

Early Recollections: A Guide for Practitioners

Roy M. Kern, Susan E. Belangee, and Daniel Eckstein

Abstract

The authors address early recollections from a mental health practitioner's point of view, offering guidelines for collecting and interpreting early recollections as well as real examples of different types of early memories from the authors. A systematic approach for collecting early recollections and variations of this technique are also presented.

Alfred Adler believed that through life experiences, people create events/beliefs in systematic ways that relate to their lifestyles (Adler, 1927). Humans view the world in a certain way and then venture out, looking for experiences that validate their views of the world. It is analogous to how people put on socks (e.g., always the left foot first, then the right foot). They only remember those things that fit and have meaning to their lifestyles.

Adler indicated that clinicians could use the early recollection technique to assess an individual's unique worldview. He stated,

If we can obtain such old remembrances we can predict, as we have said, what will happen later in the life of our patients. However, it must be remembered that old remembrances are not reasons; they are hints. They are signs of what happened and how development took place. They indicate the movement toward a goal and what obstacles had to be overcome. They show how a person becomes more interested in one side of life than another. (Adler, 1929b, p. 129)

More specifically, one could state that early recollections are a representation of the unedited content of memories a person carries with him or her that confirm his or her perceptions of how he or she handles life's problems.

The information in this article is based on a compendium of thoughts and experiences of many well-versed Adlerians in the field. We have written the information in a practice-oriented format and present to the reader some important questions, procedures, and suggestions as to how a mental health clinician or practitioner could implement a technique Adler originally created some 80 years ago. For additional background reading on the subject, the reader should consult Arthur Clark's (2002) book, *Early Recollections: Theory and Practice in Counseling and Psychotherapy*.

Typical Questions and Issues Related to Early Recollections

Those who may be somewhat skeptical of the early recollection approach may wonder how Adlerians can make sense of a person's total lifestyle when it seems as if the individual typically remembers only the most discouraging events from early childhood. Adlerian practitioners indicate, however, that clients report three types of early recollections. The first type includes those early memories that are uncomfortable, traumatic, or discouraging. One of us provided the following memory as an example of a discouraging early recollection:

I was about 2 1/2 years old and I remember waking up in the night and feeling hungry. So I climbed out of my crib, went to the kitchen, and opened the refrigerator to get an apple. I then got a knife to cut my apple and climbed on the chair to reach the table. I opened up the ketchup and poured it over my apple, and then my mother came into the kitchen. She saw the ketchup and the knife and thought that I had cut myself so she screamed. She grabbed me to see if I was bleeding and when she realized I wasn't, she scolded me and sent me back to my room.

The second type of early memory that a client may recall is an enjoyable early recollection. Another of us provided this enjoyable early recollection:

I remember when I was around five years of age sitting in a little red wagon. I remember that it was autumn because I can still recall the color of the leaves. I also remember that I had a hat on that was like an aviation hat that covered my ears and that the weather was warm and comfortable.

The third type of early recollection is one that may be considered ambiguous or confusing. Another early recollection from one of us is as follows:

I remember being in first grade. The whole first grade was going to put on a play called "The Elephant Child." I wanted to be chosen for one of the main characters but my teacher did not pick me. Instead I was made to play one of the kookaburra birds. I remember wondering why I was not chosen to play a main part.

These examples demonstrate that people remember more than just the distasteful events from their lives.

Another frequent question is "What if you remember something because your parents told you about it?" Adler stressed that this was a report rather than an early recollection. Reports usually do not have feelings associated with them. A similar situation occurs when a person reports what was recorded in home movies.

If a client says that he or she cannot remember anything, the therapist might suggest that this is not necessarily resistance by the client, but rather poor goal alignment between the client and the therapist. At other times when an individual has difficulty remembering early recollections, it could

be due to some form of unreported trauma in the client's life. If it seems to be neither of these, we suggest that clinicians have the client create early recollections. Two research studies indicate that a client's fabricated early recollections may be as valuable as those generated by the client from his or her real-life experiences. These researchers found that fabricated early recollections are at times valid, given that the individual must use one's present private logic to create the imagined early memory (Barker & Bitter, 1992; Paulk-Buchanan, Kern, & Bell-Dumas, 1991). The following are some variations of the early recollection technique that practitioners can use when they are unable to understand the meaning of a client's early recollections or when a client cannot recall any recollections.

