

## EARLY RECOLLECTIONS OF SCHIZOPHRENIC AND DEPRESSED PATIENTS

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Early recollections (ERs) have long been of interest to clinical workers but have not received the systematic investigation afforded to similar data. Historically, there have been two major positions as to the significance of ERs. Freud (3) contended that they were but fragments which served to screen from awareness repressed experiences; thus the term "screen memories." This focus led to the bypassing of the manifest content and to the therapeutic effort of unearthing what lay behind it. Adler (1, 2) on the other hand, asserted that ERs were indicative of a person's style of life and so of worth in their own right. More recently a variety of investigators (4, 5, 6) have attempted to establish the relationship between early memories and such personality variables as emotional security, ego strength, the expression of hostility, etc.

This report is the first of a projected series aimed at demonstrating the diagnostic and dynamic utility of ERs. It focuses specifically upon those aspects which aid in differentiating between psychotic depression and paranoid schizophrenia. Preliminary study of such patients led to a series of nine hypotheses regarding the contents of their ERs, as shown in Table 1.

TABLE 1. HYPOTHESES REGARDING THE CONTENTS OF EARLY RECOLLECTIONS (ERs) IN SCHIZOPHRENIC AND PSYCHOTIC DEPRESSED PATIENTS

| ERs of <i>schizophrenic</i> patients<br>will show                                  | ERs of <i>psychotic depressed</i> patients<br>will show                   |
|--|---|
| 1. absence of positive affects   | 5. positive affects   |
| 2. unmitigated fear, terror, and/or horror   | 6. if negative affects, then tragic ones, such as sadness, distress       |
| 3. concern with bodily harm other than that caused by illness or aging             | 7. concern with physical illness and aging but not with other bodily harm |
| 4. absence of persons, or personal relations that are negative or neutral, at best | 8. a strong but generalized desire to be emotionally close to others      |
|  | 9. work and/or achievement orientation                                    |

## PROCEDURE

From a carefully selected sample of 100 psychotic depressives (independently diagnosed by the hospital staff and two additional psychiatrists), 20 cases were randomly chosen. Ten paranoid schizophrenics were selected from the files of two institutions.<sup>1</sup>

The ERs were elicited from these groups by qualified psychologists using the following instructions: "Please think a moment and give me three of your earliest memories. I don't care what they are about, just as long as they go as far back as you can recall into your childhood." The age of the subject at the time of the recalled event and the associated affect were also elicited and recorded on cards.

These sets of ERs were presented to two judges to decide which was the product of a schizophrenic and which that of a depressive patient, using only the nine hypotheses as guides. The judges had no idea of the actual nosological proportions of the sample composition. In case the ERs of a set differed, the judges were to consider two out of three as decisive. If this was insufficient for reaching a conclusion, they were to weigh the first ER more. If the judges disagreed, there was a five minute discussion, based on the above rules. At the end of this period they could agree or remain deadlocked, in which case each judge's separate opinion was recorded. The judges were not informed as to their success until the entire task was completed.

It is to be stressed that the judges were psychologically naive; they were, in fact, secretarial workers. Their training in the present technique was limited to a 15 minute explanation of the hypotheses and rules for decision making.

A replication of the experiment was conducted two months later with an additional 19 depressives and 7 schizophrenics, and two new judges, also psychologically unsophisticated. This will be referred to as Experiment 2.

## RESULTS

The results are shown in Table 2. The  $\chi^2$  values were computed using a 50-50 ratio of agreement-disagreement as the expected frequency, except in the last line. There the judges were in accord with

TABLE 2. OBTAINED AGREEMENT OF JUDGES OF ERs WITH EACH OTHER (RELIABILITY) AND WITH THE CRITERION OF S's DIAGNOSIS (VALIDITY), COMPARED WITH AGREEMENT EXPECTED BY CHANCE

| Exp. 1 (N = 20 depr. + 10 schiz.) | $\chi^2$ | Exp. 2 (N = 17 depr. + 7 schiz.)  | $\chi^2$ |
|-----------------------------------|----------|-----------------------------------|----------|
| Judges 1 and 2                    | 11.76**  | Judges 3 and 4                    | 14.71**  |
| Judge 1 and criterion             | 4.04*    | Judge 3 and criterion             | 3.38     |
| Judge 2 and criterion             | 5.64*    | Judge 4 and criterion             | 7.04**   |
| Judges 1 and 2 agreed and correct | 16.49**  | Judges 3 and 4 agreed and correct | 24.44**  |

\*Significant at .05 level.

\*\*Significant at .01 level.

each other and the criterion, and the expected ratio was the conjoint occurrence of two 50-50 ratios of agreement-disagreement: hence the theoretical frequency was a 25-75 ratio.

<sup>1</sup>We are indebted to Dr. R. G. Ballard, Veterans Administration Regional Office, Philadelphia, for his aid in collecting the data.

The first line shows that in both experiments the judges achieved significant reliability on the basis of the given hypotheses which served as the guides for the judging.

