

EARLY CHILDHOOD RECOLLECTIONS AS AIDS IN GROUP PSYCHOTHERAPY¹

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The significant role of early childhood recollections and images (11), henceforth called ECR, first brought to light by Alfred Adler (3), has become more widely recognized within the past decade. According to Adler:

Early recollections are most helpful in revealing what one regards as values to be aimed for, and what one senses as dangers to be avoided. They help us to see the kind of world which a particular person feels he is living in, and the ways he early found of meeting that world. . . . The basic attitudes which have guided an individual throughout his life, and which prevail likewise in his present situation, are reflected in these fragments (2, p. 287).

Adler compared ECR to the story of one's life (1). The individual repeats it to himself—as a warning or comfort in times of stress—to help him concentrate on his goal and/or to prepare him, by means of past experiences, to meet the future with an already tested style of action.

The recent literature sheds further light on this subject. Among the conclusions borne out by these studies are: (a) ECR frequently clarifies the central theme of the neurosis (7). (b) Certain differentiating elements are found in ECR between schizophrenic and neurotic patients (6). (c) ECR proves to be of value both in a practical testing situation and with reference to personality theory (10). (d) ECR serves as a check on other projective material (12). (e) The first memory often reveals "the organ of choice for the psychological expression of anxiety" (5).

Group psychotherapy affords a special opportunity to observe the significance and validity of ECR and its therapeutic implications as revealed in the "group family" constellation. In a therapeutic group setting where eight to ten individuals are trying to work out their problems, it is inevitable that each member will re-experience his entire network of relationships. While in individual therapy the patient's reactions are limited by the presence of only two persons, the therapist and himself, the group setting, which offers peers, older and younger members, both male and female, enables the patient to re-

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experience, with his "group family," relationships which mirror those of his nuclear family (8).

ECR's are actually interpretations of the earliest experiences of the individual; the subjective picture of his immediate environment, his home circle, is a prototype of the whole outside world as perceived by him. To repeat a well-known axiom: The child-parent relationship is a determining factor in shaping the child's ego, and with it his identification patterns. He projects these relationships onto the world at large so that it becomes his "private world," which he proceeds to deal with in terms of his "private logic" built up from his earliest experiences. His ECR reflects his life style and constitutes a blueprint of his behavior.

In content, ECR deals with the individual's primary group—parents, parent substitutes, and siblings—and his early responses to challenging situations within this group. If we accept the concept that family attitudes tend in general to reflect other human relationships, ECR's should enable us to predict how a person will pursue his goals and relate to others in a "group family" setting. For this purpose, I have in recent years asked patients specifically to include with their ECR an *image* of the family as a whole.

The author's purpose is to show how ECR can aid the group psychotherapist in the initial treatment-planning interview, in launching a new group and in stress situations. It might often be of great value in answering the following pertinent questions with which each therapist is confronted. (a) Can the patient go immediately into a group? Does he need a short or long period of preparation, and what specific kind? (b) Does he need combined treatment? Or can he hold his own on a group level? (c) What is the patient's emotional capacity for relating to authority and the peer group? What is his dependency-independency status?

PLANNING OF TREATMENT

The following cases illustrate how ECR helped the therapist in the choice of treatment, by enabling her to foresee a negative experience for the individual as well as for the group.

L. remembered: "I was standing on a chair. Mother was fitting a dress on me." Her description revealed, among other elements, that she still wanted an exclusive relationship with her mother, to have something "tailor-made" and to be "elevated." Although L. had four siblings, this was the only spontaneous recollection of her family.

This recollection was a warning that the patient would have a difficult time if plunged immediately into a group, for she would not have a "mother" devoted exclusively to her. The treatment-plan decided on was to work through L.'s need to be the sole love object of her mother which meant abandonment of the rest of her family. After a year, first with individual and then with combined psychotherapy, the patient was ready to give up her quest for an exclusive mother-child relationship and slowly came to recognize how difficult it has been for her to accept the idea of sharing her mother with four siblings.

P., a man of 25, said: "I was waiting in the street for father. When I saw his car coming, I ran toward him with outstretched arms. He yelled angrily, 'Go back into the house and put on your coat.'" This early recollection showed in the initial interview that the patient would look on an authority figure as someone who would rebuke him, reprimand or even punish him, and that he would thus find it difficult to establish close rapport with the authority-parental figure, the therapist. It was as though the patient wore a warning sign: "Keep your distance. If I stretch out my hands to you, I know you will reject me."

