Using Early Memory Metaphors and Client-Generated Metaphors in Adlerian Therapy

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Abstract

The authors describe how to use early memory metaphors and client-generated linguistic metaphors in Adlerian and other forms of therapy. Two structured protocols offer guidelines for using clients’ early recollections as metaphors and clients’ spoken metaphors to help clients gain insight into their current problems. The relationship between early memory metaphors, client-generated metaphors, and lifestyle is discussed.

In addition to being used in a valuable projective technique, early recollections can be used effectively as metaphors in therapy. In this article, we describe how to use early memory metaphors and client-generated linguistic metaphors in Adlerian therapy. Two structured protocols are presented to demonstrate the way counselors can use clients’ early recollections as metaphors as well as their own spoken metaphors to help clients gain insight into their current problems. The relationship between early memory metaphors, client-generated metaphors, and lifestyle is also discussed.

Kopp (1998) described metaphors as follows:

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 (Ortony, 1993) refer to the sun as the “vehicle” of the metaphor, and Juliet as the “topic.”

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. Note that the metaphor-maker employs an image (i.e., sinking in quicksand, a tug of war, etc.) 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, . . .). 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 (Kopp, p. 480). Although false as literal, logical expressions, metaphors accurately express the speaker’s subjective viewpoint and emotional experience.
A Definition of Metaphors Applied to Psychotherapy

Client-generated metaphors can be grouped into the following six categories: (a) metaphors that represent one’s image of self; (b) those that represent one’s image of others; (c) those that represent one’s image of situations (life); (d) those that represent one’s understanding of the relationships between self and self; (e) those that represent one’s understanding of self and others; and (f) those that represent one’s understanding of self and situations. Each of the metaphors described in Table 1 expresses the person’s lifestyle movement and his or her view of self, another person (other), and/or a situation (life). They also express one’s view of self in relation to oneself, a relationship with another, or a particular situation.

Autobiographical Memory and Early Recollections

Brewer (1986) noted that an “autobiographical memory” is a memory about one’s own life. He identified the following three forms of autobiographical memory:

1. Personal memory refers to a mental image corresponding to a particular episode in one’s life, such as “the time I went to a Dodgers-Cubs game while visiting Chicago, and Ernie Banks won the game in the bottom of the ninth inning with a home run.”
2. An autobiographical fact is the recollection of a fact from one’s past. For example, I might recall the fact (with no accompanying imagery) that I flew to Chicago on another occasion to attend a conference.
3. A generic personal memory refers to a general mental image. For example, I might recall what it felt like to walk from my apartment to the University of Chicago campus in winter when the wind chill factor plummeted to more than thirty degrees below zero. This image does not appear to be of any specific moment but a generic image of a hunched figure, pushing against an icy wind that stings my face. (Kopp, 1995, p. 36)

Kopp (1995) noted that it is important for therapists to distinguish among these three types of recall because only the first type (personal memory) meets the criteria for an early recollection from an Adlerian theoretical perspective. Further, because it is an image of a specific event, an early recollection is the form of autobiographical memory that can be a metaphoric image that represents a current life situation... while personal memories meet the criteria for an early recollection, both autobiographical fact and generic perceptual memory are considered reports. (Mosak, 1958 pp. 36-37)
Freud (1899/1950) saw early childhood memories as screen memories (i.e., the episodes recalled, by the ego, that function to “screen out” a repressed original traumatic event which, if remembered, would be threatening to the ego). In this view, what is remembered is important primarily as a potential indicator of what has been forgotten. This is consistent with Freud’s structural-conflict model, the repression hypothesis, and Freud’s use of free association to identify repressed material hidden beneath the camouflage of the “screen memory.”

