

The Schizoid Personality of Our Time

Marino Pérez-Álvarez¹

Universidad de Oviedo, España

ABSTRACT

The schizoid personality is proposed as the basic structure of the personality of modern culture and, from there, as the model (formal cause) of schizophrenia. It is understood that schizophrenia is the form of “insanity” typical of modern culture, with relative differences, depending on precisely what the basic form of being a person is in the culture of reference. The schizoid personality is characterized based on a fundamental lack of harmony as a vital principle of his being. His distant attitude, his emotional coldness, his peculiar autism and his divided self (when such is the case) are understandable from this perspective. According to this characterization, the schizoid personality is not assumed to be a personality disorder, as usually dealt with. Its cultural roots, which are to be found in the self/world disconnection and inner self/outer self uncoupling, so typical of modernity, are pointed out below. Certain ways of communicating, as examples of situations in which the best you can do is “to become schizoid”, are also pointed out. The conclusion arrived at is that the schizoid personality establishes an essential similarity between modern culture and schizophrenia. Finally, the transition from schizoid personality to schizophrenia is shown, locating the critical point in certain vicissitudes in the person’s upbringing. Specifically, the common feeling of global crisis and the abnormal experience of self consisting of hyperreflexivity and solipsism are noted. If the schizoid personality were the formal cause, this crisis would be the material cause of schizophrenia. Along this line, clinicians would be seen as an efficient cause of the form that the disorder ends up taking. However this may be, the disorder also has its final cause in the adaptive effort of the person.

Key words: Aristotelian causes, dandy, squizoid personality, schizophrenia.

RESUMEN

La personalidad esquizoide de nuestro tiempo. Se propone la personalidad esquizoide como la estructura básica de la personalidad de la cultura moderna y, de ahí, como modelo (causa formal) de la esquizofrenia. Se entiende que la esquizofrenia es la forma de ‘estar loco’ propia de la cultura moderna, pudiendo ser de otra manera relativamente distinta, dependiendo precisamente de la forma básica de ser persona en la cultura de referencia. Se hace una caracterización de la personalidad esquizoide partiendo de la desintonía como principio vital de su forma de ser. Sobre esta idea se entienden su actitud distante, su frialdad emocional, su peculiar autismo y su yo-dividido (cuando sea el caso). De acuerdo con esta caracterización, no se asume que la personalidad esquizoide sea un trastorno de la personalidad, como usualmente se despacha. A continuación, se señalan sus raíces culturales, encontrándose éstas en la desconexión (disconnection) yo/mundo y en el desacoplamiento (uncoupling) yo-interior/yo-exterior, tan propios de la modernidad.

¹ Reprints may be obtained from the author: Facultad de Psicología, Universidad de Oviedo, Plaza Feijoo s/n, 33003 Oviedo, España. E-mail: marino@correo.uniovi.es.

Así mismo, se señalan ciertos modos de comunicación, como ejemplos de situaciones en las que lo mejor es ‘hacerse esquizoide’. Se llega a la conclusión de que la personalidad esquizoide establece una afinidad esencial entre la cultura moderna y la esquizofrenia. Finalmente, se apunta el paso de la personalidad esquizoide a la esquizofrenia, situándose el punto crítico en ciertas vicisitudes en la formación de la persona. En concreto, se apunta a la crisis global del sentido común y la experiencia anómala de sí-mismo dada por la hiperreflexividad y el solipsismo. Si la personalidad esquizoide era la causa formal, esta crisis sería la causa material de la esquizofrenia. En esta línea, los clínicos no dejarían de verse como causa eficiente de la forma que termine por tener el trastorno. Como quiera que sea, el trastorno tiene también su causa final en el esfuerzo adaptativo de la persona.

Palabras clave: Causas aristotélicas, dandi, personalidad esquizoide, esquizofrenia.

This title was inspired by Karen Horney’s 1937 classic, *The Neurotic Personality of Our Time*. This does not mean that from that date forward personality has become schizoid. The schizoid tendency comes from long before “Our time”, referred to here as “modern times” that had already begun in the 19th century. Neither does it mean that Horney’s diagnosis was incorrect. In this respect, her characterization of the neurotic personality includes a vein that could be called schizoid, which perhaps has gone further since then (without other neurotic aspects having diminished).

This schizoid vein included in the neurotic personality can be recognized in one of the four paths pointed out by Horney for escaping from anxiety, that is, “avoiding all idea, feeling, impulse or situation capable of arousing it.” (Horney, 1937/1971, p. 43). (As you will recall, the other paths are rationalization, negation and narcotization). Such avoidance does not consist only in shying away from situations, but in subjectively despoiling of importance situations that lead to distressing involvement and inhibiting the corresponding self-enabling action to respond to and feel according to the emotional condition that would otherwise be appropriate.

