

Sensitive character, melancholic type, and extras on personality and mental disorders*

Caráter sensitivo, tipo melancólico e extras sobre personalidade e transtornos mentais

Mauricio Viotti Daker

Abstract

A traditional view in psychiatry concerns the intimate relationship between personality disorders and primary mental disorders in a spectral model. Psychic functions with common roots might play a role in personality and psychosis or other disorders, not only in terms of deficits but also of balance or proportions among them. Personality characteristics in connection with endogenous or functional psychoses have been described, such as the sensitive and melancholic types. Concepts derived from psychopathology, namely schizoidism and syntony which involve psychosis and personality, seem related to pivotal frameworks in the cognitive sciences comprising the so-called 4E cognition. When adopting a continuum view of mental disorders, they behave in a unitary or systemic configuration, corresponding to endogenous-functional dispositions interacting with the milieu and shaping personality.

Keywords: 4E cognition and psychopathology. melancholic type. personality and psychosis/mental disorders. schizoidism and syntony. sensitive character. unitary psychosis.

Publicado pela Sociedade Brasileira Psicopatologia Fenômeno-Estrutural (SBPFE)

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ARTIGO



Psicopatol. Fenomenol. Contemp.
2024; vol13(2):116-131

Published Online
08 de outubro de 2024
<https://doi.org/10.37067/rpfc.v13i2.1179>

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* Lecture at the 25th Annual Conference of the International Network for Philosophy and Psychiatry – INPP. Crisis and mental health: philosophical and social aesthetics perspectives. Vienna, May 2024. Adapted presentation at the XII Simpósio da SBPFE, São Paulo, September 2024.

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Resumo

Visão tradicional na psiquiatria diz respeito à relação íntima entre transtornos de personalidade e transtornos mentais primários, em modelo espectral. Funções psíquicas com raízes comuns poderiam exercer papel na personalidade e na psicose ou noutros transtornos, não apenas em termos de déficits, mas também de equilíbrio e proporções entre elas. Características da personalidade em conexão com as psicoses endógenas ou funcionais têm sido descritas, tais como os tipos sensitivo e melancólico. Conceitos originados na psicopatologia envolvendo psicoses e personalidade, nomeadamente esquizoidia e sintonia, parecem relacionados a fundamentos da cognição 4E. Quando se adota visão em contínuo dos transtornos mentais, eles se comportam em configuração unitária ou sistêmica, correspondendo a disposições endógeno-funcionais em interação com o meio e compoendo a personalidade.

Palavras-chave: Caráter sensitivo. cognição 4E e psicopatologia. esquizoidia e sintonia. personalidade e psicoses/transtornos mentais. psicose unitária. tipo melancólico.

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ARTIGO



Psicopatol. Fenomenol. Contemp.
2024; vol13(2):101-115

Published Online

08 de outubro de 2024

<https://doi.org/10.37067/rpfc.v13i2.1179>

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Introduction

As Zachar and Krueger (2013) point out in their chapter in *The Oxford Handbook of Philosophy and Psychiatry* on the historical controversies surrounding personality disorders, it is a conceptually intricate construct. Besides the problems associated with the concept of “personality”, personality disorder also inherits the problems related to the concept of “psychiatric disorder”. It encompasses biological-genetic, developmental, social-cultural, perceptual-cognitive, motivational-emotional, existential-phenomenological, and behavioral psychology.

Thus, the present work on personality and mental disorders can be no more than an essay, an attempt to accommodate all these difficulties with the hope of bringing a glimpse into such a whole, into a big picture (“the bigger picture,” such as Krueger and Tackett (2003) point out). We assume that the complexity and diversity of the personalities are intrinsically in tune with the ones of mental disorders. In other words, we will emphasize the spectrum model among the more accepted relation models for personality and mental disorders (Figure 1). We also consider the vulnerability model.

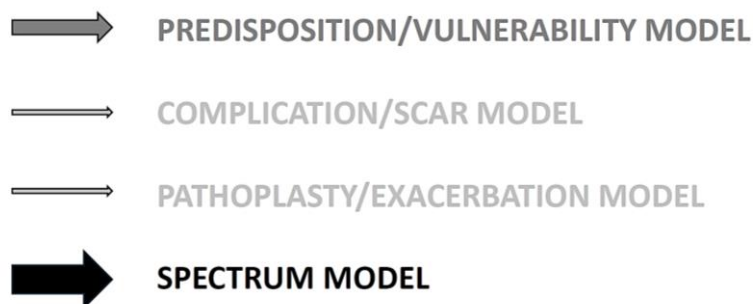


Fig. 1: Usual models for personality and mental disorders (Krueger & Tackett, 2003). The arrows indicate that the spectrum and the predisposition/vulnerability models prevail in the present work.

