SOCIAL CHANGES AND POSTMODERN PERSONALITY DISORDERS

Francisco Martín Murcia
Instituto de Ciencias del Comportamiento

The purpose of this work is to describe the main features of the social changes that took place under postmodernism and the impact of these changes on the development of personality. The paradigmatic patterns of contemporary society and the clinical exaggerations which comprise its disorders are also described. The possible relationship of personality disorders as a context for eating disorders, as the most relevant topography, is analyzed, because eating disorders have become a health problem and a mass media referent in contemporary therapeutic culture. We analyze the social changes that may corrode an individual's character to the point of producing people whose body is the phenomenological basis of their identity, of who they are. The discussion focuses on therapeutic difficulties, and particularly on the not very useful classification and the bitterness against symptoms.
Key words: eating disorders, culture, personality disorders, theoretical study, postmodernism.

En el presente trabajo se describen las principales características de los cambios sociales del postmodernismo, así como el impacto de dichos cambios en la formación de la personalidad, describiendo los patrones paradigmáticos de la sociedad actual y las exageraciones clínicas que formarían sus trastornos. Por otro lado, se analiza la posible relación de los trastornos de personalidad como contexto de los trastornos de la conducta alimentaria, como la topografía en auge más relevante y por haberse convertido en un problema de salud y en un referente mediático casi sin precedentes en la cultura terapéutica de nuestro tiempo. Se reparará, por tanto, en los cambios sociales que pueden corroer el carácter hasta crear sujetos en los que el cuerpo sería la base fenomenológica de la identidad del ser que se és. En la discusión, se hará hincapié sobre las dificultades terapéuticas, en especial de la poco útil categorización y ensañamiento contra el síntoma.
Palabras clave: Trastornos de la conducta alimentaria, cultura, trastornos de la personalidad, estudio teórico, postmodernismo

The study of personality from a historical or cultural viewpoint is a tradition that goes back to authors from diverse fields of social sciences. Despite the special relevance of this focus for psychology (Fuentes & Quiroga, in press), as personal identity is a key element in the subjective reality, and it maintains a dialectic relation with society (Berger & Luckmann, 1968, p. 214), it has probably not received the consideration it deserves. Intra-psychological emphasis may have cast a shadow on the social context, although no sensible focus would assume the former without taking the latter into account. Be that as it may, in personality psychology, we have advanced little since the classic texts of Freud, Allport, Ericsson, Sullivan, or Adler. In fact, even T. Millon, the most influential contemporary personologist, borrowed the focus point that Gardner Murphy (1956) proposed in his book on personality under the suggestive subtitle of "a biosocial investigation about its origins and structure."

Currently, both Millon in his first approach to the topic—Theory of Biosocial Learning, in which personality was understood as the behavior pattern resulting from early interaction with biological and socio-family contingencies—and the more recent proposals from radical behaviorism, in which personality is considered a repertory of types of responses selected because of relevant contingencies, and in which language, due to its symbolic nature, regulates behavior—and therefore, the socio-verbal community is the context that explains who an individual is—both underscore culture as the essential variable that explains the emergence of the self (Pérez, 2004, p. 164) or of personality (Luciano, 2002). At this point, a historiography of the SELF becomes inevitable. The concept of SELF is a recent acquisition, and its main defenders were the commercial revolution and the Protestant reformation. The medieval SELF was assimilated into the sociolabor role, where the subject knew who he was according to the class into which he had been born; from the first days of his life, the individual knew where he was, he was totally sure about his secure membership in a group and it was relatively

Correspondence: Francisco Martín Murcia. *Instituto de Ciencias del Comportamiento. Avda. Carlos III 432, 7ºJ 04720, Aguadulce, Almería. España. E-mail: murcia@cop.es*

easy to compare life and oneself, as the social order prevailed over particular individuals (Bruckner, 1996). The commercial revolution led to vertical mobility, the responsibility of rising or falling, the loss of one's membership of the group; the objective ends were no longer obvious, and the focus was on oneself as the agent of one's own destiny. Thus, life horizon depended on itself and the main problem was the struggle to become someone. But, at the same time the individual gained freedom, he lost security, so that any excessive success would bring an "era of perpetual torment" (Bruckner, 1996). The Protestant reformation emphasized the weakening of social ties and the strengthening of individual responsibility, with religious individualism going hand-in-hand with economic individualism (Gardner, 1947, pp. 853-862). So, the modern "self-made man" could make his debut in the Lutheran actualization of the Renaissant homo faber; as indicated by Sennet "The Protestant individual has to mold his history so that the result is valuable and makes sense. The individual becomes ethically responsible for his time in life" (Sennet, 2000, p. 109). Constant work and effort towards his future as the expression of redemption, in which the disciplined use of time and the function of work are proof of the subject's moral value, will mold the Protestant's character, where the search for self-esteem and others' acknowledgement will reinforce individuality.

