

Early Recollections Analysis: Patterns in People With Anxiety Disorders

Frühe Gedächtnisanalyse: Muster bei Personen mit Angststörungen

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Kurzzusammenfassung

Frühe Erinnerungen sind spezifische und detaillierte Kindheitserinnerungen und enthalten Symbole und Metaphern, die die Grundzüge einer Person beschreiben. In diesem Artikel wird ein Überblick über frühe Erinnerungen gegeben und untersucht, ob es bei Menschen mit Angststörungen gemeinsame Muster gibt. Frühere Studien werden untersucht, einschließlich der Erinnerungen und Methoden, die zur Erhebung früherer Erinnerungen verwendet werden, ihrer Beziehung zu diagnostischen Merkmalen und der Differenzierung zwischen Gruppen und Lebensstilen. Die Überprüfung umfasst die Arten von Angststörungen, diagnostische Kriterien und Herausforderungen im Beurteilungsprozess. Darüber hinaus wird auch der Zusammenhang zwischen frühen Erinnerungen und funktionellen Bewertungen im Hinblick auf Angststörungen untersucht. Die Schlussfolgerungen des Papers zeigen, dass Erinnerungen Einblicke in Lebensstil, Weltanschauung und Ethik bieten können. Dennoch sollte betont werden, dass die Identifizierung bestimmter Subtypen von Angststörungen allein durch frühe Erinnerungen aufgrund der komplexen und vielfältigen Natur dieser Störungen schwierig sein kann. Um eine präzise Diagnose zu gewährleisten, ist eine gründliche Auswertung unter Berücksichtigung verschiedener Faktoren und unter Einsatz standardisierter Diagnoseinstrumente von entscheidender Bedeutung. Abschließend können wir festhalten, dass frühe Erinnerungen für das Verständnis und die Beurteilung von Angststörungen von entscheidender Bedeutung sind und im albanischen Kontext mit wenig standardisierten Instrumenten und Forschungsergebnissen einen Mehrwert darstellen können.

Schlüsselwörter

frühe Erinnerungen, Erinnerung, Diagnostik, Psychologie, Angststörungen

Abstract

Early recollections are specific and detailed childhood memories that contain symbols and metaphors describing individuals' basic features. This paper provides a review to explore early recollections and whether there are common themes which reveal specific patterns in individuals with anxiety disorders. Previous studies about early recollection are examined, including the methodologies used in order to analyse earlier memories, their relationship to diagnostic features, and differentiation across groups and lifestyle typologies. The review includes types of anxiety disorders, diagnostic criteria and challenges in the assessment process. It also explores the link between early recollections and functional evaluations in terms of anxiety disorders. The paper's conclusions indicate that early recollections offer insights into lifestyle, worldview, and the therapeutic relationship. Nevertheless, it should be emphasized that identifying particular subtypes of anxiety disorders merely through using early recollections can be challenging due to their complex and varied characteristics. To ensure the more accurate diagnoses, and a comprehensive assessment, various factors need to be taken into account. Finally, we can state that early recollections are crucial in understanding and assessing anxiety disorders, especially in the Albanian context with limited standardized tools and research.

keywords

early memories, recollection, diagnostics, psychology, anxiety disorders

1. Introduction

Early recollections (ERs) are particular, detailed memories or stories that people have about their childhood experiences, although early memories are more general and less vivid or detailed (Gurney & Forbes, 2017). The term 'early recollections' is often used when addressing the use of early memories in psychotherapy or counseling. ERs are stories of events that a person says occurred before they were ten years old: "*I recall this one time when...*"; these stories typically begin like this. Only at the age of ten, individuals start to develop the ability to record actions and perceptions in chronological order, up until that moment usually the memories are somehow scattered, and individuals cannot remember the sequence of the event correctly or in the right chronological order (Fisher, 1992). Memories, when recalled, are tinted by how that person sees the world, just as the light from a projector takes on the colors of celluloid. ERs are thought to be important in shaping an individual's personality and behavior in adulthood (Adams-Webber, 2015). The first empirical study of early recollections was conducted in 1898 (Henri, 1898; Freud, 1974). A patient's screen memories are viewed as 'internal screens', the aim of which were to screen out repressed traumatic events that, if brought to consciousness, would threaten the ego. Furthermore, the aspects that an individual chooses to remember, as well as the gaps in memory, are shaped by the individual's perception of themselves and life. These additions and subtractions, as well as the selection of events remembered, provide the clinical data that may be utilized to better understand the individuals. ERs are densely filled with symbols and metaphors that, when evaluated correctly, describe the basic characteristic of the individual's personality (Johnson, 1981; Mosak & Di Pietro, 2006, p. 1).

