

Diagnosis of Ovarian Cancer and Object Relationships in Early Memories

A Pilot Study

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Abstract: Women newly diagnosed with ovarian cancer ($N = 16$) and women from the community ($N = 17$) each described 3 early memories. We assessed the developmental maturity level of the memories with Mayman's Libidinal Level of Relationships scale, which assesses the maturity of memories from oral to latency levels. The early memories of the cancer patients were at a significantly lower libidinal level and more often involved oral relationship themes than the memories of the community women. The results suggest that a diagnosis of a life-threatening illness can invoke comforting memories of being cared for and fed, associated with a greater sense of dependence on others.

Key Words: Early memories, object relationships, ovarian cancer, trauma stress.

(*J Nerv Ment Dis* 2009;197: 196–198)

Ovarian cancer is one of the most common and deadly gynecological malignancies (Gusberg and Runowicz, 1991). A diagnosis of ovarian cancer is usually preceded by a history of several months of vague abdominal complaints, evaluation done several times by primary care physicians, and then referral to a specialist in oncology. Ovarian cancer is often well advanced before detection. Treatment in these circumstances includes surgery and chemotherapy. It is not surprising that being diagnosed with ovarian cancer is often associated with anxiety and depression (Kornblith et al., 1995; Hipkins et al., 2004). Women with ovarian cancer often focus on the importance of the social support of family and friends or feelings of isolation and a lack of support (Ferrell et al., 2003; Norton et al., 2005). To want and need support from and closeness with family and friends in the face of the traumatic diagnosis of ovarian cancer seems expectable.

In a prospective study of adjustment to cancer (Ranchor et al., 2002), higher premorbid levels of neuroticism and higher levels of perceived social support were related to higher levels of psychological distress during the first year after a diagnosis of cancer. Women higher in a measure of ego strength at initial cancer diagnosis coped with cancer better than other women during the 6 months after diagnosis (Worden and Sobel, 1978). Women with higher levels of anxiety after the completion of chemotherapy for ovarian cancer had higher levels of anxiety 3 months later (Hipkins et al., 2004),

whereas physical characteristics of the disease were not related to anxiety or depression. In a case study (Giovacchini and Muslin, 1965), clinicians reported ego regression of a woman diagnosed with breast cancer while in psychoanalytic treatment and the recovery of ego functions as the woman mastered reality problems after the diagnosis was established.

Similar to other ego functions, early memories change as a function of current conflicts and life stresses. In his paper on screen memories, Freud (1962) wrote about transformations of memories, concluding that question may indeed arise as to whether we have any memories at all from our childhood; memories relating to our childhood may be all that we possess. Our childhood memories show us our earliest years not as they were but as they appeared at the later periods when the memories were aroused. In these periods of arousal, the childhood memories did not, as people are accustomed to say, emerge; they were formed at that time. And, a number of motives, with no concern for historical accuracy, had a part in forming them, as well as in the selection of the memories themselves.

On the basis of Freud's Screen Memories paper, Mayman (1968) developed the Early Memories procedure. Empirical studies have demonstrated that early memories are an excellent tool for the assessment of current psychological well-being (Shedler et al., 1993). Mayman (1968) also developed a scale that can be used in clinical or experimental situations for scoring "self-other relationship representations in early memories." The Libidinal Level of Relationships scale ranges from oral to latency relationship configurations. Oral-level relationships reflect early childhood relationships, whereas latency-level relationships reflect preadolescent forms of relatedness. In this pilot study, we will assess differences in the libidinal levels in the early memories of newly diagnosed ovarian cancer patients and the early memories of women in the community. We hypothesize that the diagnosis of ovarian cancer will be traumatic and that the experience will be reflected in early memories with more oral or dependent levels of object relations than the early memories of community women.

METHODS

Subjects

Sixteen women, who were patients of physicians in a large oncology physicians group, completed the early memories procedure described below. Five additional women volunteered to participate but did not complete any research materials. Seventeen women in a community comparison group, mothers and/or grandmothers of undergraduate students in upper division psychology classes at a large southwestern university, also completed the early memories procedure. The demographics of the 2 groups of women are shown in Table 1. The average age of the women was 61.3 years ($SD = 13.5$) and women in the 2 groups did not differ in age, ($t(31) = 0.30$, $p = 0.77$).

Most women in both groups were white (91%) and the groups did not differ in race/ethnicity (Fisher exact test, $p = 1.0$). Most

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ISSN: 0022-3018/09/19703-0196

DOI: 10.1097/NMD.0b013e31819cb208

TABLE 1. Characteristics of women from the community and women with ovarian cancer

Women from the community (N = 17)	
Mean age (SD) years	62.00 (13.28)
Race: White/Caucasian (%)	16 (94.1%)
Married	9 (60%)
Mean education (SD) years	12.06 (2.46)
Women with ovarian cancer (N = 16)	
Mean age (SD) years	59.88 (14.0)
Race: White/Caucasian	15 (88.2%)
Married	13 (76.5%)
Mean education (SD) years	15.69 (3.02)
Stage of the disease (%) (N = 14)	
Stage I—confined to ovary/ovaries	3 (21%)
Stage II—spread to pelvis	2 (14%)
Stage III—spread to upper abdomen	9 (64%)
Response to treatment (N = 14)	
No evidence of disease	9 (64%)
Alive with disease	2 (14%)
Dead of disease	3 (21%)

women (68%) in both groups were married, and the groups did not differ in marital status (Fisher exact test text, $p = 0.28$). Age and education were normally distributed (Curren et al., 1996). Women diagnosed with cancer had more years of education than women in the community group ([15.9 years, $SD = 3.0$] versus 12.1 years [$SD = 2.5$], $t(30) = 4.04$, $p = 0.0003$).

