journal to investigate her mother’s story (as it connected to the core story) to question why she chose that story, and to briefly discuss her resistance to revisit that story’s presence in her life. Although she was working in therapy to prepare for a visit home to her mother, she did not share her story with her therapist. However, she described the experience of a sense of listening to and respecting that side of her that did not want to revisit the core story. This, she said, was a big change for her.

The other participant collapsed both parts of the project into one, doing all the work as journal entries. She, too, wrote only the core story, and then did some self-

reflective work on her relationship with her sister, one actor of the core story.

Interestingly, she chose to not work on issues involving her mother, the other actor in her core story, and did not share any of this work with her therapist. Her experience was of a sharpening of her focus on things connected to being a sister, one theme in her core story, but she said she did not experience a specific change. Her therapist observed a change, described as significant, in her emotional and behavioral frame concerning her sister, a nonchalance and softening in her attitude when referring to her sister.

At one level, these two women participated in the study and at another level, they did not. Both chose a core story and did some self-reflective work. Both stories involved relationship to mother. Yet neither seemed to have examined this relationship. One way to make sense of this is to suggest that the relationship with mother hindered the ability to do exploratory self-reflective work on the story selected; instead, they chose to constrain the research task. One intriguing question concerns the possible effect of the intersection of the gender of the researcher and the unattended relationships to mother on the ability of both women to do this task, especially given that their therapist was also female.

Another finding involved what occurred as a result of the writing. According to participants, the writing resulted in various changes being experienced. The task-oriented person changed her way of working from being totally in her head to beginning to deal with emotions. She began to experience herself as agent of her life and to change her perspective of her relationship with her mother, and to re-establish her relationship with another relative.

Other participants experienced a change in a pattern of perceiving and behaving described as a "paradigm shift," the release of old emotions and attitudes, an honoring of one's wishes, changes in self worth, a desire for a new relationship with a sibling, a sense of one's maturity, an ability to verbalize anger at a parent, and to begin to resolve this anger. These cognitive, behavioral and emotional changes mirror experiences with autobiography documented in other studies (Lee 1993; Williams 1992; Botella and Feixas 1993).

In analyzing the data concerning the question, "Was the change experienced therapeutic?" A distinction was made between the change in process and afterwards. Two participants, one who followed the research guidelines and one who did not, said that their experiences were therapeutic, because of turmoil and distress generated, during the period of change. However, both of them, on looking back after the process, said the experience was indeed therapeutic and beneficial. This important distinction must be made in studying results of any therapeutic process or procedure because an experience of distress often occurs on the way to change that heals.

Two participants found the process and experience therapeutic for various reasons. They experienced internal integration, respect for one's own wishes for the first time, experiencing full control of a process, engaging in a non-judgmental review, and writing one's life and story for herself. These participants, one of whom followed the research guidelines and wrote an autobiographical story, and one of whom did not, described internal benefits from, or during the process of writing and/or reflection. This

suggests that the process of writing, regardless of the content of that writing, has a potential to provide therapeutic benefit.

Therapists found this tool and process facilitated deep, focused work for a period, slowed down the person's propensity for analysis to allow some feelings to emerge, fostered the production of self-reflective work outside therapy, and helped bring a particular experience to the surface. Thus, from the perspective of the observers of the process (the therapists), there was some agreement that the tool and process were beneficial for their clients during and after the work was in process.

It can be suggested that potential benefits of using this tool, experiential and observed, accrue during and after the writing, and therefore autobiographical writing is a feasible therapeutic tool.

The second sub-question that guided this study was, "In what ways can autobiographical writing be used in therapy?" Part of this exploration focused on whether participants' experiences could be attributed to the autobiographical writing. A direct cause/effect relationship to this process and participants' experiences could not be assigned. This exercise was done in the midst of living, and interacted with all that was going on in participants' lives.

Participants agreed that autobiographical writing was partially responsible for what occurred and was helpful to the process of change. In one case it brought the initial realization that there was a problem, which had never before been touched in therapy, that needed to be addressed. In another case, it made things tangible and facilitated the ability to work with them and let them go, possibly bringing closure, which Schafer (1991) says

facilitates further retellings of a story because closure is impermanent. In another case, it sharpened the focus about the issue, bringing to the foreground difficult features of the relationship. In so doing, it made her think of things related to the story in new ways, and a change occurred in her emotional response to her sister.