In the Romantic period, there was an unprecedented expansion in Self vocabulary, which emphasized the essentiality of personality traits: love, passion, soul, spirituality, valor, genius, inspiration, creativity, talent; in short, the existence of a hidden innerness that urged us to act (Gergen, 1991, pp. 43-51). The Romanticism of the 18th and 19th centuries questioned the supremacy of reason, while it distanced itself from functionality, searching for imagination and emotion aimed at others.

Towards the end of the 19th and during the 20th century, the Zeitgeist was transformed by the changing socio-economic and political conditions, in which romantic fascination (Gergen, 1991, p. 51) was useless for commercial expansionism and the threat of war. In the Western culture appeared the so-called "modernism" the heir of Enlightenment, in which reason and observation became the basic values, supported by the scientific advances that had produced great discoveries in medicine, industry, and technology. The psychological theories, as elements of the social definition of reality, expanded, increasing their vocabulary to discover the

being. On the psychological level, it was essentially different from the romantic level, as the metaphor of the machine, with its nodules, association networks, attitudes and traits susceptible to being measured, became the paradigm. We had gone from the mysterious romantic self to a modern self, recognizable, secure, stable, and reasonable (Gergen, 1991, pp. 73-74).

In the last quarter of the 20th century, w have attended to the end of the modernist transition towards postmodernism, also called "late capitalism" (Sennet, 1998), post-industrial, or multinational (Jameson, 1996, p. 55), post-structuralism or consumerism, depending on the item taken as reference. It could be briefly characterized by its ahistoricity, subjectivism, individualism, the appearance of high-level technologies (Gergen, 1991), consumerism, multiculturalism, victimism, and infantilism (Bruckner, 1996), and a profound modification of the work conditions, in which flexibility, superficiality, and risk will be the signs of identity (Sennet, 2000, orig. 1998) (See Tables 1 and 2).

PART I: SOCIAL CHANGE AND PERSONAL CHANGE
"Personality is the socialized individual " (Durkheim).

We have observed a progressive emphasis of symptoms in the psychological analysis derived from the professional mental health contexts, inversely proportional to the investigation of the subject's history. Thus, we cannot see the forest because of the trees and the Personal History—of the mental health services user—

TABLE 1
ORIGINAL NAMES OF POSTMODERNISM
Late Capitalism Post-industrial Capitalism Multinational Capitalism Post-consumerist Capitalism Post-structuralist Capitalism

TABLE 2	
SIGNS OF IDENTITY OF POSTMODERNISM	
Ahistoricism	Multiculturalism
Subjectivism	Victimism
Devaluation of family	Infantilism
Individualism	High-level technologies
Consumerism	Work changes: flexibility, superficiality, and risk

will simply become a Clinical History. There is some parallelism with the current complex situation of psychology in Spain, in which most of the professionals and academics understand it in its applied aspect as an eminently sanitary discipline that goes beyond—without prejudice—clinical psychology. Although the mainly economical criteria or material causes—if I may allude to Marvin Harris—are at the base of this excluding or cutting back on clinical research about symptoms, psychological treatments, still with an acceptable level of efficacy— could be improved if we performed more psychology, if we knew better and in more detail the person who demands these services. But we suggest not beginning the house at the roof and begin by understanding the subject within the macro-social context that gives him meaning. In fact, a whole current of theoreticians and professionals have been successfully developing the relations between the socio-cultural context and personality. Thus, we quote Horney, who discovered certain characteristics of the modern subject, that Lasch subsequently took up, among which is these individuals' special and intense dependence of affection and love, that will increase their susceptibility and fear of being hurt, which will— paradoxically— result in their incapacity to give what they demand (Horney, 1937, p. 91). Such dependence and incapacity to love are seen in the neurotic arrangements of the "self-complaints" (low *self*-esteem, *self*-concept, and *self*-assurance), in the tendency to brag about oneself and about objects—an extreme that we will come back to in a later section, regarding consumerism— ,the expression of hostility towards others, and submissive behavior (Horney, 1937, pp. 33-36; p. 102). Ortega mentions this hostility when distinguishing the inactive or self-complacent individualism, in which the narcissist hides his resentment and envy, from the creating individualism in which, according to William James, the subject's value lies in what he does—the merits, achieving the maximum possible of the world's comprehension (Ortega, 1981, p. 158, original 1914). However, it does not seem that contemporary culture uses the search for knowledge to protect itself from anguish but instead the search for affection (Horney, 1937, p. 135), as well as the zeal for power, fame, and possessions, that are used as repertories of a broader class: control over or securing one's position in and gaining society's respect, to give one a greater feeling of security. The need for control involves an enormous amount of impatience, irritability, fear of failure, low frustration tolerance, and incapacity to

