

Using Early Recollections in Case Consultation

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Abstract

The authors focus on the use of early recollections as a means of exploring and resolving therapeutic impasses and issues that interfere with therapy and counseling in a case consultation approach. Adapting a method presented by Kopp and Robles (1989), the authors present several case examples of using the consultees' early recollections as metaphors and reference points to assist consultees in recognizing and resolving previously unrecognized issues that interfered with progress in treatment.

Introduction

Early recollections have been used in therapy since the time of Alfred Adler (Adler, 1927/1998a, 1931/1998b, 1937), not only by Adlerian therapists, but also by therapists from other orientations (Bruhn, 1981, 1990; Langs, Rothenberg, Fishman, & Reiser, 1960; Levy, 1965; Mayman, 1968). Early recollections have been used to enhance the therapeutic relationship in counseling and psychotherapy, to enhance understanding of client dynamics by the therapist and also by the client, and to accelerate counseling progress and guide intervention selection (Clark, 2002). Clinical supervision is essential to the training and professional development of therapists and counselors. Similarly, case consultation has more recently become an important way that therapists and counselors enhance their understanding of the process of therapy or counseling.

Case consultation is the process by which a therapist or counselor (consultee) seeks assistance in the care or treatment of a client of the consultee with or without the use of raw data (Caplan, 1995; McCollum & Wetchler, 1995). An important aspect of case consultation is that the responsibility rests with the consultee, not with the consultant or consult group. It is important to understand that the consultee is free to accept or reject any information, suggestions, or input offered by the consultant or consult group. "Action for the benefit of the client that emerges from consultation is the responsibility of the consultee" (Caplan, p. 7). In this sense, case consultation differs from clinical supervision, in which the clinical supervisor may be ultimately responsible for the treatment or care of the client and the supervisee may actually be compelled to accept direction of the supervisor.

The purpose of case consultation is to provide assistance to practitioners who may not have supervision available to them on a regular basis but who wish to have input on cases that may present particular challenges or impasses in counseling or treatment. It may also be used to supplement ongoing supervision. In addition to helping the practitioner or consultee, an additional purpose, according to Caplan (1995), is to add to the consultant's knowledge base and to increase the consultant's understanding of dynamics and diagnosis.

Case consultation can be done on an individual basis between a consultant and consultee, or it can be provided on a group basis. It can be provided by consultants, who are considered senior or more experienced clinicians, and it also works well as peer-to-peer consultation. Most cases which are presented in supervision or case consultation disclose the therapist's/consultee's difficulties, which are often related to the therapist's/consultee's lifestyle (Kopp, 1995). "Therapists may not always be in touch with what is happening within themselves and may deny their own issues and miss significant aspects of their relationship with clients" (Lowe, 2000, p. 511). Therefore, in the process of supervision and case consultation, it is important to work with the therapist's lifestyle simultaneously with the work on the client's lifestyle. A very effective and efficient way to conduct this process of case consultation is through the use of the client's and the therapist's early recollections.

Kopp and Robles (1989) suggested a basic outline that is used in this approach with some variation. Their outline included:

- Phase I: Therapist presentation of the client
- Phase II: Identification of "stuckness" in therapy
- Phase III: Examination of the therapist's phenomenology through the use of early recollections and metaphors
- Phase IV: Exploring the parallel lifestyle movement
- Phase V: Reframing the parallel lifestyle movement
- Phase VI: Formulating interventions

In using this procedure, we focused on early recollections rather than metaphors, although our use of early recollections was, in a sense, the use of a metaphoric mode of thinking.

Early Recollections

One way that early recollections work in case consultation is as metaphors to disclose current feelings based on biased apperceptions. Using early recollections to understand current feelings is like conducting a simple

blood test in order to figure out the status for the *current* physical condition. One sample of blood gives a clear picture of the whole body. One early recollection is a sample or metaphor describing the *current* emotional state. The content of the early recollection is not as important as its process or form. The content may appear at first as if it were somewhat unrelated, but as the consultant looks at the relationships inherent in the early recollection, the parallels between the consultee's relationship with his or her client become highlighted.