The question with regard to Horney is that the personality of our time, without ceasing to be neurotic in whatever aspects, may have a schizoid basis, the dimensions of which would be seen now. Thus, from a more anthropological than truly historical perspective, Devereux (1965-1970/1973) has proposed the schizoid personality as the ethnic personality of modern man. Gottschalk (2000) in his study of the post-modern panorama, confirms today’s schizoid tendency.

INTEREST OF THIS WORK

The point of this work is to conceive the schizoid personality as a model for schizophrenia. From this perspective, the schizoid personality would be the basic shape on which schizophrenia would build, at least those shapes of schizophrenia that are best served by its etymological sense of “scission from the psychic functions”, as characterized

by Bleuler. Note that here the schizoid personality is not taken to be a disorder, as it usually is in the typification of personality disorders, as one more, on the same level as others, but as way of life, with a cultural pattern, in its functions for dealing with the world. Such consideration could also be well applied to other "personality disorders", but the point here is that the schizoid personality is more basic than the others, in the sense mentioned of being the "ethnic personality" of modern culture.

In any case, schizophrenia is definitely situated from the perspective of the conditions of modern culture, where the schizoid personality would lend a convenient way to "be insane" in our society. It should be added that the "shape" mentioned here is not only *pathoplastic* (cultural morphology) but also *pathogenic* (cultural aetiology).

It must be warned that there are two ways of looking at schizophrenia and psychological disorders in general: The view as a "natural species", which means a pre-existing set of symptoms that supposedly define an objective entity, and that are then observed and described. The case is that, from this viewpoint, such a set of symptoms is cut off from the sense that the symptoms have in the life of the patient. For the sake of a supposedly objective typification this sense remains "outside of the set of symptoms", and such objectivity is generated by the process of cutting them out. In one way or another, this procedure concerns an internist's concept of the disorder, outside of the biological or psychological nature (according to psychodynamic or cognitive theories). It is, then, an internist's concept, in the image and likeness of the corresponding medical model of the illness.

On the other hand, viewed as a "cultural form", above all, it situates the disorder on the plane of social learning, an attempt to fulfil adaptive functions. In this sense, the disorder would be a culturally organized interpersonal strategy, and thus also its objectivity, would lie in being a social object, or perhaps better, institution (Pérez Álvarez, 2003a). It is as if culture said, "Do not have problems, but if you have them, have them this way" (Linton, 1936/1972, p. 417). From this perspective, the disorder, including schizophrenia, would come in a living order before it would a biological order. Not denying the role of possible biological factors, they are not in first place either. The important thing is to see the sense of the disorder according to the world of living. The question is, in the end, understanding that the disorder is more a matter of living than of biology.

Thus there would have to be two ways of conceiving of schizophrenia. On one hand, the concept that takes the nosological description as a basis, (responding to a supposedly natural entity) and on the other that takes the schizoid personality as a basis, responding in this case to certain cultural conditions (that we shall try to elucidate here). While the nosological description would have a clinical origin (clinical model), rooted in medical practices that give rise to psychiatric taxonomies in use, the schizoid personality model would have a worldly origin (mundane model), rooted in modern culture that gives rise to a schizoid way of life, not affecting its clinical re-elaboration.

After all of the above, it should also be said that the clinical model is like a cut-out of what is called here the mundane model. Although the clinical models are inevitable, in as much as the practice must give shape in some way (practice) to the formless material that constitutes a disorder, the problem is that since it is that way, the clinical

model easily incurs in a sort of functional autonomy, disconnected from the raw material that, however it may be, is its reason for existing. This life of its own that a model may acquire is at the cost of mutilating the reality of its origin and, often, for the sake of a practical technical procedure that is not in keeping with the disorder in question. Since something like this may be occurring with regard to schizophrenia, it is worth resituating it on the cultural basis, represented here by the schizoid personality, that makes sense of it.

CHARACTERIZATION OF THE SCHIZOID PERSONALITY

Although a semblance of the schizoid personality was already mentioned above with reference to Horney, and in spite of being described among the personality disorders, especially by the Millon system (Millon & Davis, (2000), a general characterization that does not take for granted that it is a disorder is given here. The important thing is perceiving the schizoid personality as an interpersonal strategy and thereby, as a way of living or, if you prefer, as a way of being-in-the-world. The novelty, if any, with regard to the characterizations in use, would be seeing the personality as a sort of self-construction that one builds up and which, sometimes, is unable to build up in any other way.

