British Journal of Psychiatry (1984), **145**, 444–450

Correspondence

Correspondents should note that space is limited and shorter letters have a greater chance of publication. The Editors reserve the right to cut letters and also to eliminate multitudinous references. Please try to be concise, strictly relevant and interesting to the reader, and check the accuracy of all **references in Journal style.**

SCHIZOID PERSONALITY IN CHILDHOOD

DEAR SIR,

I was interested to read the paper on 'Schizoid Personality' by Drs Cull, Chick and Wolff (*Journal*, June 1984, **144**, 646–648). The authors apply this term to a behaviour pattern that is also known as Asperger's syndrome, and which other workers consider to be a variant of childhood autism (Wing, 1981).

The finding that two independent general psychiatrists tended to agree on the diagnosis of schizoid personality disorder for subjects with this behaviour pattern is difficult to interpret without further details of the procedure used. Did the rating form completed by the psychiatrists consist of a finite list of categories, thus forcing a choice? If so, did these include Asperger's syndrome as well as schizoid personality disorder, and were the raters familiar with Asperger's work?

The term schizoid, as described by Kretschmer, certainly includes people with the characteristics of Asperger's syndrome, but it also covers many other abnormalities of behaviour. The problem is that schizoid personality is so vague and general a label that it has no implications for cause or treatment. Advances must come from increasing precision in identifying sub-groups within the blanket category.

Awareness of the similarities between Asperger's syndrome and childhood autism, which, as used by many workers in the field, is a more precise and limited concept, is a useful guide for prescribing methods of management, and the services needed. In the present writer's experience, parents of those with Asperger's syndrome find the association with autism convincing and helpful in understanding their children's problems. It also provides them with the moral support of a reference group in the shape of a voluntary society (The National Autistic Society, 276, Willesden Lane, London, NW2 5RB) through which they can join other parents with similar children to work for better services.

In contrast, the diagnosis of schizoid personality disorder is distressing without being constructive.

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Reference

WING, L. (1981) Asperger's syndrome: a clinical account. *Psychological Medicine*, **11**, 115–129.

DR CULL AND COLLEAGUES REPLY

We are glad to be able to clarify our procedures and ideas further. Our rating form appears below. It did not mention "Asperger's Syndrome" with which most general psychiatrists will not be familiar. The children we followed up included a number to which Asperger would have given his diagnostic label "Autistic Psychopathy", but also rather milder cases. All, in childhood, had the features we defined as characteristic of schizoid personality disorder and it was because this and allied personality disorder categories have so far been delineated only by clinical descriptions, sometimes vague, that we undertook our studies.

Our aim was not only to improve the care of seriously handicapped children, but to contribute to the better definition and understanding of one type of personality disorder.

RATING FORM

Please fill in all categories by ticking the items which apply.

Code No. of Rater:

Code No. of Subject:

I. *Psychiatric Illness (these categories ARE mutually exclusive):*

1. Psychosis – specify, using your own terms and definitions.
2. Psychoneurosis – specify as above.
3. Organic psychiatric syndrome other than psychosis – specify as above.
4. Other psychiatric illness – specify as above.
5. Psychiatric symptoms not amounting to definite illness – specify as above.
6. No psychiatric illness or symptoms.

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II. *Personality disorder*

(these categories ARE NOT mutually exclusive):

		Mild	Moderate or severe
1.	Sociopathy including criminalty, explosive/aggressive behaviour, sexual perversion and addiction.		
2.	Schizoid personality disorder.		
3.	Hysterical personality disorder.		
4.	Obsessional personality disorder.		
5.	Passive dependent personality disorder.		
6.	Addiction not amounting to sociopathy.		
7.	Sexual deviation not amounting to sociopathy.		
8.	None.		

III. *Schizoid personality (not necessarily amounting to personality disorder)*, and whether or not associated with psychiatric illness, other personality disorder, mental retardation or organic impairment.)

1. Definitely present
2. Doubtfully present
3. Absent

IV. *Mental Handicap:*

1. Severe
2. Mild
3. Absent

V. *Organic cerebral impairment:*

1. Definitely present
2. Doubtfully present
3. Absent

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MISINTERPRETING ROLE CHANGES AS CHANGES OF PERSON

DEAR SIR,

Dr MacCallum (*Journal*, June 1984, **144**, 649-650) describes patients who exhibit "a syndrome of misinterpreting role changes as changes of person". In his article, Dr MacCallum likens this syndrome to the syndromes of delusional misidentification and concludes by offering a tentative dynamic explanation of the phenomena: "perhaps the separation of the other roles was an expression of the mothers' resentment of these new aspects in the relationship, and the forced dependence on their daughters". There are some features of the histories which are at odds with Dr MacCallum's comparisons and conclusions.

Firstly, two of the patients (Mrs E. E. D. and Mrs E. C.) identify their daughters correctly when they are present. Thus, Mrs E. E. D. asks 'Violet' (her daughter) to "get the other Violet" and Mrs E. C. calls her daughter Emma (a nurse) for a confidential chat and then comments on, "that other woman . . . you know, the nurse". In a similar fashion when the third patient, Mrs H. M. is talking to Dr MacCallum about the people who look after her, she names "the person who gets me up" and 'Margaret', (her daughter). It seems, therefore, that all three patients are aware of the existence of their daughters and two of them recognise their daughters when they are present, making no attempt to dispute their identity. This is qualitatively different from the syndromes of delusional misidentification because in these, the identity of a person is consistently denied, even when they are present.

Secondly, Dr MacCallum maintains that there is no evidence of prosopagnosia even though he used the conversation of an "almost blind" woman who perserverates to exclude this possibility. Similarly, he tells us that the patients' sensoria are clear despite their cerebro-vascular disease. Both these statements are unjustified considering the sensitivity of the cognitive tests employed. It is more likely that their sensoria are frosted, or at least show evidence of some cognitive deficit.

Although many features of the patients' phenomenology are not presented, there is another hypothesis that may better account for the details in the report. This hypothesis stems from information processing and communication theories. According to these, information is processed in two types of code; the digital and the analogue, terms frequently used in computing and mathematics. Spoken language is one of the more complex examples of a digital code, whereas non-verbal communication (kinesics), represent an analogue transcription. Relationships are predominantly represented in an analogue form, but some degree of transcription to the digital code can occur. It is the digital linguistic code that leads to abstract thought and the classification of identity (Watzlawick, Beavin & Jackson 1968).

Identity can be classified in many ways. Three of the more important classes are; name, (Violet, Emma, etc.); kinship, (mother, father, etc.) and role, (cook, nurse, etc.). The classification of identity by kinship and role differs from classification by name. This is because kinship and role classes are abstracted from relationships, whereas the name class is not. For example, the identity of a cook depends on someone cooking for someone; similarly, the identity of a mother depends on the mother/infant relationship. This is not true for the identity by name.

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