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ALEXANDER, Ralph Jon, 1937-
SOME RELATIONSHIPS BETWEEN CHILDHOOD MEMORIES AND PERSONALITY PATTERNS IN THERAPY AND NON-THERAPY POPULATIONS.

The University of Oklahoma, Ph.D., 1976
Education, psychology

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SOME RELATIONSHIPS BETWEEN CHILDHOOD MEMORIES AND PERSONALITY PATTERNS IN THERAPY AND NON-THERAPY POPULATIONS

A DISSERTATION

SUBMITTED TO THE GRADUATE FACULTY

in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

BY

RALPH JON ALEXANDER

Norman, Oklahoma

1976

SOME RELATIONSHIPS BETWEEN CHILDHOOD MEMORIES AND PERSONALITY PATTERNS IN THERAPY AND NON-THERAPY POPULATIONS

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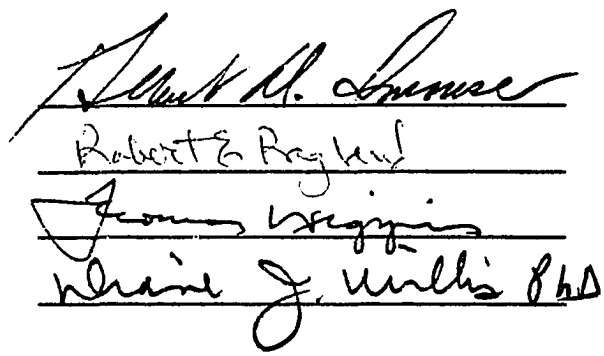

ACKNOWLEDGEMENTS

I wish to express my appreciation to my major professor, Dr. Albert D. Smouse, who encouraged me to complete this dissertation. I also want to thank Dr. James Meyer who was my major professor during my classwork for my Ph.D. I want to thank my other committee members, Dr. Robert Ragland, Dr. Thomas Wiggins, and Dr. Diana Willis, for their help and encouragement. Special thanks go to Dr. Vernon Sisney who encouraged me to apply for the doctoral program and encouraged me throughout the program.

I am indebted to the staff and patients of the Tulsa Psychiatric Center, Tulsa, Oklahoma, for their help and encouragement, especially Dr. Frank Hladky, Dr. George Parkhurst, Dr. Larry Alsbrook, Diana Kane, and John Barton, for their help in creating and/or administering the tests. I am especially indebted to Debbie McMarty who typed and mimeographed both forms of the Childhood Experience Questionnaire. Special thanks also to the twenty people who took the time to write out all they could remember about their childhoods.

I am grateful to Warren Gammon, Michelle Jenkins, and Phillip Pollock of Gammon, Inc., of Dallas for testing many of their employees and for the use of their computer.

Special thanks, also, to Barbara Parker, my computer and statistics tutor and typist, and to Linda, who helped and encouraged throughout the program.

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SOME RELATIONSHIPS BETWEEN CHILDHOOD MEMORIES AND PERSONALITY PATTERNS IN THERAPY AND NON-THERAPY POPULATIONS

INTRODUCTION

It has long been recognized that people remember only part of what they see of a recent event and often remember incorrectly. Nünsterberg (1914) demonstrated this in his description of an event which took place at a scientific meeting in Göttingen. Forty jurists, psychologists, and physicians were in a meeting when suddenly the doors flew open, two men rushed in and staged a brief, violent act, and then rushed out. The forty men were asked to record what they had just ween in case the incident came before the courts. All but one of the reports omitted more than twenty per cent of what happened. Thirty-four contained positively wrong statements, and the majority of the reports either omitted or falsified about half of what they had "seen." Bartlett (1932) and Houts (1954) demonstrated the same phenomenon.

Shapire (1974) tied this "selective" remembering of immediately past events to personality characteristics by showing that people who are prejudiced against Negroes are influenced in what they "remember" by their prejudices.

Several studies (Loftus, 1975; Loftus, et al, 1975; Harris, 1975) have shown that the way in which one is questioned about the event, the specific questions asked, or things implied about the event can influence what is remembered about the event.

Research indicates (e.g., Ebbinghaus, 1913; Postman and Rau, 1957; Peterson and Peterson, 1959; and Nelton, 1963) that people remember less and less of what they have learned with the passage of time. In other words, as time goes on people remember less and less accurately that which they originally learned or experienced.

It has been shown that one distorts immediately past events and that we forget much of an original event as time passes. Meltzer (1930) found that there is a definite pattern to the things one remembers from his past. He showed that after six weeks, people tend to remember more of the pleasant events of a vacation than unpleasant experiences. Others have shown a definite relationship between some characteristics of people and the kinds of things they remember. Waldfogel (1948) demonstrated that people who scored low on neuroticism on the Thurstone Personality Schedule remembered approximately 50% pleasant memories to 30% unpleasant and 20% neutral memories. People who scored high in neuroticism on the Thurstone Personality Schedule remembered relatively more unpleasant events from their childhoods than pleasant ones in a ratio of about 50%

unpleasant ones to 30% pleasant ones with 20% being neutral.

Adcock (1975) showed a relationship between sex and the kinds of things people remembered from childhood. Males remembered significantly more memories relating to "games and parties" and "accident to self." Females remembered significantly more memories relating to "family interaction," "frightening experiences," and "sensual experiences." Males remembered more "pleasurable experiences," and females were higher on "neutral report." These findings were significant at the .01 level.

Worshow (1975) found that people with very unpleasant past experiences had learned to idealize the past in order to maintain good mental health. Schwartz (1975) showed that "high arousal" people focused on the physical aspects of verbal material in their memory whereas "low arousal" people had memories organized around the semantic aspects of memory. Eysenck (1976) quoted many experiments, most of which support the finding that whereas extraverts seem to remember more recent learnings much more easily and accurately than introverts, introverts have a better memory over a long period of time.

So the selectivity and correctness of memory have been definitely tied to the kinds of questions asked immediately following an event, the ways questions are asked about the event, the things implied by others about the event, the amount of time that has passed since the event

the amount of prejudice a person has, the sex of the person, the amount of neuroticism in a person, the arousal level of a person, and whether the person is an extravert or an introvert.