This means that the schizoid personality is not conceived of in terms of deficits, as its characterization as a disorder is given to understand, without affecting the dysfunctions that it may give rise to, but of positive attitudes in order to adopt a position for confronting life, although these attitudes may bear the negative sign of “quitting”. The question, as decisive in this respect as it is difficult to elucidate, is to explain the conditions faced with which the schizoid way of being is adopted.

Vital principle

Therefore, the characterization of the schizoid personality may be favoured by an attempt to perceive some possible organizational idea of its peculiar way of being, rather than a series of traits having no more order than the enumerative. This possible organizational idea could be found in the notion of *disharmony* with the world. As will be recalled, Minkowski (following Bleuler) proposes the notion of *harmony* to characterize the attitude of the cyclothymic person and at its extreme, the manic depressive psychosis with regard to the attitude (disharmonic) of the schizothymic person and at its extreme the schizophrenic psychosis. While harmony supposes an open contact with reality and emotional involvement with the world giving rise to hypomania and sadness (and at its extreme the manic-depressive psychosis), disharmony supposes a certain disagreement with the world, even giving rise to a “loss of contact with reality” (as Minkowski characterizes the “vital principle” of schizophrenia).

Although the notion of disharmony is negative with regard to harmony here, it is not understood in the deficient sense of “loss of contact”, but of positively establishing a form of contact, albeit somewhat distant, but not lost, although certainly not consistent with fluid harmony either. Therefore, the term disharmony may be taken in its positive

negativity. It is of interest to note that the specification of this antithetic position by which the schizoid is not absorbed by the world, in terms of a natural *talent for the tragic* as Kretschmer says (1921/1927, p. 240). While the cycloid, says Kretschmer, vibrates in unison with the environment, with no special disagreement between the self and the world, the schizoid seems lodged in a complicated tragic conflict (p. 214).

Distant attitude

The ways of being schizoid and, in the end, his way of being-in-the-world is understood, has to be understood from this organizational idea that is, in reality, a vital principle, as Bleuler would say (Minkowski, 1927/2000, p. 51). In this regard, the first thing that calls attention in the schizoid, or what some might call schizoid, is his *distant attitude* toward the circumstances of the life with which the rest vibrate in unison. So the schizoid is usually characterized as reserved, indifferent, solitary, autistic, but not timid, avoidant or introverted. His distancing seems to be more the adoption of an attitude than a lack of aptitude. In favour of this distant attitude, we should add a certain irony, as Kretschner points out, doubtless, a romantic sort of irony, characterized by a break with illusion and critical distancing (Schoentjes, 2001/2003), again, a tragic awareness of the world and of life.

Emotional coldness

Along this line, the schizoid also stands out because of his *emotional coldness*. It could be said that his affectivity is flat, so he does not vibrate with the emotive harmony that the world has to offer, leading to the indifference and distance mentioned above. This coldness also supposes impassivity both to compliments and criticism, neither happy about the first nor sad about the other. Although this does not mean apathy, in the sense of affective incapacity (as if it were a deficiency in the mechanics of emotions). It is rather an equally distant affectivity and thereby, somewhat neutralized, even becoming an anaesthesia. The most helpful reference to schizoid affection is, in fact, *anaesthesia*, however, apart from that, even though that is what it is like, as there must be some kind of prior operation in order not to feel, the schizoid can also be hyperaesthetic, not just sensitive, but hypersensitive (which may oblige him to take, if not anaesthetic, at least protective steps, where there would again be some sort of self-distancing).

As will be recalled, the distinction between anaesthetic and hyperaesthetic temperament was introduced by Kretschmer precisely for the schizoid temperament. Although in principle he would characterize two different types, the majority of the schizoids, says Kretschmer, are not hypersensitive or cold, but both at once, in varying proportions, which leads to a discussion of *psycho-aesthetic proportion*. Such proportion would not consist of alternation (cycloid), although what might occur over time would be a transformation from hyperaesthesia to anaesthesia. However this may be, schizoid coldness is not incompatible with affective sensitivity. Thus, the schizoid can be affectionate with intimates and distant with everyone else.

Schizoid personalities representative of modern culture could be Hölderlin as an example of hyperaesthesia (often cited in this regard by Kretschmer), and perhaps Kafka, as an example of anaesthesia, Baudelaire and perhaps Wilde, and as an example of psycho-aesthetic proportion, with abundance of both components, Strindberg (not in vain does he say of himself “I am hard as ice and, nevertheless, delicate to the point of sentimental”). Along this line, Hölderlin would be cited again as an example, now of transformation from the hyperaesthetic pole to the anaesthetic (Kretschmer, op. cit. p. 234).

