



Interactive Discussion of Early Recollections: A Group Technique with Adolescent Substance Abusers

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Recent research on early recollections (ERs) within the Adlerian clinical community is a vibrant undertaking. Watkins (1992) reported an almost 400% increase of journal articles regarding ERs in *Individual Psychology* when comparing the 11 years before 1981 to the nine years that followed: an increase from six to 23 studies by 1990. A review of the journal since then finds 17 articles related to ER theory, research, or clinical practice.

Cursory Four-Year Review of Adlerian ER Studies

Six of the articles studied the ER themes of specific populations. Among these were male alcoholics (Chaplin & Orlofsky, 1991), criminals (Elliott, Fakouri, & Hafner, 1993), and scientists (Carson, 1994). Depressed college students were identified by their ER themes (Allers, White, & Hornbuckle, 1992); ER themes of those seeking help for interpersonal difficulties were correlated by gender (Rule, 1992); and "subjects with an optimistic explanatory style, compared with pessimists" were found to recall ERs "that received higher scores on several variables relating to self and others" (Nichols & Feist, 1994, p. 35-36).

Four studies provided validation for Adlerian theoretical positions regarding ERs. Statton and Wilborn (1991) demonstrated the adjunctive use of children's ERs in counseling; Mosak (1992) provided a theoretical understanding of the "traffic cop" or warning function of ERs; and two studies compared

contrived and actual ERs. The first compared actual content of the two (Buchanan, Kern, & Bell-Dumas, 1991); the other tested their projective utility (Barker & Bitter, 1992).

Five other publications focused on the actual collection of ERs (Bettner & Lew, 1993; Lew & Bettner, 1993), their categorization (Bishop, 1993) or the defense of varied methods in this regard (Fakouri & Hafner, 1994; Kal, 1994). Fakouri and Hafner's justification (1994) refuted criticism of "the nonspecific nature of general [scoring] systems [for ERs]," the "lack of rationale" given for the studies, and the general "lack of pilot studies" (p. 170). And Kal (1994) offered a spirited defense of subjective clinical interpretation as indispensable to Adlerian psychology.

Only four of the 17 articles focused on the use of ERs as therapeutic technique. One of these used ERs of a prominent author for a literary critique (Merler, 1992) and another demonstrated the clinical application of a visualization method (Lingg and Kottman, 1991). The Connexions Focusing Technique (Bettner & Lew, 1993; Lew & Bettner, 1993) is the most recent therapeutic application of ERs.

Rationale

In this article, the authors intend to supplement the already healthy number of theory and research studies demonstrated in this cursory review by adding to the technique-side of the ledger. The following procedure applies the wealth of ERs directly to the clinical setting of adolescent substance abusers. And we believe it could easily be modified for use with other populations.

The main purpose of using the technique in a group setting is to actively involve the teens in understanding the "glasses" through which they and their peers view their world. As a result of this interactive technique, they seem better able to appreciate the self-styled fashion in which they maintain their unique perspective. The technique provides an opportunity to introduce a blame-free view of their world; that is, to understand how they viewed the world as a child (Kern, Wheeler, & Curlette, 1993). Through familiarity with this perspective they can be invited and challenged to see the world differently, or perhaps see the part they play in the maintenance of a situation they frequently find intolerable. This, in turn, allows them to see how to respond differently to the predictable stimulation represented by uncooperative parents or drug-using peers.

The ER Interactive Discussion Technique

We use the technique in groups of about eight adolescents who are

seen for one hour, once a week, usually during a period of one and one-half semesters, approximately seven months. Thus, the counselor's interaction with the groups is ongoing. We are able to use two or three sessions to work through the following method during the overall process of clinical intervention:

- introduction to ERs
- gathering of ERs
- guessing by clients about generic ERs
- guessing by clients about each other's ERs
- giving/receiving feedback about accuracy of peer guessing.

General Discussion About ERS (20 minutes)

The concept of ERs is introduced to clients by means of a general discussion as to how one views the world as a small child. This conversation is always interactive and the clients are asked their opinion about what the world might look like from a child's perspective and what conclusions are drawn about the world. This sometimes leads directly to the students sharing vague memories about their childhoods. The conversation is summarized by pointing out how one's style of making it through life is quite unique, based on how one has viewed it as a child; that it has its upside and its downside. Within the discussion, cues on how to remember "way back" will have been referenced, such as the ability to remember births of siblings, first days of school, moving to new communities, etc. This helps the clients get in touch with the age-range of birth to five years as the formative period of one's style of living.

At this point an example of a teen's ER will be told. We have collected a number of these through the years from teens between the ages of 13 and 19. Each has been matched with statements from the teens themselves and with characterological information gathered from past client-files. After the single ER is read, the characteristics of three teens will be described, along with actual statements from these teens. The group members are asked to identify which of the described teens had the memory. In the following examples, client-identifying information has been altered.

