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PHENOMENA CONNECTED WITH AUTOBIOGRAPHICAL MEMORY DURING GENOGRAM SESSION ON THE COURSE OF FAMILY THERAPY

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Summary

The aim of the presented paper is to describe the mechanisms of autobiographical memory, especially processes such as memorizing, memory retrieval and reinterpreting memories, which may be useful in work of family therapists during genogram sessions. The changeability of the content of memories, especially when an original event is transformed during its memorization and retrieval, are presented. It is also shown how these processes can facilitate healthy reinterpretation of the elements of the memories. Autobiographical memory is an unstable and flexible phenomenon and the records of past events change over time. If family therapists take it into consideration, they create a new space for the therapists-families interactions. Patients may believe that what they reminisce are the real events and give them an obvious interpretation, although the psychological knowledge indicates that this interpretation is already adapted to the auditorium of listeners. A genogram session presents a unique opportunity to modify the way patients interpret important events from the past. A new, more “friendly” way of how each partner understands his or her past fosters more mature explanation of present and past behaviour. Family therapists may benefit from taking into consideration memories as a fluid matter, which is not a reliable record of past events but rather a result of reflection of the relational and cognitive processes that occurred in the past, and is still in progress during a genogram session. This could be supported by therapists when they create a good alliance with the family, invite everyone to share memories about families of origin, or stimulate the dialogue about these memories.

Introduction

This paper describes the mechanisms of autobiographical memory and processes such as memorizing, memory retrieval and reinterpreting memories used by family therapists¹ during genogram sessions. The course of memory processes affects the therapeutic change in the situation of remembrance by clients participating in family therapy and reinterpreting memories of their families of origin. The authors also present changeability in the content of recollections, especially when original events are transformed during memorization and retrieval processes and show how these processes can facilitate a healthy reinterpretation of some elements of these recollections. The most important phenomena conducive to reinterpretation are relational processes taking place during the genogram session, such as group establishing memories and a therapeutic alliance.

Genogram

A genogram as a method of collecting information about family structures, patterns and relationships has been used in family therapy since 70s of 20th century [1]. Genogram is a like genealogic tree, which contains description of family members and their relationships. In contrast to genealogic tree genogram contains additional information about socio-economic status of members of the family (like age, education, profession) and extended description of their individual features (i.e. addictions, cause of death, disabilities). The possibility of recording data in a clear way and as one image makes gathering indispensable information much easier. This is needed both for diagnosing a family system¹ and formulating psychotherapeutic interventions [2,3].

One of the most significant advantages of the genogram is its theoretical openness, that is the possibility of applying various theoretical approaches to interpret the collected material [4]. Involving this technique in family therapy relates to Bowen's Transgenerational Model, within which "family diagrams" started to be used [5]. The term "genogram" later replaced that concept, referring more directly to the family tree and consequently, to the objective facts of a family history. Genogram technique demands special attention aimed at the mechanisms of autobiographical memory as it relates both to objective facts of a family history and to their "subjective" interpretation by the participants of a session. Taking advantage of the openness of this technique, it is worth giving it a deeper scientific insight in relation to the psychology of memory, and especially autobiographical memory.

Autobiographical memory

Autobiographical memory is responsible for "storing material concerning an individual's life history" [6, p. 18]. Its specific content is not only the record of one's behaviour but also behaviours of others. This defines, almost automatically, that the meaning of the behaviour of the people from our recollections may undergo therapeutic influence. Memory psychology shows that although individuals do not remember the details connected to specific, recollected events, they store generalized and schematic descriptions of particular type episodes [7]. This generalized material is of narrative structure - the behaviours of others are remembered and consistent with logics of the whole recollection [8]. The content recorded in memory agrees with the comprehensive view of recollections from specific time, i.e. the relationship between parents when the speaker was a teenager. If we recall an argument that took place between the parents at Christmas, when we were nine, it is most probable that in our recollection it was the father who gave in and withdrew from fighting, because such is our generalised perception of their relationship. Even if that time the father behaved quite opposite, we would not recall that fact as our experience preserves the fact that it was