In relation to this, ERs raise an important question: whether it is essential for the therapist to understand and have knowledge related to the use of ERs as a valuable tool in the diagnostic evaluation phase. The diagnostic procedure itself may evoke suspicion and prejudice, which can sometimes prolong the diagnostic process due to the lack of trust and a not yet established therapeutic alliance, especially in developing countries like Albania (Gusha, Shestani-Shala, & Shpori, 2018; Tomori, Gjokopulli, Tako, Bushati, & Dervishi, 2015). There is often a lack of general or personalized data on the population's mental health, which further complicates the evaluation of the underlying problem (Skendi, Alikaj, & Metaj, 2015; Alikaj, Vyshka, Spaho, Skëndi, & Suli, 2011; Alikaj, Skendi, Zenelaj, & Allkoja, 2017; Skendi, Alikaj, Spaho, & Suli, 2013). In addition, there are other factors influencing early diagnosis, the most important being economic.

Yalom (2007) highlights those economic factors that also influence psychotherapy: "*Nowadays psychotherapy is in crisis, an economically driven health-care system mandates a radical modification in psychological treatment, and psychotherapy is now obliged to be streamlined, that is, above all, inexpensive and, perforce, brief, superficial, and insubstantial.*" (Yalom, 2007, p. 11). These facts indicate that there is a clear need to economize the diagnostic methods and bring them closer to the patient, so that clinical psychology can continue to develop and gain its due importance. Clinical/diagnostic psychology in Albania today faces a shortage of valuable tools such as standardized tests, manuals, etc. (Frashëri, 2016; Burnette, Duci, & Dhembo, 2017; Meçe, 2021).

In this regard, this paper tries to shed light on the interpretation and use of ERs as an assessment tool for anxiety disorder. ERs are known to be an important tool in Individual Psychology, valid and reliable. Although an accurate diagnosis cannot be made using ERs, they can be a very useful tool in the assessment process. Via this literature review, this paper analyzes, evaluates, and summarizes literature relevant to ERs and patterns in individuals with anxiety disorders in order to understand the real potential of ERs as an economical tool to be used in the assessment process. One of the main limitations of this study is the lack of recent literature available, which indicates the need for further research and for which this paper seeks to be a contribution.

2. Understanding the Complexity of the Anxiety Disorders Spectrum

When we talk about anxiety disorders, also referring to the ICD-11 (WHO, 2019) specifically, we refer to the brain's response to a perceived danger or specific stimuli that a particular organism or individual actively tries to avoid (Bandelow & Michaelis, 2022; Clark, 1999). A concrete example would be separation anxiety disorder, which typically develops when children are 12-18 months old, or even the fear of bullying which occurs at the age of 2-4 years (Kessler, Ruscio, Shear, & Wittchen, 2010). All these cases are typical anxiety symptoms that manifest in childhood. However, what distinguishes generalized maladaptive anxiety is the carryover of this anxiety disorder into the typical development of the child at a later age (Albano, Chorpita, & Barlow, 2003). Since some types of anxiety disorders appear in many children as a common condition, it is often difficult to understand the difference between a pathological, subclinical condition or a normal condition of the child. Also, other challenges in the assessment of childhood fears and anxiety disorders are that children at younger ages may have difficulty communicating cognition, emotions, and avoidance, as well as concerns related to the diagnostician (Nutt & Ballenger, 2008). This is because those at younger ages may lack the cognitive skills to communicate with the diagnostician, who may need this vital information to classify the anxiety disorder. Many anxiety disorders share clinical characteristics such as excessive anxiety, physiological anxiety symptoms, behavioral problems, such as extreme avoidance of frightening objects, and anxiety or associated harm (Craske, 1999). It should also be noted that anxiety disorders differ from each other in the types of objects or situations that elicit fear, anxiety, or avoidant behavior, etc. Anxiety disorders differ from developmental normative fear or anxiety because they persist beyond the respective developmental periods (Zinbarg & Barlow, 1996). Finally, according to ICD-11, a form of anxiety disorder is only diagnosed when the symptoms are completely separated from the physiological effects of a substance/medication, their medical condition, or are not better explained by another mental illness.