A main reason for the spectrum model is our investigation of the unitary psychosis concept, *Einheitspsychose* – “our bias” (Daker, 1994; Daker, 2021). A continuous-dynamical view of mental disorders, besides implying a relation among them, also favors seeing a nexus with normal mental life. Guislain, Neumann, Griesinger and others saw a continuum from affective to intellectual pictures for mental disorders, a continuum that was not apart from normal psychism or sensible disturbed personalities (Figure 2). Griesinger, through his neuropsychophysiology, explained mental disorders

and normal mental aspects such as mood, affects, feelings, ideations or representations, circumspection, impulses, will, and freedom (Griesinger, 1861, pp. 40-57; Daker, 2021, pp. 17-26). He considered the person and spoke of a metamorphosis of the self, which would be normal in life and typical in adolescents but could go awry (Griesinger, 1861, pp. 48-51; Daker, 2021, pp. 26-28).

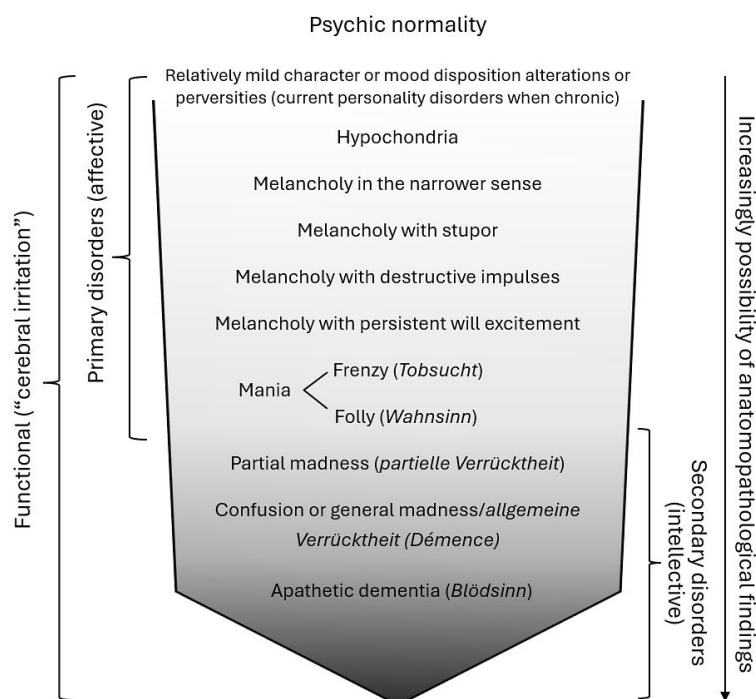


Fig. 2: Griesinger's unitary psychosis in mid-19th century (adapted from Daker, 2021).

After Kraepelin's dichotomy, those who sustained a unitary view of mental disorders tended, instead of a continuous vertical-hierarchical disposition from affective to intellective disorders, to a continuous horizontal polarity between schizophrenia and manic-depressive illness. Some saw connections with personality disorders; others included neuroses in the unitary schema (Rennert, 1982). We will return to this subject later.

Now, let us examine the sensitive character and the melancholic type. As this INPP Conference was postponed, my main theme has already been published (Daker, 2023). Therefore, I am only summarizing it here so that we have time for some unpublished issues.

Kretschmer's sensitive character

Kretschmer's seminal work on the sensitive character and delusion of reference

(1918) is widely regarded as a cornerstone in the field of personality and psychosis study. He revitalized in mainstream psychiatry the psychic components of psychosis (as once assumed by romantics Heinroth, Fuerserleben, Canstatt, and others), demonstrating through exemplary clinical descriptions how a delusional state can emerge from a reactive psychological process. His work underscores the crucial interplay between character, experience, and social environment in the development of paranoia (Schmidt-Degenhardt, 1988). An enactive perspective even seems present, as in the following quote: the milieu effects “are closely related to the character and ethical attitude of the patients, as far as these partly create the milieu, which in its turn affects them again” (Kretschmer, 1966, p. 147).

