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# Personality disorders from a phenomenological perspective

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Different studies have questioned the capacity of the categorical diagnostics to establish a clear distinction between the existence or not of a determined personality disorder. The dimensional perspective would approach more to reality, in the measure that it tries to measure the different intensity degrees in which these disorders are present in the patients. But its application is very laborious and besides, presupposes that those categories whose nuances it pretends to measure really exist. The foresaid leads us to appeal to phenomenological perspective, which seems to be more adequate for the study of complex realities, as it is the case of the personality and its disorders. The essential features of the phenomenological method in the sense of Husserl are described, as well as his contribution to the study of personality disorders. This can be summarized in three fundamental points: the ideal types, introduced in psychiatry by Karl Jaspers, the existential types, by Ludwig Binswanger, and the dialectic typologies and polarities, by Wolfgang Blankenburg and the undersigned. This author defines and develops each one of these concepts, aiming to show their advantages with respect to the categorical and dimensional systems.

**Key words:**

Personality disorders. Categorical and dimensional perspectives versus phenomenological perspective. Possibility of a dialectical conception of PD.

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## Los trastornos de personalidad desde una perspectiva fenomenológica

Distintos estudios han cuestionado la capacidad de los diagnósticos categoriales para establecer una distinción clara y distinta entre la existencia o no de un trastorno de personalidad determinado. La perspectiva dimensional se aproximaría más a la realidad, en la medida que intenta

medir los diferentes grados de intensidad en que se presentan estos trastornos en la práctica clínica. Pero su aplicación es muy engorrosa y además presupone la existencia de esas categorías cuyos matices pretende medir. Todo lo anterior nos lleva a recurrir a la perspectiva fenomenológica, la que nos parece la más adecuada para el estudio de realidades complejas, como es el caso de la personalidad y de sus trastornos. Se describen los rasgos esenciales del método fenomenológico en el sentido de Husserl y luego su contribución al estudio de los trastornos de personalidad. Ésta se puede resumir en tres aportes fundamentales: los tipos ideales, introducidos en la psiquiatría por Karl Jaspers; los tipos existenciales, por Ludwig Binswanger, y las tipologías y polaridades dialécticas, por Wolfgang Blankenburg y el suscrito. El autor define y desarrolla cada uno de estos conceptos, pretendiendo demostrar sus ventajas con respecto a los sistemas categoriales y dimensionales.

**Palabras clave:**

Trastornos de la personalidad. Perspectivas categoriales y dimensionales frente a perspectiva fenomenológica. Posibilidad de una concepción dialéctica de los TP.

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## INTRODUCTION

The great problem of the present systems of classification and diagnosis in psychiatry is that they are categorical, that is to say, that a determinate number of symptoms or features affirms or does not affirm the existence of a disorder, without taking into account transitions toward other clinical pictures and, to an even lesser extent, toward normality. Now, if the employment of absolute categories is already questionable in the realm of what we consider as an illness in psychiatry, such as schizophrenia or manic-depressive illness (given the absence of a substrate which delivers consistency to diagnosis), it is much more questionable in the field of personality disorders, since here it is not sure that it is even legitimate to talk about «disorder». Kurt Schneider (1962) already emphasizes the fact that «psychopaths» were not ill persons, but represented extreme variations with respect to an ideal average personality or, more precisely, extreme variations

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of some personality features. That is to say, Schneider's «psychopathic personality» is closer to the dimensional than to the categorical model. The usual has been, however, the employment of dimensional models for abnormal personality features and categorical for personality disorders as such (Livesley, 1985), which has contributed even more to the confusion in the field of classification and diagnosis of these behavioural alterations, which modern psychiatry insists on typifying in the same way as the diseases with the designation of «disorder».

Categorical diagnoses would be appropriate if a clear distinction between the presence or absence of a particular disorder could be established. But as it happens there does not exist any empirical study which has been able to demonstrate a clear and distinct division between the existence or not of a personality disorder. Thus, Frances and collaborators (1984) applied personality tests to a universe of outpatients, finding in 76 of them elements for diagnosing a personality disorder, concluding that «DSM-III criteria for personality disorders do not select out mutually exclusive categorical diagnostic entities... [The] frequency of multiple diagnoses supports the argument for a dimensional - rather than a categorical - system of personality diagnosis» (p. 1083). Zimmermann and Coryell (1990) studied the personality of 808 first degree relatives of psychiatric patients and of a similar number of subjects, who had never been ill and they concluded that «scores are continuously distributed without points of rarity to indicate where to make the distinction between normality and pathology» (p. 690). On the other hand, Oldham and collaborators (1962) applied two semi-structured interviews for diagnosing personality disorders according to DSM-III-R to 100 of the 106 patients hospitalized in a clinic for severe personality disorders, concluding that the existence of «consistent patterns of comorbidity involving narcissistic, avoidant, and histrionic personality disorders suggest that the categorical distinctions between them and certain other DSM-III-R personality disorders can be illusory» (p. 213). Finally, Nurnberg and collaborators (1991) evaluated 110 patients with a personality disorder according to DSM-III-R and who did not have pathology of the I axis, concluding that «patients who meet DSM-III-R criteria for borderline personality disorder constitute a very heterogeneous group with unclear boundaries whose overlap with neighbouring personality disorders categories is extensive» (p. 1376).