¹ In this paper "family therapy" means a systematic approach to family/couples psychotherapy

him who used to give up conflicts. As specific memories are completed in line with a general narrative scheme, we are more likely to find information on generalized emotional experience during a genogram session rather than a precise and accurate relation of events. First, only basic, generalized experience is encoded in earlier and more schematic memories and we expand recollections of specific people in specific situations and we attribute to them intentions consequent to this experience [9]. In our recollection, we attribute the intentions of submissiveness and conflict avoidance to the father, while dominance and a lack of respect for others' opinions is attributed to the mother.

It is worth mentioning that therapists may influence the reinterpretation of motives behind behaviours of the recollected individuals. The reinterpretation does not need to be in the form of a conversation. In this work we will try to show memory mechanisms that automatically support the process of reinterpreting memories.

Memory in close relationships

Studies on autobiographical memory in close relationships indicate that partners can influence each other's memories for events. The results of research on episodic memory in close relationships show that those who are satisfied with their close relationships can easily recollect positive episodic memories about this relationships [10]. Moreover, when two people talk about similar personal experience, selectivity in memory concerning a given type of the speaker's experience induces similar selective memories in their partners. This is especially intensive between close partners who create so called **socially shared construction of past memories** [11].

It has been shown that the recollections of the last week's events undergo some distortions when they are related at the presence of the partner. The accounts of past events have differed depending on the better or worse relations between couples at the very moment [12, 13]. It reveals how the existing level of comfort in a relationship influences recounting of past events, and especially, interpreting behaviours of people in such retrospections. This phenomenon may be applied for interpreting a therapeutic relation when the comfort in relationship between the therapist and the speaker can affect his or her recollections. It would suggest that the quality of the created therapeutic alliance between a family and a therapist has an impact on the recounting past events during sessions.

We may believe that when the alliance is good, not only more recollections will appear, but also, they shall be more varied and "reveal" more elements concerning the family. However, despite of considering the alliance between the couple and their therapist, we should also consider the level of present cooperation between the partners themselves. Studies show that relating and recounting of past events in the presence of others may alter their contents. For instance, the same events "retrieved" by twins differ up to 75% of details² [14], and partners in romantic relationships adopt some

² In this study every kind of twins were involved, not only monozygotic.

recollections or change them under the influence of their other halves [15, 16]. It is possible that recounting past events connected to the family of origin differ from recounting past events connected to current relationship as in the latter case, memories of each partner are “co-constructed” by the other.

One study has shown that even if one partner presents untrue information about an event, the other who recalls it, adopts his version, and weaves it into his own memories [15]. Other authors suggest that people who are in a long-term close relationship provide to each other new information (events) that change memories [16]. A likely explanation is that the past events recalled during a genogram session have already been agreed with the partner, with whom they are “retrieved”. On the other hand, this opens a way for their modification during the session. It may be indicated that during a genogram session people provide to each other a great deal of relevant information about themselves - both in the form of memories and their interpretations by therapists. Moreover, during a talk one does not relate one’s whole past, but only some of its chosen elements [17], **so talking about the past is always selective**. This data indicates the weight of recounting past events during a genogram session as well as its tendency to be reinterpreted and build up.

The mere fact of recollecting events at the presence of a therapist and in relationship with him, is in favour of openness to reinterpretation. Studies focus on recognizing the way how information from memories of one person is transferred into recollections of another [18]. They imply that the retrieved content is only a highly unideal representation of original events. However, it contains significant and real elements that can be included in the other person’s recollections of the same event (completing the inexact memories). Quite often it is a conscious process, i.e. when we ask the people who are close to us to recollect a mutually experienced event, we trust this external source of information but we ourselves are not certain about the accuracy of our recollections [18].

