

Early Recollections in Adlerian and Metaphor Therapy

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This article compares and contrasts the use of early recollections in Adlerian psychotherapy and Metaphor Therapy. After defining metaphor and illustrating how clients use metaphors to convey subjective experience and meaning, the article explores the relationship between metaphor and early recollections. Metaphor Therapy's use of early memory metaphors is presented and illustrated with a case example. Finally, the complementary relationship between Adlerian and Metaphor Therapy approaches is discussed. It is suggested that Adlerian therapy's cognitive/interpretive approach is compatible with Metaphor Therapy's experiential/client-focused approach.

What Is a Metaphor?

A metaphor creates a resemblance between two different things. The term is derived from the Greek, *meta* meaning "above" or "over," and *pherein* which means "to carry or bear." Thus, metaphor carries meaning from one thing or place to another. For example, when Romeo says "Juliet is the sun," Shakespeare is suggesting that there is a resemblance between certain qualities of the sun and Juliet. Linguists refer to the sun as the "vehicle" of the metaphor, and Juliet as the "topic" (Ortony, 1993).

Metaphors occur frequently in everyday speech, especially when one wants to express emotionally charged content. For example, one person may convey a feeling of helplessness in the face of a series of life events, saying, "I'm sinking in quicksand"; another states, "We're in a tug of war," to represent her struggle with a friend; another expresses his tendency to sabotage his own efforts by stating, "I keep shooting myself in the foot"; while a woman says "He barges into the house like a locomotive" to describe her estranged husband's pattern of showing up unannounced despite her repeated requests that he call before coming. Note that the metaphor-maker employs an image (i.e., sinking in quicksand, a tug of war, shooting oneself in the foot, or a locomotive) as the "vehicle" to communicate meaning about a "topic" to which the image refers (i.e., a feeling of helplessness in the face of life events, a personal relationship, a pattern of self-sabotage, and a husband's intrusive

behavior, respectively). Note also that the metaphor is false as a literal statement, that is, people are not actually sinking in quicksand or shooting themselves in the foot; the friends are not engaging in an actual tug of war; and the husband is not actually a locomotive. Having clarified these defining characteristics of a metaphor, we can now consider the metaphoric qualities of early recollections in Adlerian and Metaphor Therapy.

Early Recollections as Metaphors in Adlerian Therapy

An early recollection is a specific, one-time incident that one remembers from one's childhood and one can picture in the mind's eye (Mosak, 1958). Early recollections (ER's) are traditionally used in Adlerian therapy as a basis for interpreting a client's "life-style " (see "Early Recollections: Mining the Personal Story in the Process of Change" in this issue).

Early recollections possess two characteristics that are related to metaphors: they are images recalled from childhood, and they are presumed by Adlerians to not be literally true, but to be rather selective, subjective reconstructions of the past events (Adler, 1956). Adlerian therapists interpret life-style beliefs, movement, and goals by adopting the view that the events depicted in the early recollection are metaphoric representations of the recollector's current life-style. To illustrate, consider the early recollection of a client who remembers looking at all the candles on his seventh birthday cake and being afraid that he would not be able to blow all of them out. The fear of not being able to blow out all the candles is viewed as a metaphor for not being up to the task, suggesting that, in his current life, the client fears he will not have the power, strength, or ability to be successful. The occasion of his birthday and "all the candles on the cake" are metaphoric representations for growing up and/or being a grown-up (or a "real" man) in a grown-up world.

Based on an understanding of these metaphoric movements and meanings, we might formulate the following tentative guesses regarding the client's life-style beliefs:

- I am fearful and weak.
- I fear that I will be inadequate and fail when challenged with life's tasks.

Thus, understanding the metaphoric meaning of early recollections is an essential interim step in the therapist's interpretative process which concludes with the therapist's formulation of the client's life-style in cognitive, "private logic" terms.

Early Recollections as Metaphors in Metaphor Therapy: A Case Example

Kopp (1995) has developed a structured interview protocol that allows therapists to elicit an early recollection that will be a metaphor for a client's current issue or problem.¹ This method—exploring and transforming early memory metaphors—is illustrated in the following case example.²

John, a 33-year-old white male, has been married for almost two years. In recent weeks, John has begun to snore so loudly that it is seriously disturbing his wife's sleep. After a brief discussion of the problem, the therapist begins the intervention.