One therapist said that the focused nature of this work played a role in the outcomes observed. The focus on one story for an extended period enabled therapeutic work to go deep, produced more memories to validate her client's experiences, and intensified the work. The other found benefit in its capacity to bring a particular experience to the surface and to facilitate self-reflective work outside of therapy.

All participants agreed that autobiographical writing was a useful tool for therapy. The reasons given were that it brought up issues being worked on in a different format; revealed things about the person even to the writer; loosened up things attached to the story being written; highlighted the relevance of messages one has been given and one's experiences; made one's experience real to oneself, and facilitated one's ability to process, to focus and let go of past experiences; and was useful in reviewing one's life and honoring one's witness to one's life.

It would appear that this tool in its particular configuration for this study – being focused on a problematic experience, and being an extra-therapy assignment — met each person at the level to which s/he allowed her/himself to go and produced changes and therapeutic gain useful at that level. Thus, the different modes of doing and abilities to self-reflect and process matched the extent and depth of the work and outcomes, but all

outcomes were beneficial. Because of this flexibility, autobiographical writing can be useful in therapy.

One task of therapy is to understand and evaluate old unconscious ideas of self and world and develop and try out new ways of feeling, thinking, and acting (Mahoney, 1990). Another is to bring about clear awareness of current functioning and help the client devise new actions to integrate into a different sense of self (Andrews, 1977). The elements of therapy include, the role-defined, caring therapeutic relationship, a reason or a metaphor for change, and an active formal method for change (Mahoney, 1990). These are used in creating awareness, and helping to devise new actions that try out new ways of feeling, thinking and acting.

Active elements of therapy include, exploring feelings about self and other, getting in touch with feelings rarely experienced, getting in touch with interpersonal feelings, providing feedback on actions, and on current self-image, encouraging change of self-image, encouraging client to notice experiences that bring about a change in self-concept, mirroring desired behavior, providing exercises that promote behavior change, and emotional release, rituals, life review, re-interpreting some event or message (Andrews, 1977, Mahoney, 1990).

In this study, the ongoing caring relationship was maintained by the therapist. Active elements included participants getting in touch with interpersonal feelings including feelings about the therapist, being able to create ways to express feelings, recognizing old patterns of perceiving and behaving and generating different ways of perceiving and acting, engaging in life review; releasing emotions, feeling of being

integrated internally, creating rituals to address and change old ways of feeling and acting, and re-interpreting an old event. Therefore the process of writing one's autobiography connects with the act of therapy.

Approaches to the Task

Built into the design of the study were various choices. One was a choice whether or not to use the material in therapy. Another concerned the work in the journal; the journal was selected for its potential to reveal the internal world of the writer, but that potential depended upon the decision of the participant to use it as suggested. A third choice was in the story itself. Guidelines and suggestions for proceeding were provided, but the participant could choose to alter them because it was her/his story, being written outside of supervision, and assigned by a stranger. Consequently, there were four different approaches.

One participant, the "very task-oriented person," paid attention to all of the guidelines and prompts provided for the story and the journal. Her work was very revealing and explicit. The journal revealed, as anticipated, what came up as she wrote and reflected, her ways of processing all that arose, cognitive and emotive experiences while writing her story, self-talk, dreams, and her attempts to take the work further. She included in the journal discussion of the places where her work in therapy overlapped with and pushed forward the research work. For example, she worked on exploring the whys and whens of her relationships to feelings, and the what ifs of this potential change in the way of being in the world. It was deep, intense, powerful work which she shared with this researcher.

Her mode was to insert the process into therapy, creating a parallel process, and to follow the research guidelines very closely at all levels. This mode seemed to take the work to a deeper level and produced intense work in a short time that brought with it some turmoil and therapeutic change.

Another mode was to alter the research guidelines for story and journal — to write only the core story and to keep it out of therapy, although the work in therapy involved relationships in the core story. This person's journal revealed only her inquiry into why she chose that story to work on, and her inquiries regarding her mother's story. Her core story remained untouched. Nevertheless, her therapist observed a deepening and intensity in the work she was doing in therapy.

Since the autobiography was one aspect of the work she was doing, it can be assumed to have had some input into her processes. She did attribute some of what she experienced to the effect of writing and reflecting on the story.

A third mode was to transform the work into a journal exercise and keep the entire process outside of therapy. One participant selected the core story and wrote it in the note pad provided, yet turned in only the journal, with the core story written as a journal entry, followed by other journal entries. In these entries she observed her process, recalled incidents similar to that being explored, engaged in self-talk and reflected on themes in the core story.