Reflecting the diversity of characters or personalities, Kretschmer views personal psychological reactions and paranoia pictures dimensionally along a sthenic-asthenic axis, as depicted in his original schema (Figure 3). There are distinct types and numerous potential mixed pictures, and he refers to his investigation as “type research, not boundary research” (Kretschmer, 1966, p. 155). Each paranoia case is unique, mirroring the individuality of the characters or personalities; there would indeed be paranoiacs, not just a single form of paranoia (p. 179).

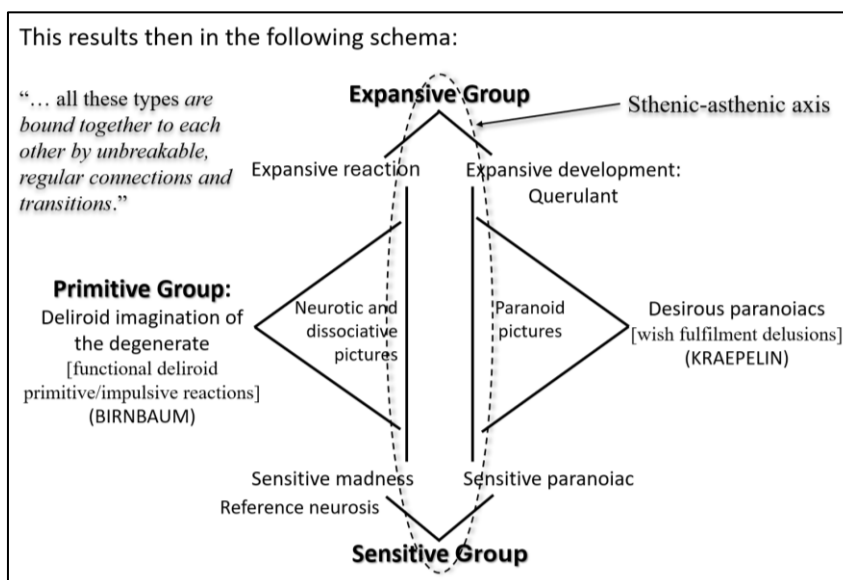


Fig. 3: Kretschmer’s original schema of personal psychological reactions and paranoia pictures (Kretschmer, 1966, p. 181; quotation p. 180, original italics).

At that time, the medical disease model with a static, neuroanatomical view of mental disorders as delimited natural kinds was giving way to a more dynamic and transdiagnostic view. Indeed, Kretschmer saw the paranoia types also in a continuum to

paranoid schizophrenia and, on the other hand, to paranoid personality, and from there up to normality or even hyper-normality as genies. Worthy of note, Kraepelin himself had moved the querulous delusion from the group of paranoia in previous editions to that of psychogenic infirmities (*Die psychogenen Erkrankungen*) in the 8th edition (Kraepelin, 1915, p. v), noting that “Paranoia and psychogenic delusions can perhaps be thought of as the final links in a chain in which all possible intermediate links are represented” (p. 1769).

In more severe cases, a schizophrenic-schizoid or other endogenous load in the paranoid would be prominent, as is the case for paranoid schizophrenia (Kretschmer, 1966, p. 7). Kretschmer maintains that process and psychologically empathic components or development, in Jaspers’ terms, are not mutually exclusive but interact in the genesis of the individual case (pp. 4, 17).

To sum up, quoting Kretschmer:

The most important guidelines of the character theory aimed here are that we *replace* the *static and materializing point of view* with the *genetic and dynamic one*, as it corresponds to the actual psychological facts so that we do not consider the character as a magnitude for itself but *consequently in its living relation to the experience*, that we distinguish the characterological qualities, in the narrower sense, which the soul acquires *reactively* in a purely psychic way, from those which arise in it as *part of the autonomous biological context of nature* (Kretschmer, 1966, p. 24, original italics).

Tellenbach’s Typus melancholicus

Kretschmer was influential in psychodynamic psychiatry, as by Lacan, and phenomenological-anthropological psychiatry, as by Tellenbach.

In his phenomenological-anthropological approach, which considers the whole person irrespective of whether it is pathological or normal, Tellenbach regards the melancholic type of personality as “too normal” or a “pathological normality” (Tellenbach, 1983, pp. 148, 149).