Other authors, such as Widiger and Sanderson (1995), have made even some arithmetic calculations, which emphasize even more the arbitrariness of categorical diagnoses in the realm of personality disorders. Thus, they sustain that there are 93 possible ways of meeting DSM-III-R criteria for borderline personality and 149,495,616 different ways of meeting DSM-III-R criteria for antisocial personality. And yet, there is only one diagnostic category uniting all these different cases. It is not, certainly, a case of creating a category for each one of the millions of possible combinations of antisocial personality, but it is evident that not all indivi-

duals with this kind of behaviour are similar in their symptomatology and that many of the differences can be of considerable importance in clinical practice.

The dimensional perspective proposes, on the contrary, a system to measure the proportion in which a determinate personality disorder is present, avoiding herewith the aforementioned dangers of categorical definitions, such as the imperative to state or not the existence of a determinate disorder, omitting intensities and nuances. Thomas Widiger and Cynthia Sanderson (1986), who have been enthusiastic precursors of the employment of dimensional systems, propose to apply a six level scale to each type of personality disorder: absent, features, under the threshold, threshold, moderate and extreme. The first level means the absence of every feature of the personality disorder in question. The level «features» means the presence of one up to three of the symptoms needed to make the diagnosis of that type of personality. The level «under the threshold» means that the person lacks only one symptom to belong to the category. The level «threshold» means that the subject meets exactly with the criteria to belong to that category. The level «moderate» means that the subject meets widely the criteria, and finally, the level «extreme», that the subject has all the manifestations described for that category. These authors maintain that this type of codification is not incompatible with the DSM categorical system, as it is able, rather, to deliver a uniform terminology and a method to describe the degree to which a patient belongs or not to a certain category. The inconvenience they recognize in their proposed methodology has to do with the unlikelihood that practical clinicians can apply this type of evaluation criteria for each personality disorder in a systematic way. We think, nevertheless, that this is a minor difficulty in comparison with the fact that the proposed dimensional method tacitly accepts, in its application, those same absolute categories that it criticizes, only adding a method for quantifying the features demonstrated by the patient.

All the above show us the insufficiencies of applying categorical and quantitative criteria the complex realities of human personality. Let us remember the old Greek aphorism: «(Only) like knows like». In the search for a method adequate to the complexity of the objects proper to the so called human sciences (*Geisteswissenschaften*), Edmund Husserl (1901) founded phenomenology, inspired by his own motto, according to which human sciences could not be as exact as mathematics, but they do can be and must be strict.

## PHENOMENOLOGICAL PERSPECTIVE

The first that should be said about this issue is that Husserl's phenomenology has nothing to do with what the English language psychiatric literature calls «phenomenology» (DSM-IV-TR™, 2000). The latter refers to the simple description of the more visible manifestations of a certain illness. Strictly speaking, they should talk about «descriptive psy-

chopathology» and not about «phenomenology». The signs and symptoms are the external and visible element of an ethiopathogenic context (the disease), which does not show itself. The phenomenon, on the other hand, is «what is shown in itself» (Heidegger, 1927, 1963) and includes signs and symptoms announcing it as well as the underlying process. Thus, phenomenology does deal with what is up front: (the obvious), but it attempts, by means of the epoché or reduction, to reach the intimacy of its structure, its essence. This procedure, completely developed by Husserl, has its origins in Greek philosophy itself, which based its *episteme* in going farther than the *doxa*, that opinion arising from the experience of how things spontaneously show themselves to human beings in daily life. It is the aspiration to penetrate up to the internal structure of what is real is what distinguishes scientific knowledge from ordinary knowledge. In a first approach, Husserl tried to study the subject of knowing, that is to say, our own understanding itself; but then he realized that he could know nothing of the knowing subject without also inquiring into that which is to be known, be this a natural object or a cultural object. Thus, he overcame in a way the subject-object and immanent-transcendent dualisms, when he proposed himself to study the subjective processes of knowledge together with that which is showed to us as the object in the act of knowing, that is to say, the phenomenon. And he called this act the «intentional act». But intentionality is not a mere mode of relationship between subject and object, but an essential feature of the consciousness. Expressed in Husserl's words: «In the simple acts of perceiving we are directed to the perceived things, in remembering to the remembered ones, in thinking to thoughts, in evaluating to values, in desiring to objectives and perspectives, etc.» (1962, p. 237). And it is precisely due to that characteristic of consciousness that we humans find ourselves from the first moment with the things and we always remain close to them. And it is also the intentional character of consciousness that allows it to behave transcendently with respect to itself. Without the discovery of intentionality, it would have been impossible to overcome the ingenuity prevailing both in natural or pre-reflexive as well as in scientific or logical experience.