Therapist (T): Where, in all of this, are you most stuck?

John (J): It scares me that my snoring could stop us from sleeping together. It's really upsetting to think that I'm driving away the person I love most. And there's nothing I can do about it, I mean, snoring is involuntary.

T: Can you remember a recent time when you felt this way?

J: Yes . . . a few nights ago when my wife spent part of the night on the living room couch because of my snoring.

T: I'd like you to form an image in your mind of that situation . . . the part of it that stands out most for you. (Pause). Picture it as vividly as you can . . . where you were . . . what was happening . . . what was being said. (Pause). Picture that scene as vividly as you can, so that you begin to feel the feelings that you felt in that situation in your body now. (Pause). (The therapist watches as John silently recalls his recent example of the problem). Are you feeling the feelings in your body now?

J: Yes.

T: What's the first early childhood memory that comes to mind right now . . . the first image from childhood that pops into your mind right now?

J: I remember when I was five, Fred, my older brother and I were staying with my aunt and uncle. My parents were on a vacation, and my aunt and uncle were taking care of us. Anyway, while I was there I really got sick. In fact, I came down with pneumonia. I remember having to get sponge baths to get my temperature down, and I had a hacking cough. I would cough all night and Fred would get really angry at me. The two of us were sharing a room. He'd keep on yelling at me to be quiet. He didn't believe that I couldn't stop myself from coughing. At one point, he tells me if I cough one more time, he's going to go sleep somewhere else and leave me by myself. So, I try to stop myself from coughing, but of course, within seconds I cough, and Fred jumps out of bed and grabs his blanket and his pillow and starts to leave. So I start crying and beg him not to go. I mean you know, I was feeling really sick and homesick too, and I didn't want to be left alone. But he just left, and I was all alone. (Pause). I guess that's about it.

T: Okay. As you think about what you just told me, what stands out most for you? If you were to take a snapshot of the most vivid moment in the memory, what image stands out most?

J: Just me sitting up in bed, crying and coughing while Fred is storming out of the room.

T: How did you feel at that moment?

J: Alone and hurt.

T: Why did you feel that way?

J: Because Fred was leaving, and he was angry with me.

T: If you could change the memory in any way so that it would be ideal—the way you would have liked it to turn out—how would you change it?

J: Alright, let's see. Well, first of all, my brother wouldn't have yelled at me. Maybe he would have said in a nice way that my coughing was keeping him awake—that he knew I couldn't help it, but that it was still bothering him. Maybe we would have talked for a little while. And he would have been really understanding and sympathetic. I know. Maybe he would have gone and woken up my aunt and asked her to give me some cough medicine. (Laughing). And maybe she would have given him some earplugs. That would have been good.

T: What stands out most vividly in the changed memory?

J: Me in bed, coughing but also smiling. And my brother would be getting into bed with earplugs in his ears. And we'd both be laughing about the earplugs.

T: And how would you be feeling?

J: I'd be feeling good, I mean, I'd still be sick, but I'd be feeling happy inside . . . and safe.

T: And what is it that would be making you feel that way?

J: That my brother cared about me and that he was there to look out for me.

T: Now I'm going to read the memory, and I'd like you to tell me any connections you see between the memory and your current situation with your wife.

J: Okay.

T: (Reads the memory.) What connections do you see between the memory and your current situation?

J: I guess the snoring is pretty much the same thing that the coughing was. Well, I mean, they're different, but the effect is the same. Both are something I can't help and something that leads to me being alone. My wife left the room the other night, just like my brother did. I mean, she didn't act mad or anything, but I still felt hurt. I don't know . . . it was like I was being abandoned.

T: And that does hurt.

J: Yeah. (Pause). You know, I wonder if that's why this whole thing bothers me so much. I mean, I haven't thought about that coughing thing for a long time. But at the time, it was a big deal. It really upset me. And now this situation is so similar. It's kind of funny (laughs).