Case Example. ER: "I remember being very young, my second Christmas and I just turned one. I was at a store with a photographer who was trying to get me to smile and I didn't want to. He tricked me into smiling by saying to my mom, 'You really got a stubborn one', or something like that; and I smiled. That really made me mad, because I did what he wanted after all."

Characteristic: Teen #1 is impressed with guns and loud noises and always offers violent solutions to problems presented in group. Quote: "vandalism's fun. I like breaking windows when I'm drunk."

Characteristic: Teen #2 seems very distrustful of adults and is resistant to invitations to treatment. Quote: "I don't have a drinking problem. I can stop drinking whenever I want and you can't make me go to counseling."

Characteristic: Teen #3 is described as "very cool and collected." Quote: "I'm a surfer. I feel pretty nervous around women, though, because I sweat a lot."

Group Discussion: The teens typically engage quickly in the process and did so in this particular example. They readily see Teen #2 as the "owner" of the ER, and if not, can see the connection if prompted. This can also generate a discussion around trust issues and the like which has proven beneficial to the ongoing group process.

Gathering of ERS (30 minutes)

Because of the nature of the setting, a special method for obtaining ERs is used. The method helps focus the students first on the identified problem (in our case substance abuse) and thus on a salient ER (see Lew & Bettner, 1993). The four steps will be demonstrated with an example.

Case Example.

A. Focusing on the issue. The counselor starts by asking something similar to, "So, tell me, again, why you like to get high [or drunk]? What's something in your life that goes better for you because you do [get high or drunk]?"

Replies may be general at first, but with further discussion, details emerge. For example, clients may describe a marijuana high as helping them to feel "not so angry" toward their parents, or that school isn't "such a drag," or perhaps they can forget the stress of school work, feel "rad" or "cool" and can relate to the other sex more easily, or forget "how Dad acts when he's drunk."

B. Identification and Awareness of the Emotion. Then the teens are asked to think of the last time the "hassle" (which is diminished by getting high) occurred. This will typically bring out specific examples about a fight with a parent, a failed test, a disastrous [or "smooth"] date, for example. The teens are asked further, when they think of this incident, if they can sense the emotion anywhere in their body. Sometimes they can identify

the feeling as “butterflies” in the stomach or they may be actually demonstrating it by pounding their fist into an open hand. If they can identify it, they are asked to reproduce the sensation there in group.

C. Recording the ER. At this point, they are asked to write down, on a prepared paper, the first recollection they can think of, whether or not it seems related to the previous discussion. Because of the earlier introductory discussion, the teens tend to have less trouble remembering pre-five-year-old ERs. The instruction is completed by asking them to note their age, the focal point of the memory (as if it were a “freeze-frame” in their favorite movie), the feeling attached to the focal image, and the reason for the feeling.

D. Collection and Interpretation. The papers are collected from the members and will be reviewed for themes before the next session. If time permits, the papers will be reviewed quickly so the counselor can clearly understand what has been written. If the counselor has questions, these can be answered while the teens are still available.

For a group of up to eight teens, this can be accomplished within one hour. Enough time is left at the end to allow individual sessions to be scheduled for those who want to deal with issues that may arise with the recollection.

Clients’ Guesses About Generic ERs (20 minutes)

In the next group session(s) a review of the previous work is undertaken. The teens are asked what they remember about how children tend to view the world. They are also asked, in general, if they recall the ERs they wrote the previous week. This discussion helps place the teens back into a frame of reference regarding the “glasses” worn by individuals based on their ERs.

Clients are then invited to discuss the recollections typical of other teens. A variation of the exercise conducted in the ER-introductory discussion follows. From the previously assembled list, a series of individual ERs will be read. The series is not from the same teen. Added to this, a single client characteristic is related, unique to only one of the teens whose memories have been read. The teens are first asked to pair the ER with the characteristic defined. They are then asked to describe the personalities and/or the the “glasses” that the other teens probably “wear” based on their ERs.

Case Example.

ER “A”: “It was some day when I was real young and for some reason

I had a 'Popcicle' and it melted and my friends and I were making a mess. It was like the first time I was me."

ER "B": "I remember being caught taking home a bunch of lilacs. I was scared, but the man asked us if we wanted to take more. I felt I really got away with something."

ER "C": "I remember going to Disneyland when I was three years old. The very first ride we went on was the tea-cup ride and the spinning made me nauseous. I got real sick and the family drove eight hours home the very next day."

Characteristic and quote: Peers say this teen is the life of the party and can be counted on as a designated driver. "I like being the fun one and keeping things light."