We can observe the speakers complementing each other’s recollections during a genogram session (i.e. when the wife notices inaccuracy in her husband’s recollections concerning his family history). In this context, it seems important to examine which family histories have appeared between the spouses before, and which ones have appeared for the first time. We can presume that these recollections that a spouse is very familiar with, have been agreed with him or her before, and the reaction of the other spouse has already been imprinted in them.

For instance, a wife recollects episodes and describes her past worries and feeling of fear caused by her father’s demanding attitude towards his wife and children. At the same time, her husband adds that in her relations, her father is always a dominant personality and she nods approvingly. Therapists can relate to the level of agreement of such recollections by asking if “dominant” is an adjective originally used by the wife or it is used by her husband for describing her father’s behaviour. Additionally, she may be asked whether in her childhood she perceived her father as a dominant

personality or in other way. Finally, we can check if her husband's perception of her recollection concerning her father's behaviour is supporting or weakening to her.

One of the phenomena in this field of studies is **metamemory** that refers to recollecting information as the first step of "retrieval". The second step comprises an individual's decisions about the way of transforming retrieved information into complete recollections, told others [18]. We can presume that during some session clients can transform their memories using the clues provided by therapists. Probably, while therapists are asking about developing the description of a given past episode, the speaker complements his recollections with details essential for the therapy. For instance, instead of thinking during a session that the dominant father mentioned the above, behaved like that in his own family because he himself had aggressive parents and he tried to display his authority without resorting to violence, his daughter may say that she used to think so in her childhood. In reality, those thoughts would be additional information complementing the recollections retrieved from the scheme.

To sum up the above results, we may conclude that when we recount past events, we may subjectively believe that we recollect real events and give them obvious interpretation, although this interpretation has already been adapted to the audience of listeners. This makes way for reinterpreting past events, and the core of genogram session is discussing recollections in the therapeutic system. Consequently, with the passage of time, they obtain new narrative reworkings.

Consequences of retrieval in modern transgenerational family therapies

We propose a thesis that post-modern approach in family therapy gives therapists a bigger opportunity to introduce changes during a genogram session than modern approaches. This happens due to applying knowledge of psychology of memory. In the modern approach, therapists reveal and raise awareness of relationship patterns in the client's family. The level of differentiation not only of one's own self but also other members of the family can bring some consequences to one's development. This clinical idea is related to recalling events in one's memory or inquiring other family members about the facts and history of their ancestors and treated as existing and accessible in memories [19].

Another issue worth mentioning is the purpose of using genogram in **classical transgenerational** family therapies, in the context of autobiographical memory. The basis for Bowen's concept is belief in existing permanent chronic anxiety [20]. In the life of a family this anxiety may come with its members pursuit of autonomy and personal freedom that the others perceive as a loss of relations. This anxiety is related to the fear of excessive closeness that may affect autonomy or one's own self. The genogram therapeutic work inspired by this approach identifies such patterns as: past fusions, coalitions, emotional cut offs among family members as well as fights and

arguments that are perceived as protection against growing closeness. It should be stressed that this modernistic approach, deeply rooted in family therapists practice, treats these events as real facts existing in memories of clients or other people close to them. There is a tendency to separate individuals from existing patterns that are treated as real, but also may be a source of their limitations.

Family loyalty is a kind of family pattern identified by contextual transgenerational therapy approach that uses genogram as a basic tool in a similar way to the above [21]. Contradictive delegations can be a special problem to an individual, i.e.: a woman may be expected to be a caring mother and to be a fully satisfied employee at the same time. In such cases they try to cope with “transgenerational heritage of split loyalty” [22]. The purpose of this kind therapeutic work with genogram is gradual revealing of family goals, values, ambitions and expectations some individuals must cope with. There appears an important question concerning the epistemic status of these family events, beliefs, and values in the context of memory processes described in this study as it isn't obvious by whom and when were they were constructed.