In this context, some examples serve to illustrate what is attributed to the anxiety disorder of generalized anxiety, as with selective mutism, which is characterized by an inability to speak in social situations where there is an expectation to speak. For example, if the child is asked to speak at school but cannot, and the class expects to hear, however, the individual can speak freely in other social situations. Meanwhile, in the case of a panic disorder, the individual experiences sudden recurrent panic attacks and is constantly anxious or worried about having more panic attacks or changing his or her behavior in inappropriate ways due to panic attacks (American Psychiatric Association, APA, 2013).

Closely related to anxiety disorders, panic attacks are an immediate increase in fear or anxiety which peaks within a few minutes, accompanied by physical or even cognitive symptoms. Panic attacks function as a marker and prognostic factor for the severity of diagnosis, progression, and comorbidity in a range of disorders, including, but not limited to, anxiety disorder. Therefore, it is important to explain it in detail as a phenomenon, and therefore panic attacks can be used as a descriptive specifier for any anxiety disorder, similar to other mental disorders. The main characteristics of anxiety disorders and specifically generalized anxiety disorder is constant anxiety, such as at work or concerning school performance, over which the person has little control.

Especially for individuals with more than one anxiety disorder, these instruments and manuals have been developed to have the same format (despite their different focus) for all anxiety disorders, with assessments of behavioral, cognitive, and physical symptoms for each disorder. For example, a recent study has identified that there is a genetic predisposition for generalised anxiety disorder of up to 30% and that the same predisposing genes are present across gender. Conditions that are anxiety disorders have associated physical symptoms that increase the symptom burden leading to poorer health outcomes. Thus, detecting and testing for pathological anxiety (anxiety that interferes with a person's functioning) in medical settings is essential for meeting the holistic needs of patients (Eisner et al, 2010).

3. A Review of Current Methodological Approaches for Analyzing and Interpreting Early Memories

As noted earlier, interpretation of ERs was used extensively by trained Adlerian therapist as an essential method to reveal a person's lifestyle, their unique way of thinking, feeling, acting, or responding to their environment. To assess the connection between ERs and diagnostic features, Friedman and Schiffman (1962) evaluated the ERs of 100 neurotic and psychotic adults. Two major differences were that the ERs of neurotics reflected social interaction more frequently and more positively than those of the psychotics whose ERs reflected fear of loss of identity. In an investigation by Jackson and Sechrest (1962), the ERs of four neurotic diagnostic categories were established based on data from 20 individuals with anxiety disorder, 20 with depression, 20 with obsessive-compulsive disorder, 17 with gastrointestinal issues, and 40 psychologically healthy adults. In accordance with a negative view of life, the combined neurotic group had significantly fewer pleasant ERs than the psychologically healthy group.

In a study by Friedman and Schiffman (1962), ERs of 20 individuals with psychotic depression and 10 with paranoid schizophrenia were rated by untrained raters using nine hypothesized guidelines for ER content. Results indicated that the subjects produced more unpleasant ERs than pleasant ones, supporting the hypothesis that ERs reveal an individual's perception of the world. In an attempt to discover lifestyle differences between divergent groups, Plottke (1949) compared the ERs of 50 adolescent girls in a day school and 50 adolescent girls in an institution for delinquents. Plottke concluded that ERs differentiate between groups with different lifestyles. In a single case study by Eckstein (1976), the ERs of a female university student were critically evaluated to determine thematic content changes over the course of nine months of counseling.

Analyzing the manifest content of the early memories of 81 graduate students, Manaster and Perryman (1974) developed the *Manaster-Perryman Manifest Content Early Recollection Scoring Manual*, revealing that the ERs could differentiate the occupational choices made by the students. The manual divided the variables into seven main categories: Characters, themes, concern with detail, setting, active-passive, internal-external control, and affect. To test the hypothesis that manifest content of ERs would fall into these distinct diagnostic categories, Hafner, Corotto and Fakouri (1980) elicited the ERs of three categories of schizophrenic adults: 30 individuals with chronic undifferentiated schizophrenia, 30 with paranoid schizophrenia, and 30 with a schizoid-affective type. Using the *Manaster-Perryman Manifest Content Recollection Scoring Manual* ERs were scored according to the presence or absence of content variables. The authors concluded that the manifest content of ERs differentiated schizophrenic adults into different categories of schizophrenia. Two studies have examined ERs of homosexuals. In one, a case study format, Manaster and King (1973) examined the ERs of five male homosexuals and discovered that the ERs were correctly characterized by themes of distancing from and hostility toward a female. The ERs of three female adults diagnosed with anorexia nervosa were studied by Barrett (1981). The themes that emerged from the ERs of three case studies revealed a lifestyle of external control, anger about this control, inferiority, and an emphasis on food and weight.

