

PREDICTING THE RELATIONSHIP TO THE PSYCHOTHERAPIST FROM EARLY RECOLLECTIONS

HAROLD H. MOSAK

University of Chicago

An individual ordinarily behaves in a self-consistent manner consonant with his life style. In psychotherapy he brings this same life style to the therapeutic situation. Thus, what the Freudians refer to as transference attitudes are merely the expression of general convictions the patient has come to hold with respect to himself and the world. In 1913 Adler wrote:

I expect from the patient again and again the same attitude which he has shown in accordance with his life-plan toward the persons of his former environment, and still earlier toward his family. At the moment of the introduction to the physician and often even earlier, the patient has the same feelings toward him as toward important persons in general. The assumption that the transference of such feelings or that resistance begins later is a mere deception. In such cases the physician only recognizes them later (1, pp. 336-337).

In order to avoid this "later" recognition it would be helpful to the therapist if he could predict early in treatment the patient's attitudes, whether referring to these as transference or not.

Such a possibility exists in the use of early recollections which Adler suggested as one of "the most trustworthy approaches to the exploration of personality" (1, p. 327). He explains the rationale of the diagnostic value of early recollections as follows: "[The individual's] memories are the reminders he 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" (1, p. 351).

Early recollections (ERs) permit the formulation of a thumbnail description of the individual's life style. The method has been described in detail by the present writer (3). For a method of rapidly ascertaining antecedent information concerning the family atmosphere, which Adlerians find congenial in their understanding of the development of the life style, the reader is referred to articles by Dreikurs (2) and Shulman (4).

CASE I

To illustrate, let us analyze the following ERs given by a man of 40 who has a history of poor interpersonal relations. He tries hard to be a "nice" guy but others treat him poorly in return. He cannot

understand why this should be, but wants to discover the reason in psychotherapy.

1. I was lying on the floor listening to the radio while my parents and another couple were playing bridge. My father was running his hand over my aunt's leg. She pushed it away but my father put his hand on it again. I was angry with my father because he was wrong.

2. I fell down the stairs and landed on my head on a cement floor. I was conscious but insensible. My mother got excited and took me on the street car to my uncle's office. He was a dentist. I don't know why she took me to him.

3. This happened in first grade. I was a talker in school. This day the teacher was bawling out a kid and threatening to call his father. I said, "You always say it but never do it." She said, "What did you say?" I was scared but I repeated it. She marched me into a room with a lower grade. I was only trying to help her.

4. The maid took me home to her house and offered me beer. I hated it but drank it and didn't let on I didn't like it.

5. When I was seven, my mother was pregnant and my uncle and aunt took me out. They stopped somewhere because I had to go to the washroom. There were some puppies there, and I bent over to pet one, and the mother dog bit me in the behind. I screamed. My uncle laughed, took me into the restaurant, and applied iodine in public. I hated him for making me a laughing stock.

6. My mother sent me to the store with a \$10 bill in my pocket and told me not to take it out. I did and lost it. I came home and lied that two men had held me up. My mother called the police, and I crossed myself up. My father beat hell out of me with a strap.

7. My father took us for a ride in his new car. When we got in front of our house, I jumped out before the car stopped and the door was torn off the car when it hit a pole. If my father could have killed me, he would have.

Life Style

Since ERs are assumed to reflect an individual's current mode of perception, we may use these to discern several major trends in his personality. We note that in all his ERs someone does wrong, intentionally or otherwise. People are constantly spoiling things for each other. The patient does not exempt himself from this category of wrongdoers. However, even when he endeavors to do the right thing, he winds up hurt. He tries to please but ends up suffering. He always gets "the short end of the stick." We arrive at the picture of a hypercritical individual who finds fault with all of life including himself although he has better intentions than others do. He does not believe in the possibility of good human relations. Anticipating suffering inevitably, he is a thorough pessimist who at times goes looking for his own beatings.

Predictions

How might this person perceive and use the therapy situation? The therapist can formulate several tentative hypotheses. The patient might

1. be critical of therapy, the therapist, and his progress;
2. perceive the therapist as another person who will make him suffer;
3. attempt to provoke the therapist (not intentionally, of course, to make him (the patient) suffer; then he can be critical of the therapist and feel morally superior to him;
4. devote himself to the recitation of incidents, past and present, where others have abused him, humiliated him, and wronged him;
5. distrust the therapist and distrust the possibility of a good human relationship with him;
6. try to ingratiate himself with the therapist and then be disappointed when the therapist fails to meet one of his implicit or explicit demands;
7. caught in a tight spot, attempt to lie his way out, but would probably do so clumsily, since he expects to be found out;
8. fearing punishment and humiliation, withhold certain information from the therapist until he feels he can trust him with it.