Modernistic approaches described above, which treat family patterns as really existing and easy to recall, are different from the post-modern ones that emphasise the meaning of narrative construction of reality. The post-modern approach is closer to studies on autobiographical memory perceived as a narrative construction of reality. As it has already been said, the aim of a genogram session in this case is the “shared” narrative development of “spoken” memories to make them consistent in the context of the present relationship. Moreover, owing to this therapeutic ideology, each partner can change his way of experiencing their mutual life [2, 23, 24]. It may be said that **family members together with the therapists have a great impact on the sort of memories ‘retrieved’ and told by each family member during genogram family therapy session.**

Autobiographical memory and genogram

When considering contemporary knowledge of autobiographical memory functioning, it should be noted that there are two groups of data gathered during a genogram session. The first one consists of family history events connected with specific places and times, that is **family factography** (dates and the mere fact of birth, marriage, separation, divorce, removal, a diagnosed illness or death), while the other group comprises any **comments and interpretations** of this factographic data during a genogram session. These “family facts” are connected with stories, intentions and interpretations that are formally “retrieved from memory” during a session. Bowen described them as an overview of a family emotional field [5]. An interesting thing is that these formal facts taken from family history are also remembered in different ways e.g. family secrets that may be hidden or altered [25]. This concept concerns such issues as: sexual matters, the causes of illnesses, especially these raising anxiety or shameful ones, deaths (i.e. suicides). These “changed facts” need to be retold with new

intentions and interpretations passed down in family stories. It can be said that in the light of contemporary knowledge of autobiographical memory functioning, these “objective facts” taken from family history not only do not need to be hidden due to family shame, but also are remembered or retrieved in a socially or family constructed way.

According to clinical concept presented by Boszormenyi-Nagy and Spark, an individual as an object included in a multiperson network of family loyalty, is emotionally depended on family stories which may modify his recollections [21]. Obligations towards the family group can be of open nature, i.e. a direct demand of receiving care from the youngest child or hidden, i.e. when an individual feels discomfort obtaining his own goals. It is often difficult to relate directly to family expectations as they are verbally blurred or even openly denied. The expectations and demands are internalized during the whole process of individual development and this may influence memorizing of family events. It is known that initially, in the first stage of retrieving, a general sense of events is retrieved, and then, more specific content is modified accordingly. For instance, if we remember that we did not like a schoolmate, we would rather not remember being friendly to him [6]. **Processes of pursuing memorized events and finding a sense in them is thought to be one of the most significant disturbances in autobiographical memory** [13]. In a classical way, these processes concerns family motives. The knowledge of autobiographical memory shows that they occur automatically and cannot be stopped by revealing family motives (such as shame or family loyalty) as they are a part of natural activity of the mind. Narrative psychology suggests that it is not possible to get to our original memories. The fact itself that they are modified with time, is not a pathological matter. Practically, we may presume that these memories are modified and try to define the course of such modifications.

During a genogram session we obtain recollections whose content is change when compared with original events as a result of at least three processes: (1) memorizing, (2) past “retrieval” and (3) the present context of retrieval. Thus, here we will gain actual insight into phenomena related to “retrieval” and their effects during a genogram session.

Retrieval of events

Researchers involved in studying memory try to understand how the presence of others affects the process and content of “retrieval” [6,18]. The results of studies on the influence of the partner on “retrieval” memories of one’s own relationship has been discussed above. From a psychotherapeutic point of view, the possibility of influencing these memories by the mere presence of therapists and their activities seems to be more important. Memory researchers indicate numerous phenomena that arise during the retrieval of personal memories at the presence of others.

