

## Early Childhood Memories of Mental Patients\*

### *Preliminary Report*

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The investigation of the earliest childhood memory of the mental patient, long a prerogative of psychoanalysis, holds various aspects of research for the psychologist. It was Freud who, in his *Psychopathology of Every Day Life* published in 1907, first established the psychological significance of the earliest memory. His concept of the early memory as a screen memory became part of his libido theory. This paper deals with a different aspect of the early childhood memory, not as an exponent of repression, but as a psychological manifestation of the individual, possibly bearing characteristic features. It represents a concept that closely follows the thinking of Alfred Adler.

Subject of this study are the childhood recollections of one hundred clinical patients. Fifty cases were examined by the writer in a battery of at least three tests: Wechsler-Bellevue, Rorschach, and Thematic Apperception Tests. Fifty control cases were evaluated diagnostically by other professional workers, psychologists, or psychiatrists. Comparative congruence of findings in both groups of patients might be assumed, since differences between control and standard cases do not appear to be greater than variations of individual cases within one and the same group.

In a preliminary study of twenty-five cases, a form of inquiry was developed to elicit the earliest childhood memory. This inquiry did not constitute a test, but was rather an experiment which appeared to be natural to many patients. Before testing started and before a diagnostic impression was arrived at, the following five questions were asked:

1. Do you remember your childhood?
2. What is the first thing you remember?
3. Do you remember when your brother (sister) was born?

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Alternative:

Do you remember when you and your brother (sister, friend) were children?

4. Do you remember how it was when you started school?
5. Do you remember when you tried to swim the first time?

These questions were selected because spontaneous reports of early memories frequently have references to these childhood situations. In many cases the inquiry, especially the first two questions, worked as an opening to bring out childhood memories.

It is attempted here to indicate a psychological affinity between the childhood memory and the diagnostic features of the case within the context of personality make-up. The childhood memory was therefore studied with a view toward the diagnostic impression and the presenting symptom. Two groups of patients were established accordingly: One: with predominantly neurotic features; two: characterized by psychotic features mainly.

The following examples demonstrate an evaluation of the early childhood memory in relation to the diagnostic impression and the presenting symptomatology.

1. A veteran discharged with the diagnosis dementia praecox, hebephrenic type, had symptoms of delusional character: he was followed by ghosts of the dead; the flies on the wall of his little room were ghosts of the dead. One of them was President Wilson.

His early memory: being chased by a wild dog; being paralyzed, unable to move. In his delusion and in his earliest memory the patient is followed by terrifying animals. One of them represented a father figure, named President Wilson by the patient. In this case psychotherapy revealed close affinity of the early memory and the delusion. As therapy progressed the patient's parents appeared in his dreams, replacing the wild animals persecuting him. The wild dog in his earliest memory might also represent the threatening father.

2. In the following case a first schizophrenic episode started during service, with fears of being persecuted and shot. When the patient presented himself at the clinic he described his main complaint as a feeling "as if ice cold balls of water were running down his arms." His first memory was the day his brother was born: "It was an ice cold day, fog was outside, and icicles were on the trees." This is a deperson-

alized memory characteristic of schizophrenia. Features of despair and loneliness expressed as ice cold feelings appear in the delusional system and in the first memory.

3. A perfect picture of a hostile world is visualized in the following case of schizophrenia: The world is divided into sheep and foxes engaged in a terrific struggle to jail each other. The patient is in prison awaiting the time when he may assume power to jail his jailers, the foxes. His first memory: "I am in my crib, wet, soiled, screaming. My parents arrive, scold me, beat me, hit me over the head."

4. The memory of a state of unconsciousness, of drowning, of losing control, of getting lost or being lost are characteristic in memories of the schizophrenic. The following case of schizophrenia in remission produced two recollections: First, "getting lost, together with my little cousin. A farmer brought us back home." The patient continued: "I know one cannot remember so far back, but I think I remember when I was three months old. There was a hurricane. My mother tied me down on the porch."