Procedures

Each female patient was invited to participate in the project very early in her treatment. The patients signed a consent form in which the procedures were explained and completed the Early Memories (described below) at their enrollment (Time 1). The community women were either given or sent the Early Memories research materials by mail by their college student child or grandchild. The community women completed the materials at their convenience, and returned them by mail.

Materials

Each woman provided demographic information and described 3 of her early memories in writing (Mayman, 1968). The women were first asked to describe their earliest memory. They were next asked to describe their earliest memory of being cared for. They were then asked to describe their happiest memory. With Mayman's Early Memories procedure, investigators often ask about dysphoric memories as well as neutral and positive memories. Asking about dysphoric memories seemed clinically contraindicated given the stress of the diagnosis of ovarian cancer.

Each woman was given a random code number so that memories could be coded blindly as to whether the memories were from a patient or community woman. Two trained team members scored each memory for Mayman's Libidinal Level of Relationships scale. Following Mayman scale, scores were grouped for oral, anal, phallic, oedipal, and latency relationship patterns. Oral patterns (level 1) include, for example, themes of gratification with a sense of snugness and trust. Anal patterns (level 2) include, for example, stubbornness, and expulsiveness. Phallic patterns (level 3) include actively showing initiative, independence, and pleasure in one's appearance. Oedipal patterns (level 4) concern triadic stories in which the respondent experiences one parent as a rival for the interest of another to identification with the same sex parent.

Latency patterns (level 5) reflect more sublimated peer group activities. The scoring pair independently scored 90% of the memories. After every 6 sets of memories were scored, the pair reconciled their scores to prevent scoring drift. Differences were discussed and resolved by discussion. The average Libidinal Level of Relationships score for the 3 memories was calculated for each participant.

RESULTS

Of the scores coded by 2 team members, 88% scores for Libidinal Level of Relationships were in complete agreement. Libidinal Level of Relationships scores were normally distributed (Curren et al., 1996). The average Libidinal Level of Relationships score of the cancer patients was lower ($M = 2.25$, $SD = 0.78$) than the average score of community women ($M = 2.85$, $SD = 0.67$, $t(32) = 2.45$, $p = 0.02$). More of the memories of cancer patients than community women concerned oral themes (41% vs. 19%), as can be seen in Figure 1.

Although the education levels of the 2 groups were different, the average libidinal level was not correlated with education for either the women with ovarian cancer ($r = 0.18$, $p = 0.50$) or the community women ($r = 0.22$, $p = 0.39$).

DISCUSSION

When asked about memories, women newly diagnosed with ovarian cancer had a greater number of oral level relational representations than women from the community. From a psychodynamic perspective, these findings raise an interesting question. Perhaps these differences represent a wish or desire for comfort and support from loved ones, an adaptive response to an extreme stressor. Two representative memories capture the differences between the groups.

Ovarian Cancer Patient (104–214)

"I remember neighborhood picnics. I was around 4. All the families in the neighborhood brought food for a cookout. We would eat hot dogs, hamburgers, corn on the cob, and ice cream. The picnic would last into the evening when the sun went down. We never wanted the day to end because it was so much fun."

Community Participant (004–068)

"I was about 4 years old. I was wearing white panties and a white shirt. I was squatting down to drink out of the water sprinkler. And my dad was turning it down. I would get closer and he would turn it up. I felt really special that my dad was playing with me like that."

The main limitation of the present study is that the circumstances at which the memories were collected were quite different between the cancer patients and the community women.

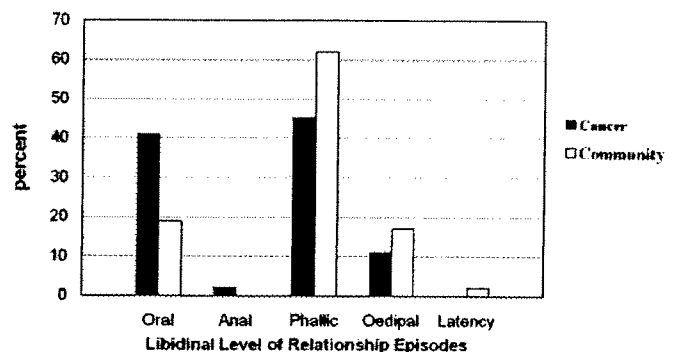


FIGURE 1. Percent of the early memories of women with ovarian cancer and community women at libidinal level of relationships ranging from oral to latency configurations.

We believe that the present results are promising; however, as pilot data showing lower (earlier) levels of object relationships in the early memories of cancer patients as compared with community women at a time when stress and anxiety are elevated for cancer patients.

CONCLUSIONS

From a clinical perspective, we were surprised that the memories of the women with cancer did not include a great many scenes of extreme anxiety, danger, malevolence, or death. The oral relationship themes in the early memories of the women with cancer may be a way of coping with underlying fears of illness and death. Longitudinal work is needed to understand whether this response is temporary and changes after the initial shock of the diagnosis and treatment is dealt with. If this stance is defensive, then women who remain at an oral level may have problems with independent self care and the appropriate work with care providers after treatment.

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