Outcome

In the course of treatment, the patient's behavior confirmed several of the above hypotheses. He consistently inquired of the therapist whether therapy was *really* helping him (Hyp. 1). At other times he would attempt to ingratiate himself with the therapist by telling him that therapy had been helpful but that his wife and children really needed the treatment (Hyp. 6). He devoted most of the initial period of treatment to a recitation of how his mother abused him, how his wife and her family wronged him, how his children misbehaved, and how his employees took advantage of him (Hyp. 4). He withheld speaking of his own misdeeds until much later in treatment, and then with a sheepish grin, since he was apprehensive that the therapist might disapprove of him (Hyp. 8). When he terminated treatment, he grudgingly admitted making some gains but was still focusing on the world's abuse of him (Hyp. 1 and 4).

CASE 2

Occasionally the question as to whether a certain type of therapist is preferable for a particular patient assumes importance. Frequently we ask ourselves whether the patient might relate better to a male or female therapist, though there are differences of opinion as to how

crucial a factor this may be. This decision is difficult to make at the initiation of therapeutic contact since we have so little reliable information about the patient at this time. Here again ERs can give us assistance.

The following ERs were given by a college student both of whose parents set excessive standards for him. His father was a man with questionable authority in his own family since the mother dominated him (and the son) through a self-sacrificing, martyr-like goodness. This domination of the patient was so thoroughly effective, that when he, soon after beginning treatment, was dismissed from college for deliberately obtaining poor grades, he boasted gleefully to his therapist, "That's the first decision I ever made on my own in my whole life." His ERs were:

1. My tonsils were being taken out. I remember someone putting a mask over my face. A woman was saying something to me. I felt like the breath was being drawn out of me.

2. I was playing ball with my sister. I bent over a wire to get the ball and my sister pushed me over it. I fell on a board and cut my hand on some glass. All the neighbors were throwing down towels to put around the wound but it kept bleeding through.

3. The first day of kindergarten. Our collie dog was going blind; it would defecate in the back yard. I stepped in it but didn't know it. When I came to school, I noticed the odor, looked down at my shoe, and scraped it off. When leaving the room, the teacher asked me to help her clean up the floor.

4. I was walking to school with a girl. I asked her, "Will you be my girl friend and I'll be your boy friend?" She slapped me. I came home and didn't want to ever go to school again.

5. My grandmother died and it was my first funeral. Everyone was crying, and I thought it was silly, and I laughed.

6. I called a girl a "whore." She cried and told my mother. My mother asked whether I knew the meaning of the word. I pretended I knew and wouldn't tell.

Predictions

From this brief diagnostic material it was possible to guess the patient's possible attitudes toward a female therapist. Consistently the ERs depict a little boy being overwhelmed and hurt by women. In addition, in ER 3, he attempts to cover up the malodorous part of himself, but even in this instance, a woman finds him out. As in the previous illustration we can phrase several hypotheses which in this case involve predictions as to what might occur were this patient assigned to a woman therapist. The patient might

1. see a female therapist as a threatening, potentially overwhelming person;

2. take perverse pleasure if something adverse happens to his therapist;
3. provoke the therapist to see whether she makes trouble for him since he feels he is the victim of women;
4. attempt to cover up his deficiencies, his "sins," and his "ignorance," at the same time expecting to be found out;
5. make some "innocent" sexual advances to the therapist; and if "accused" of such behavior, attempt to leave therapy;
6. devote much of his therapeutic time to elaborating upon the theme, "You can't do business with women."

Outcome

In this case, acting upon the clear indications of the ERs, the choice of a male therapist was made. Consequently, the negative predictions for a female therapist were not directly checked by the course of events in therapy. This did, however, support the general conclusions drawn from the ERs regarding the subject's life style.

When the patient entered psychotherapy, he was unmarried and constantly involved with women with whom nothing worked out. His mother made life difficult for him and for his father. He dropped out of treatment and was performing successfully at a university when he married a willful and, by her own admission, "spoiled brat." They fought almost every day of their marriage. The patient returned to psychotherapy and the wife also sought treatment. Except for periods of discouragement when he gave full expression to his failure, he attempted to "look good" to the therapist, even resorting to lying to cover up his negative aspects.

SUMMARY

Prediction of the probable attitudes of a client toward his therapist would prove of considerable assistance to the therapist, whatever his theoretical orientation, and in the choice of a therapist. Early recollections, when understood as suggested by Adler as representative of the individual's life style and hence as reflecting his current mode of perception and attitudes, provide a means for such prediction. This is illustrated by two cases.

REFERENCES

1. ADLER, A. *The Individual Psychology of Alfred Adler*. H. L. & Rowena R. Ansbacher (Eds.) New York: Basic Books, 1956.
2. DREIKURS, R. The psychological interview in medicine. *Amer. J. Indiv. Psychol.*, 1952, 10, 99-122.
3. MOSAK, H. H. Early recollections as a projective technique. *J. proj. Tech.*, 1958, 22, 302-311.
4. SHULMAN, B. H. The family constellation in personality diagnosis. *J. Indiv. Psychol.*, 1962, 18, 35-47.