This childhood memory is apparently adopted from stories the patient has heard as a child. It is often difficult to decide what is actually memory, or told by relatives. In this case, adoption of a memory at three months of age is clearly a feature of schizophrenic thinking. This patient has spent a year in a mental hospital and is still puzzled about it. It seems to him as if he had lost himself. The present symptomatology shows fear of losing control. This feeling of losing control is drastically displayed in both childhood recollections of getting lost and being tied down. This memory that the patient apparently adopted as his own is not alien to the content of his thinking. He adopted it because it somehow expresses the image of his self as he sees it.

5. Early recollections taken from the group of psychoneurotic patients may indicate the image the neurotic patient has of himself. In the following case a severe head injury was followed by an anxiety reaction. In his earliest memory the patient saw himself in his "mother's arms standing by the window looking outside, watching something." In this case, examination and psychotherapy had been asked for because of difficulties in school. These difficulties appeared negligible in later developments. The presenting symptom was found in therapeutic contact as a phantasy which appeared in the process of going to sleep at night before examinations. In a form of hypnogogic

thinking the patient experienced falling out of the window; in falling he caught himself again. This occurred repeatedly before going to sleep. In his early memory patient saw an image of himself in a characteristically protected situation: in his mother's arms. In his phantasy he visualized himself as losing protection.

6. Following is the case of a psychoneurosis with features of conversion reaction, and headaches as the presenting symptom. The patient in his earliest memory saw himself sitting on the doorstep of his parental home watching his infant brother sleeping in a baby carriage. He made a drawing of this first memory showing his image as an insignificant figure withdrawn and almost hidden by the carriage. Several months after completion of the psychological work-up the patient returned with complaints of symptoms aggravated by a new situation. His wife had given birth to a second child in the meantime and he felt unable to accept the increased burden. The presenting symptom in this case had to do with difficulties in accepting responsibilities of the masculine role. The patient seemed in revolt because in addition to being a father, burdens of a feminine role like watching the child were imposed on him. In the same situation he pictured himself as in his first memory: that seemed like a typical experience now.

Both patients just described are persons of dependent character.

Characteristically dependent features usually also occur in memories of sickness in early childhood, displayed by neurotic patients. The situation of sickness is remembered by the neurotic and psychotic patient with emphasis on entirely different features. The neurotic patient remembers his being ill in a scene of overprotection and acceptance of it. The psychotic in his early memory of sickness describes it as an occasion of severe neglect and confusion.

Death in early recollections, like any other subject, seems to fortify preconceived ideas of the mental patient of himself and his situation. A neurotic patient remembers looking upon his grandfather lying in his coffin. The grandfather had been "so kind," had taken the patient on walks. A first memory of the grandfather usually reflects also on the patient's relationship to his parents. This is a reproachful memory. In this case the patient's life is still taken up by fights with his father. Memory of the death of the mother, in another case, depicts extremely dependent personality features of the son. He sees himself, seven years old, clinging to the hearse, crying, running alongside.

In contrast to this, one schizophrenic patient in his recollection of the death of his father did not go near the bed because of fear of catching a contagious disease. In another case, the schizophrenic patient remembered being picked up by someone to look into the face of his dead mother. He laughed, noise and confusion were around him. Memory of death in early recollections of the neurotic may represent a picture of despair. However, in contrast to the recollections of the schizophrenic, the neurotic's memory usually includes also socially valuable reactions; the sorrow over the loss of love, a feeling for human values; in other words, it is nearer to what is normally experienced at such times. It is socially more acceptable in content and meaning.

Two major differences as observed in these one hundred cases of recollections of the neurotic and the psychotic patient appear in the fact that social interaction occurs more frequently and in a more positive form in the memory of the neurotic patient. The fear of losing his own self and the feeling of having lost himself does not occur in the childhood memories of the neurotic.

In conclusion it may be said: The early childhood memory seems to confirm characteristic diagnostic features. It may therefore be used as a diagnostic aid or as an indicator of features of neurosis or psychosis.

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