

EARLY RECOLLECTIONS IN FOUR NEUROTIC DIAGNOSTIC CATEGORIES¹

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Early recollections (ERs) are one means by which personality may be understood. Adler believed that they expressed crucial personality aspects, and that they were retained because of a selective factor in memory which was not repression, but rather consistency with the individual's life style, including his basic perceptions about life (1, 2, 3, 4). Those memories are recalled which serve as a justification for the individual's specific approach to life at the time of recall (5). This is the purpose of the ER. Evidence for this position is found in reports of changes in ERs as therapy progresses, reflecting changes in the outlook on life (7, p. 257). There appears to be a relation between current ways (e.g., neurotic symptoms) of meeting life's problems and what is recalled about childhood. It follows that the ERs of a patient when he enters therapy, should bear some relationship to his current neurotic symptoms.

Several authors (8, 9, 10, 14, 15) have been interested in ERs as an approach to diagnosis. In their clinical experience Eisenstein and Ryerson (8), from a non-Adlerian position, found certain kinds of ERs coinciding with particular diagnostic classifications. From their findings, as yet not subjected to further test, the main hypotheses of the present investigation were derived. They are:

1. ERs of patients suffering from anxiety reaction (AR) will show obvious fear.
2. Depressed patients (D) will give memories of abandonment.
3. Obsessive-compulsive patients (OC) will recall strong prohibitions.
4. The ERs of patients with gastro-intestinal disorders (GI), such as ulcers and colitis, will concern gastro-intestinal distress.

In addition to testing these hypotheses, the present study also examined ERs for frequency of sexual themes, frequency of trauma themes, and for pleasantness. For illustrative purposes data from a group of nonpsychiatric Ss were also obtained.

¹Condensed from the principal author's master's thesis at Northwestern University.

PROCEDURE

Subjects. The ERs were obtained primarily from patients at the Alfred Adler Institute, Chicago,² where, as a matter of routine, the patients' ERs are gathered at the beginning of treatment. At this Institute also the same patient is seen by several therapists. Thus it was possible to ask two therapists independently to supply the names of patients of relatively pure symptomatology for each of the diagnostic categories. Only those patients for whom both therapists agreed were chosen as *Ss*. The principal author then recovered and recorded the ERs from the files.

Because of the rather stringent selection, i.e., pure symptomatology agreed upon by two judges, it was impossible to get the desired number of cases for the OC and GI categories from the Institute. These were supplemented by one OC and three GI cases from local Veterans Administration installations. Their ERs were obtained in an interview by the principal author shortly after admission. The number of *Ss* in each category was AR, 20; D, 20; OC, 20; GI, 17; 77 in all.

For illustrative purposes written ERs were obtained from 40 college and seminary students roughly approximating the patients in sex and age, but not really representing a control group.

Materials. Three ERs were obtained from each *S*, who was instructed to recall his earliest childhood experiences in the form of specific, single incidents. Only ERs prior to the eighth year were selected for study.

Scoring. Objectivity in scoring was investigated in a preliminary study of 150 ERs with 50 neurotic patients not involved in the present study and of unspecified diagnosis. The principal author and two other judges categorized the ERs from a brief set of instructions for each of the four themes of fear, abandonment, prohibition, and gastro-intestinal distress. Since most often the themes in question were obviously absent, agreement among judges was determined by Winer's (18) correlational method which is independent of marginal frequencies. Interjudge correlations ranged between .97 and 1.00. With this degree of reliability established, only the principal author categorized the themes for all the *Ss* used in the present study.

The affective rating of the ERs was done on a five-point scale, in the case of the patients by the principal author, in the case of the normal group by the *Ss* themselves. The equivalence of these two kinds of ratings has been established by Hedvig (11) who found correlations from .77 to .92 between affective ratings of ERs by *Ss* and by judges reading them.

RESULTS

The results are presented in Table I. The table shows that the percentages of themes investigated for the various categories is very small, with the trauma and fear themes ranking highest.

Among the first four themes, those neurotic categories which according to our hypotheses were expected to yield the greatest frequencies of particular themes did in fact do so, although in the case of OC — prohibition the size of the difference was minimal. A binomial test indicates that to achieve such results by chance is quite unlikely ($p = .01$). Thus, within the limits imposed by the very low absolute

²The authors wish to thank the Alfred Adler Institute for their kind co-operation in making their data available and in particular Harold H. Mosak for many helpful suggestions.