It was the hypothesis of the research reported here that what kinds of things one remembers about one's childhood can be tied to a whole host of emotional categories. For instance, the more depressed a person is, the more unpleasant events one would be expected to remember. The more psychopathic one is, the more family, school, and peer experiences one would be expected to remember because these experiences were sources of conflict in one's life. The more schizophrenic he is, the more he would be expected to remember unpleasant events, events where he is alone, and events where he is being disciplined.

Method

General Introduction

The purpose of this study was to see if there were relationships between the kinds of things a person remembers from his childhood and his seeking psychotherapeutic treatment. This study also attempted to see if there were a relationship between the kinds of things a person remembers from childhood and his personality pattern as an adult.

In order to accomplish these tasks, several things were needed. First, there needed to be a group of people in psychotherapeutic treatment and a group not in treatment.

Also, there needed to be a test or inventory which would give some quantifiable scores on childhood memories. Also, it was necessary to have a test or inventory which would give scores in a variety of emotional problems.

First, a test to give some quantifiable scores on childhood memories was developed. To create the inventory on childhood memories, twenty people, ten of whom were in psychotherapeutic treatment and ten of whom were not in treatment, were asked to write down all the specific experiences they could remember before the age of thirteen and to give the approximate age they were at the time of each experience. This gave a pool of more than 1,000 items. Then five psychotherapists from the Tulsa Psychiatric Center, Tulsa, Oklahoma, judged each item and eliminated duplications, unclear items, and items which would seem to be unique to only one person. One criteria for judging items was that they should be experiences which are fairly common to most people.

The judging of the items reduced the inventory to 150 items. These 150 items were then made into a test, the Childhood Experience Questionnaire (CXQ). This test was then given to 487 randomly-selected people in Tulsa, Oklahoma, and Dallas, Texas. The average age of this group was 28 years old. In this group, 12 had completed grade school, 288 had completed high school, 140 had bachelor's degrees, 46 had master's degrees, and one had a doctorate. The average family income was $14,663. Seventy-seven were

presently in psychotherapy, and fifty-two had been in therapy before but were not now in therapy. There were 188 males and 299 females. There were 449 whites, 23 blacks, and 15 others. Forty-four had been hospitalized for emotional problems and thirty-nine had attempted suicide.

It was decided to develop the CXQ when a check of The Sixth Mental Measurements Yearbook (Buros, 1965), The Seventh Mental Measurements Yearbook (Buros, 1972), and Tests In Print (Buros, 1961) indicated that no test existed which did what this study proposed to do.

After the test was administered to 487 people, a factor analysis was performed. The factor-analysis reduced the test to 86 items and divided the test into nine scales. A Kuder-Richardson formula for reliability was performed and a correlation of .92 was obtained.

The nine scales delineated on the CXQ were Early experiences (E), indicated the number of experiences remembered before starting the second grade, Pleasant experiences (P), indicating the number of experiences considered to have been pleasurable experiences, Unpleasant experiences (U), being the number of experiences having unpleasant or unhappy connotations, Family experiences (F), being the number of experiences with one's family, either of a pleasant, unpleasant, or neutral nature, School experiences (S), experiences connected with school, Experiences with people

other than family (O), experiences of being Alone (A), whether pleasant or unpleasant, experiences of Learning something or how to do something (L), and experiences where one was being disciplined (D), usually being of an unpleasant nature.

For a test with a variety of emotional problems, it was decided to use the Mini-Mult (MM) test, a short form of the MMPI. James C. Kincannon (1968) developed the Mini-Mult test. The Mini-Mult gives a prediction of the standard MMPI scale scores from seventy-one items. In readministering the standard form of the MMPI and in administering the Mini-Mult following the MMPI, the Mini-Mult showed a 9% loss in reliability and a 14% loss of correspondence. Kincannon says that "this was not sufficient to mitigate against the use of the Mini-Mult when a a standard test could not be administered." (p. 319) The Mini-Mult omits the MF and Si scales of the MMPI.

Carson (1969) gives some brief descriptions of the scales of the MMPI. These descriptions apply to the MM also. The first scale is Hypochondriasis (Hs), which refers to bodily or somatic complaints. High scorers in this scale are whiny, sour on life, and complaining. Scale 2 is Depression (Dp). A high score on this scale indicates depression, worry, discouragement, and low self-esteem. This scale is usually indicated by "D," but since there is a D scale on the CXQ, this paper will use the designation "Dp"

for this scale. Scale 3 is Hysteria (Hy), and a high score on this scale indicates someone who is naive and self-centered, and who demands affection. It also indicates a need to be liked. Scale 4 is Psychopathic deviate (Pd), which indicates social maladjustment and a lack of pleasant experiences. It usually includes dissatisfaction with the family and feelings of not belonging to the group. Scale 5 on the MMPI is omitted from the MM. So our scale 5 (Scale 6 on the MMPI) is Paranoia (Pa), which indicates one who is sensitive and easily hurt. Scale 6 is Psychasthenia (Pt), which indicates anxiety and irrational fears. It also indicates one is obsessionally worried and who is indecisive and has difficulty in concentrating. Scale 7 is Schizophrenia (Sc), which indicates both family and social alienation, isolation, strange and bizarre feelings. This person is often very withdrawn and has difficulty with his thinking and communicating. Scale 8 is Mania (Ma). On this scale, a T score of 60 to 70 (about the 84th to 98th per centiles) indicates a person who is pleasant and has an outgoing temperament. This person is warm and enthusiastic and is usually uninhibited. A T score above 70 indicates one who is hyperactive, irritable, and has insufficient inhibitory capacity. A low score on this scale indicates apathy and depression.

Procedure

The MM and the CXQ were both administered to 50

randomly-selected patients at the Tulsa Psychiatric Center, Tulsa, Oklahoma, and to 50 randomly-selected people who were not in psychotherapeutic treatment.

