

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.

LORNA WING,

MRC Social Psychiatry Unit,
Institute of Psychiatry,
De Crespigny Park,
London SE5 8AF

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.