build reciprocal relations. This subject—in this case, it is the description of the modern neurotic—acts as if he had no history, and he evades the responsibility of taking charge of his own existence, as if it did not behoove him to direct it. In this sense, according to Ortega, if man has no nature but only history, and this is the circumstance to which the subject is subject—in allusion to Pérez's (2003a, pp. 64) formulation—, to be alienated from it would be like an alienation from oneself. Thus, this lack of historicity has developed culturally and has imitated nature and become one of the symptoms that contemporary authors deem prototypical of postmodernism (Jameson, 1996, p. 232); history has lost its meaning as a source of knowledge and personal/social direction. According to Lasch (1999), this display of current ahistoricity should not be considered optimistic, but instead the hopelessness of a society that is incapable of facing the future. The loss of faith in politics, from which the subject has distanced himself after the social activism of the 60s, is presented as the consequence of late capitalism, where politics is carried out from depersonalized virtual multinational companies. This loss of referents for the subject is consolidated in a retreat into oneself, and the paradigm is the narcissistic Self. This author notes a psychological characterization of this narcissism—beyond the superficial and simplistic description of a selfish, self-oriented subject—according to which, the dimensions of the narcissistic personality are inner emptiness, hostility, excessive self-reference, fear of failure and old age, short-lived and deteriorating relations, fear of depending on others, generalized dissatisfaction, self-hate-more than self-love, in the sense of Horney (1937, p. 143)- and idolatrizing famous people who have nothing but a good image (Lasch, 1999, pp. 41-42). (See Table 3.)

With reference to the figures of the communication media, Gergen already commented that the invasion of commercial TV and other social communication formats, where the real or palpable presence of the subjects is unnecessary, has made such figures comprise a significant part of people's personal life, with the celebrities being a common frame of reference (Gergen, 1991, pp. 84-85). Regarding the above-mentioned retreat into one's interior, with the obvious resulting subjectivism and psychologism, we suggest that it has been partially the result of an advance of therapeutic scenarios (Gergen, 1991, p. 34) from which they treat what they are helping to maintain; that is, the valuation of

positive mental health and the search for a continuous psychological state with no discomfort (which seems to be inversely proportional to the quality of modern life), enhanced by the psychological and psychiatric culture so extended in our times (Lasch, 1999, pp. 27-32). Along these lines, Pérez Álvarez has cited examples of social impregnation by the clinical culture, such as the psychoanalytical culture, the self-esteem culture, and psychopharmacological cosmetics (Pérez, 2003, pp. 40-41). We note that this new therapeutic creed—which reinforces psychological self-scrutiny (Lasch, 1999, p. 72) is, among others, one of the results of the improvement of life conditions and the transition or progress of capitalism, that has gone from production—doing—to mere consumption, which has a more global psychological effect on the subject, not only affecting his way of life but also his values, desires, fears, goals, and social relations. The ethics of work as a right and a moral and material responsibility have given way to the concept of work as the freedom to consume, and deriving from this, consumption is true autonomy, although actually, we have gone from family control to the control of the large corporations that operate by publicity (Lasch, 1999, pp. 101-102). Consumer behavior, as one of the great results of the socialization of the Well-being State, could affect the conformation of the Self; to a great extent, the Self would reincarnate in the products consumed; no longer are objects sold, but instead psychological properties (i.e., jeans that are "liberty," cars that are "elegance," creams that are "youth," clothing that lend "personality"). Such objects with subjective properties confirm such a volatile and fleeting Self as the fashions themselves. The rapid obsolescence of consumable objects does not only interest the producers and intermediaries of acquisitive power, but also the consumers themselves, as the value of the objects does not reside in their material properties but in their nurturing psychological function ("having a personality, youth, freedom, security"). As this value is not supported by a consistent personal history but by an immediate and circumstantial action, it loses its vigor or effect after repeated contact with the subject, similar to psychological extinction. Thus, the Self "is no longer the son of its works"—to quote the Cervantes' famous phrase of Quixote—but the result of a marketing project beyond its control. In the postmodern age, there has been an irruption—or invasion—of communication technologies (Gergen, 1991, pp. 76-90), leading to an exponential increase in contact among subjects and the unavoidable