In everyday life one finds oneself in a natural attitude naively directed towards the world of objects. However, this directs us neither to knowledge nor, even less, to scientific knowledge. In order to transform this natural attitude to scientific knowledge empirical or natural sciences reduce the living object to only one of its aspects. For example, when chemists consider water, they reduce all meanings of this object to its mere molecular composition: two hydrogen atoms and one oxygen atom. In essence, the natural scientist projects the chemical-physical theory of reality upon the entirety of the phenomenon, disregarding all other elements constituting the real object "water". Chemists do not consider the capacity of water to quench thirst or to make fields bear fruit nor do they invoke the symbolism of the depth of the sea, the importance of clouds or the beauty of a lake. In contrast, when phenomenologists adopt

a reflexive attitude, they direct their attention to the totality of the many ways in which an object is perceived in consciousness. In other words: in every real experience we experience more than that which is given by perception of the mere object. This was brilliantly formulated 100 years before Husserl by Goethe (1966, p. 687), who stated in one of his aphorisms: «The experience is always only half of the experience». We always live more than what we live, and experience more than we experience and to explore this other part is the great task of phenomenology. The Goethean principle, itself so parallel to Husserl's, leads us directly to the oeuvre of the French author Marcel Proust. The deep meaning of his novel «Remembrance of things past» (1976) lies in the recovery of everything that he experienced in the past and lived at that moment almost without being aware of it. The major features of his novel parallel the founding phases of the phenomenological method: a total openness to reality, a reflexive attitude which perceives reality as given to a consciousness, and a progressive elimination of all presuppositions, prejudices and accidental element as an instrument to achieve insight into the essence of what is experienced.

The German physician and philosopher Karl Jaspers (1959, 1963) was the first to apply the phenomenological method to psychiatry. According to Jaspers, phenomenology is a «descriptive psychology». It is strongly related to facts and delivers an unbiased description of patients' experiences. Jaspers combined an appeal to empathy (*Empfinden*) with immediate understanding (*Verstehen*) of the other person, without exploiting other phenomenological techniques such as reduction (epoché), free variation in imagination and intuition of essential features. However, the present author does not share the opinion of Berrios (1989), who strongly contrasted Husserl and Jaspers. The differences between them are not so extreme as claimed by Berrios, at least not as far as the application of their phenomenological approaches to psychiatry are concerned. Some of Jaspers' statements illustrate this opinion: «Phenomenology relates to what is experienced as real; it observes the psyche «from inside» through immediate representation (*Vergegenwärtigung*)» (1963, p. 326); or: «[He] who has no eyes cannot practice histology; [he] who repudiates himself or is unable to image the psyche and to perceive it as an living entity, can never understand phenomenology» (1963, p. 318). Thus Jaspers' points of departure were in fact the same as those of Husserl: the return to things, the intentionality of psyche phenomena, and the change from a natural to a phenomenological attitude. A scrupulous search of the writings of Jaspers eventually also leads us to the Husserl's intuition of essences, as when Jaspers calls for «an ordering which puts the phenomena of the psyche together, in accordance with their phenomenological kinship, not unlike what occurs with the infinitely manifold colours in the rainbow» (1963, p. 324). Significant American authors, such as Wiggins and Schwartz (1992, 1997) have recently expressed a similar opinion regarding Jaspers' link with Husserl.

## THE CONTRIBUTION OF PHENOMENOLOGY TO THE STUDY OF PERSONALITY DISORDERS

There are three more basic contributions that, in my opinion, phenomenology has made in the field of personality disorders. In the first place, the concept of «ideal type» incorporated by Jaspers (1913, 1959) and taken again in recent years by Michael Schwartz and Osborne Wiggins (1987, 1991); in the second place, the concept of «existential type» coming from Binswanger (1932, 1955) and definitely introduced in psychiatry by Alfred Kraus (1991); and finally, the application of the dialectic perspective to the study of the personality disorders, initiated by Wolfgang Blankenburg (1974, 1981) and continued by this author (Dörr 1986, 1990, 1992, 1997).