The fourth approach was to adhere to the guideline to separate the story and journal work, modify the guidelines concerning the journal work, and use the story in therapy only as a point of reference. This participant wrote an extensive autobiography

using the template of the literary autobiography, tracing the themes and patterns of the core story through his life in a chronological format. The journal was used for self-talk and analysis of responses to his current life situation given those themes and to explore the potential for change. This participant was accustomed to doing self-reflective work and was doing another form of self-reflective work simultaneously, which might explain his use of the journal.

The flexibility of this tool facilitated a range of approaches and a variety of experiences during and as a result of the process, including cognitive, emotional, behavioral, attitudinal, perceptual, paradigmatic, and relational change. Participants opined that the tool was in part responsible for the experiences and outcomes. Therapists found that it fostered deep, focused work that proved beneficial for their clients. This was the same across participants and their different approaches to the task.

Despite the variety of approaches, all participants and both therapists said that the writing task and process influenced the outcomes even though the experience of the results of the process and task varied for participants. In describing the effect of the work, they differentiated between while writing and after the writing had been done; for instance, creating turmoil or distress during the writing period and not being felt as therapeutic, but on review at the end finding that it was therapeutic or becoming therapeutic; it was also found to be therapeutic throughout the experience.

Participants and therapists found the tool useful to therapy and participants suggested that it can be used in therapy. This suggests that this tool can or might have a

broad range of applicability in therapeutic strategies, given the client's cognitive level and the issue being worked on, because it helped create some change deemed beneficial.

This leads into the main research question, "In what ways does autobiographical writing as a part of therapy facilitate change that is experienced as therapeutic?" The results show that autobiographical writing helped produce experiences that fostered various type of change in the writers that were deemed to be therapeutic. It was also shown that participants, after going through the process, concluded that it is a form of writing that is and can be useful to therapy.

Autobiography as a form of writing allowed the writer to focus on self within the framework of the focus of the story. It gave a measure of freedom to the participant to explore her/his life as deeply as s/he wished and in a self-determined approach. It allowed for an intervention within the context of therapy, guiding the work in a direction needed by the writer. Autobiography allied itself to the personality of the writer and in so doing revealed much about the writer even to her/himself. It provided insight into how the writer views her/his life, tells her/his story, and constructs experiences. It facilitated a listening to self, a focusing on self in relation, a clarifying of the constructs and paradigms used for making sense of experiences.

The process of doing autobiographical writing, because of the immersion in reflection on oneself and one's life, allowed for a deepening and intensifying of the work being done in therapy. It also appeared to accelerate the process of change. This work was also useful to guiding the writer into areas that needed to be addressed. One therapist intervened to guide the participant's work in a direction necessary for her to feel and

express her feelings. Finally, the text itself can be used for analysis of the narrative in structuring work in therapy.

In these ways, autobiographical writing done as part of the process of therapy helps facilitate change that is therapeutic. Therefore, it could be used as one of the tools available to therapists and clients. Since this type of writing is done outside of therapy, it has much to offer to therapists, especially those working under time constraints, who seek to maximize the benefits possible for clients.

Limitations of the Study

A number of limitations should help shape how the reader interprets and uses the findings presented here.

The research was primarily the study of the experiences of a group of 4 persons in therapy had with and while writing, outside of therapy, an autobiographical story from a family-of-origin perspective. The intent was to be able to begin to suggest a role for this form of writing in therapy. The small size of the sample places a limit on the generalizability of the findings.

The fact that the participants were in therapy allowed the researcher to approximate the utilization of the in-between therapy session periods, as Rosenblatt (1987) suggests, but also created limitations to the study. Several researcher effects were noted. Participants were recommended by therapists, and may have been influenced by that relationship; this might explain why some participants altered the guidelines.

Two other researcher effects were found by therapists. One was an effect on the therapist, having clients meet and work with someone else for a period. One was a

researcher-therapist “team effect,” with the client sent off to work alone and the researcher and therapist discussing her/him. Also effective was the additional reinforcement, support, and attention given to the client by the researcher; this was felt to be of some value. Mostly likely, it had some effect on the participants and therapists, and therefore on the study.

Because the writing was done in-between sessions, despite the fact that the focus of the study was probably independent of the work in therapy, there was a “crossover” influence between the writing and reflection for the study and the work of therapy, for some participants. This is a limitation of attempting to do research at the juncture with clinical work.

The non-random selection of participants affected external validity. However, in this study I was not attempting to generalize to entire therapy populations. Instead I wanted to offer the study as a starting point for the exploration of the potential use of autobiography in the therapeutic tool box, for use with some clients.

