



The Application of Early Recollections in Intense Psycho-Educational Parenting Sessions

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Introduction

Many practitioners search for methods to make parenting sessions as effective as possible within the brief time available for the parents they serve. This article outlines an innovation being implemented within an American military community in Germany. In addition to standardized and essential parenting information, the organized collection, interpretation, and application of the parents' early recollections (ERs) has been added.

The authors have found that through an exploration of the parents' ERs within the parenting sessions themselves, the intensity of the instruction is effectively—and at times dramatically—increased. Insight into parents' own problem-solving styles, as applied to parenting situations, can be quickly and persuasively portrayed to the parent. In turn, the parents are offered a convincing opportunity to adjust or abandon their former methods and adapt a more effective means of interaction with their children.

Rationale for an Intense Psycho-educational Method

Army family life with frequent reassignment of the family and absence of the uniformed member(s) by going to the field is a microcosm for the time-constraints and disruptions experienced by many civilian families. At the point when parents are most in need of outside professional assistance, more seem *unable to commit to any of the effective but lengthy programs available to them.*

In this short-term, intensive psycho-educational model, parents are provided a focused overview of democratic parenting methods. This offers immediate insight into the difficulties that are most disruptive in their particular family. Further, they are helped to design strategies or "action plans" that help realign the parent-child relationship in those disruptive circumstances. The underlying assumption of such an approach (which has implications far beyond the military family's setting) is that in the name of therapeutic and financial economy, helping the parents experience even minimum success allows for the possibility of eventual comprehensive changes.

Overview of the Model and Sessions

The model is an action-oriented approach based on the documented success of Adlerian parenting programs (Krebbs, 1986) and the growing body of empirical studies which demonstrate the wide application and effectiveness of ERs (Watkins, 1992). Emphasis is on democratic parenting that can be clearly and simply conveyed.

The format consists of five co-facilitated sessions; each being three hours long. The group size is six couples, although the authors are experimenting with larger sizes. Each session includes collaboration with parents, an interactive presentation/discussion, and a focused activity or assignment. Two sessions are held in one week and two the following week. In the fourth session, a plan of action is developed individually to address each parent's difficulties. The final session is a follow-up held four weeks after the conclusion of the fourth session. This session focuses on how the parent's "action plan" has progressed and provides fine-tuning consultation. At this point the parent is also informed of when other parenting classes—the more traditional as well as the briefer intense series—are available, should they wish to brush up on or expand their new-found skills. Telephone consultation or further follow-up sessions can also be arranged to make sure the action plan is successfully implemented or modified.

Progression of the Sessions

Session 1. In the first session, the parents are invited to introduce themselves with a focus on their parent-child relationships. Parents are encouraged to share only as much about their immediate parenting situation as they feel comfortable doing. A generous amount of time is allotted for this if the parents are willing to discuss their particular situation.

As the parents introduce themselves, the counselor takes notes of the

particular parenting styles. Such examples might include a parent's frequent reference to feeling guilty about a 15-year-old's complaint that his laundry isn't done on time; or a parent expressing a desire to make up with kindness for the other parent's perceived harshness. Thus, much information is gathered within the evening's presentation. As hints about parenting patterns emerge over the remaining sessions, other key parenting principles, pertinent to the given situation (but which must be omitted from the "core curriculum" due to time constraints) can be presented for the parents' consideration, if they are interested and amenable. Examples of such principles can be culled from the table of contents of *Children: The Challenge* (Dreikurs & Soltz, 1964).

After this, they are engaged in a presentation that covers four basic conditions of child self-esteem (Clemes & Bean, 1981), and how these are typically fostered within a family on a regular basis.

The format introduces Dreikurs' four goals of misbehavior (Dinkmeyer & McKay, 1989; Dreikurs, 1992; Dreikurs & Soltz, 1964). These are presented as being a result of the conditions for self-esteem not being fostered in a balanced manner. The "diagnostic" process for determining the mistaken goal is discussed briefly (i.e., child behavior, parent's emotional response, parent's typical reaction, child's typical response) and the short-term corrective, or "parents' alternative response," is explained (Dinkmeyer & McKay, 1989, p. 14). The diagnostic sequence is taught to the parents while emphasizing the long-range goal of reestablishing a positive parent/child relationship.

Session 2. Within the second session time is planned for discussing particular problems and how the parents feel as a result of these interactions with their child. Parents sometimes share quite agonizing stories and include a great deal of hyperbole at this time. This is not discouraged since it has been found to help with group cohesion. This bonding will be necessary later in the series, especially in their accepting input from other group members.

The presentation for the second evening is divided in two parts: parenting styles and parenting transactions. First a matrix of parenting styles is presented. Using a vertical axis, entitled "authority" or "firmness," the parent is acquainted with a series of behaviors ranging from "over-control" to "leniency." A horizontal axis, entitled "nurturance" or "love," presents the parent with behaviors ranging from "indulgent" to "neglectful."