Adler regarded early recollections as the most important indicators of an individual’s lifestyle because they conveyed “the story of my life” from the person’s subjective point of view (Mosak, 2002, Shulman & Mosak, 1988). Unlike Freud, however, Adler postulated that the mechanism of selective memory functioned in accordance with each person’s unique lifestyle. Adler held that people remember from early childhood (a) only images that confirm and support their current views of themselves in the world (schema of apperception) and (b) only those memories that support their directions of striving for significance and security (the law of movement or fictional lifestyle goal).

Adler’s focus on selective memory and lifestyle emphasizes what is remembered. In contrast, Freud’s approach to interpreting early memories emphasizes what is forgotten. Like Adler, ego psychology emphasizes the role of selective memory in early childhood recollections, focusing on what is remembered in contrast to what is forgotten. The main interest of ego psychology.

Table 1

<table>
<thead>
<tr>
<th>Category</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>I’m a teakettle about to explode!</td>
</tr>
<tr>
<td>Other</td>
<td>My husband’s a locomotive barging into the house.</td>
</tr>
<tr>
<td>Situation</td>
<td>My life is a barren wasteland.</td>
</tr>
<tr>
<td>Relationship of Self to Self</td>
<td>I keep beating myself up.</td>
</tr>
<tr>
<td>Relationship of Self to an Other</td>
<td>Dealing with him, I’m trying to tame a wild lion.</td>
</tr>
<tr>
<td>Relationship of Self to a Situation</td>
<td>I’m slowly sinking in quicksand.</td>
</tr>
</tbody>
</table>

psychologists is the structure and function of the ego. They interpret early recollections using theoretical constructs such as ego structure, defense mechanisms, ego development, and psychosexual stages. Interpretation of the symbolic nature of the content is a clue to discovering unconscious material.

**Early Recollections as Metaphors**

Like spoken metaphors, early recollections can function as metaphors for something else (e.g., a life situation, problem). Early recollections differ from linguistic metaphors in one important respect, however. A spoken metaphor uses an image as a means of conveying the meaning of the situation to which it refers. Thus, spoken metaphors are always metaphors, whereas early recollections must meet certain criteria to be defined as early memory metaphors. To be early memory metaphors, early recollections must do what metaphors do, namely, carry meaning over from the domain of imagery (in this case, a recollected image from early childhood) to something the imagery refers to.

An early recollection that is recalled at the moment when a client is experiencing strong feelings in relation to a problem they are struggling with is likely to be a metaphor for that problem. Following Marlis Auterson’s work with early recollections, when using an early recollection as a metaphor, the therapist notes that memory emerges as an association to feelings that are physically experienced in the client’s body. The therapist asks, “Can you remember a recent time you felt this way? 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.) Are you feeling the feelings in your body now?” It is at this point that the therapist asks, “What is the first early childhood memory that comes to mind right now?” The first image from childhood that spontaneously comes to the client’s mind at this moment is likely to be a metaphor for the client’s subjective experience of their current problem. (The full interview protocol for using early recollections as metaphors in psychotherapy is found in Appendix A.)

**Early Recollections and One’s Lifestyle**

Early recollections are metaphoric representations of one’s lifestyle. For example, consider the memory of a man looking at his seventh birthday cake and being afraid of not being able to blow out all of the candles.
The fear of not being able to blow out all the candles may be viewed as a metaphor for not being up to the task, suggesting that 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.

Although additional early recollections and other information would be needed to formulate a complete summary of the lifestyle, we might offer the following tentative guesses regarding the client’s lifestyle beliefs based on an understanding of these metaphoric movements and meanings reflected in this early recollection:

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

Kopp (1995) noted that:

- 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 lifestyle and thus complements the cognitive focus of the traditional Adlerian approach. (p. 48)

### Early Recollections and Linguistic Metaphors in Adlerian Therapy

The viewpoint that early recollections can be metaphors has theoretical and practical implications that are consistent with yet transcend the use of early recollections in Adlerian psychotherapy. We have seen that linguistic metaphors can represent images of self, situations, others, self-in-relation-to-self, self-in-relation-to-others, and self-in-relation-to-situations. Linguistic metaphors are “word-pictures” that can be considered direct representations of components of one’s lifestyle expressed in a current relationship or situation. Further, linguistic metaphors also express the metaphor-maker’s movement (e.g., “I’m hitting my head up against a wall,” “I keep running around in circles,” “I keep shooting myself in the foot,” “I feel trapped in this relationship.”). We conclude that client-generated linguistic metaphors, like early memory metaphors, can be an effective therapeutic tool.