Time constraints made it difficult to discuss whether the extent to which change experienced by participants and/or observed by therapists was eventually internalized or had any long term effect. Since change is usually gradual (Oiler, 1992), it is possible that some effects of the process have not been captured.

The self-report nature of the study also creates a limitation. The study tried to assess a tool for use in therapy by asking the individuals in therapy to test and judge its potential. Participants’ perceptions may have been skewed or exaggerated for various reasons, such as wanting to please the researcher and therapist. External validation gained

by the observation of therapists was limited, though valuable, especially since three of the four participants' journals did not provide the type of information required to support the triangulation of data.

Since I had engaged in autobiographical writing and experienced some types of change (Ir , 1993), my choice of topic indicates my bias for this tool. Despite my approach and the involvement of participants and therapists, I read the data and wrote up results from a position as researcher and one who has a bias towards the experience. Although I was careful to not overlay my excitement for this tool and desire to demonstrate its efficacy as a therapeutic device, I am aware that my conclusions in part come from this bias.

I attempted to reduce this bias by presenting participants' words in response to the interview questions without interpretation, and by presenting the whole range of experiences obtained from the process.

Apart from these limitations, I believe that this study has produced sufficient valuable data and potential guidance for further research and practice. I feel that the study reliably and accurately assessed the potential value of autobiographical writing to therapy, which was the aim of this qualitative study.

Implications for Research

The implications of this exploratory study for further research are many. This study attempted to work at the intersection of research and practice, testing autobiography as a clinical tool. Since the population focused on was persons in therapy, there is much opportunity for the further exploration of this tool with various configurations of therapy

populations. It would be interesting and I believe, valuable to test this tool with different therapy populations.

The early research with this tool focused on two distinct populations on non-therapy participants, the elderly (De Vries, Birren and Deutchmann, 1990; Botella & Feixas, 1992-93), and young adults (Cooley, 1993). In this study there were three participants in the 25-30 age group, and one in the 30-40 age group, and all were in therapy. Given that all participants experienced benefits from the exercise, I believe that there is a case for the testing of this tool with different age group who are in therapy.

In addition, research should explore the differences in responding to this tool given age and cognitive development levels. There were three female and one male participants in this study. Although it was not possible to study the effect of gender on process and experiences in this study, research on gender effects would be helpful to the use of this tool in therapy.

Autobiography has been found to be helpful in understanding the internal world of autism (Williams, 1992), the internal world of schizophrenia ("Renee", 1995), and the social world of mental retardation (Bogdan & Taylor, 1994). This suggests that autobiography might be able to provide an understanding of the realities of populations with different psychological conditions which will add to therapists' understanding of the conditions and provide additional strategies for working with clients.

The results of this study suggest that autobiographical writing approached in a variety of ways facilitated change that was beneficial. This implies a continuum along which this form of writing might be done, which provides a basis for research on

outcomes derived from different approaches. This is important because the literature on the use of autobiography focuses on writing done with the therapist/researcher guiding the process (De Vries, Birren & Deutchmann, 1990; Botella & Feixas, 1992-93).

However, in this study the writers guided their process and approach to the work. These two methods are at the ends of a continuum. Hence, it would be valuable to investigate the experience persons in therapy have with other configurations of approach, for example with the researcher or therapist guiding the entire process, and with some midpoint approach — a collaborative process created by both researcher or therapist and writer. I believe that in charting the experiences and processes with all three configurations we would have a broader understanding of how the process of writing autobiography in general produces benefits. This would provide therapists with a more comprehensive evaluation of this tool and permit decision making about its use easier.

One question is whether this tool is strictly idiographic or whether it might provide general benefits and understandings to therapeutic change. It appears that there are general benefits for the writer, but further research should be undertaken to address this focus.

In this study participants described general benefits they derived from the process, for example the revelation of patterns, recovery of feelings, linking current and past experiences, making things tangible to allow processing and letting go. However, the size of the sample, while allowing the researcher to suggest that using this tool as part of therapy can provide general benefits, makes it difficult to make a strong case for its wider

use. This case can only be made from the results of research using larger and more diverse populations. The results of this study justifies such future research.

The benefits described by participants and therapists in this study from the short writing period used also make a strong case for additional research into the usefulness of this form of writing to short-term therapy. The focus in this research would be on the benefits gained from using different lengths of writing period that follow periods allowed for short-term therapy currently.