Then means and standard deviations were computed for both the therapy and non-therapy groups for all eight scales of the MM and for all nine scales of the CXQ. F tests were computed to see if there were statistically significant differences between the two groups. Correlation matrices were computed comparing MM scales with CXQ scales for the therapy, non-therapy, and combined groups. Differences between the correlations for the therapy and non-therapy groups were also computed and a t test computed to see if there were any significant differences in the correlations. A canonical correlation analysis was performed to see if there were any predictableness of MM scales from CXQ scales.

The first directional hypothesis is that there should be statistically significant differences on all scales of the MM between the Therapy (T) group and the Non-Therapy (NT) group, with the Therapy group scoring significantly higher. A possible exception might be the Ma scale since fairly high scores on that scale could indicate emotional health as well as emotional problems. It is also hypothesized that the T group would score significantly higher on the Unpleasant, Alone, and Discipline scales of the CXQ. It was further hypothesized that all MM scales

TABLE 1

COMPARISONS OF MINI-MULT SCORES ACROSS

THERAPY AND NON-THERAPY GROUPS

	THERAPY		NON-THERAPY		
SCALE	M	SD	M	SD	F
Hypochondria (Hs)	15.92	4.99	13.28	4.37	7.94**
Depression (Dp)	26.58	6.50	22.62	5.31	11.13**
Hysteria (Hy)	24.92	5.28	21.54	4.55	11.76**
Psychopathic (Pd)	27.92	4.92	24.52	4.86	12.09**
Paranoia (Pa)	13.56	3.90	11.26	3.22	10.35**
Psychasthenia (Pt)	32.82	7.99	28.16	5.63	11.36**
Schizophrenia (Sc)	33.88	10.16	29.62	7.59	5.65*
Mania (Ma)	21.20	3.72	20.92	2.76	0.18

*$p < .05$

**$p < .01$

would have significant positive correlations with all CXQ scales except the Pleasant experiences scale for both the Therapy and Non-Therapy groups. It was also hypothesized that it would be possible to predict any of the MM scales from any of the CXQ scales.

TABLE 2

COMPARISON OF CHILDHOOD EXPERIENCE QUESTIONNAIRE SCORES ACROSS THERAPY AND NON-THERAPY GROUPS

	THERAPY		NON-THERAPY		
SCALE	M	SD	M	SD	F
Early (E)	14.50	9.59	14.04	7.86	0.07
Pleasant (P)	4.74	3.45	5.02	3.73	0.15
Unpleasant (U)	8.86	5.05	7.34	4.98	2.30
Family (F)	4.50	3.12	4.08	3.47	0.40
School (S)	5.52	3.62	4.60	3.64	1.60
Others (O)	4.32	2.82	4.66	3.35	0.27
Alone (A)	2.90	2.10	2.20	1.88	2.91
Learning (L)	3.10	2.22	2.84	1.66	0.44
Discipline (D)	3.48	2.57	2.84	2.59	1.45

To state these hypotheses in the null, it was hypothesized that there would be no significant differences between the scores of the two groups on either the MM or the CXQ, and there would be no significant correlations between the MM scales and the CXQ scales. It was also hypothesized that there would be no predictiveness of MM scales from CXQ scales.

Results

The F ratio between the Therapy and Non-Therapy groups mean scores was significantly higher on every scale of the MM except the Schizophrenia and Mania scales at the .01 level. On the Schizophrenia scale, the Therapy group was significantly higher than the Non-Therapy group at the .05 level. On the Mania scale there was no difference. On the CXQ the F ratio indicated no significant difference between the Therapy and Non-Therapy groups on any scale.

On the correlation matrices, the Therapy group had only one significant correlation. The Hypochondriasis scale showed a positive significant correlation with the Alone scale at the .05 level. On the Non-Therapy group, however, it is a very different story; showing seventeen significant correlations, three at the .01 level and fourteen at the .05 level. The Psychopathic Deviate scale showed a significant correlation at the .01 level with Alone experiences and at the .05 level with Unpleasant and School experiences. The Schizophrenia scale showed significant correlations at the .01 level with Early, Family, School, Others, and Discipline experiences. The Mania scale showed significant positive correlations at the .05 level with Early, Unpleasant, Family, School, Others, Learning, and Discipline experiences. On the combined group there were ten significant correlations. The Hypochondriasis scale

TABLE 3

CORRELATION MATRIX SHOWING INTERCORRELATIONS BETWEEN CXQ AND MM IN THE THERAPY GROUP

	MM SCALES							
CXQ	Hs	Dp	Hy	Pd	Pa	Pt	Sc	Ma
E	.12	-.02	.03	.11	-.05	-.11	.01	-.03
P	.04	-.03	.00	.07	-.02	-.05	.04	-.04
U	.09	-.01	-.02	.06	-.10	-.05	.04	-.13
F	.10	-.03	.13	.23	.03	-.03	.11	-.06
S	.21	.05	.12	.11	.03	.08	.16	-.01
O	-.03	-.03	-.06	.12	-.13	-.08	.04	-.03
A	.26*	.03	.10	.03	.04	.04	.07	-.16
L	.14	.03	.08	.14	-.07	.11	.06	-.10
D	.09	-.01	.00	.11	-.11	-.08	.00	-.12

*$p < .05$

correlated significantly at the .01 level with the Alone scale. The Psychopathic Deviate scale correlated significantly at the .05 level with the Unpleasant, Family, School, Alone, and Discipline scales. The Schizophrenia scale showed a significant correlation at the .01 level with School experiences and at the .05 level with Unpleasant, Family, and Alone experiences. A T test indicated that the differences in correlations between the two groups were significant on only two scales, both at the .05 level. The Mania scale

TABLE 4

CORRELATION MATRIX SHOWING INTERCORRELATIONS BETWEEN CXQ AND MM SCALES IN THE NON-THERAPY GROUP

	MM SCALES							
CXQ	Hs	Dp	Hy	Pd	Pa	Pt	Sc	Ma
E	.04	-.01	.09	.21	.02	-.03	.27*	.29*
P	.07	.01	.17	.16	.04	.06	.15	.22
U	.01	.13	.03	.31*	.07	.07	.35**	.26*
F	-.01	-.04	.02	.19	.08	-.03	.25*	.28*
S	-.01	.09	.05	.25*	.01	.08	.28*	.23*
O	.05	.10	.10	.15	.09	.06	.28*	.24*
A	.15	.07	.10	.33**	.14	-.03	.34**	.21
L	.05	-.06	.08	.15	-.06	-.03	.19	.28*
D	.00	.06	.06	.21	-.05	-.01	.25*	.30*

*$\rho < .05$ N=50

**$\rho < .01$

showed significant differences with the Unpleasant and Discipline scales.