A certain autism

As may be deduced from what has been said, the social adaptation of the schizoid has a certain amount of *autism*. In any case, it is worth more explanation. First of all, according to the characterization of Kretschmer, schizoid autism is qualified by the psycho-aesthetic proportion. Thus, for the hypersensitive schizoid, autism becomes a spasmodic withdrawal from the stridence of the world, folding in on himself in a way of life safe from intromissions or, as Strindberg says, “wrapping himself in the silk of his own soul”. For the schizoid anaesthetic, however, his withdrawal already assumes a disinterest in the world, concentrating on himself because nothing especially interests him. Although the two aspects are most commonly proportional (more than extreme). Concerning this proportion, social adaptation of the schizoid, with the corresponding autistic touch, can adopt three forms, according to Kretschmer: Totally unsociable, selectively sociable and superficially sociable.

Schizoid unsociability has a wide variety of innuendos, from solitary, whether discontented or illuminated, sullen, passing for ironic, all of them different forms of keeping at a distance. At work, the unsociable schizoid would adapt well to jobs with hardly any interpersonal contact. Selective sociability refers to the preference for certain environments and ways of social contact, which while participating in relations with others, even familiarly, do not, however, mean personal involvement. This would include aristocratic environments and styles and in general, relationships presided over with formality and courtesy. Courtesy perfectly fulfils that social participation that without personal involvement so convenient to the schizoid way of being. Included in this line would be the aesthetic personality cult. Finally, superficial sociability covers a wide variety of persons that move in different environments of life, without being much affecting by them, as Kretschmer says. Needless to say such a style is compatible with and even required by the “world of business”. In this environment, they are businessmen, sly, calculating, absorbed by work, where their style is imposed. Although they are with people and care for “human relations”, individuals are diluted in the category “personnel”. In fact, they do not know the others and, often, psychological commit errors since, as Minkowski says, “although they keep in constant touch with men, they do not know them, or rather do not understand them, are always ready to deny, or scorn everything that differs from their way of being” (op. cit., p. 49). It seems as if there is a glass plate, in an expression of Kretschner, between people and the schizoid.

ARRIVING AT THE DIVIDED SELF

According to this characterization, it is clear that the schizoid personality is an interpersonal strategy in which adopts a certain distancing from the world. Well, this distancing can be applied to his own body, so that the experiences and actions that are taking place remain separate from the self, from an assumed disembodied self. This disembodied self takes the form of “inner self” and thereby, as it is understood, the real self, with regard to bodily experiences and actions, which go on to form part of the system of a false self. Thus, there would be a scission (schizoid) between the inner self, which would go on to be the true self (in spite of being, in reality, imaginary) and the bodily self, which would go on to be the false self (in spite of being the real self). This process of scission is masterfully described in Laing’s classic work *Divided self* (Laing, 1960/1983).

The advantages of the inner self, in such a scission, become fictitious. Although, in the beginning it is a way of saving oneself from the threats of the world, in the end it is revealed to be no more than a fantasy. The frankness, freedom, omnipotence and creativity of the inner self, caressed as his ideals, are cancelled out, says Laing, by a coexisting torturous feeling of self-duplicity, of lack of real freedom, of total impotence and of sterility. The inner self, even in its shelter, in its separation or indifference, is subject to the constant threat of an “implosive reality” and cannot help being “hyperseverely conscious of himself as an object in the eyes of others”. What is more, the inner self, however true it may declare itself, despises the outer self, which, as false as it may declare itself to be, is in reality, the one that is in contact with the world. However that may be, the false self does not cease to represent the supposed true self, in as much as one is what one does. This is the reason for the schizoid preoccupation with “appearing to be” (which caused the scission), because he is afraid of seeming not to fulfil the expected image. But this effort for appearance is done unwillingly and even hatefully, says Laing.

The case is that the inner self is no more true than the outer self. The inner self ends up revealing its vacuum, filled with destructive fantasies, while the outer self ends up perambulating in abundance, folded inward in conformity as if he were an automaton. “So that,” says Laing, “the result is the most opposite effect possible from the desired. *Real toads invade imaginary gardens and phantoms walk in real streets*” (p. 81, italics added).