It was decided that P. would have only a few individual sessions before entering a group, in the belief that he could establish good peer-level relationships, although he could not accept an authority-parent relationship. P., indeed, related to the peer group very rapidly, and took a long time before he trusted and accepted friendliness from the psychotherapist. P.'s case presents a sharp contrast to that of L., who required a long period of combined treatment before she could accept the "group family" situation.

PROGRESS OF TREATMENT

When launching a new group, and the group still finds it difficult to bring forth meaningful material on its own, the therapist may ask the group for an ECR. Invariably, at least one member will volunteer. This evokes responses of sympathy and empathy from the other members, as well as their own ECR's. Both inter- and intra-communications are established, either on a verbal or non-verbal level.

In times of crisis of an individual patient during group therapy, the therapist should keep ECR in mind as an aid to understanding the deep-seated motivations underlying the patient's manifest behavior.

N., a 22-year old girl, joined a new group with a very few individual sessions. In group meetings she was very dependent on the thera-

pist, moving slowly and with great caution. After a few months the group began to meet once a week without the therapist, so-called alternate meetings. N. refused to attend these alternate meetings, using all kinds of alibis, and was about to leave the group when the therapist, in front of the group, brought out her first ECR. "I was left alone at home with my sister. We were jumping rope in the street. I fell down and cut my lip."

The patient's response was immediate. She said excitedly: "I never saw the connection before, but it's true I was never part of a gang. I guess I'm afraid that if mama is not around to watch me, I'll cut my lip again." At this point she looked around at the members, whose manner was both sympathetic and supportive though they had not joined in the discussion, and said: "I'll risk it this time." She joined alternate meetings, but her fear and anxiety continued for a long time.

The therapist may also be helped by ECR in predicting and understanding certain behavior patterns during treatment which might otherwise be overlooked or misinterpreted.

D., a man of 27, gave the following ECR: "I was sitting on mother's lap. Father came and pulled me off." With this recollection in mind, the therapist was prepared for D.'s exhibitions of anger and hostility, followed by accusations, which occurred each time after he had established a friendly relationship with a girl in the group. The ECR made it easier for the therapist to understand the patient's testing and abusive behavior at the outset and to cope with it at a propitious moment therapeutically.

J., a young man, when asked initially for an ECR which would include a picture of the family as a whole, described himself sitting at a table with his immediate family and relatives—a much larger gathering than usual. A frightening silence ensued; their seemed to be neither relatedness nor communication. J. continued: "To this day I can't talk when there is company around the table. I can only talk in a one-to-one relationship." This patient was practically mute for over a year in the group. He became a so-called absorber and required prolonged combined treatment.

In addition to eliciting ECR's in the initial interview, the therapist may also call them up any time a patient exhibits emotionally charged, repetitive, and compulsive behavior, as in the following case.

F., a 35-year old man, became uncomfortable and fidgety and started to look for another seat, whenever he found himself sitting on a couch between two people. After this maneuver had been observed again and again, he was asked the reason for his restlessness in this situation. "I can never sit between two people," he replied. "Whenever I get in this spot, even in a restaurant or bar, I get completely paralyzed and unable to communicate." He associated this with his family constellation: "I was the middle one of three brothers and the smallest. People always thought I was the youngest child. I hated to be in the middle, and always felt that my two brothers squeezed me out. Even today I can't have a good time with both of them. It has to be one or the other."

At this point F. was asked to look back and attempt to recall a specific unbearable situation relating to his place in the family. After a few minutes of silence, he said: "Something comes to my mind that I haven't thought about since my childhood. There was a parade in our town, and I was watching, holding a hand of each brother. Suddenly someone yelled, 'Hey, you little one, get out in front.' I became frightened and started to cry." Thenceforth, he was able to elicit many other ECR's. He became increasingly better able to relate at the peer level, both within and outside of the group. He was finally able to say: "I know I'm not a small potato any more."

As individual members grow and mature during group therapy, they slowly give up the negative recollections that "justify" their anger with themselves and the world. They begin to elicit pleasant ECR's and are always astounded to realize how carefully and purposefully they hid these recollections from themselves in order to justify their actions. This confirms Paul Brodsky's statement that those memories are recalled which, at the time they are reproduced, serve to justify the individual's approach to life (4).

SUMMARY

In group psychotherapy, the use of early childhood recollections (ECR) in the initial treatment planning interview can guide the therapist in placing the patient in the treatment set-up best suited to his needs. ECR can help the therapist to overcome resistances in the beginning of the group process by facilitating inter- and intra-personal communication in the group. During treatment proper, it can help the therapist and patient, as well as the group, to recognize the pa-

tient's style of life and his goals, and to clarify compulsive, repetitive and irrational behavior. More extensive study will reveal even wider application of ECR as a projective diagnostic and prognostic technique.

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