On the Canonical correlation, there were several directional correlations that showed predictiveness. At the highest level, there was a high correlation between Unpleasant experiences and two scales on the MM, Hysterical and

TABLE 5

CORRELATION MATRIX SHOWING INTERCORRELATIONS BETWEEN CXQ AND MM SCALES IN THE COMBINED GROUP

	MM SCALES							
CXQ	Hs	Dp	Hy	Pd	Pa	Pt	Sc	Ma
E	.09	-.01	.06	.15	-.02	-.07	.11	.09
P	.04	-.02	.06	.09	.00	-.02	.07	.07
U	.09	.09	.05	.22*	.02	.05	.20*	.04
F	.06	-.01	.09	.22*	.07	-.01	.18*	.09
S	.14	.11	.12	.21*	.06	.11	.23**	.10
O	.00	.01	.00	.11	-.04	-.03	.13	.09
A	.25**	.10	.15	.22*	.13	.06	.21*	-.01
L	.12	.01	.10	.16	-.04	.08	.12	.04
D	.08	.06	.07	.19	-.04	-.01	.13	.06

*$\rho < .05$ N=100

**$\rho < .01$

and Schizophrenia. At the next level, there were high correlations of Psychasthenia scale with the Early, Unpleasant, and Family scales of the CXQ. At the next level there were strong correlations between the Depression and Paranoia scales of the MM with the Unpleasant, School, and Alone scales of the CXQ. Next highest were correlations and predictiveness of the Hypochondriasis and Schizophrenia scales

TABLE 6

DIFFERENCES IN CORRELATIONS AMONG CXQ AND MM SCALES ACROSS THERAPY AND NON-THERAPY GROUPS

	MM SCALES							
CXQ	Hs	Dp	Hy	Pd	Pa	Pt	Sc	Ma
E	.08	.01	.06	.10	.07	.08	.26	.32
P	.03	.04	.17	.09	.06	.11	.11	.26
U	.08	.14	.05	.25	.17	.12	.31	.39*
F	.11	.01	.11	.04	.05	.00	.14	.34
S	.22	.04	.07	.14	.02	.00	.12	.24
O	.08	.13	.16	.03	.22	.14	.24	.27
A	.13	.04	.00	.30	.10	.07	.27	.37
L	.09	.09	.00	.01	.01	.14	.13	.38
D	.09	.07	.06	.10	.06	.07	.25	.42*

*$\rho < .05$

of the MM with the Early, Family, and School scales of the CXQ. At the lowest level, but still showing significance, the Psychasthenia scale correlated with the Unpleasant and Discipline scales.

Discussion

The mean scale scores of the Mini-Mult indicate that people in psychotherapy are significantly more pathological

seven of the eight scales of the Mini-Mult than people not in therapy. The greatest differences are in Psychopathic deviate, Hysterical conversion, Psychasthenia, and Depression, but the differences are great with the Therapy group scoring significantly higher at the .01 level than the Non-Therapy group on every scale except the Manic and Schizophrenic scales.

The mean scale scores on the CXQ indicated no significant differences. The two greatest differences, though not significant, were the Unpleasant and Alone scales. The two scales where the Non-Therapy group scored slightly higher were the Pleasant and the Others scale. This tends to confirm Waldfogel's (1948) finding that neurotics tended to remember more unpleasant experiences and normals tended to remember more pleasant experiences. However, the differences were not significant in this study.

On the correlation matrices, the Therapy group had only one significant correlation even though they scored higher on both tests. The only significant correlation was Alone and Hypochondriasis (.26). This seems like a logical correlation if the Hypochondriacs tended to worry about themselves and their health when having to be alone much of the time. Carson (1969) says that those who score high on Hypochondriasis are people who tend to be sour on life, whiny, and complaining.

It was a different story in the Non-Therapy group.

TABLE 7

CANONICAL CORRELATIONS ACROSS MM AND CXQ SCALES

	1	2	3	4	5
	.433	.416	.351	.317	.271
Variable					
Hs	0.70	0.38	0.61	1.10	-0.47
Dp	0.63	-0.19	-0.84	0.57	0.59
Hy	-1.28	-0.72	0.08	-0.52	-0.42
Pd	0.44	-0.18	-0.27	0.06	-0.42
Pa	-0.26	-0.13	0.91	0.32	0.93
Pt	-0.46	1.68	0.36	-0.62	-0.61
Sc	0.96	-0.83	-0.07	-1.08	0.24
Ma	-0.71	-0.11	-0.13	0.12	-0.45
E	-0.32	-0.95	-0.35	0.93	-0.21
P	-0.61	0.69	0.00	0.25	-0.05
U	1.44	1.22	-0.89	-0.41	0.87
F	-0.37	-1.05	0.72	-1.13	0.26
S	-0.69	-0.10	0.99	-0.91	-0.42
O	0.33	-0.40	-0.51	-0.25	0.46
A	0.63	-0.14	0.89	0.73	0.01
L	0.42	0.72	-0.24	-0.02	-0.82
D	-0.25	-0.43	-0.62	0.65	-0.87

Between the Manic scale and Schizophrenia scale, there were significant correlations with every CXQ scale except the Pleasant scale. The Psychopathic scale correlated high with Unpleasant, School, and Alone scales of the CXQ. While this was happening with the Non-Therapy group, the Therapy group was having negative correlations on the Manic scale for all nine CXQ scales. The lowest correlation for the Non-Therapy group on the Manic was a .21. Apparently, for people in therapy, Manic psychosis is marked by not remembering Unpleasant, Alone, or Discipline experiences, while for those not in therapy, scoring high in mania is an indication of remembering. Since the Mania scale is described by Carson (1969) as possibly indicating one with a pleasant, outgoing temperament, one who is warm and enthusiastic, for people in therapy, mania may be a mask where they use mania to deny real feelings and/or memories, even blocking out memories of a possibly unpleasant nature. But for people not in therapy, mania is a feeling which correlates positively with all kinds of memories, including essentially negative memories. The same could be said for the Schizophrenia scale. For those in therapy, Schizophrenia may act as a shield against significant memories, while for people not in therapy, Schizophrenia is a real sickness manifesting itself by remembering more of all experiences except those which many might consider the two healthiest and most positive experiences, Pleasant and Learning experiences.