Memory conformity research shows how the content of someone’s words influences recounting the past events and the way of presenting them [26]. Other studies indicate that people

adapt the content of their memories to the present audience of listeners [6, 26, 27], even reminiscing or co-creating with them (which is called *misinformation effect*) [15]. It is known that people complement their recollections with elements they have not witnessed personally but they learned about them later from others [28]. What is more, their memories are modified with the passage of time by discussing them with others who did not participate in original events [27]. Such discussions can also modify the original record of past events by adding new elements, including these records that relate to collective memory of the events memorized by others [29]. Additionally, the content of recollections often depends on the aim of retrieval [13, 30, 31] and the circumstances in which it is taking place at the very moment [27].

Additionally, the account of past events of one's family of origin appears during a session at the presence of therapists and as a response to their inquiries. However, retrieval is motivated as a goal behind a therapeutic session, that is understanding the past of one's family of origin in the context of explaining ongoing problems in one's own family. Thus, the content of recollections is adapted both to the goal of the session (why am I recollecting?) and to these who are participating in it (who is witnessing my reports?). The audience of listeners are therapists and partners. The partner shall be open enough to understand rather than judge the speaking person [32, 33]. The other important factor is the way therapists encourage clients to tell their family history. It is another topic for further discussion, but in a nutshell, it may be presumed that a person is likely to recollect other events in response to general inquiry (such as: How did your parents get on with each other?) and answering precise questions in fairly different way (such as: Which of them was more controlling?). As audience is important for the content of one's memories, so the role of therapists as the audience is especially significant.

The account of past events during a session is not a record of original episodes but a result of the process of numerous recollections modified by discussing them with family members. Owing to telling personal stories during a genogram session we can notice the ways of interpreting events that emerged in the contact with other audiences. The above phenomenon of collectively arranged memories [6, 31] indicates that groups in principle negotiate their images of events that occurred in the past (such as family celebrations) and these images are remembered by them. However, information remembered by one person but not matching the general perception, is ignored by other members of a group. This effect is especially noticeable in the case of families [34]. By inquiring about the sources of interpretation of recollections (i.e. Why the events are perceived in this way? Who would agree with such interpretation and who would not?), we can reveal interpreting lines of important events, and by suggesting various interpretations, they also can be discussed within the group. This gives us access to the rules attributed to interpreting an event and the involved therapy system seems to become a new group with whom the recollections can be reinterpreted [2].

Studies on **socially shared retrieval-induced forgetting** indicate that when two persons talk about their similar individual experience, the selectivity of remembering a given of experience in the speaker induces similar selectivity of remembering in the listener. Moreover, this effect is even more visible when both persons are close emotionally - namely, they share construction of past memories [35]. The level of dominant similarities in the stories concerning the families of their origin (i.e. the partners describe resourcefulness of their families), is possible to be recognized during a session. Then we should find how their beliefs on resourceful families influence their relationship. It may be observed that from memory processes point of view, these stories are selective and include only the elements that are not compatible with the idea of resourcefulness in both families.

It is known that information concerning past events is subjected to numerous modifications consequent to the repeated account of past events [6, 35]. This means that if people can adapt some elements in their stories to the audience of listeners [15], their memories are slightly modified each time (*collaborative remembering* phenomena) when they are recollected [31]. From a therapeutic perspective, this is a key feature of memory processes opening a healthy motive-related reinterpretation³ of memories. In this way therapists obtain tools for changes as recollections discussed during sessions are remembered by clients in the modified form- namely, including new elements of motive-related interpretations. However, if the process of motive-related reinterpretations occurs not only by being discussed during a session but also during the recollecting itself, it may be metaphorically said that **therapists listen to already modified stories and those stories are the subject of a genogram session.**

Memorizing reinterpreted recollections

The above mechanisms facilitate a healthy motive-related reinterpretation of memories recollected during a genogram session. Additionally, such recollections with their new interpretations are once again “packed” into more general schemes from which they were primarily taken out. In this way slight changes are introduced to the schemes.

