

Correspondence

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'Normal' eccentrics

SIR: Dr Tantam's recent papers (*Journal*, December 1988, 153, 777–782, 783–791) on life-long eccentricity and social isolation among psychiatric patients are a significant contribution to the literature. However, restricting studies of eccentricity to psychiatric patients and conjoining eccentricity with isolation portrays eccentrics as more pathological than they are, in the main. A comparison with our large-scale community-based research programme (Weeks & Ward, 1988) shows a substantial number of tantalising near-similarities and differences.

In the first place, there is no natural association between eccentricity and social isolation; or, if there is, it is attenuated and indirect. Using interview items derived from the UCLA Loneliness Scale (Russell *et al.*, 1980), augmented by direct observations of domestic and neighbourhood circumstances, we found that only 25% of our sample of eccentrics ($n=130$) were currently socially isolated. In only 9% of our sample was the social isolation more enduring. This is quite a crucial issue. The fact that one is alone or in the company of others obviously influences experience. The constructive use of solitude may be one of the best indicators of positive mental health and well-being. Patients are more frequently alone and spend more time 'idling' or 'doing nothing in particular' than normal control subjects. Patients also do not use their spare time for purposeful activities as often as normal subjects. This is especially true when patients are at home, where 'idling' rises for them but does not change for normal subjects. Furthermore, in the evening, when time spent in organised leisure activity triples for normal subjects, it remains

unchanged for patients. Chronic patients differ from normal subjects in showing less thought and activity congruence when they are alone. Patients also register more pathological thought content when alone. Daydreaming increased markedly when chronic patients are alone, but shifts to more focused thinking when they are with others (Larson & Csikszentmihalyi, 1983; de Vries *et al.*, 1986; Delespaul & de Vries, 1987).

We realise that Dr Tantam's subjects were selected not only on the basis of their social isolation, but also of psychiatric contact and in-patient treatment. This too is untypical of the vast majority of eccentrics. Only one of our subjects was actively psychotic at interview; he had been ill for quite some time, but had wholly avoided any contact with doctors. Only 9 subjects (7%) had a previous history of psychiatric contact. However, 73% of our sample had at least one PSE first-rank symptom of formal thought disorder, albeit in mild form and of infrequent occurrence.

There were a number of other differences. In our community study, the male:female ratio was less heavily skewed towards males, at 1.3:1. Our subjects were older (mean age 47 years, range 15–80, better educated (mean years of education 14), and of higher intelligence (mean IQ=118, s.d.=14.5). Only five subjects, all teenagers, were living in the parental home. For all the other subjects there was little, if any, conflict in their current living accommodation, although they reported that in their childhood and adolescence they received much expressed criticism from their parents and teachers. This happened most commonly to eccentrics who developed personality features that were most markedly imagination-orientated, rule-disregarding and showing forthrightness. None were developmentally delayed; if anything, they were somewhat ahead of several developmental milestones. Although they were developmentally deviant, none had autistic features at interview or had ever had diagnosed autism-spectrum disorders. Only ten subjects of employable age were unemployed. Problems at work were not about initiative or task-complexity, but rather

about non-conformity and arguing with work-mates and supervisors.

Ten subjects (8%) had a schizoid personality disorder, but only one other subject had a schizotypal personality disorder. Forty seven subjects (36%) had a family history of overt eccentricity, but only five subjects had a relative who had received treatment for a nervous disorder, and only two of these had been a first-degree relative. Only seven subjects, five males and two females, were homosexual; of these, one was now celibate and one was a transvestite. Only two subjects had ever committed criminal offences. These involved repeated substance abuse in the first case and selling defective electrical appliances in the second. Aggression was minimal. Fifty two subjects (40%) demonstrated impaired empathy, but another 32 (25%) demonstrated excellent empathy and rapport. Many of the subjects were self-centred as children, and a third of the sample continued to be notably self-referencing when speaking about other people or neutral topics. However, the relationships of these eccentrics with their parents and siblings had not deteriorated as they became older. Rather than emotional detachment and unsociability, this sample demonstrated the defense mechanisms of rationalisation, intellectualisation, and sometimes emotional isolation. Many had more than a single 'special interest'; on average they had about five obsessive preoccupations which were happily pursued. Their use of visual imagery was positive and strong. Those who were creative were also those with vivid nocturnal dreams and daydreams.

We have collected a great deal of evidence that shows eccentrics to be exceptionally creative in the arts and sciences. Our work describes how and why their originality has come about. Their giftedness was often unrecognised in childhood; their extreme curiosity led to much exploratory behaviour which was perceived as disruptive and a 'discipline problem'. Their positive traits – optimism, an ebullient sense of fun, independence of spirit, and innovative ideas – as well as their natural variability, go some way to explain their evolutionary advantage. Eccentrics in the community are even more heterogeneous than a clinical sample. They are also much less socially disabled. They are the exceptions that prove the rule that incongruity between the individual and his context is not necessarily a sign of maladjustment or maladaptation. These admitted discordances are signally interesting in their own right. They show how our diagnostic definitions and vocabularies are shot through with value judgments, however hard we try to operationalise our criteria. They are a telling reminder that syndromes of

personality are even more socially constructed than are psychiatric disorders.

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Schizophrenia before 1800

SIR: Hare (*Journal*, October 1988, **153**, 521–531) offers a thorough and diligent historical analysis confined to the English speaking countries. I appreciate his thesis that schizophrenia was increasingly recognised after 1800. However, I hesitate to share his opinion that conditions corresponding to schizophrenia in adolescence or young adulthood were not satisfactorily described before the 19th century.

The *Magazin zur Erfahrungsseelenkunde* (Journal of Empirical Psychology), published from 1783 to 1793, presented more than 100 neuropsychiatric case reports. Descriptions of ten male and three female patients are highly suggestive of early-onset schizophrenia, even if editorial interest led to an overestimation of aggressive features (case 2).

Case (1). Lady N . . . tz's younger sister, who was 38 or 39, had been mentally disturbed since the age of 15. For days or weeks she used to behave reasonably well, but then she repeatedly lost her mind for many months: she used to sing religious songs, to converse with her (non-existent) lovers, or to sit uncomfortably on a chair without moving for days. In 1759 she survived a fire in her hometown. Afterwards she again wore her bizarre coat and cap, fell back into insanity and never returned to normal . . . (Anonymous, 1785).

Case (2). Rau, born 1748, studied theology in Leipzig. The Bible, especially the revelation of St John, stirred his imagination, so that he claimed to be infallible. Intolerant towards others, he became more and more withdrawn. In 1779 he killed his father with a knife. He insisted he had not murdered his father, but a Jew and an old Turk. During a storm he claimed that the "wild prince" was coming, and that he had "heard that evil spirit so often". He claimed to