

THE USE OF EARLY RECOLLECTIONS IN PSYCHOTHERAPY¹

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My paper deals with only one technique of Adlerian psychotherapy. But it is an important one. The preceding speaker, Dr. Kurt Adler (2), has referred to it in each of his cases. It is the use of early recollections (ERs). I want to clarify this technique because sometimes there is some difficulty in understanding it. How is it that the Adlerian approach which, in contrast to Freud, emphasizes the present purposes of symptoms and present relationships of the grown-up, and tends not to talk much about the past, does stress ERs? The answer is, as I am sure you have gathered from Dr. Adler's presentation, that our use of ERs differs from that of other schools of thought. I shall deal here with the Adlerian theoretical basis for the ER technique and some psychotherapeutic applications of it.

An individual's life style includes most importantly a cognitive framework which enables him to understand the world, and to select behavior which will advance him toward his goals of safety, security, self-esteem, and success; and will protect him from insecurity, danger, and frustration. All this is more or less "erroneous," depending on whether the individual is more neurotic or more healthy. Each child selects from his many experiences some which impress him deeply and which he makes the landmarks of his cognitive map. We are not interested in the forgotten, but in what is remembered in this way. It is as if the individual would say to himself, "Because this or that happened to me, I should never again behave in a certain way," or, "This or that brought such desirable results that I will behave again in a similar way and thereby reap the same reward."

The ERs reflect the person's guidelines for his behavior. An incident may really have happened as it is remembered, or the individual's assumptions and explanations about it may have been added, or it may never have happened. The result is the same. The

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ER will reflect the individual's opinion of the world and himself and the path of behavior he has selected for himself to cope with a complicated world.

ERs understood in this way are of the greatest help in psychotherapy. Instead of meandering in the patient's so-called unconscious and hoping that so-called free association will bring valuable material to light, the therapist is enabled by the ERs to follow an active course, focused on important material, to understand the life style. Such material also includes dreams, and observations of the patient's relationships to the therapist and others in his life, and the like. But ERs in particular help to focus quickly on crucial problems, the nature of the patient's or client's mistake about himself, his aspirations, and the world around him.

The first stage in establishing the therapeutic relationship and atmosphere should be given to questions about the patient's complaints and what brings him to therapy. At the same time there is opportunity to observe the patient's face, figure, the way he talks, thinks, and relates to us. As the next step the therapist shows his interest in ERs, and the patient is asked, "Think back as far as you can, and tell me your earliest memory from your childhood years." We differentiate between early memories and reports. We do not want a report, a generalization of the person's life as a child, such as, "I had a happy childhood," or "My parents rejected me and I was always lonely." ERs are vivid concrete incidents with all the details and emotions attached to them. To quote Adler:

His memories are the reminders [the person] carries about with him of his own limits and of the meaning of circumstances. There are no "chance memories": out of the incalculable number of impressions which meet an individual, he chooses to remember only those which he feels, however darkly, to have a bearing on his situation. Thus his memories represent his "Story of My Life"; a story he repeats to himself to warn him or comfort him. . . . A depressed individual could not remain depressed if he remembered his good moments and his successes. He must say to himself, "All my life I was unfortunate," and select only those events which he can interpret as instances of his unhappy fate. Memories can never run counter to the style of life. If an individual's goal of superiority demands that he should feel, "Other people always humiliate me," he will choose for remembrance incidents which he can interpret as humiliations . . . The first memory will show his fundamental view of life, his first satisfactory crystallization of his attitude (1, p. 351).

These old memories are not reasons for present behavior. They are not causes; they do not determine present behavior. They are hints; they help to understand the guiding fiction; they indicate the movement towards a goal and what obstacles have to be overcome.

Because we can use them sooner or later, I write them down, so as to be sure to remember them for later use.

But first a therapeutic atmosphere of mutual involvement must be established. The patient must be brought into a state where he likes to listen, where he wants to understand. Only then can he be influenced to live what he has understood. Insight is only useful in an atmosphere of trust and courage. After such an atmosphere has been established, the therapist must evaluate the next therapeutic steps: how to use his knowledge about the patient's difficulties, and how and when to confront him with the errors in his life style based on childish apprehension and misunderstanding. The timing of these interpretations and confrontations differs from case to case.

Some therapists differentiate between emotional and intellectual insight. This seems to me a mistaken dichotomy. Insight becomes meaningful to the patient if it is accompanied by two discoveries: first, that his neurotic suffering has been unnecessary; ERs are chosen, voluntary landmarks in an environment obtruding itself and influencing his developing cognitive structuring; and second, that a more realistic, adequate understanding of his present-day environment gives him the opportunity for socially directed, rewarding, coping behavior.