### Jaspers and the ideal types

Karl Jaspers (1913, 1959), following his master, the sociologist Max Weber, was the first one who introduced the concept of «ideal type» in psychopathology (p. 511). Jaspers thought that this Weber contribution could represent a way to categorize those psychiatric disorders which could not be conceptualized as nosological entities as such. Let us remember that he ordered mental diseases in three groups. In the first one, corresponding to every clinical picture of somatic origin, it is suitable to apply the type of diagnostic process proper of medicine in general, since an anatomical-pathological substrate exists in all of them. In the third group, encompassing Kurt Schneider's abnormal reactions of the personal experience, neurosis and personality disorders, a medical diagnosis is completely impossible and in them only the application of a typological diagnosis is suitable. Group two, meanwhile, corresponds to idiopathic or endogenous diseases, and occupies with respect to this an ambiguous position, since we think of these pictures as diseases, but as we do not yet know the substrate, we are obliged to use the method of the «ideal type».

Now, what is the ideal type for Max Weber and Karl Jaspers? For Weber (1958) the ideal types are constructs by means of which the human being attempts to understand reality, but which do not necessarily represent it. Weber describes the construction of these ideal types with the following words: «An ideal type is formed by the unilateral accentuation of one or more points of view and by the synthesis of a great quantity of diffuse, more or less present and occasionally absent individual phenomena, which are disposed in accordance with these points of view unilaterally accented in a construct of unified thought» (p. 90). The ideal types are idealized descriptions of the concrete characteristics of the things, as seen from a determinate point of view. The usual is that it is difficult to distinguish between the multiplicity of things, since the limits between their identities are blurring, fluid and vague. By means of the ideal type we leave aside the ambiguous character of things and imagine something like a «pure» case, in which the more relevant characteristics appear in a differ-

ent and univocal form. Even more, in a concrete case the characteristics can vary in such a way that each individual seems unique and incomparable with respect to the others.

Jaspers (1913, 1959) emphatically distinguishes between class and type: «A case belongs or not to a class (e. g., general paralysis), while a case can belong more or less to a type (e. g., hysterical personality)... A type is a fictitious construction corresponding to a reality with diffuse limits and with respect to which the particular case has to be measured. It is important, consequently, to measure each particular case in relation to many types, as far as, if possible, to exhausting it.» (p. 469). The types are the product of our intuition, which pretends to seize coherent totalities within the multiplicity of the real. Jaspers distinguishes «average types» from «ideal types». The first ones result from the determination of measurable characteristics in a numerous group of cases (average height, weight, intelligence, etc.). The ideal type, on the contrary, can arise from the experience of only one case.

Schwartz and Wiggins (1987), following Weber and Jaspers, define the ideal types with a view to having them applied to psychiatry, as «idealized descriptions of typifications... The type depicts the perfect case: the case in which the most characteristic features are fully present.» (p. 282). In real life cases, meanwhile, many of these features may be absent or present in an incomplete or atypical way. It will be the task of the clinician to develop the ability to determine, in these «imperfect» cases, their greater or lesser degree of proximity to the ideal type. And this is what we do in clinical practice not only with personality disorders, but with all the diseases lacking a substrate, as it is the case in the previously called «endogenous diseases». Schizophrenia is an ideal type and also paranoia and bipolar disease and in each specific patient we have to «recognize» the type through the multiplicity, variability and the diffuse character of the symptoms. Now, this diagnostic method, based upon the recognition of the type and the determination of the degree of approximation the case we have in front of us shows with respect to the ideal type, has a series of practical advantages in comparison with the arbitrariness of the categorical diagnosis, which is obliged to simply say: this disorder exists or does not exist. And this because the clinician will be obliged to investigate why in that concrete case there are elements of the recognized ideal type missing and others exceeding. Let us imagine a patient with a depressive syndrome, which in many aspects approaches the ideal type «endogenous depression» or «melancholia» described by the classics (E. Kraepelin, 1916; E. Bleuler, 1916, 1975; Tellenbach, 1961, 1983), but which has elements not belonging to it, such as an extreme dryness of the skin and an increase of the cardiac size, for example. The psychiatrist will be obliged to «give his reasons» for this «excess», of what does not belong to the ideal type «endogenous depression», for which he will have to do a series of tests, which will definitely allow him to prove the existence of a severe hypothyroidism. In other cases it will be necessary to look for the explanation of

«what is lacking». In the case, for example, of a young man whose clinical picture approaches Bleuler's (1911) ideal type «schizophrenia», but who has a more ordered thought than the usual in these cases. The search for the style of interfamilial communication could potentially show that in that family there was not in rigour the classic «double bind» described by Bateson (1971), which would have protected the patient from the characteristic disorder of associations.

In the field of personalities and/or of their disorders, many attempts have been made to describe ideal types, beginning with the classical Greek typology of phlegmatic, sanguine, choleric and melancholic characters. Let us also remember Kretschmer's (1965) well-known typology, with its schizoid, cycloid and epileptoid types. There are also the four classical personalities: schizoid, depressive, obsessive and hysterical (corresponding to what was considered during the first half of the 20<sup>th</sup> century as the great forms of mental disease) and which nobody has described in a more proper form than Fritz Riemann (1965). Among the most novel ideal types of the last years there are the *typus melancholicus* and the *typus manicus*, both described by Tellenbach in 1961 and 1983 respectively. These last two represent classical phenomenological intuitions and have been of great importance in the process of trying to understand the genesis both of unipolar and bipolar depression (Dörr, 1994).