knowledge of other selves to admire, denigrate, love, hate, influence, desire, compete with, understand, and fear in the short space of a life. Taking into account that the comparative context has increased vertiginously for the individuals of our times and therefore, the competition (for a good job, fame, a good image, success, power, etc.), along with an increase in the real and virtual possibilities of control, one could conclude that we have the social conditions that increase the likelihood of becoming neurotic in Horney's (1937, p. 155) sense. Such colonization of the Self (Gergen, 1991, p. 100) generates a fragmentation, which together with the enormous increase in our personal dictionary to define our introspective or private states, and ends up by fracturing or dissipating a Self that—to quote Pérez Álvarez— would be more contingent than consistent (Pérez, 2001). The extraordinary increase in contact with other persons facilitates private dialogue about them, their scenarios and situations, so that subjective life has spread out and taken on relevance unthought-of in other eras. Both subjectivism and the social saturation could be defenders of going from a stable Self to one that is extremely circumstanced in its multiple relations. Subjectivism, understood as the break-up with the old modernist Truth, would, then, be another sign of identity of postmodernism; it refers to each person's stance as a criterion of truth (Pérez, 2001). Constructivism is the appropriate focus of the generalized fragmentation of the current age. Truth then depends on the observer's viewpoint and, therefore, what we consider reality is be

TABLE 3
CHARACTERISTICS OF THE NARCISSISTIC SELF
Adapted from Horney (1937) and Lasch (1999)

Inner Emptiness
Hostility
Excessive self-reference
Fear of failure and old age
Short-lived and deteriorating relationships
Dependence on affection and love
Fear of dependence
Generalized dissatisfaction
Self-hate
Idolatrizing famous people
Fear of being hurt
Incapacity to love
Drive to brag
Hostility towards others
Submissive behavior
Susceptibility

nothing more than a construction depending on the subject's previous perspective (Gergen, 1991, p. 127, Watzlawick, 1998, p. 11). However, such constructivism, different from the Orteguian one in which man's intervention on reality involved responsibility for the knowledge and the added effort, which is what re-valuates existence (Ortega, 1914/1981, p. 147), excuses the subject from being the agent of knowledge. In contrast, the assumption of a stable self structure is eroded, although whether the mind will continue to exist—either reified or identified with the brain—is not pertinently clarified, or whether we will talk about the mind metaphorically, so we can make the mistake denounced by Nietzsche of confusing the model with the thing it represents and end up being used by the metaphor (Navarro, 1981, p. 426). In any case, there is a predominance of language—not that there wasn't before, if we recall Nietzsche and the analytical philosophical tradition again—as if everything were language, when reality (external and subjective) is constructed in the interaction with the socio-verbal community, like Vigotsky stated (although we have missed any reference to him in the constructivist texts consulted). So, with no relation, there would be no language to conceptualize the self's emotions, thoughts, or intentions (Gergen, 1991, p. 204) and "the autobiography becomes a socio-biography" (Gergen, 1991, p. 211). Regarding the identity of the self, postmodernism participates in the plurality of selves and of a self in continuous process, more than in the persistent modern sameness. Lawson mentioned the crisis of realism and objectivism, targeting reflectiveness: "The postmodern situation is in crisis, a crisis of our truths, our values, the beliefs we hold dearest. A crisis that owes its origin, its need, and its strength to reflectiveness [...] understood as self-reflection or self-awareness" (Gergen, 1991, p. 177). It could be noted that the excess of anxious reflectiveness—more than criticism—as an essential characteristic of the modern and postmodern subject, is understood as a failure rather than a virtue. This failure can be seen in many individuals' current incapacity to take charge of everyday tasks such as feeding, raising, educating their children, etc. With regard to this aspect, certain social changes, such as women's incorporation into the working world or the creation of the therapeutic State, along with the excessive psychologism seen, for example, in the increased anxiety in the psychological scrutiny of youngsters, has relieved the family of its

responsibilities in favor or social organizations and institutions (Horney, 1937, pp. 70-71; Lasch, 1999, p. 286). In any case, the excess of self-focused attention has been observed to be at the root of most psychological disorders (Morrison, 2003), as it can be detrimental to a person's functioning, "getting in the way of life problems to end up having priority over them" (Pérez, 2003, p. 26, p. 88). In fact, hyper-reflectiveness about certain psychological events is observed as a condition related even to such devastating disorders as schizophrenia (Sass, 2003). If this is so, the subject constructs himself in this social scheme, where personal identity is difficult to maintain stably in such a contradictory social chorus; it is not surprising that the formation of the Self could frequently turn schizoid (fractured or divided self, according to Laing's description), borderline (many selves with unstable, blurry, and extreme presentations) or narcissist in the above-mentioned sense.