Thus, the parent views four quadrants that characterize basic parenting styles. The series ranges from respect of self and others to disrespect of both. The quadrants make reference to the parenting styles that Dreikurs and Soltz (1964) popularized: autocratic, laissez-faire (embracing the

quadrants of both pampering and neglect), and democratic (which merges nurture and firmness) but is to be understood as a completely separate option of parental interaction. The matrix and resulting quadrant format has been used successfully in other clinical settings (Olson, Russell, & Sprenkle, 1989). The emphasis of that presented to the parents is the utility of recognizing themselves and visualizing what remedy is possible by "moving" themselves on the matrix.

Case Example:

"Ed" joined the intense psycho-educational parenting group because of difficulties with his 15-year-old stepson, "Jake." In the first session, Ed simply described Jake as "brain-dead." When asked for an example in the second session, he complained specifically that Jake was not doing well in school because of incomplete homework and would not do household chores in a reasonable period of time. On the "authority" and "nurturance" matrix, Ed placed himself in the quadrant that represented an authoritarian, autocratic parenting style. He thought he was strong on control to the detriment of having a loving relationship with Jake. Importantly, in the course of the parents' interchange, Ed identified that he was a double loser as a parent with this style of raising Jake: he did not have a loving bond with Jake, and his strong control stance was not working in the direction he wished—to have Jake do his homework and household chores. Thus, Ed was able to see children also react to prior parental behavior, and parent-child relationships often exhibit circular patterns. Nonetheless, he could see he had to begin somewhere.

The second part of the session focuses on child-parent transactions. It is an expanded discussion of Dreikurs' diagnostic process that was introduced in the first session. This now includes a variation of Ellis' "A-B-C" framework (Ellis & Harper, 1979) that emphasizes the child's "A-activating" behavior, the parent's "B-belief" about the behavior, and the "C-consequent" emotional and behavioral responses of the parent, and the child's behavioral response. Although the child's emotional response also plays a part, this is not immediately accessible to the parent and so is not emphasized (McKay & Christensen, 1978).

To illustrate this, the parents are now asked to give very specific examples of the last time they engaged their children in a situation the parents found disturbing. When examples have been gathered, Dreikurs' diagnostic format is returned to and special attention is devoted to ferreting out the "belief" in the examples previously shared. Beliefs collected in this way contain a powerful combination of cognitive and emotional certainty that may be guiding the parent's negative interaction with the child (Willhite, 1978).

Case Example.

Ed described his emotional reaction to Jake's behavior as "frustration and anger" which Ed represented bodily by clenching his fists. Ed's beliefs about Jake's behavior included, "He thinks he knows everything but he doesn't. He needs to know what I know. If only he'd listen to me everything would be fine." The emotional rejoinder that followed went something like, "When he doesn't listen to me, I feel hurt and become furious with him." Jake was apparently making Ed feel quite helpless and ineffectual as a parent and Ed's reaction to these feelings was anger and a wish to retaliate. Ed's clenched fists may have been a desire on Ed's part of at least figuratively hurting Jake. It should be noted that Ed's impulse control had been evaluated as good enough to conclude that there was minimal or no risk to Jake physically.

Session two concludes with parents being asked to become more aware of their "beliefs" and consequent emotions over the weekend, until the group meets the next week, and to begin guessing from where such "beliefs" originate.

Session 3. An adequate foundation has now been laid for an intensification of the clinical interaction. Like the second session, the third is divided into two parts. The briefer part of the third session includes a presentation on the nature of early recollections and the part they play as anchors for current "solutions" to problems in general (Mayman & Farris, 1960) and, given the parents' immediate concerns, child-rearing difficulties in particular (Verger & Camp, 1970). All questions about ERs are answered and care is taken to help parents understand this as a very natural and psychologically "economic" process that all people share. It is imperative that they not feel negatively vulnerable when later asked to share their personal recollections.

The second, longer portion of this session, then, is devoted to gathering a single recollection from each parent. The method used is a combination of Willhite's (1978) procedure and Lew and Bettner's (1993) "Connexions Focusing Technique."

The parents are asked to recall the last, or a typical, negative encounter with one of their children. They are asked to imagine the encounter as clearly as possible and note where, if anywhere, they feel a physiological reaction (e.g., tightening of the jaw, clenching of the fists, throbbing in the neck, or the like). When they acknowledge where they typically experience their emotion, they are asked to reproduce that feeling now. Moments of quiet are provided to generate the feeling and then each is asked to summon "the first recollection that comes to mind, whether or not it seems to be related to the problem" (Lew & Bettner, 1993, p. 174).