Perhaps the same thing happens with the Psychopathic deviate. For those not in therapy, Psychopathic correlates highly with Unpleasant, School, and Alone memories. But those in the Therapy group have two of their lowest correlations with the Unpleasant and Alone experiences of any of those on the Psychopathic scale.

On the combined group, the negative correlations in the Therapy group on the Manic scale pull the overall correlations down so that there are no significant correlations on any Manic scale despite high correlations on every Manic scale for the Non-Therapy group. However, Schizophrenia and Psychopathy do not mask pathology as much as the Manic, apparently, as both scales show some significant correlations in the total group. Both Psychopathic and Schizophrenic scales correlate significantly with Unpleasant, Family, School, and Alone memories. Hypochondriasis also shows a significant correlation with Alone memories. This, incidentally, was the only significant correlation in the Therapy group.

The first directional hypotheses were that there would be significant differences between the Therapy group and the Non-Therapy on all scales of the MM with the Therapy group scoring significantly higher. Seven of those hypotheses were accepted and one, the Mania scale, rejected. It was also hypothesized that the Therapy group would score significantly higher on the Unpleasant, Alone, and Discipline

scales of the CXQ. There were no significant differences and these hypotheses were rejected. It was further hypothesized that on the correlation matrices, there would be significant positive correlations of all MM scales with all CXQ scales except the Pleasant scale. That would make 128 significant correlations. Since there were only eighteen significant correlations on those two matrices, the ones for Therapy and Non-Therapy groups, 110 hypotheses are rejected and eighteen accepted. It was also hypothesized that it would be possible to predict any of the MM scales from any of the CXQ scales. Since there were no highly significant correlations there, that hypothesis is rejected.

The overall conclusion would seem to be that the healthier the person, the more likely his Manic and Schizophrenic tendencies will be accompanied by more memories, both pleasant and unpleasant. For a relatively sick person, Manic and Schizophrenic tendencies may well serve to mask memories and keep a person from possibly recognizing and dealing with his problems. The same could be said for the Psychopath. The healthier one is basically, the more likely one is to be in touch with one's own memories (and feelings?), especially unpleasant memories.

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APPENDIX A

PROSPECTUS

SOME RELATIONSHIPS BETWEEN CHILDHOOD MEMORIES AND PERSONALITY PATTERNS IN THERAPY AND NON-THERAPY POPULATIONS

INTRODUCTION

Even though memory has many different aspects and can be studied in a variety of ways, few experiments have been done which deal with what one remembers from childhood experiences. Also, there have been few experiments which attempt to correlate how or what one remembers with one's emotional make-up.

Since so much research has been conducted in the area of memory, it would be helpful to look at some of the ways memory is studied. Memory has been studied in terms of how well or how long one remembers nonsense syllables (Ebbinghaus, 1913), prose (Dahl, 1973; DiLabio, 1973), serial position (Saufley, 1975), faces (Yoblick, 1973; Dallenbach, 1974), dot patterns (Cohane, 1975), speech sounds (Cole and Young, 1975), pictures (Kirasic and Siegel, 1975), ideas (Brewer, 1975), stories (Uchida, 1975), and objects (Deregowski and Jahoda, 1975). These have been studied in terms of short-term memory (STM) (Peterson and Peterson, 1959) and long-term memory (LTM) (Melton, 1963). Often these experiments take the form of studying how quickly one

forgets (Postman and Rau, 1957).

We can also look at memory in terms of how people simplify or elaborate various stories, rumors, or pictures (Bartlett, 1932; Carmichael et al, 1932; Allport and Postman, 1947).

Sipola and Hayden (1965) and Haber and Haber (1964) studied eidetic imagery ("photographic memory"), and found that although it is rare in adults, it occurs in 7.9% of normal children and in 26.5% of brain-injured retarded children.

Bartlett (1932) and Feldman (1968) both pointed out the cultural influence on memory, and organization in memory has been studied by Waugh (1961), Earhard (1967), Tulving (1966), and Mandler (1967). Shepard (1967), Nickerson (1965), and Strong (1912) looked at memory in terms of how much we "recognize" of previously presented material. While in an earlier study, Burtt (1937) made an attempt at measuring memory in terms of how many trials it takes to relearn previously learned material. Shaffer and Shoben (1956) and Glucksberg and King (1967) looked at memory in terms of repression.

James (1890) and Woodrow (1927) studied the effects of "memorizing" on improving memory and found that memorizing one thing did not improve memory for other things. Weiner (1966) showed that there is significantly better memory when there is strong motivation to learn

something. In another early study, Krueger (1929) explored the benefit of "overlearning" in connection with memory. In addition, Minami and Dallenbach (1946) showed that memory of studied material is much better when the studying is followed by sleep rather than unrelated activity.

Munsterberg (1908), Bartlett (1932), and Houts (1954) have demonstrated the role of selective remembering in recent events, showing how people forget some things and incorrectly remember other things, often giving positively wrong testimony.

Meltzer (1930) showed that although people remember less of their vacation after six weeks than immediately following the vacation, they tend to remember more of the pleasant experiences of the vacation. Wershow (1975) showed that people maintain mental health by idealizing an unpleasant past.

Loftus et al. (1975) and Loftus (1975) showed that questions asked immediately following an event and the way questions are asked influence how one remembers that event. And Harris et al (1975) showed that implications made about an event can cause a person to remember incorrect information about the event. Shapiro (1974) showed how prejudice can influence memory. Eysenck (1976) quotes many experiments, most of which indicate a definite relationship between memory and one's extravertedness and introvertedness.