In addition to metaphors, early recollections also serve as reference points for individuals. Much like a metaphor, a reference point is a kind of criterion by which a person judges other people or events in favorable or unfavorable ways. The reference point comes from a situation in one's past that is similar in some way to the present situation. Because of the similarity, the person immediately draws some conclusion about a current person, place, or situation based on this past criterion. This process of referencing and attribution is very likely one of which the person is unaware until the early recollection is elicited and explored.

The process of working with the consultee's early recollections is a simple and straightforward process by which the consultant asks the consultee to talk about the client and to discuss the client's dynamics and behavior. As the consultee complies, the consultant simply asks the consultee to imagine being with the client now. After the consultee indicates that he or she can imagine this, the consultee is asked to describe the feelings or thoughts that he or she has. An emphasis on the physical experience of the feelings and even visualization of them is helpful, as suggested by Kopp (1995) in his work with metaphors in therapy. While the consultee is in this mode or state, the consultant asks the consultee to give an early recollection. Some consultees who have done early recollection work of their own in the past are often surprised that they come up with new early recollections rather than the ones that they had earlier when they did their lifestyle analyses. It is important to emphasize that they have the freedom to come up with any early recollection and not restrict themselves to ones that are rehearsed or previously analyzed.

Case Examples

In this paper, we are presenting our work in a case consultation workshop using early recollections of the client and the consultee in the process of case consultation. In a group consultation, a consultee presents a case, and the consultants work with the consultee to understand the client's and the therapist's lifestyles based on information provided by the consultee,

including early recollections and family constellation information. Both of us have used this process for several years in individual and group supervision and case consultation with other therapists, and the results have been positive. The following are examples of the process.

Case 1. M is a therapist who works in a mental health care institution within the correctional system. J is the 17-year-old male client (a second-born child with one sister 10 years older). J is currently in the hospital for conduct disorder. He has an IQ of 90, and he comes from a lower socio-economic background. Both parents were abusive, and he was neglected severely as well. The father was particularly abusive and violent. J has been in various foster homes before arriving at the hospital. His belief based on the consultee's analysis of his family constellation and early recollections are: "I am a victim, alone, the world is mean and hostile, therefore I will increase my aggression." J is very creative artistically. He also assaults people, which is how he came to the attention of the juvenile authorities and was placed in the correctional system. After his assaults, he usually apologizes, but he reports that he does not feel anything. His very dominant early recollection was:

Age seven: I came home and found blood over the mattress. I asked my father what was it? Where was mom? Father threatened that if I asked any more questions he would kill me. *No feelings.*

The consultant presented the following question to the therapist M: "What early recollection comes to your mind right now while you present J's case?" M is the second child in her family of origin. M's early recollection:

Age five: My baby brother was born. He was mom's fifth child in 6 years. Father, who was usually working abroad, brought mother and the baby from the hospital. I got a playhouse with little people. I was excited and wanted to show my mother what I got but she looked down, said "that is nice" and went to do other things. I went off to do something else, *no feelings.* That is how it was. I don't remember any feelings.

The consultant commented: "M turned *to doing*, in order to avoid the pain of dealing with feelings. Her client J turned to aggression, which was his way of *doing* to avoid dealing with the pain and frustration of losing his parent. His father murdered his mom and was in jail. It was also his way of *doing* to avoid the fear that his father would murder him as well."

M was very interested in what *to do* with her client when she presented the case rather than dealing with her and his feelings. Avoidance of feelings became the vicious cycle of the therapist–client relationship, and M felt stuck. After processing the memories, M said, "I was surprised with the unfeeling that came up. It was the story of my life. I feel now that there is a possibility with this young man. I would like to explore his feeling through art therapy,

working with his creativity." The discovery of the main issue of avoidance of feelings was a relief for M. It resulted in an awareness of her own current emotional situation, and it enabled her to return to J with a different perspective of his problems and a new approach to intervention.

Case 2. SH is a therapist in private practice and presented a case involving a couple. B (one of the clients) is in his forties and was married before. He has two children from that marriage and does not want any more children. L (the other client) is in her late thirties. This is her first marriage, and she wants a child; however, she does not allow B to have contact with his children.