However, in one point we dissent from Karl Jaspers and from the American authors Michael Schwartz and Osborne Wiggins: their postulate that ideal types are mere constructs or fictions which can be more or less useful in psychiatric clinical practice. Without denying the arbitrariness inherent in the fact of defining a type in one way or another, they, to have validity, must correspond to ways of configuring reality itself. This is presented, in all its levels, as forms, structures or systems ruled by determinate laws and these forms or Gestalten are the ones the phenomenologist intuitively when he manages to advance from the external manifestations up to the «intuition of essences» in a Husserlian sense. And the more accurate the description of an ideal type is, the more permanent its validity will be. If not, an explanation would be lacking for the fact that such ancient descriptions of maniac and depressive personality as those done by Plato and Aristotle (Flashar, 1966) can correspond almost exactly to those arrived at by Tellenbach (1961) 2500 years after as was mentioned above. They are then authentic phenomenological intuitions which have managed to seize these essential forms through which nature manifests itself in the field of mental disorders. What occurs with the concept of personality disorders in DSM is very different. Precisely for aspiring to be real types and not ideal types they suffer from all the inconveniences we saw in the introduction.

## The existential types

The concept of «existential types» goes back to Binswanger, in particular his studies of schizophrenia (1957) and his

book «Drei Formen missglückten Daseins» («Three forms of frustrated existence») (1956). In these books, as well as in some previous articles (1932, 1955), Binswanger states his concept of «anthropological proportion» as norm with respect to which the concrete human being can deviate, constituting here the ontological fundament both of determinate pathological behaviours and of eventual typologies. The horizon from which Binswanger defines these proportions is Heidegger's (1927, 1963) ontology, in which human being is defined as being-there (*Dasein*) and as being-in-the-world (*In-der-Welt-sein*). Now, and unlike Heidegger, Binswanger does not conceive the being-in-the-world only as a universal structure of the human being, but as the concrete unity of one-self and world inherent to each human being. A typical existential proportion is the one given between height and width, or said in other terms, between verticality and horizontality. Thus, for example, in the schizoid personality, with its eccentric ideals and its lack of temporality, there would be a disproportion in favour of verticality, while in *typus melancholicus* (Tellenbach, 1961), characteristic of the persons predisposed to unipolar depression, with their ease in moving about in the day to day world, their scarce tendency to metaphysical fancy and their difficulty in transcending «no way out situations», the disproportion would be in favour of horizontality and to the detriment of height. But there are many other proportions in human existence and they have to be conserved in order to be able to stay in the realm of «normality». These include the processes of individuation and socialization, of continuity and innovation, of self identity and role identity, etc. This last duality has been particularly fruitful in the generation of existential types, work carried out in great measure by Alfred Kraus (1977, 1991), based on categories described by Jean Paul Sartre in his major work «Being and nothing» (1943, 1966). We will remain for a while on this point.

One of the elements contained in the Greek concept of person as mask is dialectics between being in-one-self and being as-if, between self identity and role identity (Kraus, 1985), between factuality and transcendence. The actor is himself and simultaneously the represented character. And this duality was signalled in Greek theatre through the mask. The more the actor is transformed in the represented character, he will be less himself, and on the contrary, if his self is too manifest, the profile of the represented character will be lost. This extreme situation of the theatre actor is permanently given in real life, because the human being will never be able to have an absolute identity with himself as material things have. The being of the man is distended between a being-for-oneself or factuality (in other terms «self identity») and a being-for-the-other - a role. Sartre has characterized this situation with a double negation: «One is what one is not and one is not what one is» (1943, 1966). «We will never be able to withdraw into a «materialized» being with an identity like an inanimate thing, since a basic ontological difference prevents us from being absolutely identical with our respective role (and yet), with our values and feelings», asserts Kraus (1985). Now, there exists a