The parents are invited to make a few written notes about this recollection, so that they don't lose touch with it before it is their turn to share with the group. The ERs are recorded in one of two fashions. Either the parents are paired with nonspouses who record the ER of the partner according to instructions provided; or, one by one the ERs are recorded as each parent shares his or hers with the group. Care is taken to obtain (1) the age, (2) a "snapshot" of the incident that would encapsulate the ER, (3) the feeling that comes with the "snapshot" and (4) the parent's reasoning for that feeling.

Case Example: Ed's ER was:

We lived in a small country town in a house on the middle of a hill. I was playing in a sandbox in my backyard with a friend and his brother. I was about three. A girl called Mary lived next door. She was two years older and used to come over when we were playing in the sandbox. She would come down and kick us in the back or the side then go home. My mom told me if she comes down again to hit her back. One day I hit her in the nose and she ran home.

His "snapshot" was:

- There are us kids in the sandbox playing with our trucks and GI Joes. I'm standing there smiling [at this point, Ed raised his clenched fist in a "Rockylike" victory salute]. Mary ran home holding her bloody nose. I'm feeling pretty satisfied because she got a taste of her own medicine. She was always inflicting pain on me. Now she knew what it's like. An eye for an eye, a tooth for a tooth.

Regarding the therapist's interaction with the client, Ed's ER provided important information on how to intervene to help him deal with Jake. Regarding the two aspects related were: First, the nature of parent-child interactions and the role played by the adult or authority figure in the ER. Second, Ed's ER indicated a relatively positive relationship to authority. The mother's original suggestion had provided a workable solution *and* permission to do what Ed may have already felt capable of accomplishing. If the therapists' roles were to be paralleled with that of the mother in the ER, then they could expect responses from Ed which anticipated the balance of power to be restored to him, just as his mother had enabled him to reclaim his power in relation to Mary. Thus, either (1) Ed could expect tacit approval of his "tried and true" methods and proof of his having "tried everything," or (2) he might expect to be given an effective alternative solution from the therapists—one that he would intuitively know he could accomplish.

No interpretation is offered at this session. Nonetheless, care is given

to process any uncomfortable feelings that may have been generated with the gathering of the recollections. The parents are welcomed to comment on their own ER in view of the others shared; but they are not to comment in any evaluative manner on another's recollection. Before concluding the session, it is recommended to the parents that they be attentive to when, within the next few days, they experience the emotion associated with the ER while interacting with their child.

Before the fourth session, the cofacilitators meet to discuss the ERs and their relevance to the respective style of parenting based on observations and notes taken as described under session one. Two aspects of the ERs are of particular interest: the nature of any parent-child interaction spoken of; and if present, the part played by the adult or authority figure in the ER. Attention to the parent-child data will provide the terms under which the parent views the current problem with their child, and their preferred solution. Attention to the role played by an authority figure may indicate the parent's potential response to receiving information from the therapist(s).

Cues are available within the ER itself about how the therapists can best initiate discussion of the action plan, since the parents' receiving of it will be based on how authority is portrayed within the ER (Rule, 1992). The parents' acceptance of or resistance to recommendations by the therapists about new ways to handle the parent-child interaction (the action plan) can be anticipated before such suggestions are made. In this way the counsel can be framed in a way more likely to be accepted and understood by the parent.

Session 4. The fourth session is opened with a discussion of the differences between punishment and consequences and the three criteria for establishing effective logical consequences: they are to be *related* to the problem, *reasonable* in duration, and *respectful* of both parent and child (Nelson, 1985).

The focus of the session can then proceed. This is to present rudimentary outlines of how each parent can apply the "solution"—provided in their ER—to the current parenting situation, but now, in a constructive manner.

There are a number of ways such reframing can be developed (Baruth & Eckstein, 1978). For example, the parents could be encouraged to apply the specific "solution" within a broader perspective, exercising the adult capacities that were unavailable to them at the occurrence of the childhood ER. They could be encouraged to find another entirely new and satisfactory solution and thus obtain the feeling of having more successfully resolved their problem. Or the therapists could encourage the other members to assist in refuting any irrationality, or private logic, of the underlying belief (Ellis & Harper, 1979).

Case Example.

Ed's wished-for but unsuccessful solution with Jake was seemingly to get revenge on Jake and to inflict pain on him for Ed's feelings of helplessness (i.e., "give him a taste of his own medicine" in the language of the ER). It was possible, though not easy, for Ed to identify his revenge wish as plainly ineffective. He drew his own connection and was able to acknowledge that Jake was his son and not another child in the sandbox whom he could dispatch with a hit in the nose.