Manaster and Perryman (1974) and Attarian (1973) have demonstrated how occupational choices seem to be determined or at least influenced by what early recollections we have. Adcock (1975) has shown that males and females tend to remember different things. And Schwartz (1975) has related memory to the arousal levels in a person.

As can be seen, memory is a subject of varied dimensions, and memory influences and is influenced by many things. This paper will seek to find out what influences emotional problems have on memory or what influence memory has on emotional problems. In this paper, it will not be possible to attempt to discern which influences which. But the question can be asked, is there a relationship? First, are there things a person would be expected to remember?

Related Literature and Theoretical Rationale

There is evidence that for the average pre-school child, smiling and laughing are considerably more frequent than crying. Pleasant and neutral tones predominate over unpleasant states in the average child (Hunter, 1964, p. 274). There is also evidence that children between five and nine years of age use pleasant words to unpleasant words, by actual count, at a ratio of 1,057 to 80 (Hunter, 1964, p. 275). Waldfogel (1948) has shown that in a group of 124 college students, pleasant memoried constituted 50% of all memories. Unpleasant memories were 30% and neutral

memories were 20%. So the expectation would be that for a non-treatment group, pleasant experiences in childhood and pleasant memories of that childhood would predominate.

What about the treatment group? According to some personality theories, the expectation would be that theoretically their experiences in childhood would not have been as happy, and their memories of childhood would not be as happy (Hall and Lindzey, 1970; Millon, 1973; Harris, 1967; Lowen, 1971, for example). Waldfogel (1948) has shown that males who showed a greater degree of neurotic tendency on the Thurstone Personality Schedule remembered relatively more unpleasant events from their childhoods than pleasant ones in a ratio of about 50% unpleasant ones to 30% pleasant ones (p. 29). However, the results were not conclusive, and more research is needed to verify this, according to Waldfogel (1948).

Specific Statement of the Problem

Is there a relationship between childhood memories and personality patterns and between childhood memories and whether or not a person seeks psychotherapeutic treatment?

Definition of Terms

Childhood Memories will be operationally defined as the scores a person makes on the Childhood Experience Questionnaire (CXQ). A person's personality pattern will be operationally defined as his scores on the Mini-Mult (Kincannon, 1968).

Hypotheses

The first hypothesis is that people in psychotherapy will remember qualitatively different kinds of childhood experiences than will people not in treatment and not seeking treatment.

The second hypothesis is that people of certain personality types will remember qualitatively different kinds of experiences than will people of other personality types.

CHAPTER II

Methodology

General Introduction

The purpose of this study is to see if there is any relation between the kinds of things a person remembers from his childhood and his desire or need for psychotherapeutic treatment. This study also attempts to see if there is a relationship between the kinds of things a person remembers and his personality pattern as an adult.

In order to accomplish these tasks, several things are needed. First, we need a group of people in psychotherapeutic treatment and a group not in treatment. Also we need a test or inventory which will give some quantifiable scores on childhood memories. Next we need a test or inventory which will give scores in various personality patterns. Lastly, we need an adequate statistic.

Sampling Procedure and Subject Characteristics

This study will involve fifty randomly selected outpatients at the Tulsa Psychiatric Center, the Community Mental Health Center for Tulsa, Oklahoma, and fifty adults not in treatment in psychotherapy and not seeking treatment. This latter group will be randomly selected from college and church groups.

Procedure

All those involved in the study will be given two tests, the Mini-Mult (Kincannon, 1968) and the Childhood Experience Questionnaire. Then two comparisons will be made. First, a comparison will be made between the scores on the Childhood Experience Questionnaire (CXQ) in the treatment and non-treatment groups. Next a comparison will be made between the scores on the CXQ and the scores from the various scales of the Mini-Mult.

Instruments

A test to give some quantifiable scores on childhood memories, twenty people--ten in psychotherapeutic treatment and ten not in treatment--will be asked to write down all the specific experiences they can remember before the age of thirteen--or through the sixth grade-- and to give the approximate age they were at the time of each experience. This should give a pool of between 1,000 and 2,000 items. Five psychotherapists from the Tulsa Psychiatric Center will

then judge each item and eliminate duplications, unclear items, and items which would seem to be unique to only one person. (One criteria for judging items will be that items should be experiences which are fairly common to most people).

The judging of items will reduce the inventory to approximately 150 to 160 items. The test will then be given to at least 400 people. A minimum of fifty of those will be outpatients at the Tulsa Psychiatric Center. A factor analysis will then be done, and the items and scales for the final form of the test will be drawn up.

It was decided to develop the CXQ when a check of The Sixth Mental Measurements Yearbook (Buros, 1965), The Seventh Mental Measurements Yearbook (Buros, 1972), and Tests in Print (Buros, 1961) indicated that no test is now in existence which does what this study hopes to do.

James C. Kincannon (1968) developed the Mini-Mult test. The Mini-Mult gives a prediction of the standard MMPI scale scores from seventy-one items. In readministering the Mini-Mult following the MMPI, the Mini-Mult showed a 9% loss in reliability and 14% loss of correspondence. Kincannon says that "this was not sufficient to mitigate against the use of the Mini-Mult when a standard test could not be administered." (p. 319) The Mini-Mult omits the MF and Si scales of the MMPI.

Experimental Design, Data Processing and Analysis

The design of this experience will be a simple correlational study. After the CXQ is developed and scales determined by means of a factor analysis, the scores from these scales will be correlated with the scores from the various scales on the Mini-Mult for one hundred people--fifty in psychotherapy and fifty not in therapy.

CHAPTER III

Analysis

Statistics

The first statistic that will be done will be to compare the Therapy and Non-Therapy groups by comparing the means of each scale on the CXQ and on the Mini-Mult test.

A series of Pearson r's will be the statistic used for the comparison. These correlations should indicate what, if any, is the relationship between what people remember and what kind of emotional problems they have--or their particular personality pattern.

The Pearson r (product moment coefficient of correlation) can also be used to show any correlation between what kinds of things people remember and whether or not they seek psychotherapeutic treatment.