### Exploring and Transforming a Client’s Linguistic Metaphors

In *Metaphor Therapy* (1995), Kopp introduced a structured protocol for helping a client gain insight and inviting therapeutic change by helping
the client explore and transform their own linguistic metaphors. (A revised
version of the protocol is presented in Appendix B.)

**Listening with “The Third Eye”**

In addition to responding to client-generated metaphors there are also
times when the therapist is encouraged to introduce his or her own meta-
phors, a process the first author describes as “listening with the third eye.”
At such times Kopp (1995) recommended that:

> the therapist attends to his or her own internal images and then describes the
inner metaphorical image to the client. The therapist might say, “When you were
talking about ______ just now, I got an image of [the therapist’s image].” Such
phrasing is extremely important, because (1) it shows that the therapist does
not presume to know the contents of the client’s inner world of metaphorical
imagery, and (2) it encourages the client to use his or her own metaphorical
imagination by modeling using the content of discussion as a stimulus for
evoking an internal image. This phrasing also leaves the client free to reject the
image, and to replace it with one of the client’s own. . . . It should be noted
that the therapist doesn’t need to ‘guess correctly.’ The therapist’s metaphorical
image may be rejected by the client and the intervention can still be successful
in stimulating the client to offer the client’s own metaphorical image. (p. 15)

**Applications**

*Using linguistic metaphors with people from nonwestern cultures.*

Metaphor and metaphoric interventions can be especially effective with
people from nonwestern cultures (Dwairy, 1997). Dwairy (1997) presented
a biopsychosocial model of metaphor therapy, noting that imagination is
influenced by and simultaneously influences biological, psychological, and
the sociocultural systems. He suggested that therapeutic interventions at
the imaginative level can create changes within each of these systems,
especially when clients present their problems using metaphorical language.

Dwairy (1997) described using exploring and transforming a linguistic
metaphor as an imaginative therapeutic intervention with a teenage
client who felt as if he was “talking to a wall” whenever he attempted to
communicate with his parents. Dwairy invited his client to describe the
metaphor as a scene:

> T: How do you see yourself in the scene?
C: I look crazy. People don’t talk with walls. . . .
T: What may normal people do with a wall?
C: I don’t know, maybe destroy it. No, I don’t want to destroy my parents. (p. 729)
Dwairy encouraged his client to create another activity that might be done with the wall. The client offered the following possibilities: opening a hole or making an opening in it, decorating it, leaning on it, sitting in its shade, and sitting on it and seeing things from a higher perspective.

Dwairy (1997) then asked his client how he might apply these alternative images to his relationship with his parents. “He [the client] was able to see a new basis for his relationship with his parents, in which he could minimize the demands and conflicts. . . . He also realized that his relationship with them included times when he leaned on them and required their protection from harm” (p. 729).

Dwairy noted that the teenage client benefited from these metaphoric interventions in several ways: The client realized how unproductive his former view had been, he was able to define a number of options for himself, and he also became aware of aspects of his relationship with his parents that had previously been hidden (to lean on the wall and to use the wall to protect him from the sun).

Applications in organizations and workplace coaching. Early memory metaphors and linguistic metaphors have been applied in organizations and in workplace coaching (Kopp, 1999). Kopp (2001) noted that “Helping executives, managers and employees explore and transform their metaphoric representations of organizational problems helps them create new actions they can take to implement organizational solutions that are consistent with their own beliefs and values” (p. 387).