The whole idea is that we can explain to the patient that even if all the past happened as he remembers it, he can still shape the present and the future, and he is not just a victim of his past. This view makes the patient much more hopeful, and optimistic about therapy.

Usually I ask a patient to recollect a series of from five to ten incidents, in one or two therapeutic sessions, although this many may not be necessary. Often a single ER can illustrate a life style and bring therapeutic gain.

My first example will be one of a patient in whose case the interpretation of one ER brought immediate relief. Yet I do not think it easy to change a person's life style and life goal by a very short course of therapy. But I do think that even a patient who has had a long previous therapy can gain new hope and a new outlook on his symptoms if he sees the connection between his early recollections and present-day sufferings. It seems that in my practice patients have frequently been in therapy previously, often for years, without any change for the better. Time and money run out and they want a more active approach, a new, so-called new therapy, although we consider our method quite an old one.

SICKNESS, THE PRICE FOR ATTENTION

This is the case of a 30-year-old divorcee who had been in treatment, elsewhere, for years, because of headaches. She is a very gifted person who publishes and illustrates children's books, has a good job, and is also a free-lance writer. Her headaches are so severe that she is sometimes unable to work, either for herself or where she is employed.

She told me the following in the second session. Her father had been a very busy general practitioner who spent most of his time in his office which was not in the home. The mother felt always very neglected and angry at the father's absences, and the mother, the patient, already when she was ten years old, and her younger brother, suspected that the father used his office to have an affair. So his neglect of the children was an important factor. Even when the children were sick he frequently said, "Ah, it's nothing serious," and didn't come home any earlier from his office.

But once when the patient was six years old she had a stomach ache, and the mother called the father up, and he came home and suspected appendicitis. He got upset and took her to the hospital himself. It turned out not to be appendicitis and the patient was not operated on; so she did not have that satisfaction in the hospital. But she did have the satisfaction of seeing her father upset and caring for her. When I asked her to describe the feeling of the memory, she said it was "exquisite." I found this very striking, because, you know, she vomited, had a stomach ache, and all the symptoms of a severe disease. But the care and the concern of her father made it an exquisite memory.

Now that was so striking that I told her right then, in the second session, that perhaps she feels being sick is the only way to get attention. Thereupon she reported in the next session that her headaches had diminished to a very great extent, and that she now understands the difference between me and her previous therapist. During the several years that she had worked with him, he had always explained her headaches as repressed anger and had suggested that each time she had a headache, she should find out at whom she was angry. It hadn't worked, she said. Though she believed in this interpretation, it seemed six-times-removed because it was so hard to find anybody at whom she really was angry. But my interpretation, that she wanted somebody to be nice to her, to

show her concern or attention, seemed to be only once removed. It still didn't strike her as the only true explanation, but it was somehow easier to accept that she really wanted somebody to be nice to her and that the disappointment brought on the headaches. She was in a very good mood because she hadn't had any headaches during this week, whereas she used to have headaches at least three days a week, and she could work so much better now.

This of course does not mean that her life style changed, which is still in many ways one of dependency, but it certainly gave her more hope to straighten out her other problems which she has with men and girl friends, and to feel in general, which I think is very important, that relying on others is not a very safe attitude. Though as a child she had to rely on others, now she could try to be self-reliant with her girl friends and with her boy friend, to be more outspoken in her relationships, and not hope others would give her care and attention just because she is she.

LACK OF COURAGE TO FIGHT OPENLY

The second case, Ann, is a 36-year-old, very attractive woman who seemed extremely successful in her private and her professional life. With a master's degree in school psychology she had a very good position as an instructor at a college, and she is married to a man who is a professor of physiology at a medical school.

She had become terribly dissatisfied with her life, with her marriage, and with her situation at work. She found her husband dull, uninterested in her and much more involved in his work. She was afraid of groups.

What bothered her most was an older woman at the college who had been her friend and helpful in getting Ann her present job three years ago. Today this woman still had a fantastic hold over her, as she said, putting her in a very difficult position because the woman was very unpopular. Still, Ann felt she had to be grateful to her sponsor, take her side, and protect her, even when Ann did not like her at all, for which she was really angry at herself.

Besides these complaints Ann had started an affair at the college with a man whom in a way she did not respect. She felt he was proud of his affair with her and wanted to let people know about it. She became especially upset when he arranged to meet her with two other men in a coffee house with a large window where all four of them sat, so that everybody passing by could see them. When she

became pregnant she did not know whether it was by her husband or this man, and had an abortion. So she went through a very terrible time and was extremely upset when she came to me. She had not been in therapy before and came to me now because she was, as she felt, in a crisis situation.