The basic characteristics of this melancholic premorbid personality are orderliness and conscientiousness. However, the exaggerated orderliness, while directed toward taking refuge in a safe, stable world, can lead to a high demand that may exceed the person’s capabilities. Conscientiousness aims to seek the acceptance of others and prevent the feeling of guilt. There is an overidentification or attachment to a social role and a need to take control of situations, leading to an inability to deal with spontaneity. When this control collapses, endogeny – the endogenous melancholy – emerges (Tellenbach, 1983, pp. 53-120; Ambrosini, Stanghellini & Langer, 2011).

Therefore, the melancholic type can fall into a self-contradiction, trying to overcome it (*Inkludenz*) but possibly not handling it (*Remanenz*), then into a state of doubt and despair (*Verzweiflung*) (Tellenbach, 1983, pp. 121-161).

Underlying all the above is Tellenbach's refined understanding of endogeny. He presents endogeny as a positive and indispensable aspect, one that would persist even if its somatic or any other foundation were discovered; that is, it would not be doomed to become exogenous. Tellenbach's *Endon* is traced back unilaterally from neither the physical nor the psychic (it would be a third involving both physical and psychic); it permeates the human organism's nature, including mental normality (Gebaattel, 1983, p. xii). It concerns constitutional dispositions as already intended in the *Corpus Hippocraticum*, temperament or personality types, leading in Plato and Aristotle to a loss of measure or *Ametria* in diseases, but also symmetry or *Meson* in the case of genius (Tellenbach, 1983, pp. 4-11, 14-15).

Tellenbach mentions chronobiology, displaying a keen interest in the internal or endogenous biological rhythms. This endo-cosmogenic periodicity also encompasses ecological-sociological *Zeitgebers*, and the correspondence or synchrony between the endogenous and cosmic nature is often emphasized (Tellenbach, 1983, pp. 18-22).

It is worth noting that Minkowski had already emphasized such endo-cosmic correlation in terms of the vital *élan* instead of Tellenbach's *Endon*. For example, about integrating "with the world in process. ... to become integrated into ambient becoming as if by virtue of a preestablished harmony" (Minkowski, 1933/1970, p. 58), "undivided duality" (pp. 51, 59), "supra-individual factor" (pp. 49, 67) in interplay with the person. "What we have in mind is the faculty of advancing harmoniously with ambient becoming, in penetrating it and in feeling one with it. We employ here the term 'lived synchronism'" (p. 65), also talking of "intimate exchange." Minkowski speaks of "the atmosphere without which the activity [of the personal *élan*] could not take place" (pp. 40, 47).

Resuming Tellenbach, the genuine melancholic depression is then a decompensated disproportion of being-in-the-world, wherein the melancholic distinctive and scarcely communicable supra-individual endogeny surfaces and all personal differences appear to fade away.

Additional historical support for the interrelatedness of personality and mental

disorders, mainly on schizoidism and syntony

I will skip most of this part and refer again to my already published paper (Daker, 2023) and a previous one (Daker, 2019). I only mention here that many psychopathologists, including the late Kraepelin, saw a relation between personality, which implies normal mind aspects, and psychopathological symptom complexes.

Now, I will focus on schizoidism and cyclothymia or syntony according to Kretschmer and Bleuler. Better said, on their influence on Minkowski and some consequences for phenomenological psychopathology. Then, I will dare to sketch a relation between schizoidism-syntony and cognitive sciences.

Schizoidism and syntony derive from psychopathology, from studies on schizophrenia and manic-depressive illness. They came to encompass an anthropological dimension involving normal personalities and psychism. This normal psychic aspect is easier to understand for syntony since we must be in tune with the environment and reality. But Bleuler also pointed out many possible advantages of schizoidism, as shown in his work *Die Probleme der Schizoidie und der Syntonie* (Bleuler, 1922), as I put it in my paper on personality and mental disorders:

... in addition to seeing schizoidism as inherent to schizophrenia, Bleuler (1922) indeed uncovered its probable relevant 'biological functions' (p. 381) in 'normal character' (p. 378), in his words: 'independence from the environment,' 'adaptation through inventions/creations,' 'opportunity for reflections and modifications,' 'can postpone or sublimate a drive,' 'can vigorously pursue ideal aspirations,' 'the most important innovations in our cultural life,' 'a perception distance and perception slope/gradient,' 'can fragment himself and observe in detail,' 'able to confront his own feelings,' 'the same expressed in poetry and art,' 'capable of much finer and more differentiated (up to refined) feelings,' 'having an idea represented by symbols,' 'abstraction,' 'philosophical thinking,' 'sharp logicians,' 'originals,' 'tenacity' and 'powerful people' (pp. 381-4) (Daker, 2023, p. 377).