In this study it was found that the process of writing helped participants get in touch with feelings, interpret and clarify behavior; clarify self-concept and begin to change behavior, re-configure personal relationships, which are among the active elements of therapy. Research should be undertaken to further describe and clarify its role in generating these elements of therapeutic change in order to suggest and more clearly define ways in which it can be used in therapy.

Another possibility is to follow this form of writing in therapy in a long term study to investigate different effects and outcomes found in this report, such as the validation of the writer's experiences or the acceleration of the process of change brought about by this form of writing. In this study, the narrative content of the stories was not examined. This area of research might be valuable to understanding how clients make sense of their experiences and how they use the themes in those experiences.

One of the goals of therapy is humanistic-educational, the promotion of growth, insight and maturation (Keith-Spiegel & Koocher, 1985). In this and other research, autobiography has been found to promote and provide insights into self that fosters

growth (De Vries, Birren & Deutchman, 1990; Botella & Feixas, 1992-93).

Autobiography can be said to be a tool that connects with a writer's developmental process which suggests a role for it in the prevention of psychological problems, for example, during transitions between stages of development.

Implications for Practice

This study and its findings could be used to suggest that there is a place and a need for the inclusion of writing in the practice of therapy. This is not a new idea; Allport (1942) was an early proponent of it. Although some use has been made of this tool, I believe it has the potential to be very useful today. Especially taking into consideration current changes in the provision of therapeutic services. An opportunity exists to involve clients more directly in the process of therapeutic change, and to expand methods of intervention to include the individual's narration of experience. This self-reflective, flexible tool can meet the needs of some clients and provide a structure that might be helpful to a long-term and short-term process of change.

The process of change initiated through this tool might itself provide some clients with quasi-autonomous methods of initiating change. It might also permit them to bring into therapy a more vigorous and expansive method of working on issues and problems. The flexibility and adaptability of this tool to a variety of approaches should allow for its use in different therapy modalities, such as with families or couples. It might be useful to understand how the same incident has shaped the life of each member differently, for instance, and therefore explain responses and behaviors.

The autobiographical method employed in this study is writing the story of one's life from the perspective of the problem presented to therapy. The intention is to begin with the emergence of the problem and trace how it has shaped perceptions and experiences and taught the person how to be in the world. The focus is on understanding and changing the influence of that story. The findings of this study suggest that in deciding to use autobiography as part of the therapeutic process, and in constructing the task, the therapist should take the following into consideration.

Deciding to Use Autobiography

Factors to be considered in deciding to use autobiographical writing as a tool include the length of the therapeutic relationship, constraints on the length of therapy, whether writing is a form of expression that the client uses, and whether the issue or problem is being explored for the first time.

Length of the therapeutic relationship

Autobiographical writing can be used early in the relationship to bring awareness forward; to highlight features of the person's life; to get insight into the client's frames of reference for her life; and to allow the client to begin to engage in a self-reflective process that can be enhanced by and enhance talking therapy. It can also be used later in therapy if the ongoing process feels stuck or a need to change or deepen the client's process or ability to do self-reflective work is identified.

Constraints on the length of therapy

If there are constraints on the number of sessions of therapy the client is to receive, autobiographical writing can be used to maximize the work. In this case, the

writing done between-sessions should focus specifically on carrying forward the in-session work. The writing can be forwarded to the therapist before the next session, allowing in-session work to advance the process.

Another factor to consider is whether the person uses writing as a form of expression. In this study, a participant did not use writing as a mode of expression and so was not able to fulfill the writing part of the project. In the interview this participant demonstrated deep self-reflective ability; however, this data could not be used since the written part of the project was not done. In a case like this, the life history method might be more appropriate.

The issue of whether the problem has been worked on before the current round of work should also be considered. If this is the case, some clients might welcome the opportunity to approach it using a different format. Autobiographical writing allows a level of self-reflection which can produce new or different insights and a change in the ways of working with the problem.

The person's ability to engage in self-reflective work is another factor to consider. The person might not be at the stage of cognitive or emotional development at which this type of work can be accomplished.

Constructing the autobiographical task

Once a decision to use this tool is made, the type of autobiographical task to be constructed should be considered. In this study, the task was open and guided by the writer. This was necessary because the boundaries between therapy and research had to remain clear.

Using this tool in therapy allows more fluidity between writer/client and therapist, with the therapist guiding the process in ways that allow deeper processing of issues that emerge. Thus, in shaping the task, therapists should consider the problem being worked on, the client's ability to focus, and her/his personality.