On another level, the changes in work cannot be disregarded. These changes in work conditions, that were described very accurately by Sennet (2000), have brought about changes in character, understood as the ethical value we attribute to our desires and our relations with others. This author underscored that industrial capitalism had given way to a new regime, whose characteristics would be the reinvention of bureaucracy, flexible production, and concentration without centralization. In short, the changing demands of the external world would not only modify consumable products, but also the business organizations (Sennet, 2000, p. 53). As a consequence, the lack of attachment to such products and the tolerance of fragmentation, which are the patterns of useful and comfortable behavior for the dominant classes, but which could corrode the workers on the lower steps of the flexible production regime (Sennet, 2000, p. 64-65). The business organization has become decentralized, a sort of subcontracts, where the final product is the result of various business islets, but it has not brought higher levels of equality of workers' responsibility, but instead has gone from the old pyramid of bureaucratic hierarchy to a reticular structure (Sennet, 2000, p. 56-58). On the other hand, the function—the profession—has been disrupted in many productive areas; computerizing the machinery, which has led to aseptic and comfortable work environments, has distanced the worker from the product in such a way that his work identity is weak (Sennet, 2000, p. 73). The ease of flexible work produces the

paradox of indifferent, unattached, and uncritical subjects; in short, individuals with little commitment to work because of their scarce comprehension of their profession. Flexibility and ease are conditions that prevent intellectual stimulation; the only challenge for the subject is to assume risk. However, dealing with risk creates ironic and ahistorical characters, because the maxim is to take advantage of the moment and be on the move constantly, without trusting plans for the future. The other option is to avoid such uncertainty by working for the State and so, we see how most of the university youth plan their future as civil servants, moving away from the apprehension caused by risk and perhaps away from work options that would be more stimulating for their personal and intellectual development, but also more difficult to achieve in a regime in which there is an oversupply of higher titles and at the same time, there is decreased demand for them (Sennet, 2000, pp. 92-93).

Other relevant characteristics of the contemporary subject are his infantilism and victimization, two pathologies of contemporary society (Bruckner,1996) in which, on the one hand, we observe a generalized anesthesia of the conscience so that there is a buffered effect of the consequences of one's acts and an avid demand of no effort—the adult imitates the child—whereas on the other, everyone sees himself from the stance of a victim whose executioner could be the superego, the neighboring town, the lack of vital space, the rich, the infidels of this or that God, and everyone demands favorable treatment that, legitimized by their complaints, lead them to use any means to achieve their ends. In fact, both phenomena are observed in the current way of coping with old age. Contemporary fear of old age and death (Lasch, 1999, pp. 253-263) have become profoundly intolerable, not only because in the old person we see the loss of professional status or higher incidence of illness; but also because the transformation of the value of wisdom provided by age into the value of depending almost exclusively on social reinforcement (for example, image), or of being up-to-date in technological change, the loss of the historical sense of life—with no path to the future—together with the changes produced in the family (such as the loss of the generational fabric) and the pathologization of old age (as something to cure or to treat) are factors to which the contemporary subject usually responds with panic. He attempts to alleviate this panic by not thinking about old age—which will logically bring him more of the same—or trying to put off old age,