Bleuler notes: "If modes of functioning [referring to schizoidism and syntony] that become psychoses in their extreme development are present in all people, they must have a biological meaning and only have a pathological effect if they are somehow disturbed or exaggerated in their balance." (Bleuler 1922, p. 380).

And more: "The greatest danger of derailment in thinking, feeling, and acting up to illness is shared by the schizoid function with all the finer, more highly developed mechanisms." (Bleuler, 1922, p. 386)

Schizoidism and syntony are two different "functional types" or, as Minkowski refers to Bleuler, two "vital principles" or two "fundamental principles of life" (Minkowski, 1933/1970, pp. 73, 74; Minkowski, 1997, p. 103), which confer a particular tone on all

the manifestations of the individual. Briefly, in Minkowski's words: "Syntony alludes to the principle that allows us to vibrate in unison with the environment, while schizoidism, on the contrary, designates the faculty of detaching ourselves from that environment ... their harmonious coexistence seems to be responsible for the maximum of equilibrium, of felicity, of efficiency to which we believe we have a right to aspire" (Minkowski, 1933/1970, p. 73). Schizoidism and syntony are then personal global forms of being in relation to the environment and not any elementary or more specific mental dysfunction. Among them, there are mixing proportions.

One is, therefore, concerned with a more holistic view (to the right in Figure 4). Minkowski saw autism bound to the very nature of schizoidism as a principle of life. It is the schizophrenic global form of being, which is due to a loss of syntony or vital contact with reality. Bleuler's notion of affective contact was replaced by the more global notion of vital contact. (Minkowski, 1933/1970, p. xxxviii)

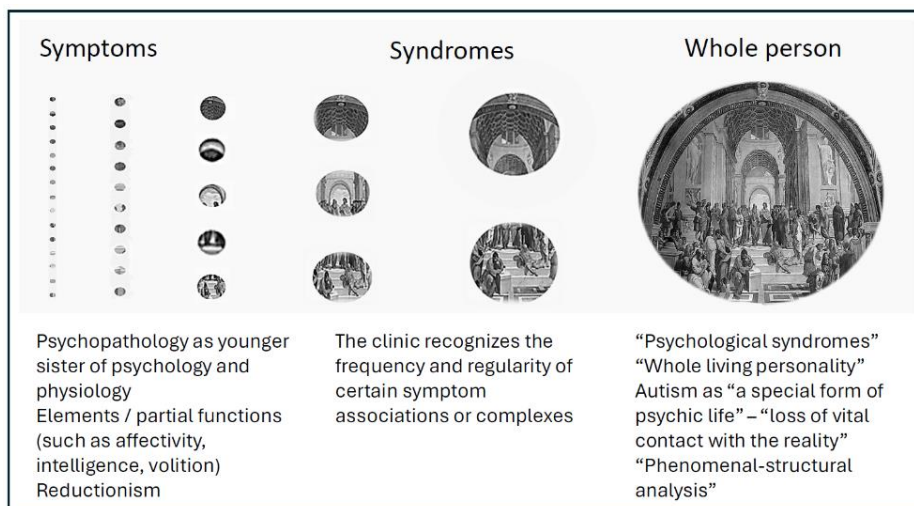


Fig. 4: From symptoms to the whole person, or *Du Symptôme au Trouble Générateur* (Minkowski, 1928/1997).

Normally, syntony or vital contact acts to prevent reaching a point out of reality or nonsense, such as in the extreme case of schizophrenia. Minkowski clearly describes this balance between schizoidism and syntony, for example, when approaching the circle of the personal élan.

Some more of Minkowski's words should be enlightening at this point:

The opposition between manic-depressive illness and schizophrenia is thus ultimately reduced to a difference in the patient's attitude to the environment/ambiance, and this opposition leads us to two new notions of order superimposable on the current notions of intelligence, affectivity or will, constitute two major 'vital principles' (Bleuler), capable of conferring a particular hue on all the manifestations of the individual. (Minkowski, 1933/1970, p. 228; Minkowski, 1997, p. 103)

We do not want simply to be confused with it [the ambient or world] and even less to adapt to it; we wish, rather, to affirm our personality, to exteriorize the most intimate part of ourselves, to leave a personal imprint on becoming, to impose our ego on an infinite world, to produce something new, to create. Thus we oppose ourselves to the world, and we feel the contact with it disappear [Minkowski refers to a “dis-adaptation”]. The more the élan is violent and personal, the greater the opposition between the ego and the environment.