natural distancing between the being-for-oneself and the being-for-the-other, between one-self and the role, a distance which is necessary to preserve, because both a shortening of that distance in the sense of abolishing the ontological difference, and an excessive withdrawal of the two poles of this dialectic tension between identity and non-identity, are sources of derangement and insincerity. Maintaining the adequate distance, rather, is the source of life and of growth and not, as one could think at first, a tragic impossibility to be identical to one-self. Both elements of polarity determine themselves reciprocally and thus, my factuality, what I am as my-self, is going to give a unique seal to that collective role and, in turn, that role, for example, of physician, will complete me. The problem arises if I «over-identify» with my role, because it implies a negation of the rest of my possibilities of being, and although I win with it stability, I am losing the capacity to change and adapt. The inverse process, that of non-identification with social roles, leads to isolation and to a sterile coming to a halt of a one-self lacking that sort of «protective layer» which is the role. The role both brings access and sets limits in relations with the other person and so when it is lost, such a loss makes the other inaccessible and at the same time intrusive. That is what occurs in schizophrenia. It is well known that schizophrenics marry with lower frequency, work less and badly, descend in the social scale, isolate themselves, etc. And at the same time, the more isolated and lacking social importance, the more persecuted they feel. Many explanations have been given for these phenomena, but the most consistent has been provided by Kraus (1984), who postulates that schizophrenics' lack of identity derives from their incapacity to assume social roles, which would explain, among other things, the tendency to a negative spontaneous course. So, if the acute episode is overcome with the help of different treatments, the patient does not find roles in which to take refuge again. In the so-called endogenous depressions or melancholies, meanwhile, exactly the opposite occurs. These patients over-identify themselves with the social roles, or in other words, a displacement of the dialectic relation occurs between self-identity and role-identity in the direction of the latter. With this, on the one side, a losing of self-identity takes place, and on the other, the so structured person risks the danger of an existential falling. This can be it due to the impossibility of carrying out that role, as a result of a somatic disease, for example, or because the role is over-demanding, as occurs in the case of a promotion in the workplace.

But instead of seeing the personalities between the poles of over-identification and incapacity of identifying with the role, interpreting both forms as severe identity disorders, we also can limit ourselves to evaluating the distance existing between self-identity and role-identity, a distance which is going to determine the configuration of other existential types. Thus for example, in the obsessive personality, the distance between one-self and role is very slight - almost as little as in the depressive personality - which would account for its lack of elasticity in every sense, while in hysterical

personalities the distance between one type of identity and the other is very big. This would explain the lack of «loyalty» to the roles that we observe in the hysterical person: how easily they change spouses, work, ideology, tastes, habits, etc.

All these existential types result only from taking into account one fundamental anthropological dimension, which is the so-called ontological difference between one-self and role. But it is also appropriate to study the way of experiencing and behaving of our patients in relation to other proportions or disproportions. Thus, from the direction of verticality we can derive the proportion between height and depth, taking the latter not in the sense of depth of thought, but in the sense of being rooted. It would be appropriate, then, to divide people into those who have more «a sense of freedom», or more liberty, versus those more attached to the land, to traditions, to the past, etc. In the realm of horizontality, two significant directions could also be distinguished and an adequate proportion between both could be considered as normal and perfect. I refer here to the relationship between being oriented toward advancing ahead, toward one only goal, and on the other hand being oriented toward diversity, toward and broadness. These last persons are tardier and they emphasize the importance of the here and now, and are in a way enriched, as opposed to achieving many goals rapidly. In the realm of temporality, there are also two polarities, which demand to be maintained in adequate proportions for the avoidance of deviations and disproportions. I am alluding here to the polarity between having the future and the past as a point of reference, between progression and regression. We know very well the problems that the regression in any of its forms brings with it. But an excessive «progression», a permanent tendency to dive into projects without sufficient preparation, can be as negative as remaining imprisoned in regressive behaviour. Let us consider, for example, the case of those patients suffering from delusions, how they live so immersed in the future that they consider as already achieved what is a mere project, something which becomes a source of systematic failures, especially as we see in the field of economic activity.

With this brief digression on the proportions between the different polarities in which the human existence is displayed, and whose disproportions lead to the genesis of different «existential types», we follow with the last chapter of this essay, and refer more precisely to the application of dialectic perspective to psychopathology and in particular to the study of personality disorders.

### Typologies and polarities: the dialectic conception of personality disorders

But if normality is a «measure», a perfect proportion between two imperfect extremes (in the Aristotelian sense of measure), it could be possible to see these extremes dialectically, that is to say, as repelling and attracting, as poles

with a mutual need. Something pathologic at one of the extremes; the euphoria of a maniac, for example, could be conceived not as a negative deviation from the average mood, but rather as «the other side of depression», as a defence against that immobility, that frozen anxiety, that stopping of time. And on the contrary, the depressive could be seen as a displacement of that dialectic tension toward the dark side, certainly, but also as protection against levity, disrespect, abusiveness, of that incapacity to maintain thought and behaviour within the usual patterns that are typical of the manic patient. In other words, it would be a matter of seeing the positive of the negative, which would allow us a deeper understanding of reality, dominated, as we know since Heraclitus, by the dialectic principle.

After Heraclitus it was Hegel (1958) who definitely introduced into philosophy the dialectic thought and with it the question of the positive view of the negative. Hegel even said that «negativity is the universal principle of all natural and spiritual life» (op. cit., p. 54). But Goethe is also someone who was able to perceive the polarities in their complementarity.

«The most important thing would be to understand that all that is factual is already a theory» (Aphorisms, p. 723).