which will lead to more frustration because, although exaggerated biotechnological optimism invites us to believe in it, to prolong life expectation is not the same as avoiding old age (Fukuyama, 2002, pp. 101-123). Sennet states that the changes in work conditions have to do with the importance granted to youth; in late or current, flexible capitalism, older workers lack the necessary energy to adapt to the demands of rapid business changes, and they are more skeptical about risk. In contrast, experience is not a value on the rise and the working life has been reduced to one half (Sennet, 2000, pp. 97-101). In any case, to live in a society in which old age has become a problem instead of an unavoidable fact of life, leads to psychological changes in the subject, such as constant anxiety about the passing of time and an early downfall because of the loss of one of the most reinforcing social values. We want to be children and we are the victims of age, so we try to have a youthful image—to seem young. Precisely, the image is considered the main stimular vehicle of communication (Lasch, 1999, p.71), given the consumerist whirlpool of visual stimuli, with an increase in the number of hours we dedicate to watching TV, movies, publicity, video games, Internet, DVDs, written press to "see" rather than to read, exponential increase in TV channels, fleeting fashions, and quick cycles, increase of music that we "hear" on TV. In short, it seems that only what we see exists. Such a hypertrophy of the image is one of the factors that makes the experience of the Self continue to rely on the image of one's own body. It is not just that a certain esthetic model is culturally predominant and individuals try to achieve it, but—from the preceding analysis—that the social changes promote profound changes in personality and they direct behavior—in a subject/society dialectic—to achieve the adaptation to prevailing social conditions, although such adaptation may have an excessive price. Even so, it seems that the narcissistic personality is a good way of holding off the anxiety and tensions of modern life (Lasch, 1999, p.74) and "becoming schizoid" the best response to certain contexts (Pérez, 2003b).

It is therefore not surprising that, in an iconographic society, image disorders have become predominant. On the one hand, we cannot escape the similarity between the prototypical image of modernist transition art, whose expressions are minimalism, sobriety, languidity, nakedness in buildings and the disappearance of the differences between the exterior and the interior (Jameson, 1996, p. 128), and the psychopathology of

anorexics, in whom personal identity is confused with body. The fragmentation of the self can very well extrapolated to the fragmentation of corporeity, in part due to the redundant iconographic techniques from modernness to our days, where, as noted by Martínez Benlloch (2001, p.104 y 122-123), the body has been micro-fragmented, endlessly revealing the parts more than the whole, offering the subject/spectator—in an extraordinarily compulsive manner—orifices, breasts, low-cut pants that reveal the hip-bone and panties, transparencies, clothing that clings to bottoms, mini-bikinis, hair, lips, abdomens, and cheek-bones to the extent of granting such areas their own meaning and value, in other words, pieces to desire, love, hate, and, therefore, susceptible of being controlled and improved. Inflation of the image cult is not a contemporary phenomenon. In classic Greece, this cult was patrimony of the men, and its expression was the Athenian gymnasium and anthropocentric sculpture (Sennet, 1997, pp. 47-51). The naked body of the Athenian dignified his condition of citizen and was a sign both of his good health and of his degree of civilization and culture (Sennet, 1997, p. 35), insofar as now it is a symptom of youth, self-control, well-being, discipline, attractiveness, happiness, and self-assurance. Both in Sparta and later in Rome, the function of the body cult was related to the achievement of strength to wage and win wars, whereas its current function is to control the likelihood of being successful (partner, work, friendship, youth) in the struggle to be someone special. In olden times, modeling one's body was only within reach of certain social classes (noblemen, citizens, soldiers) whereas nowadays, it has become universal—thanks to the communication technologies—and democratically distributed—thanks to socioeconomic equality—both its valuation and people's capacity to dedicate a good part of their life to it—perhaps free from the load of sustaining life itself.

Coming back to the present, it is considered that a large quantity of individuals from postmodern society, described as having schizoid, borderline, and narcissist personality styles, do not display behaviors related to improving their self-concept and body image from the viewpoint of well-being and consistency of the self, but instead from the anguish they feel when faced with the enormous demands of contemporary social environment, the self's perplexity, and their sense of emptiness in a life project that has no past and no future, only a present that must be "alleviated" in order to get by. It is a way of carpe diem whose values are to avoid anticipated pain—not pain that is realistic and contingent on life—from rejection, failure, assuming the responsibility of taking charge of one's life and insistently curing the narcissistic wound of being someone in the world—by the way, a world where the Self is becoming fragmented.

PART II. POSTMODERN PERSONALITY AND IMAGE DISORDERS

Despite the withdrawn nature that personality and its disorders have in the academic and professional world, given that both the categorical definitions and the dimensions lack univocal acceptance in the scientific community, their clinical significance cannot be disregarded—either as an introduction or as Axis II context (Fuentes & Quiroga, in press). Thus, the above-mentioned social characteristics are the contingencies that conform us, and the responses selected by the environment have a high likelihood of becoming excessive to the point of becoming neurotic responses like those described by Horney in 1937 and by Lasch in 1999 (Table 3) and therefore, of significantly affecting the subjects and their social environment. Personality disorders can be defined by the subject's situation in and with the social context, that is, how they relate to the context, either because of their fear of loss (dependent), submission because of fear of rejection (avoidant), need for attention and gratification (histrionic), being objects of its power (antisocial), need for affection and intense reactions to imagined loss (borderline), fear of dependence (narcissist), fear of being hurt (paranoid), giving up when faced with social demands (depressive), affective detachment from others (schizoid), extreme compliance with rules (obsessive-compulsive), criticism of others (negativist), etc.