In constructing the autobiographical exercise the question to be asked is, "Does this problem or issue need short periods of focused work and follow-up with a new iteration as each phase is completed? Or a long, open period of work to allow core issues to emerge slowly?" These call for different constructions. In the first, the writing might be short and focused on specific segments of the problem or period, with other types of work linking the segments into a longer story of the person's life. In the second case, the work evolves into a fuller, larger review of life, focused on the problem.

The client's ability to focus also shapes the construction of the task. In this study, one participant's inability to focus for extended periods played a role in the work. The shortness of the period of focus was beneficial here, producing a small but significant change in functioning. In another case, a participant was adept at self-reflective work and could hold this focus on self and life; this participant used a longer writing period and did much deeper work.

Personality also shapes the task. One participant, who was task-oriented and paid close attention to the study's requirements, became involved in some deep work in writing and in therapy.

Where these factors overlap the flexibility inherent in the tool allows for the creation of works specific to the person and circumstances. Because this study is

exploratory, the guidelines suggested above are constrained by the limitations that arise because the tool has not been widely tested, and the limitations of any research of a clinical tool.

As with any tool, we should be aware that there is great variation in what clients find helpful and non-helpful. Therefore, the same tool and usage is not necessarily of similar benefit for every individual. This usefulness of this tool might depend upon many variables.

In addition, this tool might not fit well into some therapy models and strategies, a possibility that has not been explored in this study and therefore cannot be addressed here. It is also possible that writing can become a form of resistance to verbal therapy and can restrain rather than advance therapy. Another possible problem, one that came up in this study, is that the turmoil that can be aroused in some clients in the process of writing and reflecting, can be a problem for therapist and client.

Conclusion

This phenomenologically based qualitative study explored the ways in which autobiographical writing done as part of therapy facilitates change that is therapeutic. It was found that autobiographical writing allows a focus on oneself and gives a measure of freedom to explore one's life as deeply as one wishes; within the context of therapy, it allows for intervention into the process that can guide the work to where it should go; it fits the personality of the writer and reveals much of the writer even to her/himself; it provides insights into experiences, one's view of one's life, how one tells one's story, how one constructs experiences; it clarifies the constructs and paradigm one uses to

interpret and respond to experiences; it allows one to listen to oneself; it allows the processing and bringing closure to an experience or range of experiences.

All participants found the process therapeutic over time and agreed that this form of writing is useful to therapy. Therapists found it beneficial to their clients and to the therapeutic process. The data and findings generated by this study should provide an impetus for seriously considering this form of writing for use in therapy and for the further study of this tool as a therapeutic device.

APPENDICES

APPENDIX A

LETTER TO THERAPIST

School of Education
Hills South
University of Massachusetts
Amherst, MA 01003

Dear Therapist,

Following the conversation I had with you concerning my dissertation study, here is information on the study for your information.

I am a doctoral candidate in Counseling Psychology who is exploring the potential of autobiographical writing for use in therapy. My research is on the ways in which autobiographical writing facilitates therapeutic change. My goal is to document experiences persons who are currently in therapy have with this form of writing, and their evaluation of the usefulness of this form. Therefore I need to have persons who are currently in therapy as participants in this study. My only criteria for participants are that they be over the age of 23, and currently in therapy.

My objective is to collect data on the person's subjective experiences and on their therapist's observation of their process. I will also gather data on the writer's level of self-knowledge to explore what part this cognitive-developmental stage plays in the process.

The project, for the participant/writer, consists of a pre- and post-writing administration of the Experience Recall Test of Self-knowledge; the autobiographical writing exercise; keeping of a journal; and an in-depth interview at the end of the period of writing. The final piece of the study consists of an in-depth interview with you, the therapist, which should last no more than an hour.

The central focus of the writing exercise will be an event that occurred in the writer's family-of-origin, which they experienced as being difficult or a problem. In this way I hope, as far as it is possible, to be able to avoid paralleling work currently being done in therapy. The period of writing will take no more than three weeks, and I will furnish writers with a journal and note pads, and offer a stipend in thankfulness for their participation.

Once you have reviewed the material I have sent and find that you can support this project I would appreciate your recommending two or three clients whom you determine could participate. I would, on receiving your recommendation, contact these persons and provide them with the information so they can then decide to participate in the study or not. I am enclosing, for your information, a copy of the consent form, the writing exercise, writing prompts, and journal exercise.

I would appreciate your assistance in recruiting two or three participants from among your clientele who I will then approach, provide full information of what is expected and allow her/him to decide whether or not to be a part of this work.