T: What feels funny to you?

J: I don't know, I guess it's just the whole snoring thing seemed to be such a big deal. I mean, when I woke up and realized that my wife wasn't in bed with me and then I found her on the couch in the living room, I got really upset. She even said that I was making too big a deal about the whole thing. But it scared me.

T: It made you feel . . . unsafe.

J: Yeah.

T: Now I'd like to read back your changed memory, and see if your changed memory suggests any things that might be helpful to you in dealing with your current situation.

J: Okay.

T: (Reads the changed memory). Does this give you any ideas in terms of your current situation?

J: Well . . . (laughs). Yeah! My wife could get earplugs. I mean, it sounds funny, but it could work. We didn't think of it. Well, to be honest, we didn't really talk about it at all. I was too upset. I guess that's the main thing—we have to sit down and discuss the problem like two adults—two adults who love each other.

T: In your revised memory your brother went to ask your aunt for help.

J: Yeah, well, I don't know. I really don't want to ask . . . Well, actually, about a month ago I was at the doctor, sitting in the waiting room and I saw this pamphlet about snoring. (Laughs). This is going to sound really dumb, but I didn't pick it up because I thought someone would see me and think that I have a problem with snoring. Well, anyway, I guess that might be worth looking into.

Life-style Expressed Through Cognition, Imagery, and Metaphor

While Adlerian and Metaphor Therapy's approach to early recollections share some similarities, there are also differences that highlight the ways these approaches can complement each other. Adlerian therapists typically use early recollections as metaphors to formulate the fundamental structure of a client's life-style as cognitive beliefs and goals. These beliefs, represented in if-then statements, may be summarized and offered in the rubric, "I am Life is Therefore" (Shulman, 1973; Shulman & Mosak, 1988). Metaphor Therapy works in the domain of imagery and metaphor. Yet, there is no a priori reason why life-style representation should be limited to cognitive formulations. The holistic principle suggests that life-style is expressed in any number of ways. Metaphor Therapy's use of early memories is similar to other experiential Adlerian modalities that employ imagery, symbol, and metaphor, for example, painting or drawing early recollections in art therapy (S. Dreikurs, 1986), creating a psychodrama of an early recollection (Starr, 1977), using psychodramatic methods to explore dream symbols (Gold, 1978; 1988), and working with the creative imagination in psychotherapy (Kopp, Gold, & Pew, 1992).

Mobilizing the Creative Self

Adler emphasized the importance of the creative self (Adler, 1956). Metaphor Therapy's use of early memory metaphors provides a method for accessing the client's creativity, enabling a client to use creative imagination to create

new insight and new possibilities for change. The therapist's role is to guide the process but stay out of the content. That is, the therapist is careful to avoid interrupting the client's exploration and transformation of his or her early memory by inserting the therapist's own interpretations, impressions, thoughts, or guesses.

Metaphor Therapy uses an interview structure in which the early recollection becomes a metaphor for the client's current problem. Specific metaphors emerge as the client creates connections between the early memory and aspects of the current problem as the early memory is read back to the client by the therapist. Specific metaphors also emerge as the client explores possible alternative approaches to dealing with the current situation while listening to the therapist read back the changed early memory. By creating connections between the memory and current problem, aspects of the early memory become "vehicles" that carry meaning from the early memory image to the current situation. Metaphor therapy's approach to early recollections opens creative possibilities for change. This experiential method utilizes the imaginal and metaphoric dimensions of the life-style and thus complements the cognitive focus of the traditional Adlerian approach.

Author Notes

1. This technique is based on the work of Marlis Auterson. Her method of working with people with cancer involves asking them to focus on their bodily feelings related to their illness and then asking them for an early recollection. This approach is also similar in some respects to Gendlin's (1981) focusing technique, LeShan's (1977) work with cancer patients, Willhite's structured use of early recollections (1979), and Lew and Bettner's (1993) Connexions Focusing Technique.
2. Adapted from Kopp (1995), pp. 46–50. The author would like to thank Daniel Goldberg, Ph.D., who was the therapist in this case example.

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