THE DANDY (AS A SCHIZOID ALTERNATIVE)

This variant of the schizoid personality, starting out from the divided self, may already seem quite advanced on the way to schizophrenia, as is the purpose of Laing’s study. However, it is not unavoidable, of course. Beforehand, the schizoid personality must be understood as a strategy required by the circumstances of his life. Another thing is that the circumstances of (modern) life are particularly propitiatory for schizoid and, even schizophrenic strategies. In order to perceive the strategic character of the schizoid personality, it would be of interest to cite the figure of the dandy, who, although

he has schizoid traits, does not have the clinical connotations of one (except for perhaps the divided self). In every other way, the dandy has a character recognized in (modern) culture that is precisely what is being attempted to demonstrate for the schizoid personality.

The dandy is an institution of modern life consisting of making of the person himself a work of art, converting himself in an aesthetic figure. The dandy tries to have an originality that removes him from natural vulgarity and conventional life. He uses art and artifice for this, in his carriage as well as his behaviour. He not only seeks happiness in things that others desire, but boasts of a certain decadence. Not in vain did Baudelaire declare dandyism to be “the last flash of heroism in decadence” (Baudelaire, 1868/1995).

This decadence was already pulsing at the dawn of modern times. It could be said that dandyism becomes a way of resisting “being swallowed” by modern life. A resistance that tries to become strong in the self creation of an aesthetic figure that encloses an ethic of resistance. The dandy conducts his social withdrawal, which might even be called heroic pessimism, like a walking work of art, with all the artifice necessary to not be swallowed by the masses, which he himself would see as naturally vulgar. In this sense, the dandy is obliged to constant self control, making of his care for his image a ceremony as aesthetic as it is ethical, since his is a discipline for not becoming diluted in the normal standardization of power and the masses.

Like the schizoid, the dandy’s law of life is to live in the world and, at the same time, remain apart from it. Both place their public personality at a distance, as an instrument of social interaction, with regard to the self that sustains it. However, while the dandy does this like a work of art, the schizoid does so without any special art, attending to the conventions of the context (as, for example, the forms of courtesy). With regard to the scission to which the schizoid arrives (the divided self), the difference is that the system put into play by the dandy, within its artifice, is not a false self and, therefore, does not incur in self-deceit. The inner self of the dandy does not make illusions, but assumes what his staging represents. The figure of the dandy is definitely on the path of the cultural character of the schizoid personality. Each in his way, can respond to the same pool of conditions that is imposed by modern culture.

THE CULTURAL ROOTS OF THE SCHIZOID PERSONALITY

The idea here is that the schizoid personality has its roots in modern culture. These roots can be recognized in two common characteristics, both in modern culture and the schizoid personality. These are the “disconnection” of the self from the world on one hand and, on the other, “uncoupling” of the inner and outer selves. Although the two terms are taken from a schizoid patient studied by Laing (1960/1983) to refer to his strategies in confronting life, they will do nicely to explain the basic structure of the modern personality (the one that at the beginning was called the “ethnic personality” of western culture). Indeed, these terms are used by Saas (1992) to show the affinities between modern culture and the schizoid attitude. The question is that modern culture may itself be schizoid.

The disconnection between self and the world is perceived in the interiorising

tendencies and in the loss of reality that has come about in modernity, according to Saas (1992, pp. 88-97). The interiorising tendencies, already begun in the Renaissance, consist of a growing "scission" between the supposed inner world (of the self) and the outer world. Such a scission is not just a question of philosophical doctrine (the "official doctrine" of the mind founded by Descartes) but of a whole civilizing process as described by Elias (1977/1987), which would give rise to a sort of *homo clausus*, in the words of Elias. The loss of reality results from this preponderance that is taken on by the self. The case is that this overvaluation of the subject means devaluation of the world, so that the world is always in question (as something doubtful). Thus, more real than the world would be consciousness of the world and still more than consciousness of the world would be the world of the conscience. Therefore, there is only one step between the world being what one experiences (idealism) and what one experiences being the world (schizoidism). The problem of a self of this type is that it is unsustainable. It therefore incurs philosophically in solipsism (which would be the disease of metaphysics, according to Wittgenstein) and psychotically in the false self (which would be the downfall of the schizoid strategy).

The uncoupling of the inner and outer selves, with regard to modern culture, is perceived in the distance with regard to role, abdication of the public self and the boast of unconventionality, as Saas sees it (1992, pp. 97-108). Distance with regard to the role played means becoming conscious of oneself as an object, which could imply the loss of spontaneity in actions and the resulting fear of staging. Abdication of the public self, studied by Sennett (1974/1978), is a folding in of the personality on itself, trying to make the presumed inner self safe from the threats that the outer self would be exposed to. Finally, the boast of unconventionality refers to some way of showing the sovereignty of the inner self, without giving in to the conventions of the world. This would be carried out, either by adopting some unconventional behaviour (being original, like the dandy, or being odd like the schizotypal) or else being ostentatiously false (like the schizoid that arrives at the false self). Thus, it might be proposed that the schizoid personality is the basic personality of modern culture.