TABLE I. PERCENTAGES OF VARIOUS THEMES AND AFFECTIVE TONE OF ERs BY
DIAGNOSTIC CATEGORIES, AND NUMBER OF ERs PER CATEGORY
(3 ERs FOR EACH S)

	Anxiety reaction	Depression	Obsess.-compuls.	Gastro-intest.	Normal Ss
Fear and threat	33*	18	25	13	8
Abandonment	5	10*	0	2	2
Prohibition	2	0	3	2	3
Gastro-intest. distress	2	0	0	15*	1
Sex	13	8	20*	0	1
Illness, accident, trauma	32	18	13	38	37
Affective tone					
pleasant	12	13	23	19	38*
neutral	17	18	14	21	11
unpleasant	71	69	63	60	51
Number of ERs	60	60	60	51	120

*Highest percentage for each ER theme or affective tone, where the difference between highest and next highest is at least 5%.

frequencies of themes, the suggestions of Eisenstein and Ryerson (8) receive support. In passing, it will be noted that the normal group does, as one would expect, exhibit a lower frequency of fear themes than any neurotic group.

Regarding the themes of sex and of trauma, the data were cast into a form appropriate for χ^2 by dividing the Ss into those whose ERs did and those whose ERs did not contain the theme. For both themes the differences were significant ($\chi^2 = 10.03$; df = 3; $p < .02$ and $\chi^2 = 18.04$; df = 3; $p < .01$, respectively). The sex theme was particularly common among the obsessive-compulsive and completely absent among the gastro-intestinal patients. The illness-accident-trauma theme was more frequent among the anxiety-reaction and gastro-intestinal patients and the normals than among the depressed and obsessive-compulsive patients.

The affective tone ratings were dichotomized at the median, and a median test was used to compare the neurotic groups with each other, and the combined neurotic group with the normals. There was no significant difference among the neurotic groups ($\chi^2 = 1.54$; df = 3), but the combined neurotic group did differ significantly from the normal group ($\chi^2 = 6.50$; df = 1; $p < .02$), again as one might expect, by having fewer pleasant ERs. It should be noted, however, that for all categories, including the normal, unpleasant ERs outnumbered pleasant ones.

DISCUSSION

The very low frequency with which themes of interest to this investigation occurred casts a pall over hope that ERs might be used as a quick diagnostic or screening device. Nevertheless, the results do tend to support previous findings (8) and are certainly of theoretical interest.

The frequency of the theme of fear and threat among anxiety-reaction neurotics is quite consistent with the assumption that such patients attempt to justify current anxiety by recalling prior threats and dangers.

The fact that the obsessive-compulsive patients had more sexual themes than the other neurotics is consistent with some Adlerian theory which maintains that sexual neuroses are actually a type of compulsive neurosis (12). The absence of the sexual theme in gastrointestinal patients is in accordance with the previous finding by Scodel (16) that the dynamic factors in GI disturbances are more often expressed in passivity and dependency, with repression of aggressive tendencies, than in sexual forms.

The difference in affective score of the ERs between the neurotics and the normals is also consistent with previous findings (e.g., 17). The lower incidence of pleasant ERs among neurotics is in accord with their pessimistic attitude toward life (6, 13). The neurotic sees life as dangerous, hostile, frightening, or unfair; and himself as small, weak, and unable to cope with such a world. He excludes pleasant experiences from his ERs to justify his negative view of life.

SUMMARY

This investigation was designed to test the general hypothesis that certain categories of neurotics would have certain themes in their early childhood recollections (ERs), on the assumption that current patterns of coping with problems in life are related to what is selectively recalled about childhood. Although the absolute frequencies of the themes were too low to have extensive import for differential diagnosis, it was found that, in accord with specific hypotheses, more than other groups anxiety neurotics were characterized by themes of fear, depressed patients by themes of abandonment, and gastrointestinal sufferers by themes of gastro-intestinal distress. In addition, themes of sex were more frequent among the obsessive-compulsive group, and themes of illness, accident, and trauma were more common among anxiety neurotics, gastro-intestinal sufferers, and

normals. Finally it was found that while the four neurotic categories did not differ significantly among themselves in the pleasantness of their ERs, the neurotics as a whole had more unpleasant ERs than a normal group.

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