I am very grateful for your consideration and will be happy to answer any questions you may have about this project. I may be reached at (508) 544-7248.

Sincerely,

Jennifer Iré

Enclosures

APPENDIX B

INTERVIEW GUIDE: PARTICIPANTS

(These questions will not be given before the interview)

We've now come to the final phase of the study — talking about your experiences with this autobiography. I will ask some specific questions about the process and your evaluations of this form of writing.

1. What was it like for you to be writing a story about your life? Had you done this form of writing before?
2. Would you say that the writing autobiography was helpful? If yes, How has it been helpful? If no, Why was it not helpful?
3. Can you tell me about a time in your life when you experienced some sort of change — a difference in yourself?
4. Did you have any experience like that — of something changing — while you were doing this writing?
5.
 - a) How did you know you were experiencing change? What was that experience like? What changed? In yourself? In your behavior? In your relationships?
 - b) Did it happen more than once?
 - c) Did you record those experiences in your journal? If no, Do you remember what you were writing about during that time?
6. Do you consider those changes to be therapeutic — healing? If yes, What makes them therapeutic? If no, What makes them not therapeutic?
7. Do you think that the writing was responsible for any of the change you experienced? If yes, In what ways? If no, Why was it not responsible?

8. What about since you have finished writing
 - a) Have you experienced any changes? in yourself, in behavior, in relationships? If yes, continue; If no, skip to # 9
 - b) Do you consider these experiences therapeutic?
 - c) Do you think the writing is responsible for these changes? If yes, Why is it responsible? If no, Why is it not responsible?
9. Do you think this form of writing can be useful in therapy? If yes, Why do you think so? If no, Why do you think it cannot be helpful?
10. Did anything unexpected happen in your life while you were writing this autobiography? If yes, Please describe it?

Thank you for doing this work with me.

APPENDIX C

INTERVIEW GUIDE: THERAPISTS

1. Did you see your client during her/his involvement in this project or since then?

 If yes — Was this for a regularly scheduled session?

 If no — Have you seen her/him since the project has ended?

 If yes — continue the interview

 If no — interview is ended
2. Did you observe any difference in her/him? Can you describe what you observed that was different?
3. Was this change similar to the types of change you witness during therapy?
 How was it similar or different?
4. Do you think the change observed was beneficial?
5. Would you attribute the changes you observed to the exercise of writing autobiography? Why would you or would you not attribute the changes to the exercise?
6. Did anything unexpected or significant occur in her/his life that you know of during the time s/he was writing?

APPENDIX D

INFORMED CONSENT FORM

Agreement To Participate In The Study:

I agree to participate in the research study conducted by Jennifer Iré, a doctoral candidate in the School of Education at the University of Massachusetts, Amherst.

I understand that the research involves the study of how autobiographical writing facilitates therapeutic change. I understand that I will be required to write an autobiographical story of my life from a particular perspective, to keep a journal while writing the story, and to complete the Experience Recall Test instrument at the start and end of the project.

I will be interviewed at the end of writing my story by Jennifer Iré using a guided interview format consisting of ten (10) questions. The interview questions I will be answering will address issues related to my experiences with the process of writing the autobiographical story and keeping the journal. The interview will be tape recorded to facilitate analysis of the data.

I also understand that as part of this study, my therapist will be interviewed specifically and only about her/his observations of me during the time of the project. I have been informed that my privacy will be protected and respected at all times. In all reports my name and identifying characteristics will not be used in any way or at any time, and the researcher will not share any information from the study with my therapist without my knowledge and consent.

I also understand that I have the right to use the material I produce for this study in therapy if I so choose. I understand that I can and should consult my therapist at any time during the study if I need to process and manage anything that arises because of what I am writing or experiencing as I review my life.

I understand that the originals of my autobiography and journal will be returned to me once the researcher has made copies for the project. I also understand that I can refuse to answer any question, stop the interview, and withdraw from the study at any time. I am free to participate or not without prejudice.

I understand that the results of this study will be included in Jennifer Iré's doctoral dissertation and may also be included in manuscripts submitted to professional journals for publication. I understand that I have the right to review material prior to the final oral exam or other publication. I understand that the results of the analysis of data from the study will be made available to me.

Because of the small number of participants, between six and twelve, I understand that there is some risk that I may be identified as a participant of this study.

I understand that a gratuity of \$15.00 will be paid for my participation and that writing materials — journals and note pads — will be provided by the researcher.