**Guided Metaphor**

Others have built on Kopp’s approach. Battino (2002) created a new intervention, which he named “guided metaphor,” stating that guided metaphor combines Kopp’s idea of client-generated metaphors with the formalism of guided-imagery work. The following describes Battino’s five-step process for using guided metaphor in psychotherapy: (1) Opening, in which the therapist introduces and explains the importance of everyone having his or her own life story; (2) Elicitation of the client’s story, in which the therapist asks the client to tell his or her life story in a one-page summary, one sentence, and finally as a word or phrase; (3) Elicitation of how the client would change his or her story for personal benefit, in which the therapist asks the client how he or she would change his or her life story so that the present and future would be comfortable and free of old constraints; (4) Delivery of client’s personal life metaphor, in which, in the style of a guided-imagery session, the therapist retells the client his or her life story, how the client would change it, and provides the client the
opportunity to think through how this changed life history would have affected various parts of his or her life up to the present and into the future; and (5) Ratification and reorientation, in which the therapist ratifies (through an ideomotor signal such as head nodding) that the client has experienced these changes and their effects on the client’s life at this time. The therapist compliments the client on the courage to do this work and to reorient himself or herself to the present.

Guided metaphor embodies several Adlerian principles and themes. Adler (Ansbacher & Ansbacher, 1956) viewed early recollections as “the story of my life.” Guided metaphor uses a narrative approach (White, 1995; White & Epston, 1990) to invite clients to describe their life story. Also, guided metaphor emphasizes the importance of reorientation (Dreikurs, 1967) and courage.

Because a metaphor implies a comparison between things that are not literally alike, in his book, 101 Healing Stories: Using Therapeutic Metaphors in Therapy, Burns (2001) noted that metaphors can be used in the application of a description, phrase, or story about an object or action to which it bears an imaginative, but not literal, resemblance. Burns (2001) suggested that “It is this imaginative or symbolic association that gives metaphors their literary and therapeutic potency” (p. 29).

Burns describes using stories, tales, and anecdotes to achieve therapeutic gains. Burns (2001) drew on Kopp’s theoretical perspective to support his use of healing stories:

Kopp illustrates that metaphors do not just come from teachers [or therapists] and that all of us picture our world metaphorically. Individuals, families, social groups, cultures, and indeed the whole of humanity use stories to explain their reality, give meaning to life, and provide standards by which we live. . . .

Helping clients alter a dysfunctional metaphor alters the way they construct their experience, and, consequently, modifies the experience itself. (p. 30)

Burns's work extends and broadens the application of metaphors in therapy.

Summary

Early memory metaphors and client-generated metaphors can be valuable tools in psychotherapy. In this article, we have described structured protocols that offer therapists and counselors guidelines designed to enhance the therapeutic usefulness of early recollections and metaphors as they relate to current psychotherapeutic issues. Applications and extensions of this approach are discussed.
References


Appendix A

EXPLORING AND TRANSFORMING EARLY MEMORY METAPHORS

Interview Protocol—Short Form

Richard R. Kopp, Ph.D.

STEP 1. “Where in all of this are you most stuck?” or “In what way is this a problem for you?” or “Which part of this is the biggest problem for you?”

STEP 2. “Can you remember a recent time when you felt this way? Form an image in your mind of the situation so that you begin to get the same feelings you had then, so that you actually begin to feel those feelings now in your body the same way you felt then.” [Pause to allow the client time to do this inner work] “Are you picturing the situation in your mind? Are you feeling the feelings in your body? Where in your body do you feel them?”

STEP 3. “What is the first early childhood memory that comes to mind right now... the first image from childhood that pops into your mind right now?” If no memory is recalled, say: “Take your time. Something will come.”

STEP 4. Once the person begins to describe a specific incident, ask: “What happened next? What did you (he, she) say/do then? Describe it as if you were watching a play and describing what you see.”