When SH was asked to identify an issue in working with this couple, her answer was: "I do not know where my values are. Do I have to look at the needs of these kids or to focus on the couple's issues? I am confused." SH presented the following early recollection from B:

He was five years old. It was winter, and he was playing with the big dog outside. The dog was a real friend. Feelings: I was free and did what I wanted.

B presented another early recollection from when he was three years old.

I built a model airplane and my brother smashed it. I was very angry and was afraid that I would not control my anger.

L gave no early recollection. SH, the therapist, commented after sharing her client's early recollection, "I feel very challenged in this case because I do not like the woman." This comment led to her early recollection:

Age six: I went to a new school. We were three new children, two bright Russian immigrants and myself. The teacher did not like us; she gave us a separate desk. We were supposed to do something. We misunderstood and she blew her whistle very strongly in my ear because I did not do something right. I felt confused. How do you do it right? How painful it is for children to be rejected. How do I deal with this controlling teacher?

In her work with this couple, SH was preoccupied with the welfare of her client's children because it touched a very sensitive chord in her own lifestyle. It created a hidden coalition between herself and B against what they perceived as his controlling, unfeeling wife. The conclusion of the consultation session was that the couple used the children in order to avoid dealing with their relationship. The therapist was trapped in their dynamics because of her sensitivity to the children's needs. Using her early recollection and her client's early recollection helped SH to realize that B is looking for freedom, and it is possible that he also wants freedom from his children. He also suffers from uncontrolled anger. The children at this point of the couple's therapy are not the immediate issue; only once they are able to resolve their difficulties will there be room for the children.

Case 3. G is the therapist who works with trauma patients. The clients are MI, age 12, and his parents.

The precipitating trauma was that MI was involved in a terrible accident on his way to school. His best friend, who was riding in the car with him, was killed. MI crawled over his friend's body to get out of the car. MI's parents are in their second marriage. Each has two children from the previous marriage, and they have MI from their current marriage. The parents are overprotective. They had marital problems prior to the accident, but the child's accident brought them back together.

When the consultant asked G what his main concern about MI was, he responded: "The child feeds into the parents' needs. He sleeps every night in their bed, claiming that he has nightmares. He is afraid that they will separate. By continuing to be 'sick,' he attempts to prevent the separation."

When G, the therapist, was asked for his own early recollection, he presented the following:

Age five: I accompanied my father on his business trip. I saw my father in bed with his secretary. I was shocked. When we came home and I heard my father telling my mother how much he missed her, I was very angry. Since that incident, I stopped eating. I became very sick. My parents stayed together but I starved myself for 3 years. It was not worth it! I was "a chronic parent caretaker."

When asked by the consultant whether he perceived his client as a parent caretaker, he answered immediately, "Yes, that is the real issue!"

G understood that he conceptualized MI's problem from a subjective perception and could not relate to the fact that the child may simply need his parents to overcome his own trauma, not necessarily to protect his parents' relationship. G was trapped in his own anger with himself for being his parents' caretaker and invested too much energy in preventing the same thing from happening to his young client.

Summary

The use of early recollections in case consultation enables the consultee to become aware of his or her own lifestyle issues, which are usually denied or, at least, unrecognized in the therapeutic process with the client. These unrecognized issues might create for the therapist a sense of being stuck.

The case consultation model using early recollections proves to be a very effective and quick process to disclose "hidden issues" of the therapist that inhibit the therapist from recognizing the client's issues or from developing creative interventions to address those issues. In the process of case consultation, the consultee presents the client's primary issues, family

constellations, and early recollections, if available. When the consultees describe their difficulties with the case, they are asked to present their own family constellation and early recollections. In all three cases presented here, important concerns of the therapists were disclosed through their early recollections. In our use of this process in other settings, this seems to be a typical result, and the method has been very helpful for the consultee. As in any use of early recollections, the consultant must refrain from imposing the consultant's worldview on the consultee, while helping the consultee gain a clearer understanding of the dynamics at work.

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