Group Discussion: If the members haven't guessed that ER "C" belonged to the teen described by the given characteristic, this is explained. This particular ER ("C") is a good demonstration of how, besides being "practice situations" for dealing with "the way life is," ERs can also be warnings for avoiding certain actions and situations. Thus, the teen of ER "C" seemed to be warning himself against being a party-spoiler. Mosak (1992) described this as the yellow, "caution light" of the ER's "traffic cop" function.

The members are then asked to guess about characteristics of the other teens whose ERs were shared: e.g., "What kind of users might these teens be?" "What else can you know about them?" "What might they think of the other sex, authority figures, the world?"

The teens we work with (and we believe teens in general) have shown themselves to have an almost uncanny ability to "get inside the head" of their peers in this regard. Their understanding of their age-mates can be quite enlightening for the counselor. Very stimulating, helpful discussions have been generated from this section of the process.

Clients' Guesses About Each Other's ERS (10 minutes per ER)

Next, the group members will be instructed to listen respectfully as the group members' own ERs are shared. The person whose ER is being read is to listen silently to the reflections and feedback of the peers on questions asked of them by the counselor. These questions are similar to those in the preceding segment but also include inquiries as to what is positive about the "style" revealed in the ER.

Case Example: Group member's ER: "When I was young my mom came to visit us for 30 days. She was in the Air Force and had to send us to live with our grandmother. She gave my sister a gift that I wanted, too. I was mad and started crying. Mom got mad at me and pulled me by the

hair. She got a big stick and started whipping me and even got me in the face."

Freeze-frame: "When I started crying, my sister stuck her tongue out at me. Like, 'Ha, ha! You got it!' I was gonna get her and Mom pushed me away. That's when I started crying."

Feeling: "Mad, really pissed-off."

Reason: "Cause Mom was trying to take her side."

Group Discussion: In the midst of a very active group interchange the following issues were raised:

Reflection #1 (peer)—"I bet she tokes [smokes marijuana] more than she drinks."

Reflection #2 (peer)—"She doesn't like women."

Reflection #3 (counselor)—"Maybe she feels like she deserves things."

Reflection #4 (peer)—"She's probably pretty concerned about fairness."

Giving/Receiving Feedback About Accuracy of Guessing (5 minutes per ER)

After the feedback is given, the teen, whose ER has been shared, is given an opportunity to provide feedback to the peers: correcting, "owning" or "disowning" what has been put forward by the others, questioning their comments. Thus, the focal client can share whether or not the descriptions seemed accurate.

Case Example: Among the responses to the peer feedback were the following comments: Reflection #1—"I don't know how they knew about the marijuana, but they're right. I feel all mellow after I smoke. Then I don't have to punch my mom out." Reflection #2—"It's not that I don't like women, (laughs) it's just women teachers I can't stand. Reflection #3—"Naw, I don't 'deserve' things. I don't think that. I just want them, that's all." Reflection #4—"You're right. It pisses me off if somebody hogs the whole time. We all should get a chance."

Group Discussion: In the course of the conversation a great deal of empathy was evoked. Those whose substance of choice was marijuana appreciated the understanding shown in this regard. The teachers who most "pissed-off" the focal-client were those who seemingly showed favoritism to others, which was also an ongoing issue with the client and her mother. A fruitful discussion about "getting what one wants" and "the means of getting" these things also ensued.

The idiosyncratic nature of the reason for becoming angry was also able to be highlighted. While the other students all agreed they became angry at teachers—and could even agree on specific teachers who really

angered them—they each had their own reasons for this; thus demonstrating the unique set of “glasses” worn by each teen.

The final issue always carefully brought out at discussion time is that the “style” with which the client approaches life has its positive attributes as well. The example focal-client’s sensitivity to fairness issues and favoritism helped us in group because she made sure everyone got a turn to talk.

It is important that the clients see the upside of their habitual view of life, so they can see it is typically the same approach that gets in their way at times; as it does in their frequently self-defeating substance use.

While the example given is only one of the several ERs shared in a given session (there is usually time for two to four more of series), the benefits of the technique are many: the counselor gains insight from the peer interaction, the client is assisted in understanding the peer feedback, and the stage is set for the client to see how their typical response to difficult situations in life sometimes is helpful, but sometimes gets in the way. With that insight, the therapist has a powerful and accurate means of understanding the client’s view of the world and even talking that client’s language as ongoing issues surface in the course of treatment.

As an example, the virile parent-child conflict that the focal-client was experiencing but was at pains to understand beyond giving numerous examples of clashes, was more clearly framed as “favoritism” and could be addressed more accurately in the course of treatment.

Summary

ERs are a powerful tool for our therapeutic understanding of clients, and also for their own self-understanding. Implementing ER-techniques beyond gathering and interpreting them is not presented as frequently in the literature. The preceding process gives an example of the ER Interactive Group Technique that benefits both the client who shares the ER, as well as the peers engaged in its interpretation.

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