

THE MEANING OF PEOPLE TO THE SCHIZOPHRENIC AND THE MANIC-DEPRESSIVE

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Almost all schools of psychopathology view schizophrenic and manic-depressive disorders as having different underlying psychodynamics. Yet the line of demarcation between the two psychoses is sometimes indistinct. An individual may carry a diagnosis of manic-depressive reaction through several hospitalizations before he is diagnosed as schizophrenic, because now he may show considerable disturbance of perception in the form of hallucinations and delusions.

This paper purports to explain some of the similarities and especially differences in the clinical features of these two disorders on the basis of life style. The term life style was used by Adler to denote the unity of the individual including his self-image, his personal biased apperception of the world, his private logic, his evaluation of the environment, his self-ideal or final goal, and his characteristic patterns of response.

SIMILARITIES IN LIFE STYLES

The life styles of schizophrenic and manic-depressive or cyclothymic patients are alike in at least three respects. They are characterized by (a) extremely low self-esteem, (b) extremely high-flown goals in life, and (c) drastic measures for narrowing the gap between the self-image and the self-ideal (1, 2, 3). The psychosis in each case, is an unconstructive attempt to narrow this gap. This attempt is doomed to failure because it represents a decision to evade a challenge which, however, remains to confront the evader as a constant accusation that he is not what he claims to be.

DIFFERENCES IN LIFE STYLES

The essential difference in the life styles in the two psychoses is in the form of relatedness to others, although both are deficient in social interest. People mean different things to the schizophrenic and to the cyclothymic. This is the main argument of the present paper.

The schizophrenic has no hope of getting along *with* people. Others are hostile, alien, and enemies, or at best unsatisfactory people to do

business with. His aloneness is a protection against the disappointing transactions with others. He prefers to keep people at a distance and pushes them away.

The cyclothymic has no hope of getting along *without* people. Others may be hostile, but they are not alien. They may be enemies, in which case they must be defeated, coerced, persuaded or given-in to, in order to do business with them because relating to others is a *sine qua non* for existence. He wants people around him and tries to suck them in, dominate them if he can, control them.

The high-flown goal of the schizophrenic betrays a less people-centered quality. To be perfect, or godlike, or superman, or never to make a mistake are schizophrenic types of self-ideals. A schizophrenic would rather be aloof from conventional aspirations. He prefers to destroy the world as it is and remake it closer to his heart's desire.

The cyclothymic ideal needs people for its fulfillment. It is something like: to be always liked by everyone, to be admired, to be constantly impressive, to be always loved, never to face disapproval, etc. A manic may set out to make a fortune, become a great lover, convert people to an idea about which he is enthusiastic. A person in the throes of depression bemoans his inability to perform the conventional tasks and achieve his conventional goals. He feels he should be smarter, more successful, more worthy of love and admiration. However, his *mea culpa* discloses a special social purpose: He is demanding the rightful place in the congregation which is given to those who confess and repent.

Thus, the symptoms of the schizophrenic push others away. The symptoms of the manic-depressive, though they sometimes backfire, are designed to keep others involved.

CHILDHOOD DEVELOPMENT

If one reviews the childhood development in cases of the two psychoses, one is struck by an important difference in the life situation. The schizophrenic seems to have had no satisfying personal relationships with significant figures in his family. Even if the relationships started out well, in some way they became spoiled and disappointing (5).

The cyclothymic experienced pleasurable and satisfying relationships in childhood, at least to one person. The relationship may have had many disadvantages, may have been stormy, violent, punitive, and perhaps unpredictable. But it was perceived as satisfying, or at

least potentially satisfying, and therefore was desired. The cyclothymic thinks he knows what a good human relationship is and hopes to achieve it some day.

One may say that in the cyclothymic the social tendencies were stimulated to develop at least to some extent, whereas in the schizophrenic the social tendencies were discouraged and inhibited.

This difference in childhood is also reflected in the marital and sexual lives of these two kinds of patients. This author recalls only two manic-depressives who never married, both women. But both had sexual affairs in which at least the sexual relationship itself was satisfying. One was too afraid of the responsibilities of adult womanhood to marry, and remained living with her family. The other was Caucasian and in love with a married Negro man who did not want to marry her. In both cases an attack of severe depression was precipitated when the sexual partner left the scene.

The author knows of many more schizophrenics who never married, some who never had any kind of sexual relationship, some who consorted only with prostitutes (which requires no emotional closeness), and at least two who carefully trained themselves to have no sexual feelings at all.