This “packing” often takes place during a highly emotional situation which is a therapeutic session. As we know, the presence of listeners and their relationship with the speaker, especially when they are close to each other, influence the way the retold recollections are remembered again. This memorizing occurs in social interactions with active participation of listeners [18] who comment on the recollections by relating to them, questioning them, which is an active reinterpretation of the account of past events. Studies show that commenting on them and thinking about them, may cause distortion of memories and those who have held numerous talks about an event can more easily absorb

³ The term “reinterpretation of motives” is used further in the text for describing a process in which clients and therapists are involved in new possibilities of understanding a sense of a recollection as well as motives and intentions behind the actions of people mentioned in it.

new information into existing cognitive schemes [6]. Moreover, the content of memories - especially concerning dramatic events - usually alters with the course of their narration [24], frequent retelling and discussing them with others [37]. Some researchers indicate that one of the four functions of autobiographical memory is retrieving memories for solving ongoing problems of life [32]. Revealing recollections allows to integrate them with existing knowledge more efficiently and modifies emotional signs of memories (reduces emotional strength induced by memories), prevents ruminations and intrusive thoughts [6].

Summary

The main goal of this paper is the description of autobiographic memory potentially supporting a therapeutic change occurring during a genogram session. The current knowledge of memory processes supports post-modern family therapy theses [32]. This knowledge indicates that autobiographic memory is a phenomenon of a significant fluency as the records of past events alter in the course of time. Taking this fluency into account opens new space for therapist's activities applied during a genogram session. Additionally, this knowledge indicates the power of social reinterpreting motives as changing autobiographic memories of an individual. A genogram session brings a unique possibility of significant modification in interpreting events of one's past and changing fundamental elements of one's identity in the context of current relationship. This new and "friendlier" way of understanding the partners' past is beneficial for explaining their present and past behaviours and as such creates an important element supporting family therapy.

In relation to the knowledge of autobiographic memory, the corrective role of genogram sessions may be constituted by:

- a) "retrieving" family memories in therapeutic environment constitutes unique possibility of their reinterpretation,
- b) therapeutic environment, which supports healthy reinterpretations, such as: "retrieving" in a group and collective arrangement of recollections and other phenomena that have not been mentioned in this paper, i.e. the therapeutic alliance,
- c) "retrieving" at the presence of an intimate partner not only creates a possibility of reinterpreting one's own memories but also understanding and participating in the partner's reinterpretation.

The family and couples therapists may take advantage of treating memories as a changeable matter that is not as much as an accurate record of past events but an effect and reflection of relation and cognitive processes that influenced them.

It is worth mentioning that these memories are subjected to further changes in genogram sessions. Therapists can support healthy changes by creating a positive alliance with a couple/family,

encouraging each individual to share the recollections of their family of origin or stimulating dialogs concerning these recollections. The dialogs should be related to understanding, discussing intentions and motives behind the actions of individuals named in clients' memories as well as exploring the motives from different perspectives. The power of genogram sessions strengthens memorizing of reinterpreted versions. Specifically those memories, which were reinterpreted in dialog with therapists has more significant impact on client's self-perceptions than memories which were only told to therapists [37].

Moreover, the memory mechanisms described above may constitute only an additional function to support activities of family/couples therapists. Reinterpretation of motives in recollections has numerous limits, alike the limits related to each process of introducing healthy changes during psychotherapy. First of all, clients must give their consent to apply therapeutic interventions aimed at introducing changes in understanding their own past. The phenomena described in this paper do not allow therapists to apply activities being beyond clients awareness or to introduce changes in their recollections without their knowledge and consent. Understanding memory mechanisms may be very beneficial for therapists but only when they apply them in accordance with ethical standards for psychotherapeutic practice [38]. We should bear in mind that there exists significant lack of sense of security in the relationship, recalling and reconstructing past events may be especially painful for a speaker. It may facilitate labelling the speaker's family by his/her partner or provide such reinterpretation of past events that modifies recollections into anxiety provoking way, which reinforces the sense of being a victim, general helplessness or exclusion.

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