He added later another aphorism along the same lines (p. 703):

«Nature and idea are not separable and if do we attempt to separate them, not only art, but also life is destroyed».

In another text he makes a list of opposites, between whose poles life moves and which he called «the duality of phenomena»:

«We and the objects,  
light and darkness,  
body and soul,  
spirit and matter,  
God and the universe,  
idea and extension,  
the ideal and the real,  
sensuousness and reason,  
fantasy and understanding,  
being and nostalgia» (p. 707).

But we owe the systematic introduction of dialectic thought in psychiatry to the German psychiatrist and phenomenologist Wolfgang Blankenburg (1974, 1981). His most important contribution is the change that this perspective could produce in the physician-patient relationship. It is very different to approach a patient with the idea or prejudice that he is a person somehow deformed, with deficits, than to approach him without any prejudice about

health or disease and open to the possibility of seeing the positive of his negative aspects or, in another moment, the negative of his positive aspects. I quote Blankenburg (1981): «Access to the schizophrenic is very difficult if we don't identify ourselves, even if only partially, with what is happening to him; if we do not ask ourselves 'against what' this behaviour and way of experiencing is directed, this which in the first moment of contact with the patient, we perceive as a new way of being in the world. In summary, if we do not ask ourselves about the positive of the negative, we will not gain the right access to him...» (p. 57). Along with rescuing the positive, as for example in the schizophrenic, his sensitivity, his capacity to perceive aspects of reality that escape the ordinary person, his extreme authenticity, etc., the dialectic perspective allows us to estimate the real dimension of that other element which configures any psychotic or neurotic breakdown, i.e. the triggering situation - as it is put in Hegelian terms: *Das Aufheben*, in its triple meaning in German: being able to finish something, being able to maintain the best of it and being able to deal with the new reality. Thus, it would appear to be a mistake to express certain psychopathological characteristics in more or less absolute dimensions, e. g., Ego weakness of such and such intensity, or arrest of the more or less deep psychosexual development. Instead, in each case it will be necessary to determine to what extent the crisis has to do with the explosive potential of the challenges the patient must confront. This can be important for the prophylaxis of new crises in the sense of avoiding giving the patient tasks which could weaken his already fragile structure.

In summary, from a phenomenological perspective one could suggest urgent changes to the concepts of normality and abnormality. These changes will allow us not only to be more faithful to reality, but also to reach a deeper understanding of complex psychopathologic phenomena and, not least, a radical change in the therapeutic capacity of the psychiatrist. This is because it becomes much easier to establish an alliance with the patient if he feels not only understood, but also stimulated to develop his positive aspects, those which society has seen up to now only as negative. So, the points to take into account are the following:

1. Psychopathologic phenomena will not have to be seen as mere deficiencies with respect to an average normality. More fruitful seems to be the starting point of searching «the positive of the negative» (Blankenburg, 1981).
2. The case of the geniuses (Kierkegaard, Rilke) shows us that in the global historical perspective, what in a given moment could have been considered as a symptom, and therefore abnormal, can mean the fundament of a development toward superior forms of the spirit and, consequently, toward normality in the true sense of the term (Dörr, 2001).
3. The existence not only of the positive of the negative, but also of the negative of the positive (the case of

«normopathies», Tellenbach, 1983) strongly suggests the convenience of applying the dialectic method in psychopathology. Apart from nosological unities and of categorical distinctions like healthy-ill, normal-abnormal, psychopathologic manifestations appear to the dialectic eye as degrees of condensation of a polar structure more or less distant from a norm, which, maintaining its Greek original meaning would be the perfect midpoint between two imperfect extremes. The importance of this perspective is that the deviation toward one side of the alternatives does not need to be seen as a failing, but, rather on the contrary, as a dynamic displacement of the life style contra the other pole of the alternative. A paradigmatic example of it is manic-depression polarity and the fact that the main triggers of the mania are intolerable pain or mental pressure which often lead to suicide. In other words, the maniac develops his euphoria against depression and inversely, the depressive develops his dysthymia against euphoria. It draws attention to the fact that most of the triggering situations for depression would be a cause for joy rather than sadness for an ordinary person: moving to a better house, the birth of an expected child, happy marriage of a daughter, promotion in work, travel abroad, etc. Why the depressive patient does not allow himself joy, and, facing situations which could push him to it, he slips into depression, is a question of the greatest importance but is beyond the scope of this paper. Suffice to say it has to do with the particular structure of his moral conscience.