Thus one might say that a factor of schizoidism is present here. (Minkowski, 1933/1970, p. 76)

Un facteur de schizoïdie y est ainsi contenu, dirait-on. (Minkowski, 1933/1968, p. 69)

This opposition, however, has limits. The élan leads to the work (in the broader sense of the word), which, however revolutionary it might appear, and if only it has some value, is always addressed to someone and tends to be integrated with reality. ... when we want to create something absolutely personal and only that, then the work does not become more and more revolutionary or more and more original. No, it degrades itself and is only the gesture of a poor, distracted or sick person. ... But these limits of which we have spoken here – what intelligence is powerful enough to give them a precise formula? They escape discursive thought. Only intuition (syntony) can guide us here. (Minkowski, 1933/1970, pp. 76-77)

Remembering that for Minkowski syntony is necessarily irrational (just as time is).¹

I see similarities between the above affirmation of personal élan in balance with syntony and social aesthetics according to Musalek (2013), that is, being able to live a largely self-determined and autonomous life experienced as joyful (“felicity” as mentioned before).

In Figure 5, we can see that affective contact and vital contact correlate with many advanced phenomenological approaches regarding schizophrenia and manic-depressive illness. Minkowski is concerned with an asymmetry of schizoidism and syntony. We can say that the more schizoid, the more schizophrenia. But since syntony is normal, we could not say that the more syntony, the more manic-depressive illness (Minkowski, 1933/1970, pp. 290-294). However, as we saw by Tellenbach’s melancholic typus, as well as what these phenomenological accounts suggest (Figure 5), a threatening hyper-syntony would exist, so we are closer to a symmetry here.

¹ Following Bergson, Minkowski assumes that a rational view of time and other experiences, such as syntony, turns them static or spatialized, denigrating their fluid or dynamic vital characteristics: “The research on time, inspired by Bergson’s work, utilized the fundamental opposition between the living and the dead, intuition and intellect, and finally time and space as its point of departure. It was precisely this opposition which clarified the particular character of the phenomenon of lived time in a striking way; space, seen only from its mathematical and intelligible aspect, served as its foil, as it were. ... [spatial disorders neurological in nature] do not involve the structure of the total human personality” (Minkowski, 1933/1970, pp. 399-400).

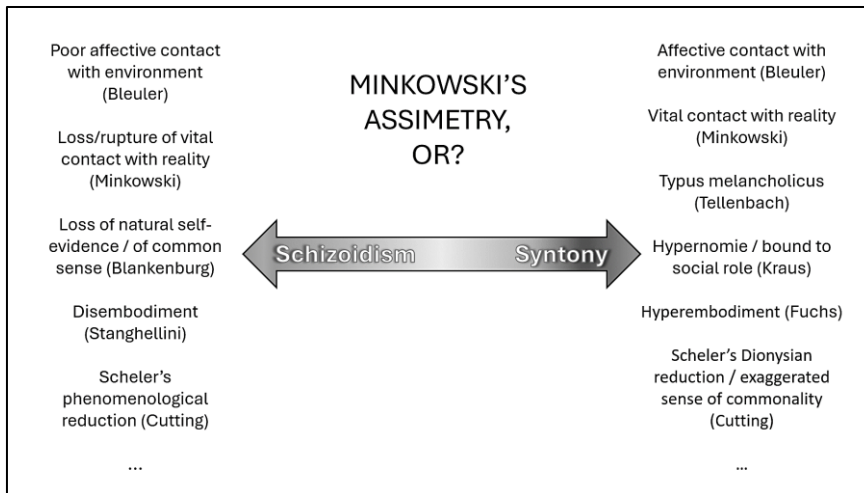


Fig. 5: Affective and vital contact in relation to advanced phenomenological approaches regarding schizophrenia and manic-depressive illness. Are schizoidism and syntony asymmetric or closer to a symmetry?

Parallel to those phenomenological accounts of being-in-the-world, the relationship between the organism and the environment is a pivotal framework in cognitive sciences (Figure 6). From the most primitive living being, the unicellular, this interrelationship is always active and brings valences through this organism-environment interplay, which later would become values, and an ecological niche with affordances forms around the organism; there is sense or meaning in this process (Fuchs, 2018; Gallagher, 2023).