Appropriate graphs and tables can be used to show all correlations--those between the Mini-Mult scores and scores from various scales of the CXQ and those between

treatment and non-treatment groups and scores from the CXQ.

If appropriate, it has been suggested that Multiple r's or Multiple Correlations be done predicting each Mini-Mult scale from CXQ scales.

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APPENDIX B

PRELIMINARY FORM

CHILDHOOD EXPERIENCE QUESTIONNAIRE

PRELIMINARY FORM

CHILDHOOD EXPERIENCE QUESTIONNAIRE

The purpose of this questionnaire is to find out what things you remember from your childhood. Please draw a circle around the number of each item you SPECIFICALLY REMEMBER HAPPENING AT THAT PARTICULAR AGE. Please do not mark items which someone told you happened or which you imagine must have happened. Mark only those items which YOU CAN REMEMBER HAPPENING. Imagine that each statement is preceded by the statement, "I remember..."

It is not necessary to put your name on this questionnaire. However, we do need the following information: age_____, sex_____, race_____, education_____, approximate family income_____. Are you presently in psychotherapy?_____ If so, how long have you been in therapy?_____. If not, have you ever been in therapy?_____. Were you ever hospitalized for emotional problems?_____. Have you ever attempted suicide?_____.

1. I remember a specific incident that happened when I was less than one year old.

WHEN I WAS ONE OR TWO YEARS OLD, I REMEMBER. . .

2. falling down while running and hurting myself.
3. having to take naps.
4. being afraid of thunderstorms.
5. playing by myself with a doll or teddy bear.

6. seeing a cat or dog and being scared.
7. being frightened by a nightmare.
8. climbing in bed with my parents.

WHEN I WAS 3 OR 4 YEARS OF AGE, I REMEMBER. . .

9. taking a long trip by car or train.
10. taking a bath with my brother or sister.
11. being scolded for sucking my thumb.
12. wetting my pants.
13. playing alone with little toy soldiers or dolls.
14. a grandparent dying.
15. wetting the bed.
16. waking up scared from a nightmare.
17. playing with other kids.
18. my parents fighting.
19. lots of kids playing over at my house.
20. waking up in the middle of the night and being scared because it was very dark.
21. the expression on Mother's face as she was about to spank me.
22. eating dirt with a playmate.
23. enjoying getting a spanking because it was easier crying myself to sleep.
24. not being able to get to sleep when I was supposed to be taking a nap.
25. being spanked or switched at least two or three times a week.

26. being able to recite a nursery rhyme or story from hearing it so often.
27. visiting my grandparent's house.
28. getting a shot and crying.
29. playing by myself.
30. getting a present from my grandparents.
31. going to the park or zoo with my grandparents.
32. being lost and unable to find my mother.

WHEN I WAS IN KINDERGARTEN OR THE FIRST GRADE, I REMEMBER. . .

33. walking barefoot on hot concrete.
34. Mother or Grandmother falling down the stairs and hurting herself.
35. going to Daily Vacation Church School and having fun.
36. my fifth birthday party.
37. walking to school.
38. kissing or being kissed by someone at school.
39. wetting or messing my pants at school.
40. riding a school bus to school.
41. walking home from school in the rain.
42. "finding" a toy I knew belonged to another kid in the neighborhood and keeping it.
43. having to yell at a grandparent because they were hard of hearing.
44. playing in the water from a back-up storm sewer.
45. my parents fighting.
46. playing dress-up in mother's or daddy's clothes.

47. crying at a party because my brother or sister got a present or a prize and I didn't.
48. saying prayers at bedtime.
49. striking matches and getting in trouble for it.
50. the first time I stuck my tongue out at my mother behind her back.
51. having to use table manners.
52. playing house and having to be daddy.
53. playing "doctor".
54. telling on one of my friends and getting him in trouble.
55. learning to ride a bike or roller skate.
56. finger painting in school.
57. when I was first aware of death.
58. being a teacher's pet.
59. being switched or spanked.
60. being eager for recess at school.
61. playing over at my friend's house.
62. walking home from school with friends.
63. hating to eat dinner with the family.
64. being late to school.
65. crying when a pet died.
66. smell of new paint in the house.
67. the new house or apartment we moved into.

WHEN I WAS IN SECOND OR THIRD GRADE, I REMEMBER. . .

68. Valentines passed out in class.
69. taking a bath with my brother or sister.

70. being spanked by the teacher.
71. being proud of my report card.
72. being ashamed of my grades.
73. being proud of my clothes.
74. being ashamed of what I was wearing.
75. coming home and being afraid when my parents weren't there.
76. going into the deep end of a swimming pool.
77. crawdad fishing with friends.
78. sitting at a desk at school that was too big or too small.
79. being seated in alphabetical order at school.
80. playing with friends at recess.
81. getting in trouble at school for something I didn't do.
82. being in school programs.
83. taking a long trip on a bus or train.
84. enjoying school.
85. hating school.
86. the first time I was really aware of the differences in the opposite sex.
87. going to church or synagogue.
88. playing on the giant swings on the playground.
89. walking by a house that was always dark and thinking it was scary.
90. my babysitter.
91. walking to town with mother.

92. the time I forgot my lunch money.
93. being beat up by a bully.
94. getting to go outside without a shirt on.
95. my mother or dad coming to get me after school when it was about to storm.
96. having a lot of friends at school.
97. having one of my pictures hung on the wall at school.
98. Mother or Dad reading me a story when they tucked me into bed.
99. falling down while running and hurting myself.
100. splashing barefoot in water by the curb after a heavy rain.
101. learning to read.
102. playing in the sprinkler or hose.
103. saying prayers at meals.

WHEN I WAS IN THE FOURTH, FIFTH, OR SIXTH GRADE, I REMEMBER. . .

104. collecting and playing with marbles or jacks.
105. moving to another city and hating to leave my friends.
106. someone trying to break into our house.
107. my first kiss.
108. being chosen for a special class or group at school.
109. being put in a slower group at school.
110. eating a big pickle and/or popcorn at a movie.
111. learning to swim.
112. reading <u>The Bobsey Twins</u>.
113. wearing glasses, and not liking it.