In a comparison of ERs of 30 alcoholics with 30 non-alcoholics, Hafner, Fakouri, & Labrentz (1982) used the *Manaster Perryman Manifest Content Early Recollection Scoring Manual* to determine if the two groups could be differentiated by ratings of ER content. Compared to 21 non-alcoholic, alcoholics were found to have significantly more disturbed interpersonal relationships and were more externally controlled.

Based on the study, the authors determined that the content of ERs distinguishes between divergent lifestyles.

Bruhn (1989) developed a technique for assessing clinically relevant aspects of autobiographical memory, the "Early Memories Procedure" (EMP). Memory interpretations can be made consistent with the practitioner's choice of psychotherapy model. To date, four models have been identified and articulated (Last & Bruhn, 1983; Bruhn 1990): Freudian, Adlerian, ego-psychological, and cognitive-perceptual theories are all used. Of these, the cognitive-perceptual model (CP; Bruhn 1990) has been designed specifically to address questions related to autobiographical memory.

ERs can be utilized for functional assessments compared with other diagnostic tools. They contain more information than diagnoses, because they provide a more comprehensive view of the individual, including both good and bad features. They also reveal each person's view on themselves, others, and the world, as well as that individual's distinct ethical values. For these reasons, ERs might be considered a functional assessments (Mosak & Di Pietro, 2006, p. 149).

A study by Hedvig (1963), in which he compared the stability of ERs to that of the Thematic Apperception Test (TAT), referring to the aspect of the friendly or unfriendly atmosphere in the patients' reactions, found that the ERs over time are stable and maintain their central themes, signifying parallel views of self, others, and the world, as well as people's ethical beliefs. Langs' study

about the ability of an individual to recall their earliest memories under the influence of drugs such as LSD, was found that individuals with stable and "*relatively stable ego organizations*" (1967, p. 182) are able to recall their ERs poignantly even under the influence of LSD. Therefore, unprompted early memories may portray an unresolved problem (negative affect memory) or they may portray a scenario in which a certain need was met (positive affect memory; Bruhn, 1990). Accordingly, affect is thought to facilitate the expression of meaning, or messages from early memories, and it can reflect both positive and negative affect memories (i. e., need satisfaction; Bruhn, 1985).

The method of collecting ERs, in which the respondent's verbal explanations of their memories are recorded is known as tape-recorded recollections (Mosak & Di Pietro, 2007). They can provide useful information about a person's early experiences and perspectives (Carlson, Fowler, & Ackerman, 2013). The authors have used the *Manaster-Perryman Manifest Content Early Recollections Scoring Manual* to evaluate the content of the ERs. Although tape-recorded ERs "contain significantly more words and self-references than ERs produced in handwriting," tape-recorded and written methods "produced approximately the same projective material" (p. 345).

4. *Further results and findings*

It is important to emphasize that many anxiety disorders develop in childhood (APA, 2000). Furthermore, since individuals with anxiety disorders usually overestimate risk, the main factor causing people to react fearfully, this is assessed by the clinician, considering cultural and contextual factors. Both theories and considerations form the basis of this study's theory in order to identify the different features of anxiety through ERs. As we have pointed out before, both anxiety and fear are rooted in a defensive response and facilitate the individual's ability to cope with the threat. In these terms, ERs can be an effective tool in assessing the origin of the two main types derived from the DSM-5, care seeking and avoidance care; and thus, evaluate the psychological background of the anxiety disorder promoter, along with coping mechanisms by assessing the patient's subsequent lifestyle view. For example, Adler (1964) understood anxiety as a conscious symptom, a form of safeguarding behavior: "It is not so much our concern that anxiety influences the sympathetic and parasympathetic nerves. It provides feedback concerning one's state of existence relative to external conditions and prompts the mobilization of resources." (Rasmussen & Dover, 2006).