- Identify your favorite story or passage in a significant religious book (e.g., *the Bible*).
- Describe your favorite cartoon.
- What are your favorite video games?
- What is your favorite fairy tale?
- What is your favorite comic book character?
- What are some reoccurring dreams?
- What are your three favorite animals in the jungle? (more appropriate for younger clients)

Because behavior is purposeful, it can be assumed that clients remember their favorite fairy tale or cartoon because it is congruent with their belief systems, private logic, and lifestyles. Regardless of the stimulus statement, individuals will apply their unique views of the world to whatever a clinician may ask them to discuss.

We suggest that when making sense of projective information, practitioners view a client's responses from two distinct perspectives. First, the client's statements could reflect events related to when and how his or her lifestyle/belief system has caused problems in his or her life. We have also found it useful to view this information as evidence of the client's perceptions when the chosen lifestyle/belief system is working for the client. To clarify, a client's early recollections may provide information on what life is like in reality as well as information on how the client would like it to be.

Why Use Early Recollections?

There are several reasons we believe early recollections, as well as its variations described above, are important techniques. They give practitioners clues about how a client's lifestyle or cognitive belief system keeps him or her out of trouble as well as in trouble. They can also help therapists understand the best

way of interacting with the client. For example, if the client's early recollections reflect a controlling/taking charge style of dealing with life's problems, the clinician may wish to present feedback in a more tentative way (e.g., "I could be wrong, but could it be that . . .?").

Early recollections also provide the therapist and the client insight on how the client solves major problems related to the life tasks of work, social relationships, and intimate relationships. They can be used as tools for educating people on how their thinking helps them solve problems. We have found through our clinical experiences that early recollections can supply the clinician with important information on the connection between a client's belief system and somatic complaints or illnesses. They are also helpful in validating consistent or contradictory forms of information evolving from the extensive collection of knowledge gained from a lifestyle assessment. When a contradiction does occur in the assessment process, the therapist should trust the client's early memories in terms of lifestyle dynamics because the early recollections offer potentially more unedited information than the interview. A client may be more likely to respond openly and in an unbiased manner during the early recollection process because he or she is "just remembering past events," whereas during the interview the client may try to present a more positive "self portrait." Thus, we believe early recollections can serve as a validating process for a client's lifestyle dynamics.

The Early Recollection Interview Process

There are numerous ways in which Adlerians collect early recollections from their clients. The following is our suggested approach and the one that has been employed to teach graduate students and practitioners for the last 30 years.

1. Inform the client that you will be recording information on paper for this part of the process. Begin by stating, "Now that we have information about your lifestyle [or presenting concern], I want to get at more subjective information on how you solve life's problems. One strategy I use to do this is called an early recollections technique. What I want you to do is to think back as far as you can remember, preferably before the age of 10, and tell me an early memory or recollection of an event that has a feeling associated with it."
2. As the client provides the information on the early recollections, it is important for the clinician to write the early recollection verbatim and to refrain from asking clarification questions that may lead

the client. The clinician is most interested in receiving as much unedited information as possible. Any attempt by the clinician to ask for clarifying information early on may interfere with the process.

3. When the client has finished recalling the memory, the clinician should then ask, "What was your feeling during that point in time?"
4. We believe that if the client does not identify a clear affect word, it is permissible for the clinician to probe for another word. If the client still cannot identify a feeling word, then the clinician may question if the early recollection is a report versus an early recollection.
5. Next, ask the client to imagine taking a snapshot of the most vivid part of the memory and have him or her tell you what the snapshot is. You might wish to use this statement: "Now I'd like you to focus on the most vivid part of that memory. If you were able to take a picture or snapshot of the most vivid part of that memory, what would it be?" or "If you could freeze a particular frame of that early recollection that you just gave me, what would it be?"
6. Record the comments on paper and then ask the client to identify the most vivid feeling associated with the snapshot or freeze frame.
7. Generally, we suggest that the clinician collect three or four early recollections using this procedure. But if collecting four does not provide sufficient information to determine themes, collect as many as needed.