In a postmodern context, concern for one's image has been the rule and not the exception; from the empty self, self-hate, incapacity to love, hostility, fear of failure, idolatry of corporal totems, and excessive need to control, it is not surprising that people become neurotic. A person's self-image and image one presents to others is currently so supported by corporality that it could easily lead to the attempt to control—through diet and other similar behaviors—to change oneself and become someone else. Searching for another body to stop being an unacceptable and insecure Self and to achieve a valuable identity has become the existential project of many human beings. This ontological insecurity described

by Laing in schizophrenics, will be commented upon (Laing, 1964, pp. 35-38); adolescence as a critical period (García & Pérez, 2003) is probably be the period when the severest psychological disorders occur most frequently, as it is the crucial time of development of the person who struggles between recognition and sensitivity to criticism, in the midst of conflicting social roles, and with a postmodern environment that inserts unachievable values. In this way, it can produce insecure and hostile people. Thus, the perfect little girls usually preferred by parents will make an enormous effort to be the best adolescents. Brilliant—and exhausting—academic achievement, closely following ideal esthetic models, and avoiding failure are a priori functionally useful behaviors for their life project, although, as stated by Ortega, "some people reach full self-expansion by taking second place and the zeal to get first place annihilates all their virtue" (Ortega, 1914/1981, p. 36). Thus, eating disorders (EA) have become a severe health problem for westernized societies, where food abounds and personal attraction is closely linked to thinness, especially in women. The high economic status is particularly sensitive to this problem, although in the last few years, there has been a clear shift towards other social classes and an extension of the problem to developing cultures; even some countries far removed culturally from our social environment have begun to note an incidence of EA similar to that of our own social environment. Prevalence rates similar to the Spanish one have been observed in the Iranian population (Nobekht & Dezhkam, cited in Ruiz Lázaro, 2004) and a higher frequency of eating behavior alterations was observed in non-immigrant Iranian women than in Iranian women residing in North America (Abdohalli & Mann, 2001). In Fiji, where the obese body was prevalent and valued, a similar change has been observed—coinciding with the entrance of Anglo-American TV in 1995 (Martínez, 2001, pp. 116-117). On the other hand, the more westernized Latin American countries—for example, Argentina, that also has deep individualist, subjectivist, and psychologist roots— have the highest prevalence rates of EA of Latin (Ruiz Lázaro, 2004). In order to analyze this problem from the cultural viewpoint defended herein, in solidarity with the proposal that García and Pérez (2003) made concerning schizophrenia, a genealogy of documented eating disorders should be made that would begin with the cases listed under the section of Saint Anorexia, not so much because they didn't exist before, but because no previous

descriptions of the subject's personality was found and that is a central criterion of the present work. From Saint Liberata until Catherine of Sienna (Toro, 1996, pp. 17-19), certain cultural and functional aspects have been observed that are similar to those of our present day anorexics; on the one hand, the valuation of fasting—in those cases, as a rite of moral perfection, a sign of disincarnated love or to attain the ideal image of a fainting Christ—and, on the other, the function of fasting as an avoidance behavior in marriages of convenience (but not convenient for the women) or as a liberation from body passions or sexual demands. Of the famous fasts, for example, Sissi and Lord Byron, mentioned by Toro (1996, pp. 79-81), we emphasize precisely the fame of the characters—with the reinforcement this involves and the resulting fear of losing one's famous image—and the comfortable way of life that would excuse them from practical tasks and the daily requirements of life—resulting in an excess of free time to dedicate to themselves—, the contact with models of a perfect life, either because of sainthood or narcissism—which involves a demand to remain faithful to such perfection—and a dramatic existence, where the role is confused with the person, where the character can either be pleasant or unpleasant to the person who plays the part. The similarity with the conditions of anorexic persons of our times is noted, although the idiosyncrasy of the socio-cultural niche (religious or noble) makes the dialectic relation in the configuration of the Self substantially different and both the life project and the construction of the identity of the saintly anorexics is very different from that of the youngsters who currently fill our classrooms. The analysis should be completed—although here it is only indicated—with a reflection on the participation of other explanatory variables that, without prejudice of the cultural level practiced here, could shed some light on such a ubiquitous phenomenon. At other levels, we know that eating behavior suffers alterations in other psychopathological disorders (for example, depression, anxiety, psychosis) and these could be antecedents of anorexia nervosa in many cases—on the other hand, disorders from which the saintly anorexics would not be excused and much less the celebrities shown. Inanition rapidly triggers obsessiveness and rigidity, and it decreases the delusional threshold, a relevant aspect in many mystical and revelation experiences. Readers are reminded of the divine engagement ring of Catherine of Sienna, made of Christ's foreskin, which nobody saw but