THE VIEWS OF JUNG AND OF KRETSCHMER

Our presentation begs comparison with the ideas of Jung and Kretschmer on this subject. Jung's "general attitude type" of introversion acts as though "an attempted ascendancy on the part of the object had to be continually frustrated." The extravert, on the other hand, "affirms [the object's] importance. [His] subjective attitude is continually being oriented by, and related to the object . . . for him . . . therefore, its importance must always be paramount (6, p. 412). Jung states further: "The relation between subject and object, considered biologically, is always a relation of adaptation . . . typical attitudes are therefore adaptation processes" (6, p. 414).

When other people are the objects of the relationship, the introvert must, then, destroy the power the other seems to have over him and prevent the other from successfully appealing to him or attracting him. (Therapists know how difficult it is to win the schizophrenic's full trust and cooperation.) The extravert, on the other hand, will exaggerate the importance of love, attention, the presence and the good opinion of others. Jung's general attitude types seem to support the opinion expressed in this paper, namely, that the schizoid (in-

trovert) and cyclothymic (extrovert) have personality differences which include differences in their attitudes toward people.

Kretschmer described schizothymic and cyclothymic "temperaments" which are associated with leptosomic and pyknic physiques and therefore to a great extent inherited. These temperaments, which are present in normals, will influence the course of a psychosis if such a disorder occurs. Kretschmer describes the schizoids: "They seek . . . to avoid . . . stimulation from the outside, they close the shutters of their houses in order to lead a dream-life . . . They seek loneliness . . . in order to spin themselves in the silk of their own souls" (7, p. 161). He adds that their sociability is superficial, limited to a small closed circle or is non-existent. They have a "disinclination for human society." Cycloids, on the other hand, are described as sociable, warm. They "long for encouragement." Even when they keep to themselves, they "have no antipathy toward human society" (7, p. 126).

Kretschmer's description of these "temperaments" sounds remarkably like Jung's description of the "general attitude types" and seems to support further the present author's conclusions.

DIFFERENCES IN CONSENSUALITY

These distinctions between schizophrenia and cyclothymia become more meaningful when we examine them with regard to consensuality or the syntactic mode of experience. This is a concept introduced by H. S. Sullivan (8, pp. 28-29, 36) to denote that an individual's percepts about reality are used more or less in common by his society which requires a common language and common symbols for the purpose of communication. Consensuality according to Sullivan, is based on consensual validation.

If psychosis is defined as distortion of reality, then the schizophrenic and manic-depressive are equally "crazy." However, the schizophrenic, needing to "unrelate" to people (4), systematically destroys the bonds of communication and consensuality between himself and others. He develops a new language, creates a new world, ignores others, makes others ferocious enemies or contemptible non-entities, and otherwise refuses to participate in a world which seems to have nothing to offer him. He cares not what the others do. This is why a person suffering from a schizophrenia will almost always seem more strange and more "insane" to the layman or to the less

experienced therapist than will a manic-depressive. If many experienced therapists feel more comfortable with the former, that is because familiarity dispels strangeness and because these same therapists feel more pessimistic about their ability to understand and help the latter. Nevertheless, the schizophrenic seems more "crazy," more sick, more disorganized, and more "out of his mind" to most people. The manic-depressive, on the other hand, frequently seems rational. He does not misperceive so much, his behavior seems appropriate to his mood, and the experiences of grief or elation are familiar to all of us. His phenomenological world seems more like ours.

The explanation is that the manic-depressive must retain enough consensuality to understand others. He frequently fails truly to understand them, because he usually lacks empathy, the ability to put himself in others' shoes; but he desperately tries to. Also, he cannot afford to use neologisms, circumstantial speech, etc., because he dares not risk being misunderstood. Even when he does not respond verbally to questions (as in severe depressions), he is sending a non-verbal message that he wants and needs help, comfort, love, understanding, and support. He cannot discard the rules by which others perceive, on pain of losing his relationship to others. No matter how disordered his affects become, he still remains "in contact." Indeed, if he were to give up all hope of finding his salvation in and through others, he could then discard the rest of his consensuality and become schizophrenic. This is perhaps the reason why a person may start out with cyclothymic personality traits and a manic-depressive psychosis and eventually become schizophrenic. Therefore, the manic-depressive seems understandable to the layman, while the schizophrenic seems strange and bizarre.

SUMMARY

From the Adlerian viewpoint schizophrenics and manic-depressives are alike in low self-esteem, high goals, and unconstructive means to narrow the distance between these two levels; they differ essentially in that the former have no hope of getting along with people, and the latter, none of getting along without them. Jung's description of extrovert and introvert, and Kretschmer's of schizothymic and cyclothymic support our differentiation. The use of Sullivan's concept of consensuality brings out further the difference between the two kinds of psychotics in their attitudes toward people, and explains why the schizophrenics seem more strange.

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