Hysteria has always been seen as negative, to the point that nowadays the term is almost an insult. But if we approach these persons without prejudices and from the dialectical perspective previously described, the result is that the hysterical features appear to us in all their positive aspects (Blankenburg, 1974). It is no longer a deviation from a presumed norm, not even the result of determined «neurotic» defence mechanisms, but rather the search for a way of being which avoids the freezing of the project of life into rigid patterns of behaviour, in over-identification with very scarce roles, which by the mere impossibility of their being fulfilled, despite the best of intentions, can plunge the subject into the abyss. This occurs for instance with depressives, whose personality constitutes, as we saw, a polarity with respect to hysteria. This search for freedom in relation with the assumption of roles, which is characteristic of hysteria patients in their «flight from paralysis» that takes place in melancholia, is only one of the positive things we find in them. Another would be what appears when contemplating without prejudices the other polarity: hysteria-obsessive personality. While obsessive patients live «facing inwards», tormented by their sexual and aggressive impulses, worried about each one of the internal changes in their bodies, eager to establish in their immediate environment that order lacking in their chaotic interior, the hysteria patients turn themselves toward the world and others. They do not

feel their internal bodies nor are they tormented by their otherwise weak instincts. Their lives revolve around being looked at or admired, letting themselves be seen, albeit on the surface; they live spontaneously, break the rules, skilfully manage interpersonal relationships and how their partners love them! I have never seen more unconditional love than that of the partners of hysterical personalities. Is this only masochism? Is it not rather that the hysterical person knows how to «entertain» better than anybody, that his permanent theatrics so reproached by Jaspers (1959, p. 370), is only a slightly more accentuated version of that role-playing which is life, the same play which made Calderón de la Barca doubt if «life is a dream»? The result is, then, that hysteria is the positive slope of the obsessive personality and inversely, the obsessive is the opposite of hysteria. Though the obsessive may be «anal» in his requirements, as psychoanalysis tells us, but what capacity of work, of perseverance, what instinctive force! Let us remember the case of the philosopher Soeren Kierkegaard, how he tormented himself with the strict moral norms imposed by his rigid father during childhood, how each decision made him sweat, how even the remote possibility of a sin made him repent from his engagement to the sweet Regina, though she was the only one he was able to love. And yet, in his last years, he began to «loosen up» and sought fame, he fought with his editors not wanting to leave a single thought of his unknown to the world. It is as if the maturing of his genius would have been possible through a certain degree of «becoming hysterical» (Dörr, 1998). Ergo: the remedy for hysteria would be a little of obsessive character and for the obsessive persons a dose of hysteria. Saint Theresa of Ávila had an hysterical personality and Ignatius Loyola was an obsessive. In the ecstasies of the first and in the works (in particular the Spiritual Exercises) of the second we find the unmistakable traces of these two psychopathologic structures. Now, would we call them «abnormal personalities» or «borderlines» or «psychopaths»?

But we must face many patients with the most diverse abnormal features, which sometimes form some of these known personality structures by which they suffer or make others suffer, as K. Schneider (1962) said. And it would be very important that we learned to leave aside the prejudices or value judgements and pay more attention toward the positive side than toward the negative, because the personality is historic and maintains, certainly, the identity, but through change and this permanent play between one-self and role only finishes with death, when both are one again, as occurs with inanimate objects. And though «psychopathic» the personality may be there are always possibilities of some change, be it for a stroke of luck, for loves that move one deeply, for religious conversion or for violent encounters with God, as occurred to the fanatic (psychopath?) Saul of Tarsus, on his way to Damascus. And these changes have to occur in the sense of the opposing polarity. In the case of the hysterical structure, it is toward the obsessive, while in the case of the schizophrenic structure, toward the depressive (Dörr, 1972). The depressive can give to the schizoid his



common sense and his excellent management of interpersonal relationships. And inversely, to the pre-depressive personality or *typus melancholicus*, in the sense of Tellenbach (1961), with its almost irritating virtuosity, with that rigidity in the fulfilment of norms and duties, with that almost inhuman forgetting of one-self, would it not do well to take a little metaphysical flight and freedom in the face of norms and values, so characteristic of the schizoid and in a certain way also of the hysteric, both being related from the structural point of view, as was early held by C. G. Jung (1907, 1971)?

In abnormal personalities or personality disorders and unlike the declared psychoses, be these organic or endogenous, the degree of inevitability of their manifestations is never complete or, in other words, they always maintain an important degree of liberty, to which the psychiatrist will have to appeal in his eagerness to modify. But it will always be a mistake to orient the patient towards a mere adaptation to that inexistent «average». On the contrary, all the positive of his supposedly abnormal features will have to be highlighted for him, but in such a way that he has cleared the way to cross in the opposite direction, toward his opposite pole, which is not so foreign to him, because in a way it preceded him; in a way it is still in him. And then to wait and watch as the maturing steps go taking him nearer and nearer to the centre of polarity, to the midpoint, to the Greek metron or norm, without ever losing hope, because as the old Heraclites wisdom says:

«(With time) the cold becomes warm, the warm becomes cold, the humid becomes dry and the dry becomes humid» (Fragment Nr. 126).

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