What is important to emphasize here is that the schizoid personality is the model for schizophrenia or, as Levin (1987) would say, its metaphysics. "The metaphysics that circulates in concealment within the world of daily life and contributes to, as well as it reflects, the character of schizophrenic epidemiology, is itself implicitly schizophrenic, for (1) it represents us as disembodied selves split-off from our bodies; (2) it represents this body as an alien object; (3) it represents the Self as radically split-off from others; and 4) it represents the Self as a realm of interiority and inwardness whose truth is accessible only through withdrawal and dissociation from the world" (Levin, 1987, p. 522).

BECOMING SCHIZOID

One thing is that culture propitiates a schizoid personality and yet another that someone actually becomes a proper schizoid. How one becomes a schizoid and, if applicable, a schizophrenic, is a question that requires more detailed analysis. In this

regard there are analyses of family interaction that place us on the path of the biographical circumstances of how someone becomes schizoid. In any case, the greatest interest is in seeing that such circumstances have a general character in the functioning of society (and not the particularities of a given family).

One analysis of this type is found in the work of Searles (1959) on forms of family communication that can “drive the other person crazy”, forms that Laing (1961) recognizes in his cases. The important thing to point out is that these forms are not limited only to clinical cases but can also explain current communication in the communications mass media, as Gottschalk (2000) proposes.

The forms of family communication described by Searles (1959), are the following, where S is the subject who “drives” someone called O “crazy”:

1. S repeatedly calls the attention of O to personality traits which he is on the whole more vaguely conscious of and that are rather far from the kind of person that O thinks he is.
2. S sexually excites O in situations in which it would be disastrous for O to seek gratification. Another version of a similar conflict would be the attitude of S about O’s developing his own individuality and, at the same time, keeping up a childish symbiosis with S.
3. S exposes O to situations in which his needs are simultaneously stimulated and frustrated.
4. S relates to O on two planes that lack any relationship (for example, talking about an intellectual subject and maintaining an uncalled for seductive attitude).
5. S changes emotional tone suddenly without changing the subject (for example, considering “seriously” and “kidding” the same thing).
6. S unexpectedly changes the subject while maintaining the same tone (dealing with serious and trivial matters the same way, for example).

As S is an adult (usually either the mother or the father) and O a child, it can be understood how the conflict and confusion created by such communication can lead to “false positions”, without knowing what to believe, or with no more “outlet” than seeking refuge in himself (as modern culture also teaches us to do).

Then if S is replaced by the TV and O by the audience, as Gottschalk (2000) would have us do, “the case could be made that repetitive schizogenic communicative patterns also circulate in ‘normal’ households, under the guise of entertainment or - more alarmingly- information” (p. 34). Thus, for example, modes 1 and 3 can be recognized in commercials, attempting to call one’s attention to aspects as yet not activated, stimulating with what you could have and frustrating at the same time because in fact you cannot have it. In this way, they create a lack at the same time they offer a solution for what one had no idea that he needed. They therefore give rise to a sort of “sensation that something is lacking in one”, a vacuum within saturation, recalling the diagnostics of the “empty self” (Cushman, 1990) and the “saturated self” (Gergen, 1991). Modes 5 and 6 also appear every day on the news on TV, where serious and

trivial matters are combined and there is a change from anecdote to tragedy like nothing. It would not be hard to find the other ways of being “driven crazy”, in the functioning of daily life either. This being the case, the insensitivity and indifference of the post modern schizoid can be understood as a strategy for facing similar communication (Gottschalk, 2000). The circumstances *make* one schizoid, as much as one *becomes* schizoid when faced with them.

FROM THE SCHIZOID PERSONALITY TO SCHIZOPHRENIA

In order to perceive the possible *passage* from schizoid personality to schizophrenia, one should keep in mind the relationship between the two terms, as understood here. Recall that the schizoid personality does not assume the sense of a personality disorder, nor some assumed deficiency of character, but rather, according to the above, it is understood as an attitude in facing life (even with its negativity and without affecting the false position in which it may incur).

Consequently, the schizoid personality is not in the role of representing vulnerability to schizophrenia but, as also mentioned above, in the model, as a basic personality structure. In fact, the schizoid personality, far from supposing vulnerability, can rather be a way of becoming stronger in the face of the violations of life (at the cost of attenuating the harmony that the “cyclothymic” pays for with depression). The reference to the figure of the dandy with his heroism in decadence, tries to suggest an affinity with the art of living (instead of with the psychopathology).