STEP 5. When the memory is completed, ask: “What stands out most vividly in that memory? If you had a snapshot of the memory, what instant stands out most clearly in your mind’s eye?”

STEP 6A. “How did you feel at that moment?”

STEP 6B. “Why did you feel that way?” or “Why did you have that reaction?”

STEP 7. “If you could change the memory in any way so it would be the way you would have liked it to turn out—how would you change it?” (If the client says that it wouldn’t have happened, say, “If the memory started out the same way, create how you would have liked it to go.”)

STEP 8. Invite the client to create, in detail, a specific, changed image. “What happens next? What do you (he, she) say/do then?”

STEP 9. When the changed memory is completed, ask: “What stands out most vividly in the changed memory? If you had a snapshot of the changed memory, what instant would stand out most clearly in your mind’s eye?”
STEP 10. “How would you feel at that moment?”

STEP 11. “Why would you feel that way?” or “Why would you have that reaction?”

STEP 12A. “Now I’m going to read back your original memory one phrase or sentence at a time. What parallels do you see between the memory and the current situation?” Empathically reflect the client’s ideas.

STEP 12B. Now I’m going to read back your changed memory one phrase or sentence at a time. What parallels do you see between changed memory and the current situation? Does your changed memory suggest any helpful ideas that you might use in the current situation?

STEP 13. (optional). “May I tell you the connections that I see?” If the client agrees, then say, “Let me know which one’s seem to fit for you.”

Appendix B

EXPLORING AND TRANSFORMING CLIENT-GENERATED SPOKEN METAPHORS

Interview Protocol—Short Form

Richard R. Kopp, Ph.D.

I. Movement from general to personal (Find the Person in the Problem)
   a. In what way is this a problem for you?
   b. (1) Which part of this is most difficult for you?
      or
      (2) What’s the biggest problem?
      or
      (3) Where in all of this are you most stuck?

II. Movement from facts to feelings (Find the feelings behind the facts). What are your feelings? or How do you feel? and/or What’s this (it) like for you? or What’s your experience of this—how does it feel to you?

III. Exploring and Transforming Client Metaphors
   a. STEP 1. Notice metaphors! (Especially in the client’s response to the above questions.)
   b. STEP 2. “When you say [repeat the metaphoric image], what image/picture comes to mind?” or “What image/picture do you see in your mind’s eye?”
   c. STEP 3. Explore the metaphor as a sensory image:
      (1) setting [e.g., “What else do you see?” or “Describe the scene or an
aspect of the scene (associated with the metaphoric image)].
(2) action/interaction [e.g., “What else is going on in (the metaphoric
image)?” or “What are the other people (in the metaphoric image)
saying/thinking/doing?”].
(3) time [e.g., “What led up to this? What was happening (just)
before (the situation in the metaphor)?”
d. STEP 4. “What’s it like to be [the metaphoric image]?” or “What’s
your experience of [the metaphoric image]?” or “What are you feeling
as you [the metaphoric image]?”
e. STEP 5. The therapist says, “If you could change the image in any way,
how would you change it?”
f. STEP 6. “What connections (parallels) do you see between your
original image that you explored and the original situation?”
g. STEP 7. “How might the way you changed the image apply to your
current situation?”

Note. You should have these steps in front of you when you use this inter-
vention with clients. Adapted from Kopp (1995).
These early memories can be used by the therapist to assess the client and their views as well as assess the client’s strengths and weaknesses. By finding life themes and strengths and weaknesses the client and therapist can then begin to reshape views and behaviors that can help to change the client’s life as well as reeducate the client. This does not fit into the egalitarian approach in Adlerian therapy and therefore can be considered a limitation depending on the client and their expectations of therapy. Culture can also present a limitation. As mentioned in the techniques section, the therapist typically wants a detailed and personal life story from the client. A therapist who practices using only Adlerian principals should represent themselves as such a therapist.