Ann recalled that when she was three years old she was afraid to talk to her parents. From there she went on to say that her father was shallow and empty and she did not respect him. Her mother was always angry at her father, delivering violent tirades. Once she threatened him with a knife and threw a cup at him. When the parents fought, Ann always felt guilty.

Her brother who is six years older was out of the house at that time, and she has not much contact with him now.

She felt at the mercy of her parents. At ten or eleven years of age she always had to be home after school, and could have no friends. She developed suicidal ideas at that age, wanting to drown herself; but she did not make any actual attempt. When she tried to rebel against her parents, she would feel guilty and apologized. Maybe it was to get away from home that she got married when she was 20, although she had not really been in love with her husband.

According to Ann, her parents' oppression went so far as not to permit her to attend her own high school graduation although she had been nominated to be the valedictorian. Instead, she had to stay home to help her mother with her housework. When I expressed doubt that she had been to such an extent at the mercy of her parents, she said, "Yes, you are right. You know, I was always called very sneaky." I replied that in this case she must have done many things behind her parents' back to justify this description.

Indeed, it seems she never had the courage for open rebellion. At the age of 15, when she was already very pretty and had many dates, she used to lie to her mother, telling her she was studying with a girl friend instead of admitting that she was with a date. When she was not permitted to read at night, she switched out the light and read with a flashlight.

It is the same pretense and lack of courage that becomes again evident in her relationships to the woman who had given her her job, whom she detested yet with whom she did not break relations; to her husband who she felt was cold and whom she only had the courage to deceive; and to the other man who she felt actually despised her yet with whom she continued her relationship.

Even in her relationship to me, she also had this pretense. For example, in the beginning of her treatment when she told me all the sad stories of her life, she cried profusely using up many paper tissues. Yet at the same time she insisted that she was not at all involved in the treatment.

I put it to her this way, after about 4 to 6 weeks: I told her that she considered herself a second-rate person who at best fights only in a sneaky way. She never feels entitled to a first-rate position. Rather she shapes her life to feel second-rate—in her marriage, at her work, and in the affair that she had. At no point does she fight openly for the position of a really first-rate person, nor does she fight like such a person.

This is quite incongruous with the fact that she was, after all, an extremely attractive woman, with dark curls and very good color; had a very good job, prestige, and many friends. Why should such a woman make herself so miserable?

This interpretation apparently opened new alternatives to her and offered her real encouragement. It made her very happy. She saw its relevance to her problems, past and present. Ann was now able to resolve in one day the relationship to the older woman by talking to her openly, telling her that she really does not want to be her friend any more and wants to make her own way, in another department. She put her affair with the other man on a new basis by telling him how much she had resented to be, as she felt, exhibited. Only with her husband does she still not know what to do: Should she be more open with him and dissolve the marriage? But this will also depend on whether he might change his job, and so on.

CONCLUDING COMMENTS

The ER technique has the special advantage that the data can be gathered in a group situation. The teacher, e.g., can ask a class of school children to write down their ERs and then read them. This will give her, with very little training, a very valuable insight into the children of her class.

ERs, both written and verbal, can also be used in group therapy. For instance I asked a group of women of very low education, with psychosomatic symptoms, to write down their ERs. Not all of them could do this, but they could think about it; and some gave ERs verbally, which then prompted others who did not remember anything at first, to relate their ERs.

I have used ERs furthermore to demonstrate Adlerian methods in a training institute which was not Adlerian. The trainees were psychologists, psychiatrists, and social workers who all had had so-called teaching analyses. I was supposed to demonstrate Adlerian techniques. So we started with ERs. The first one who remembered was a trainee physician. His ER was that his mother was sick. The doctor and his father were in her room with her. The door to this room was closed, so that the children including the speaker had to wait outside, anxious for the outcome of the mysterious happening inside. When telling his memory he suddenly exclaimed, "All my life I never wanted to feel excluded like that, to be kept in the dark when important things were happening. That's why I wanted to study medicine myself so that I would not be excluded, but know what is going on." This, then, was a recollection which had never come up in his many years of "classical" Freudian analysis, and which gave him now such an interesting insight into what motivated him, at least in part, in his choice of profession. Through this he also became aware of how angry and resentful he was because of being excluded, and he realized his whole ambitious attitude.

Returning in conclusion to psychotherapy, we may summarize: The uses of early recollections are (*a*) to help the therapist understand the patient's life style, (*b*) to help the patient understand his own life style, and thereby (*c*) to open for the patient the possibility of choosing more healthy behavior and gaining the courage to try out new, socially and individually more useful attitudes.

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