Brandes and Bienvenu (2006) in their study concluded that high neuroticism, low extraversion, and personality disorder features are examples of personality traits that serve as minimal risk markers for some anxiety disorders. Moreover, within the results of their study, the author found that the early onset of anxiety disorders can affect personality development, which is related to the fact that personality disorders and anxiety characteristics can be viewed as a spectrum sharing genetic etiologies. Lastly, the study found that individuals with anxiety disorders exhibit heightened dysfunctionality when it comes to extreme character traits. The key to understand why people act as they do and how they think about themselves, the world, and their own values, if looked at properly can be found in early memories.

In a different study, five early memory probes related to the first memory - the first memory of the mother, father, school, and social situation - were used to elicit relevant maladaptive schemas related to each memory probe (Howell, 2010). These probes were used to explore potential etiological factors associated with anxiety disorder symptoms. Results showed that for extremely socially anxious individuals early school memories elicited schemas linked to defectiveness/shame, and memories of social situations elicited maladaptive schemas related to failure. Additionally, although these themes were more prevalent in the memories of patients with major depressive disorder, they had equal prevalence of ERs related to themes of depression or autonomy (such as fear of failure, worthlessness, or perfectionism). Some studies have examined whether similar topics were present in ERs for clients diagnosed with an anxiety disorder, but those yielded conflicting results. The general study on anxiety by Wenzel, Pinna, and Rubin (2004) found that individuals with high anxiety were more likely to recall memory images associated with social anxiety.

According to the study by Jackson and Sechrest (1962) and Taylor (1975), those participants diagnosed with anxiety reported a high number of fear and threat topics in the ER. Overall, 105 participants (20.7%) were found to have adult separation anxiety disorder without a history of childhood separation anxiety, and 110 subjects (21.7%) had experienced childhood separation anxiety. Although the results of early onset anxiety disorder demonstrate the need for accurate information, there is wide variation in the mean reported across studies and for subtypes of anxiety disorders (de Lijster et al., 2017). Although some theories contend that anxious individuals only recall threatening stimuli, results are still conflicting despite a sizable number of studies.

Research has shown that people with anxiety disorders, frequently experience distinct patterns in their ERs that differ from those without anxiety disorders (Manaster, 2017). Findings like these are especially pertinent to this study, which presupposed that evoking intrusive images and early social memories would engage unconscious schematic processing associated with social anxiety disorder. Results showed a substantial correlation between self-reported maladaptive schemas and maladaptive schemas from four early childhood experiences, including recollections of mother and father and two spontaneous memories.

As demonstrated in this paper, ERs can be an effective assessment tool. ERs are stable, indicating that they remain consistent before and after patients complete the diagnosis. Finally, we must emphasize that many anxiety disorders develop in childhood and tend to persist if left untreated (APA, 2013), therefore, ERs can be an effective assessment tool to remember the triggering moment.

5. Conclusions

The evaluation of ERs provides valuable insight into an individual's past experiences as well as cognitive growth. By examining ERs, therapists and researchers can gain a deeper understanding of a person's worldview, character traits, and potential risk markers for certain mental health conditions. ERs offer specific and detailed memories or stories about childhood experiences, while adolescent recollections are more generic and less vivid. These recollections are often rich in symbols and metaphors that describe an individual's basic features and can shed light on their perceptions of the world. While ERs

alone may not provide a definitive diagnosis for specific mental health conditions, they serve as a valuable tool in the diagnostic evaluation phase. Every person has at least one childhood memory that they can share, and these memories can offer important clues to the diagnosis and treatment of anxiety disorders. Nevertheless, it should be emphasized that identifying particular subtypes of anxiety disorders merely through ERs can be difficult due to the complex and diverse nature of these disorders. To ensure precise diagnoses, a thorough evaluation that takes into account various factors and employs standardized diagnostic instruments is essential.

The limited availability of research studies, especially in the Albanian context, presents a challenge to the advancement of clinical psychology. The lack of comprehensive or individualized data regarding the mental health of the population, coupled with the limited availability of mental health care, leads to delays in diagnosing conditions and difficulties in delivering effective treatment. These findings may do the research significant in some aspects, as they may contribute to the use and validation of ERs as a valuable instrument in the assessment of individuals with anxiety disorders. Using ERs for early diagnosis can potentially help patients with an anxiety disorder to get more insight into patterns or themes that could trigger symptoms and the reaction that an individual uses to cope. It can also benefit professionals such as counselors, psychologists, and psychotherapists to better understand the experiences and psychological features of individuals with anxiety disorders and thus speed up psychotherapy in a context of comfortable and empathic understanding.