114. playing "doctor".
115. the first time I was aware of someone having sexual intercourse.
116. being afraid to answer the door when home alone.
117. ringing door bells and then running away.
118. smoking a cigarette with a friend and being afraid someone would catch us or find out later.
119. getting in a fight on the playground at school.
120. doing well in "spelling" at school.
121. being sick and out of school for a long time and not wanting to go back.
122. being spanked for riding my bicycle in the street.
123. gating my teacher.
124. being hit on the hand with a ruler by the teacher for talking in class.
125. learning a dirty word and getting in trouble for saying it at home.
126. wishing my parents were more strict with me.
127. being sent to the principal's office at school.
128. being caught by the teacher hitting or kicking at another student.
129. going on a trip on a bus or a train or a plane.
130. going to a sports contest with friends.
131. going to a sports contest with one or both parents.
132. coimbing trees with my friends.
133. playing hooky from school one day with a friend and getting in trouble.

134. my mother or dad giving me or letting me have something I didn't expect to have.
135. being sad when a pet died.
136. sitting alone and looking out the window of my room and watching it rain.
137. crying because I couldn't understand some of my schoolwork.
138. fighting with my little brother or sister.
139. wishing my parents weren't so strict with me.
140. Valentines passed out in class.
141. cutting in line at a movie.
142. the time I broke my arm or leg.
143. being by myself a lot.
144. sneaking into a movie.
145. being locked out of the house and having to break in.
146. being rough on a substitute teacher.
147. being unpopular at school.
148. getting scared while spending the night with a friend.
149. being scolded by my teacher in front of the whole class.
150. getting a present I really wanted for my birthday or Christmas.

APPENDIX C

FINAL FORM

CHILDHOOD EXPERIENCE QUESTIONNAIRE

FINAL FORM

CHILDHOOD EXPERIENCE QUESTIONNAIRE

The purpose of this questionnaire is to find out what things you remember from your childhood. Please draw a circle around the number of each item you SPECIFICALLY REMEMBER HAPPENING AT THAT PARTICULAR AGE. Please do not mark items which someone told you happened or which you imagine must have happened. Mark only those items which YOU CAN REMEMBER HAPPENING. Imagine that each statement is preceded by the statement, "I remember. . ."

WHEN I WAS ONE OR TWO YEARS OLD, I REMEMBER . . .

1. having to take naps.
2. playing by myself with a doll or teddy bear.
3. climbing in bed with my parents.

WHEN I WAS 3 OR 4 YEARS OF AGE, I REMEMBER. . .

4. taking a long trip by car or train.
5. taking a bath with my brother or sister.
6. playing alone with little toy soldiers or dolls.
7. wetting the bed.
8. waking up scared from a nightmare.
9. lots of kids playing over at my house.
10. waking up in the middle of the night and being scared.
11. the expression on Mother's face as she was about to spank me.
12. eating dirt with a playmate.

13. not being able to get to sleep when I was supposed to be taking a nap.
14. being able to recite a nursery rhyme or story from hearing it so often.
15. getting a shot and crying.
16. playing by myself.
17. getting a present from my grandparents.
18. being lost and unable to find my mother.
19. going to Daily Vacation Church School and having fun.
20. my fifth birthday party.
21. kissing or being kissed by someone at school.
22. riding a school bus to school.
23. walking home from school in the rain.
24. playing in the water from a backed-up storm sewer.
25. my parents fighting.
26. playing dress-up in mother's or daddy's clothes.
27. striking matches and getting in trouble for it.
28. having to use table manners.
29. playing house and having to be daddy.
30. telling on one of my friends and getting him in trouble.
31. finger painting in school.
32. when I was first aware of death.
33. being a teacher's pet.
34. being switched or spanked.
35. crying when a pet died.
36. the new house or apartment we moved into.

WHEN I WAS IN THE SECOND OR THIRD GRADE, I REMEMBER. . .

37. taking a bath with my brother or sister.
38. being spanked by the teacher.
39. being proud of my clothes.
40. being ashamed of what I was wearing.
41. going into the deep end of a swimming pool.
42. crawdad fishing with friends.
43. sitting at a desk at school that was too big or too small.
44. getting into trouble at school for something I didn't do.
45. taking a long trip on a bus or train.
46. hating school.
47. the first time I was really aware of the differences in the opposite sex.
48. walking by a house that was always dark and thinking it was scary.
49. my babysitter.
50. walking to town with mother.
51. the time I forgot my lunch money.
52. being beat up by a bully.
53. getting to go outside without a shirt on.
54. my mother or dad coming to get me after school when it was about to storm.

55. having one of my pictures hung on the wall at school.
56. Mother or Dad reading me a story when they tucked me in bed.
57. falling down while running and hurting myself.
58. moving to another city and hating to leave my friends.
59. my first kiss.
60. being chosen for a special class or group at school.
61. eating a big pickle and/or popcorn at a movie.
62. learning to swim.
63. reading The Bobsey Twins.
64. wearing glasses and not liking it.
65. playing "doctor".
66. the first time I was aware of someone having sexual intercourse.
67. ringing door bells and then running away.
68. smoking a cigarette with a friend and being scared someone would catch us or find out later.
69. getting in a fight on the playground at school.
70. being sick and out of school for a long time and not wanting to go back.
71. hating my teacher.
72. being hit on the hand with a ruler by the teacher for talking in class.
73. learning a dirty word and getting in trouble for saying it at home.
74. being sent to the principal's office at school.

75. going to a sports contest with friends.
76. going to a sports contest with one or both parents.
77. my mother or dad giving me or letting me have something I didn't expect to have.
78. sitting alone and looking out the window of my room and watching it rain.
79. crying because I coudn't understand some of my schoolwork.
80. wishing my parents weren't so strict with me.
81. being by myself a lot.
82. being locked out of the house and having to break in.
83. being rough on a substitute teacher.
84. being unpopular at school.
85. getting scared while spending the night with a friend.
86. being scolded by my teacher in front of the whole class.