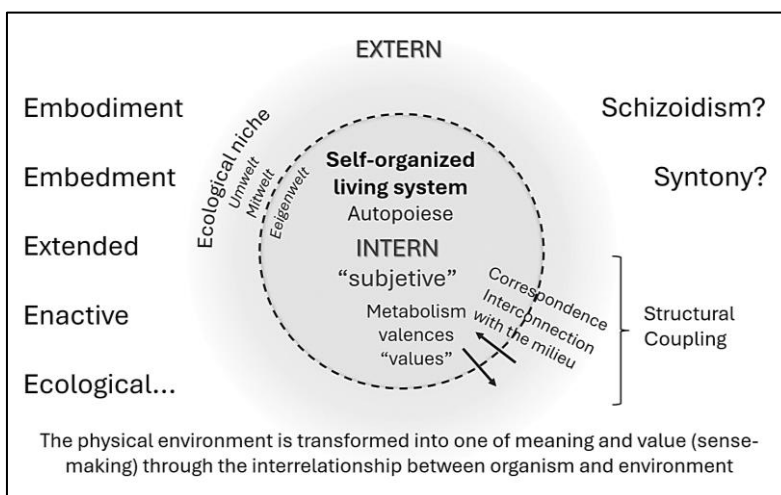


Fig. 6: A pivotal framework in cognitive sciences: organism and environment interrelationship.

In this context, it seems not absurd to think that a proto-schizoidism and proto-syntony might also be present in this organism-environment process; that is, in all living beings and not only in the human mind as usually conceived. Of course, only in the human mind would they reach the possibility of manifesting schizophrenia, melancholy, and other mental disorders.

Let us leave these interrogations to the future and come back now to our horizontal unitary view of primary mental disorders.

Coming back to a (horizontal or multidimensional) unitary view

At some points in his work, Minkowski raises the question of whether certain assumptions or theories might stem from an excess of rationalism or geometrism, which can be compensations within schizoidism and the autistic void (recalling Sass' hyperreflexivity (Sass, 2017)). Likewise, I find myself pondering whether, in Figure 7, I am a victim of rationalism, geometrism, schizoidism, autism . . . Yes, I think so, and we shall be exercising them! But hopefully not morbid, that is, compensated by syntony regarding our shared historical-conceptual knowledge and empirical data evidence. In other words, it could be possible and, therefore, a valid speculation.

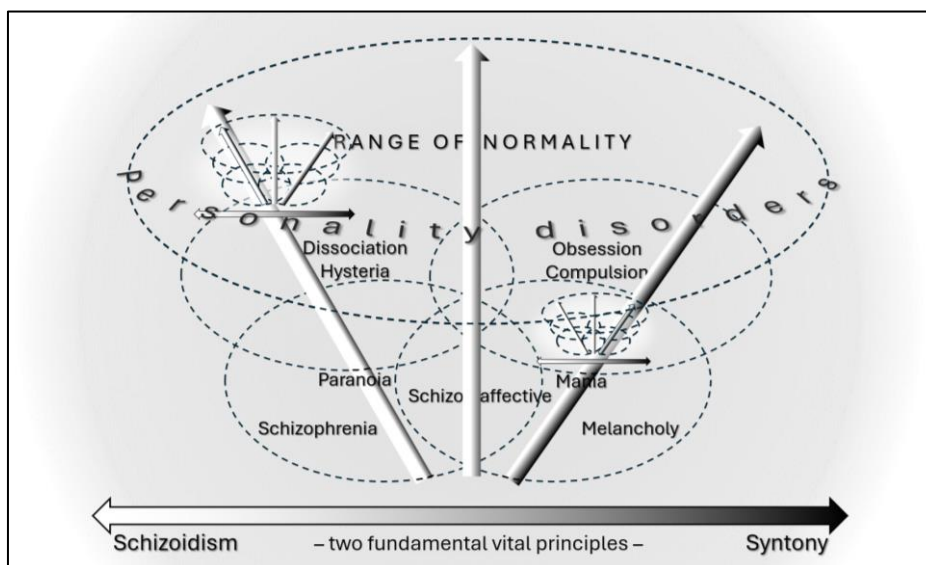


Fig. 7: Coming back to a (horizontal or multidimensional) unitary psychosis.