References

- Adams-Webber, J. (2015). *Early recollections: Theory and practice in counseling and psychotherapy*. Springer Publishing Company.
- Albano, A. M., Chorpita, B. F., & Barlow, D. H. (2003). Childhood anxiety disorders.
- Alikaj, V., Skendi, V., Zenelaj, B., & Allkoja, B. (2017). Parenting styles and anxiety disorders in children—A study in an Albanian clinical population. *European Psychiatry, 41*(1), 429-429.
- Alikaj, V., Vyshka, G., Spaho, E., Skëndi, V., & Suli, A. (2011). Help seeking process among children attending psychiatry clinic in Tirana, Albania. *Iranian Journal of Psychiatry, 6*(3), 106.
- APA (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Association.

- APA (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.). American Psychiatric Publishing.
- Bandelow, B., & Michaelis, S. (2022). Epidemiology of anxiety disorders in the 21st century. *Dialogues in Clinical Neuroscience*.
- Barrett, D. (1981). Early recollections of anorexia nervosa patients: Reflections of lifestyle. *Journal of Individual Psychology*, 37, 5-14.
- Brandes, M., & Bienvenu, O. J. (2006). Personality and anxiety disorders. *Curr Psychiatry Rep*, 8(4), pp. 263-269. <https://doi.org/10.1007/s11920-006-0061-8>
- Bruhn, A. R. (1989). *The Early Memories Procedure*. Retrieved from <http://www.arbruhn.com/bookstore>.
- Bruhn, A. R. (1990). Cognitive-perceptual theory and the projective use of autobiographical memory. *Journal of Personality Assessment*, 55, 95-114.
- Buchanan, L. P., Kern, R., & Bell-Dumas, J. (1991). Comparison of content in created versus actual early recollections. *Individual Psychology*, 47(3), 348-355.
- Burnette, D., Duci, V., & Dhembo, E. (2017). Psychological distress, social support, and quality of life among cancer caregivers in Albania. *Psycho-oncology*, 26(6), 779-786.
- Clark, D. M. (1999). Anxiety disorders: Why they persist and how to treat them. *Behaviour Research and Therapy*, 37(1), 5.
- Carlson, R. W., Fowler, J. C., & Ackerman, S. J. (2013). Assessing the role of early recollections in personality assessment: An overview and critical review. *Journal of Personality Assessment*, 95(5), 435-449. <https://doi.org/10.1080/00223891.2012.736147>
- Craske, M. G. (1999). *Anxiety disorders: Psychological approaches to theory and treatment*. Westview Press.
- de Lijster, J. M., Dierckx, B., Utens, E. M.W.J., Verhulst, F. C., Zieldorff, C., Dieleman, G.C., & Legerstee, J. S. (2017). The age of onset of anxiety disorders. *Canadian Journal of Psychiatry*, 62(4), pp. 237-246.
- Eisner, M. D., Blanc, P. D., Yelin, E. H., Katz, P. P., Sanchez, G., Iribarren, C., & Omachi, T. A. (2010). Influence of anxiety on health outcomes in COPD. *Thorax*, 65(3), 229-234.
- Fisher, R. P., & Geiselman, R. E. (1992). *Memory enhancing techniques for investigative interviewing: The cognitive interview*. Charles C Thomas Publisher.
- Frashëri, E. (2016). Problems and challenges of mental health professional in Albania during the process of decentralization of mental health services. *European Journal of Research in Social Sciences*, 4(6).
- Freud, S. (1974). Screen memories. In J. Strachey (Ed.), *The standard edition of the complete psychological works of Sigmund Freud, Vol. 3*. London: Hogarth Press.
- Friedman, J. & Schiffman, H. (1962). Early recollections of schizophrenic and depressed patients. *Journal of Individual Psychology*, 18(1), 57-61.