Thus, the main issue of session four is to begin literally, reviewing the ER so that the emotional power invested in this particular solution can be reinvested and free the parent to respond differently to his or her current situation. This discussion must heed the parent-therapist relationship as symbolized in the ER. Suggestions should be framed as possibilities that the parent may or may not want to consider.

Case Example.

Exploration of the ER enabled Ed to begin to divest in revenge as a solution for his problem with Jake. Until he explored his ER, Ed's formulation of the problem was not that revenge wasn't working but that he just hadn't found the right type of revenge, that is, something that would get really even with Jake and make Ed feel satisfied and victorious. Before the ER exploration Ed wanted the group to advise him on how "to get Jake in line;" in essence he wanted to do more of the same, rather than to find another approach to parenting Jake.

At this point the parent is encouraged to design a new strategy or action plan for approaching the specific child-parent difficulty in a new and credible manner—understanding that the newness itself will preclude feeling totally comfortable with its application. It has been helpful to explain discomfort with the new, by means of a skill development continuum (Intner & Ortolano, 1994) in which the parents start from an "unconsciously unskilled" position and must move through places of being "consciously unskilled" and "consciously skilled" before arriving at the point of being "unconsciously skilled."

The other parents are encouraged to take part in the formulation of the plan, especially when the facilitator believes the parent who is presenting may be headed down a punitive or otherwise disrespectful path. This is accomplished by eliciting one of the other parents to apply aspects from the "three Rs" of logical consequences offered earlier in the session.

Case Example.

In the course of developing his action plan, Ed initially would not give up a revenge motif without first revisiting it as a possible solution. Even with his

rueful recognition that revenge was not a helpful solution to his problems with Jake he pressed the therapists for a solution that would be quick and productive. In the metaphorical language of the ER, he was looking for permission to give a "hit on the nose." His understanding, gained from examination of his ER, enabled Ed to tolerate the frustration that followed when the therapists would not agree that he had done all he could.

With the help of the group, Ed was able to design and implement an effective action plan. Capitalizing on his belief that he knew what was right for Jake, Ed decided to act this out rather than *talk* it out (i.e., "nag Jake"). With this new understanding, Ed formulated a payment schedule for negotiated household chores based on Jake's allowance. Jake would only be paid for the chores he had agreed to do if they were accomplished by the agreed upon time.

This action plan involved Ed's acting on what he knew was right. And the ongoing negotiations were the beginning of a relationship with Jake in which Jake's own ideas about his behavior—and its consequences—were listened to and acted on. The emotional energy generated by Ed's new understanding seemingly allowed him to step outside the motivation for revenge and act with a logic and clarity that Jake himself could understand and heed. Without Ed's vengefulness, Jake had nothing to push against or to get even about, and therefore had less reason for acting out his hurt.

Special attention should be given in this session to the possibility of disagreement between the parents, if both are attending. Agreement may be reached, for example, by use of group input around the "three Rs"; coming to consensus on what would be reasonable, related, and respectful. Obtaining a commitment from both parents to apply the results for a specific time before altering them will give an opportunity for cooperation and the possibility of successfully reestablishing a positive relationship with the child. If only one parent is in attendance, it is his or her task to decide what to implement, in spite of possible opposition from the absentee.

Discussion

Adding parents' ERs to educational sessions with parents brings several advantages. Using the ER to help parents understand the basis of their parenting style brings the interaction between parent and child into focus rather than the child's misbehavior alone. Freed in this way from seeing the child as the source of so much frustration and misery, parents can begin to *think* about why their current parenting style is not working well.

This movement from emotional reaction to cognitive understanding is paradoxically only possible by highlighting the parent's underlying belief, and the powerful emotion supporting it, which is embedded in the ER. Exploring the ER with parents is not solely an examination of causal

relationships about childhood events. Rather, it is a joint exercise between therapist and parents in which memories, emotions attached to those memories, and beliefs undergirding those emotions and memories combine in a relational way.

The power of the belief embedded in the ER and its ensuing presence in a variety of the parents' life situations can increase their sense of ownership over their lives. In this way parents can see themselves as authors of their own beliefs and ultimately capable of modifying them when the solution that the recollection suggests no longer fits current circumstances. Parents then feel more capable of experiencing and judiciously using the respectful authority inherent in the parent role. Such a shift toward mutual respect helps illustrate that the formerly diminished feeling of power (in parents or children) only leads to abuse of power. The direction of the power shift is toward respect for and increasing consultation with the child.

Summary

Given the time constraints on both parents and professionals today, intervening in family difficulties is an increasingly difficult task. This article describes the reformulation of essential democratic parenting information in a concise, easily remembered, and expandable format. This is supplemented and intensified with the interpretation of parents' ERs in a manner that helps them understand how their typical solution to the difficulty with their child can be refocused for the benefit of the entire family. A case sample is provided with a discussion of the resulting dynamics.

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