Needless to say, schizophrenia is taken as the severe disorder that it is, that by emphasizing its break with the world it could be said to be a disorder of common sense. What is not assumed as a concept is the diagnostic “crutch” of classification systems in use. On the contrary, the concept of classic psychopathology is claimed and, in particular, in the line of the tradition of Bleuler. Thus, for example, autism in schizophrenia would recover its utility both in diagnosis and in aetiopathogenesis (Parnas & Bovet, 1991). This way, the schizoid personality would establish an essential affinity between modern culture and schizophrenia (Pérez Álvarez, 2003b; Saas, 1992). The schizoid personality would be the model (*formal cause*) of schizophrenia. In this sense, schizophrenia would represent the convenient way to “be insane” in our society, in the image and likeness of the schizoid structure of its “ethnic personality”, and which could be another way of “being insane”, depending on the culture of reference (Fabrega, 1989). This is quite different from the model of schizophrenia ending up as being imposed universally (Pérez Álvarez, 2003b).

But, how does one go from the schizoid personality to schizophrenia or, if you prefer, from the formal cause to the clinical case? This is as if we were to ask about the *material cause* of the clinical case. Quickly then, the materials of which schizophrenia is built have to do with the *global crisis of common sense* (Blankenburg, 1969/2001; Stanghellini, 2001) and the corresponding abnormal experience of the self (Parnas, 2000; Parnas & Saas, 2001). This scission of common sense or loss of contact with reality is correlative to a sort of autism presided over by hyperreflexivity and subject to the paradoxes of solipsism (Parnas & Saas, 2001; Saas, 1992,1994). In this drift, the

schizoid model would become a divided self. According to this phenomenological perspective, the distinction between positive symptoms and negative (within the latter would traditionally be the schizoid tendencies) would not be sustained (see, Saas, 2003).

Thus schizophrenia is situated with regard to the vicissitudes in a person's bringing up. Especially significant is the beginning of schizophrenia in youth, precisely when a decisive transformation of the person is taking place (García Montes & Pérez Álvarez, 2003; Harrop & Trower, 2001). If it is born in mind that the greatest prodromic precedent of first-episode schizophrenia is the loss of roles in life (Häfner, Maurer, Löffler, et al, 1999), this loss of role may be understood as parallel with installation in an autistic world. So the *material cause* of schizophrenia would be in the materials themselves having become rubble on which the person was attempting to build or on which the person was hardly built at all (the self and the circumstances would be the rubble material). If one were to ask about the *efficient cause*, to complete the Aristotelian causes (Pérez Álvarez, 2003a), it is, abstractly speaking, culture (schizogenic) and, specifically, clinical practice, with clinicians as artificers of diagnostic descriptions and treatments, sometimes iatrogenic. It would not be the first time, probably, that the loss of social roles is "compensated" for by the "schizophrenic role" (Estroff, 1993; Lally, 1989). The *final cause* would be, above all, the adaptive effort to remain in a world that is falling apart and, in the end, the "normalization" that schizophrenia assumes, given the circumstances. The famous paradox of Chesterton, by which when you lose everything except reason you go crazy, would make sense here.

REFERENCIAS

- Baudelaire, Ch. (1868/1995). *El pintor de la vida moderna*. Murcia: Colegio Oficial de Aparejadores
- Blankenburg, W. (1969/2002). First steps toward a psychopathology of 'common sense'. *Philosophy, Psychiatry, Psychology*, 8, 303-315.
- Cushman, P. (1991). Why the self is empty. Toward a historically situated psychology. *American Psychologist*, 45, 599-611.
- Devereux, G. (1965-1970/1973). La esquizofrenia, psicosis étnica o la esquizofrenia sin lágrimas. En *Ensayos de etnopsiquiatría general*. Barcelona: Barral. (pp. 259-283)
- Elias, N. (1977/1987). *El proceso de civilización*. México: FCE.
- Fabrega, H. (1989). The self and schizophrenia: a cultural perspective. *Schizophrenia Bulletin*, 15, 277-289.
- Estroff, S.E. (1993). Identity, disability, and schizophrenia. The problem of chronicity. In S. Lindenbaum & M. Lock (eds.). *Knowledge, power, and practice. The anthropology of medicine and everyday life*. Berkeley: University of California Press. (pp. 247-286)
- García Montes, J.M. & Pérez Álvarez, M. (2003). Reivindicación de la persona en la esquizofrenia. *Revista Internacional de Psicología Clínica y de la Salud*, 3, 1007-122.
- Gergen, K.L. (1991). *The saturated self: dilemmas of identity in contemporary life*. New York: Basic

Books.