- Gurney, R. M., & Forbes, H. E. (2017). Early recollections and early memories: Different concepts with distinct implications. *The Journal of Individual Psychology, 73*(2), 98-111.
- Gusha, K., Shestani-Shala, I., & Shpori, E. (2018). Epidemiological profile of mental disorders in Shkoder, Albania. *Albanian Medical Journal, 1*, 35-39.
- Hafner, J. L., Corotto, L. V., & Fakouri, M. E. (1980). Early recollections of schizophrenics. *Psychological Reports, 46*, 408-410.
- Hafner, J. L., Fakouri, M. E., & Labrentz, H. L. (1982). First memories of "normal" and alcoholic individuals. *Individual Psychology, 38*, 238-244.
- Hedvig, E. B. (1963). Stability of early recollections and thematic apperception stories. *Journal of Individual Psychology, 19*, 49-54.
- Henri, V. (1898). Earliest recollections. *Popular Science Monthly, 53*, 108-115.
- Howell, D. (2010). *Early childhood memories and early maladaptive schemas in social anxiety*. VDM Verlag Dr. Muller Aktiengesellschaft & Co KG.
- Jackson, M., & Sechrest, L. (1962). Early recollections in four neurotic diagnostic categories. *Journal of Individual Psychology, 18*, 52-56.
- Johnson, M. (Ed.). (1981). *Philosophical perspectives on metaphor*. University of Minnesota Press.
- Kessler, R. C., Ruscio, A. M., Shear, K., & Wittchen, H. U. (2010). Epidemiology of anxiety disorders. In *Behavioral Neurobiology of Anxiety and its Treatment* (pp. 21-35).
- Langs, R. J. (1967). Stability of earliest memories under LSD-25 and placebo. *Journal of Nervous and Mental Disease, 144*(3), 171-184.
- Last, J. M., & Bruhn, A. R. (1983). The psychodiagnostic value of children's earliest memories. *Journal of Personality Assessment, 46*, 6.
- Last, J., & Bruhn, A.R. (1992). *Comprehensive Early Memory Scoring System Manual - revised*. (Available from Arnold Bruhn, 7910 Woodmount Avenue, #1300, Bethesda, MD 20814).
- Manaster, G. J., & King, M. (1973). Early recollections of male homosexuals. *Journal of Individual Psychology, 29*, 26-33.
- Manaster, G. J., & Perryman, T. P. (1974). Early recollections and occupational choice. *Journal of Individual Psychology, 30*(2), 232-237.
- Meçe, D. (2021). The importance of routine screening for postpartum depression in Albania. *Food, Sustainability, Nutrition and Tourism, 323*.
- Morrison, S. D., Banushi, V. H., Sarnquist, C., Gashi, V. H., Osterberg, L., Maldonado, Y., & Harxhi, A. (2011). Levels of self-reported depression and anxiety among HIV-positive patients in Albania: A cross-sectional study. *Croatian Medical Journal, 52*(5), 622-628.
- Mosak, H. H. & Di Pietro, R. (2006). *Early Recollections. Interpretative Method and Application*. Routledge: Taylor & Francis Group.
- Nutt, D. J., & Ballenger, J. C. (Eds.). (2008). *Anxiety disorders*. John Wiley & Sons.

- Plottke, P. P. (1949). First memories of "normal" and of "delinquent" girls. *Individual Psychology Bulletin*, 7, 15-20.
- Rasmussen P. R. & Dover, G. J. (2006). The purposefulness of anxiety and depression: Adlerian and evolutionary views. *The Journal of Individual Psychology*, 62, 366 - 396.
- Skendi, V., Alikaj, V., & Metaj, E. (2015). Anxiety disorders among children/adolescents in Tirana, Albania: Descriptive data about socio-demographic factors and symptoms. *Academic Journal of Interdisciplinary Studies*, 4(2), 295.
- Skendi, V., Alikaj, V., Spaho, E., & Suli, A. (2013). Overprotective parenting and anxiety of children presented at Albanian child and adolescent psychiatry clinic. *European Psychiatry*, 28(1), 1.
- Taylor, J. A. (1975). Early recollections as a projective technique: A review of some recent validation studies. *Journal of Individual Psychology*, 31(2), 213–218.
- Tomori, S., Gjikopulli, A., Tako, A., Bushati, A., & Dervishi, E. (2015). Mental health screening in pediatrics settings: Case of Albania. *European Journal of Pediatric Neurology*, 19, 76.
- Wenzel, A., Pinna, K., & Rubin, D. C. (2004). Autobiographical memories of anxiety-related experiences. *Behavior Research and Therapy*, 42(3), 329–341.
- World Health Organization (2019) ICD-11 implementation or transition guide (pp. 1–29).
- Yalom, D. I. (2007). *The gift of therapy. An open letter to a new generation of therapists and their patients*. HarperCollins e-books.
- Zinbarg, R. E., & Barlow, D. H. (1996). Structure of anxiety and the anxiety disorders: A hierarchical model. *Journal of Abnormal Psychology*, 105(2), 181.

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