In summary, collect three to four early recollections, asking the client to remember events from before age 10 that are vivid and have feelings associated with them. Then ask the client to take a snapshot or freeze-frame of the most vivid part of the early recollections and identify the feeling associated with that snapshot.

An Example of How to Interpret Early Recollections

The following is an example of how practitioners could use the preceding format to examine one of our early recollections (presented earlier in our discussion, and represented here).

I was about 2 1/2 years old, and I remember waking up in the night and feeling hungry. So I climbed out of my crib, went to the kitchen, and opened the refrigerator to get an apple. I then got a knife to cut my apple and climbed on the chair to reach the table. I opened up the ketchup and poured it over my apple, and then my mother came into the kitchen. She saw the ketchup and the knife and thought

that I had cut myself so she screamed. She grabbed me to see if I was bleeding and when she realized I wasn't, she scolded me and sent me back to my room.

The overall feeling associated with the early recollection was a sense of independence and confidence. When asked what the snapshot would be, the recollector indicated that the most vivid part of the early recollection was "when my mother came into the kitchen and screamed at me." The feeling associated with the snapshot was one of fear rather than confidence. This demonstrates the dramatic difference in information that a therapist can obtain by asking for the snapshot and the feeling associated with it. When asked how this early recollection could relate to the recollector's lifestyle, he or she indicated that the sense of independence remained a major part of the lifestyle but felt that the need for approval when acting independently was a possible outcome from this memory.

Making Sense of Early Recollections

Again, each clinician that uses this technique has adopted his or her own special way of assessing early recollections. The following are some guidelines we have found most helpful.

- Give the early recollection a headline – one line that answers the question, "What does this early recollection say?"
- Look for the recurring themes and feelings in each of the early recollections or the other projective techniques used. For example, if making mistakes is consistent in each of the ERs, a resulting lifestyle trait could be the importance of controlling life by following the rules, not making mistakes, or being right. It could also reflect a person with high expectations for him or herself.
- How detailed are the early recollections? This may give cues as to the importance of order or rule-focused behavior in a person's life.
- Note the number of people involved, the people that are present in the early recollection, and those people who are left out of the early recollection (i.e., early recollections that only included women or early recollections feature two brothers, but the third brother was left out. Why?). This information, according to Individual Psychology theory, may be one indicator related to social interest. We have also found that individuals not mentioned in the early recollections helps us understand gender issues and parental and sibling issues.
- Are the early recollections remembered in a visual context? This could be an important cue that a person is a visual learner and thereby acquires much information on problem solving from visual

cues. In *The Science of Living*, Adler (1929b) reported a case study of an individual whose early remembrance focused on visual information. Adler continued to discuss the relevance of this piece of memory as a cue "that if we are to give him an occupation it should be one in which he should use his eyes" (p. 121).

Finally, what parts of the early recollections are accentuated (e.g., non-verbal behavior, tone of voice, somatic complaints, physical postures or movement)? We believe that organ dialect (reported somatic symptoms) is a significant cue related to understanding the lifestyle of the individual. All behavior is movement or purposeful regardless of how miniscule it appears to the naked eye or the unskilled ear. Holub (1936) stated,

Sickness in childhood is frequently remembered. What does such a recollection mean to the individual? It means that the child was suddenly forced to realize that there are unsuspected dangers in real life, dangers not understood, not to be foreseen, and in the presence of which one feels oneself inadequate. And the adult who reminisces thus will present the same picture that he did as a child. He may not make progress in the various tasks of life and he may stop dead, stuck in a rut of fear, as if he said, "Who knows what may happen to me." (p. 91)

The following are additional guidelines and suggestions that might be helpful for practitioners using the early recollections technique.