It deserves little explanation, as it is just a sketch of what such a unitary view could really be. Taking the schizoidism-syntony complementarity, Figure 7 illustrates a continuum from schizophrenia and paranoia to mania and melancholy. Between them, as expected, is the schizo affective disorder. However, by dealing with two basic principles of life (whether mental life or life in general), other primary mental disorders and personality disorders should fit in the schema, as should normal personalities or the normal mental range.² The personalities are indefinite or potentially infinite through time or generations,

² Phenomenological accounts, e.g., Guimarães-Fernandes et al. (2019), consider hysteria's proneness (increased proportion) to syntony, light space (Minkowski), or horizontality (Binswanger). We would see this

characterizing a continuum, even though each one, each person, is unique. Each forms a whole (Figure 7 shows two examples of personalities) corresponding to the supra-individual model but with diverse positions and tendencies, whereby compensations can occur. We can imagine all that as endogenous dispositions in interaction through life with the environment, ambiance, or atmosphere, enabling an ecological niche and human mind.

Indeed, it is a big picture, a glimpse of it. Even if tacit, we may possess such models in the clinical encounter to synthesize the multiple sparse discrete data from observation and research. Numerous current complex empirical investigations are also focusing on such dimensional-transdiagnostic, more comprehensive views of mental disorders.

A few general words on reactions to crisis

We could ask at this point how each individual or personality would react to a crisis. Of course, it depends upon the severity of and involvement in the crisis, with overwhelming situations probably being answered more uniformly. Some news about a tragic flood in south Brazil can give us clues, even if the following interpretations can only be shallow in front of the disastrous reality. The *Typus melancholicus*' orderliness, conscientiousness, attachment to social roles, and feelings of guilt would lead to an immediate proneness to help, donations, and so on, maybe in blue distress. The sensitive would also want to help due to their ethical side, though at some distance and amid thoughtful speculations about what happened. If more sthenic, they could think about creative solutions and persist with them even when, in the future, the melancholic types could already have other, more current worries. The querulants would soon find people to hold responsible and to blame, such as politicians – and they may be right! Other more schizoids could think about conspiracy plots, such as those disclosed in the media concerning climate change due to research in the ionosphere in Alaska. Unfortunately, some people with moral deficits

syntony as a structural influence from mania: “something vivid, luminous, attentive” (p. 10), “showy behavior ... effusiveness ... promptly, almost automatically, exteriorized ... feelings quickly overflow ... adorn themselves in a striking, eye-catching manner” (p. 11), “constantly seeks pleasure ... entertain ... sexual satisfaction” (p. 12), “joyful, relaxed, and interactive, with rapid changes in their state of mind ... well at ease at parties” (p. 13), “dramatic” – δράμα or drama refers to action, to movement – (p. 14), “emotional intensity” (p. 15). Yet, we see a more basic relation to schizophrenia, as by Bleuler (1922): “Hysteria is a schizoid reaction with a heightened sense of self and mania-like mobility of affectivity. We have seen that the latter components are often (always?) attributable hereditarily to a syntonic-submanic type. ... whose psycho-pathogenic mechanisms [of the hysteria] are indistinguishable from those of schizophrenia, though the hysterical temperament is very similar to, if not identical with, a manic-syntonic temperament (cf. above).” (pp. 393-394) Guimarães-Fernandes et al. sustain that a hysterical is proportionally well attuned to the world. Still, nonetheless, we see hysteria closer to schizophrenia and to a theatrical attunement, many times a pseudo-attunement. On the other side of Figure 7, a similar relationship between obsession, melancholy, and paranoia might be speculated.

associated with impulsive, persecutory traits, cold feelings, etc., might be involved in the crimes we sadly saw in the news.

Minkowski reports that people with schizophrenia tend to reject or deny unforeseen events by which they feel drowned; hence, the motor and mental stereotypies as an attempt to preserve their previous situations. On the other hand, probably due to being in their autistic world, chronic schizophrenics adapted surprisingly better than expected when hospices were left open amid the war tragedies.

After overcoming the crisis, some people may grow personally and become more mature, often needing temporary support or treatment. Others will develop post-traumatic stress disorder or present any other mental distress or disorder.

So, each personality structure and worldview will react differently to crises and new situations. Rehashing Minkowski again, we would say that reality becomes what persons have become. They “see” reality according to their internal model, not with the eyes but with their being (Minkowski, 1927/1980, pp. 185, 210). Anyway, each one brings, alongside deficiencies, positive features and resources. Altogether, it seems we are – until now – doing well in our world.

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