Signature of Participant

Researcher

Date

APPENDIX E

EXERCISE FOR BEGINNING THE AUTOBIOGRAPHICAL STORY

(I will lead participants through this exercise)

Introduction: In this study I am seeking to understand how writing an autobiographical account of your life as part of therapy can help create change.

We usually choose to begin therapy when we decide to work in some particular issue or problem that is important. Since this is research I would like to simply approximate this particular function of therapy. The way we will do this is to have you focus on an event in your family-of-origin that was experienced as being a problem. Once selected, this will be the focus of your life story.

A. Selecting the FOO problematic experience

I would like you to think back to your life in your family-of-origin and recall 3 or 4 specific experiences or incidents in which you had to deal with a problem or conflict. These incidents may have been experienced as uncomfortable and difficult, but were important to you at the time.

Write down 2 to 4 brief indicators for those different experiences.

B. Now select one of those experiences to remember in greater detail.

C. Once you have selected the experience, write down a more expanded and detailed account of the experience as you remember it. You may look more intently at the entire scene and note details of the interaction like sights sounds, smells, body language of participants, dialogue. You may focus on each participant in the event starting with yourself or another. You may note your expressions, thoughts and feelings, as the event was unfolding, as you listen to the language

used etc.

You may recall as much as you wish and are able to at this time, knowing that you are sitting here safe in the future of this event.

This story is the core of the story of your life that you will write for this study.

- D. The writing task is to explore how this experience might have influenced your life from that moment to the present. How might it have shaped your development into the person you are today, for example your inner leanings, ways of thinking, feeling and acting, how you conduct relationships, your sense of self.

You may explore as deeply as you wish and write as much as you wish or are able to at this time. This, after all is your life and your story to tell yourself.

The time limit for writing that I must give is 3 weeks. You may end before this since you will know when the story you want to tell at this time, is complete. There is no prescribed length or defined approach.

APPENDIX F

WRITING SUGGESTIONS/PROMPTS FOR USE IF NEEDED

(I will go through these with the person)

Try to describe your life with as much honesty and non-judgmental insight as you can. Try to avoid any tendency to censor yourself or assign blame.

It is possible to find yourself unable to access words to express emotions that emerge as you reflect on your life. If this happens, you may want to go to the journal, or note pad, or another page and draw, write scribble or whatever feels appropriate for you to do to express the emotions until you are able to write the words again.

If you find yourself at a place where you are not sure how to proceed you may look at the following prompts to see if they can help. You may also put down the writing and spend some time in reflection on the story, on the process, on yourself, before you attempt to start writing again.

Prompts:

- ◆ You may wish to explore the recurrence of the words or the themes heard in that core experience in your life.
- ◆ You may explore the perspective of the others in that core experience to arrive at a broader understanding of that event.
- ◆ You may want to look at the experience within its historical and cultural contexts and those of the participants.

- ◆ You may write about your relationship to the emotions experienced in that first event — what happens when that emotion arises, or what emotions arise when you are in similar situations.

You may choose to write about:

- ◆ External events: What was the weather like as the event was unfolding? What smells sounds, sights and feelings are part of the story? What is it like when these smells, sights, sounds and feeling re-occur in your life? What did you and the others in the event do immediately after the experience?
- ◆ Relationships: How have the relationships among and between participants in that event evolved since then? Has it influenced your formation and conduct of relationships? How does it relate to other experiences in your life?
- ◆ Conflict resolution: Was the event resolved? If it was resolved, was it resolved to your satisfaction? How did you feel about the resolution or outcome? Do you see its resonance in how you manage conflict?

If it did not get resolved, how do you feel about that? What sort of resolution would you have wanted? Do you see its resonance in how you manage conflict?

APPENDIX G

THE JOURNAL

(I will go over these prompts with the person)

The journal is provided as a place for you to record everything and anything that occurs during the time in which you are writing the story of your life, especially those thoughts, feelings, reflections, insights, emotions, that arise because of what you are writing. Grammar, punctuation, spelling etc. is not important.

Occurrences to record include dreams, thoughts, flashes of insight, memories, physical sensations, experiences, interactions with others, self-talk, reflections, anything and everything that comes up during this time as far as you are able to do so. You may also want to record other memories that arise even if they are not directly connected to the story you are writing. You may wish to write about them at another time.

It is also the place to write about the process of writing, what is easy, difficult about it, conflicts with the writing etc.

I ask that you date every entry and if possible make a note about what you had been writing about in your story.

These journal entries are part of my data for the study.

The journals will be returned to you after I have made copies of your entries.

There is no one best way to use this journal.

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