Validity is here defined as the agreement between the judge's diagnosis and the independent psychiatric diagnosis as criterion. Of the four judges utilized in the two experiments three achieved significant agreement with the criterion and the fourth just failed, achieving the .07 level of confidence (lines 2 and 3). A second and more stringent assessment of validity was also carried out. This required the conjoint occurrence of both judges agreeing and being correct in each experiment. The last line shows the very significant  $\chi^2$  values which were obtained.

The following shows actual ERs obtained and how they were judged.

*Case 5 (Depressive)*

1. Being the oldest girl I did a lot with mother, taking care of kids.
2. First roller skates; I used to enjoy it very much. (E: Age ?) Little kid; one of my aunts from Philadelphia sent them to us.
3. Used to take care of the kids and shop even as a little kid. (E: Age ?) About 9, 10, 11. Enjoyable; the butcher always said I was a good shopper.

Positive affects are contained in the 2nd and 3rd ERs, the work and achievement orientations are contained in the 1st and 3rd ERs, the desire to be emotionally close and in a positive relationship to others appears in all three. There is no fear, no bodily harm in this set.

*Case 11 (Depressive)*

1. Easter time; father got us chicks and rabbits for my sister and myself. (E: Age ?) Four years. (E: What were your feelings then?) Very happy.
2. First day to kindergarten; thrilled and happy to go to school. I always was chubby. Also, a little boy was quite fat. His mother came with a big shopping bag full of food; she did not want Gilbert to become hungry before lunch. (E: Age ?) Five and-a-half. (E: How did you feel?) Very happy.
3. Chickenpox. I was kept away from my sister up on the third floor for two weeks. The very day I recovered, my sister got chickenpox. Grandmother took me to a movie, "Hit the Deck," with Jack Oakie. Then we went to an Automat. Big treat. (E: Age ?) Seven. (E: And your feelings then?) I only remember the thrill on going out.

The affects in two of the ERs are positive. Other persons are present and emotional closeness to them is displayed in all three. There is the memory of physical illness but not of bodily harm.

*Case 8 (Schizophrenic)*

1. I was frightened, didn't want to go to school, don't know why. Just feared it for a couple of days and weeks. My mother brought me a box of chiclets to pacify my fear. (E: Age?) Four-and-a-half.

2. In second or third grade I was upset. Mother would bring me milk and take me in the girls' room and practiced the stuff, then I'd get upset and throw up. Each Friday. Then I was tested and I would do well. (E: Age?) Six. (E: Your feelings?) I don't know.

3. I dropped my brother. He was two months old, I was seven. I loved him, I wanted to hold him and took him from someone, fell and dropped him. His eyes rolled back, all the white showing. They rushed him to the hospital. I got a licking that night. Very much scared.

In this set of ERs the affects of fear and terror are prominent, there is direct mention of body harm, and in two of the three ERs the personal relations are negative or lead to disaster in the single instance where they began positively.

*Case 27 (Schizophrenic)*

1. I can recall my aunt Mary caught me and my — all the sex, Christ! — my niece, no, my cousin, her daughter in the bathroom. I was trying to insert my penis. I was about six. She told me she'd tell my mother. (E: How did you feel?) I was afraid and I wasn't.

2. When in Atlantic City, my mother and I found a chicken ring. I was four at the time. We argued over it. She took the ring. Made me feel pretty small, pretty bad. She felt she should have it. She was bigger than me.

3. Oh yes. We were living, I remember, in Point Breeze. I must have been three or four, not in school yet. Father was talking to somebody and I put chewing gum in his hair. He beat the living shit out of me and slapped me and scolded me. (E: How did you feel?) I felt I deserved it, I had no right to do it.

Here too, fear is prominent. The relations with others are uniformly negative. Physical harm is manifest and psychological harm is implied.

The judges were particularly effective in understanding and diagnosing depressives. In Experiment 1 they agreed and were correct on 16 of 20 depressive cases; in Experiment 2, on 15 of 19 cases. These findings imply a remarkable degree of characterization of depressives embodied in the hypotheses.

With regard to schizophrenics the judges' accuracy was much less. In Experiment 1 they were in accord and correct in but 3 of 10 cases; in Experiment 2, in only 2 of 7 cases. There were more occasions in which the sets of judges agreed but were in error (in 9 additional

cases). The hypotheses led to reliable judgments but were not adequate validly to characterize schizophrenics.

#### DISCUSSION

The results as a whole demonstrate that psychologically unsophisticated persons are able to distinguish reliably and validly psychotic depressives from paranoid schizophrenics on the sole basis of nine rules applied to their ERs. Further, the judges accomplished this with outstanding economy of time (approximately five minutes per decision).

The particular success in diagnosing depression lends support to the respective hypotheses. They thus seem relevant to a more general theory of that syndrome. It would appear that psychotic depressives are persons with strong needs, desires, or expectations to be with others. Also, they need or expect to work and achieve, probably as a means of implementing their need to be close to others. In illness they remember good times lost, and their attitudes and affects are those which typically evoke succorant responses from others and restore the emotional closeness. It is noteworthy that the affect of fear is absent in their ERs while it quite frequently appears in those of schizophrenics.

It would appear feasible to differentiate other nosological groups similarly through early recollections.

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