- Gottschalk, S. (2000). Escape from insanity: 'mental disorder' in the postmodern moment. En D. Fee, ed., *Pathology and the postmodern. Mental illness as discourse and experience* (pp. 18-48). London: Sage.
- Häfner, H., Maurer, K., Löffler, W., van der Heiden, W., Stein, A., Könnecke, R. & Hambrecht, M. (1999). Onset and prodromal phases as determinants of the course. In W.F. Gatas & H. Häfner, (Eds.), *Search for the causes of schizophrenia. Vol. IV Balance of the century* (pp. 35-58). Steinkopff: Springer.
- Harrop, C. & Trower, P. (2001). Why does schizophrenia develop at late adolescence. *Clinical Psychological Review*, 21, 241-266.
- Horney, K. (1937/1971). *La personalidad neurótica de nuestro tiempo [The neurotic personality of our time]* Buenos Aires: Paidós.
- Kretschmer, E. (1921/1967). *Constitución y carácter*. Barcelona: Labor
- Laing, R.D. (1960/1983). *El yo dividido (Un estudio sobre la salud y la enfermedad) [The divided self (A study of sanity and insanity)]*. London: Tavistock Pub.
- Laing, R.D. (1961). *Self and others*. London: Tavistock Pub.
- Lally, S.J. (1989). Does being in here mean there is something wrong with me? *Schizophrenia Bulletin*, 15, 253-265.
- Levin, D.M. (1987). Clinical stories: a modern self in the fury of being. In D. M. Levin, ed., *Pathologies of the modern self. Postmodern studies on narcissism, schizophrenia, and depression*. New York: The New York University Press. (pp. 479-537)
- Millon, Th. & Davis, R. D. (2000). *Personality Disorders in Modern Life*. New York: Wiley
- Minkowski, E. (1927/2000). *La esquizofrenia. Psicopatología de los esquizoides y los esquizofrénicos*. México: FCE.
- Parnas, J. (2000). The self and intentionality in the pre-psychotic stages of schizophrenia. A phenomenological study. In D. Zahavi (ed.). *Exploring the self. Philosophical and psychopathological perspectives on self-experience*. Amsterdam: John Benjamins. (pp. 115-147)
- Parnas, J. & Bovet, P. (1991). Autism in schizophrenia revisited. *Comprehensive Psychiatry*, 32, 7-21.
- Parnas, J. & Saas, L. A. (2001). Self, solipsism, and schizophrenic delusions. *Philosophy, Psychiatry, Psychology*, 8, 101-120.
- Pérez Álvarez, M. (2003a). *Las cuatro causas de los trastornos psicológicos*. Madrid: Universitas.
- Pérez Álvarez, M. (2003b). Esquizofrenia y cultura moderna. En A. Cangas Díaz & J. Gil Roales-Nieto (eds.). *Avances en la etiología y tratamientos de los trastornos del espectro esquizofrénico*. Granada: Némesis. (pp. 31-39)
- Saas, L.A. (1992). *Madness and modernism. Insanity in the light of modern art, literature, and thought*. Cambridge, Mass.: Harvard University Press.
- Saas, L.A. (1994). *The paradoxes of delusion: Wittgenstein, Schreber, and the schizophrenic mind*. Ithaca, NY.: Cornell University Press.
- Saas, L.A. (2003). 'Negative symptoms', schizophrenia, and self. *International Journal of Psychology and Psychological Therapy*, 3, 153-180.
- Searles, H.F. (1959). The effort to drive the other person crazy -an element in the aetiology and psychotherapy of schizophrenia. *British Journal of Medical Psychology*, 32, 1-18.
- Sennett, R. (1974/1978). *El declive del hombre público [The fall of public man]*. Barcelona: Península.

- Schoentjes, P. (2001/2003). *La poética de la ironía*. Madrid: Cátedra.
- Stanghellini, G. (2000). Phenomenology of the social self of the *schizotype and the melancholic type*. In D. Zahavi (ed.). *Exploring the self. Philosophical and psychopathological perspectives on self-experience*. Amsterdam: John Benjamins. (pp. 279-294)
- Stanghellini, G. (2001). Psychopathology of common sense. *Philosophy, Psychiatry, Psychology*, 8, 201-218.

Received November 14, 2003

Final acceptance November 29, 2003