- Always get both the content and the feelings concerning the early recollection. After an individual shares a memory, always ask, "And how did you feel?"
- Early recollections may be different before and after counseling just as the individual's attitude about the environment, others, and self may change through therapy.
- Do not be afraid to ask (e.g., "Could it be that?") about the meaning of early recollections. If you are correct, the client will let you know by means of a "recognition reflex," a slight smile, or nod of acknowledgement. If you are incorrect, he or she may look confused or puzzled. However, even when you are "wrong," the client has still defined himself or herself even if it is to disagree with a particular interpretation.
- Separate early recollections may be considered as individual beads comprising a necklace. Finding unifying themes provides the string that couples or explains seemingly inconsistent or separate early recollections.
- Shulman and Mosak (1988) noted some common thematic topics found in early recollections, including dethronement (the birth of a younger sibling or another person who takes center stage), surprises, obstacles, affiliation, skill tasks dependency, and external

authority. The second part of the early recollection, the subject's feeling and identifying what is most vivid about the early recollection, gives valuable insight into what the person concluded about the event, the "therefore . . ." associated with that memory.

Examples of the possible conclusions/themes include observing, problem-solving, compliance or rebellion, a call for help, revenge, suffering, or social interest.

- Powers and Griffith (1987) summarized early recollections using the three major factors of sequence, similarity, and symmetry. "Sequence means the arrangement of the entire set of early recollections, and the relationship of each to the ones before and after it in the series. Similarity means a repetition of (or variation on) ideas or themes in applying various early recollections . . . Symmetry means correspondence between two early recollections as they balance one another, or as juxtaposed as if to represent two sides of an issue" (pp. 121–122).

In a chapter concerning old remembrances, Adler (1929b) summarized other general guidelines for early recollection interpretation. He believed that as one assesses early memories, important information can be identified through the client's recollections of, among other things, dangers and accidents as well as of corporal or other punishments, mention of the mother, the recollection of the birth of a brother or sister, the first visit to kindergarten or school, or sickness or death.

Conclusion

As stated previously, we recognize that this article reflects the thoughtful contributions of many of our Adlerian peers in the field. Our intentions were to summarize some of those contributions, to offer our own step-by-step process, and to provide the information in a useful, practice-oriented format that practitioners could read, understand, and implement with ease.

Early recollections offer a wealth of data about how a person thinks, feels, and acts and ways practitioners can use this information to bring about insight and change in their clients. It seems fitting to finish this article with some advice from Adler (1929b) concerning early memories:

Psychological experience has shown us that childhood remembrances are not as meaningless as we had formerly supposed. From the endless store of childhood memories that each one of us has, only a few are carried over to maturity. This very fact should emphasize the importance of these remembered impressions. And so when an adult tells us an early remembrance (it matters little whether it is the first or not), which is particularly clear to him, we are able to

interpret from it the speaker's personal attitude toward life. This is, in essence, the attitude he has retained up to the moment of telling, even should that be twenty, thirty, or forty years later. (p. 6)

References

Adler, A. (1927). *Understanding human nature*. Oxford, England: Oneworld Publications.

Adler, A. (1929a). *The case of Miss R*. New York: Greenberg.

Adler, A. (1929b). *The science of living*. Garden City, NY: Greenberg.

Ansbacher, H. L., & Ansbacher, R. R. (Eds.). (1956). *The Individual Psychology of Alfred Adler*. New York: Basic Books.

Barker, S. B., & Bitter, J. R. (1992). Early recollections versus created memory: A comparison for projective qualities. *Individual Psychology, 48*, 86–95.

Clark, A. J. (2002). *Early recollections: Theory and practice in counseling and psychotherapy*. New York: Brunner-Routledge.

Eckstein, D., & Kern, R. M. (2002). *Psychological fingerprints*. Dubuque, IA: Kendall/Hunt Publishing.

Holub, A. (1936). Sickness and psyche. *International Journal of Individual Psychology, 1*(1), 91–103.

Paulk-Buchanan, L. P., Kern, R. M., & Bell-Dumas, J. (1991). Comparison of content in created versus actual early recollections. *Individual Psychology, 47*, 348–355.

Powers, R. L., & Griffith, J. (1987). *Understanding lifestyle: The psychoclarity process*. Chicago: The Americas Institute of Adlerian Studies.

Shulman, B. H., & Mosak, H. H. (1988). *Manual for lifestyle assessment*. Muncie, IN: Accelerated Development.

Copyright of Journal of Individual Psychology is the property of University of Texas Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.