TABLE 4 REFERENCES ABOUT PERSONALITY AND ETHICS	
Pillay (1977)	Low self-esteem
Garfinkel (1982)	Bulimia nervosa: impulsiveness, emotional lability, and extroversion. Restrictive anorexia nervosa: Introversion
Bell (2002)	Borderline Personality Disorder
Kleinfield (1994)	Restrictive anorexia nervosa: larger repertory of avoidance behaviors
Bulik (1995)	Dependent personality
Braun, Sunday y Halmi (1994)	Co-existence of personality disorders and affective disorders
Dowson, 1989; Hertzog, 1992a; Skodol, 1993; Waller, 1993; Wonderlinch, 1994; Murukami, 2002	Borderline Disorder
Grilo, 1996; Murukami, 2002	Avoidance Disorder
Johnson y Wonderlich, 1992; Casper, 1990; Anderluh, 2003	Avoidant-dependent and Obsessive-compulsive Personality
Herzog, 1992b; Johnson y Woonderlich, 1992; Levin y Hyler, 1986; Skodol, 1993; Díaz-Marsá, 2000a y b	Compulsive-purging anorexia nervosa and bulimia nervosa: Borderline and histrionic personality disorders
Herzog, 1992; Johnson y Wonderlich, 1992; Wonderlich, 1994; Gillberg, 1995	Restrictive anorexia nervosa: Obsessive-compulsive personality
Kennedy, McVey, y Katz (1990)	Restrictive anorexia nervosa: Schizoid and schzotypal personality Bulimia nervosa: Borderline personality
Sexton, 1998; Rämstan, 1999; Graell, 1999; Rosevinge, 2000	Restrictive anorexia nervosa: schizoid personality Compulsive anorexia and bulimia nervosa: Histrionic and borderline personality

she exalted after a revelation; and Saint Teresa's celestial visits that led her to wish for death because of the exalted life that awaited her. Not eating was reinforced by the experience of ecstasy and communion. Cachexia also leads to an increase in analgesia to pain—understood as a global experience—so that the prolonged lack of appetite can be a compensating function both in depressive states and in vital traumatic situations—or example, humiliation, submission, or maltreatment—so that once the restriction pattern is installed, it leads to a loss of weight whose psychological consequences also maintain the behavior. There are, then, many reasons both to not eat and to continue not eating. Currently, the increase in the quality of life and time to "talk to oneself," social pressures (of success and beauty), raising the demands of perfection—given the arbitrariness of such records—the fragmentation of the Self and of the body, the modification of the family structure and functions, among other factors, have become increasingly more universal. There are more conditions to produce people with dysfunctional behaviors related to body, food, and life. These personalities have habitually been seen in clinical work with such patients, noting certain common characteristics of behavior, in addition to pathognomonic eating behavior, for example: perfectionism, rigidity, detachment or extreme emotional instability, social avoidance, sexual inhibition or promiscuity, anhedonia, alexithymia, extreme family dependence, avoidance of the therapeutic relation, manipulation, lying, lack of fantasy and personal identity problems. From a historical perspective, the description of personality in patients with eating problems comes from Janet, who referred to hysterical anorexia, with loss of appetite, hyperactivity, and histrionic traits, and to obsessive anorexia, which keeps the appetite, plus scrupulousness, and obsessive-compulsive traits. Garner (1989) noted that personality factors can play an important role in the pathogenesis or, at least, in the symptomatic expression of eating disorders, and there are a large number of studies that have investigated the typical personality theme in these disorders, of which Table 4 offers a summary.

Most of the studies confirm the high prevalence of personality disorders that are congruent with the description of the most common personality styles in postmodern society. According to the studies, they are the following: schizoids, borderlines, and narcissists. In subjects with ED, an avoidance pattern is confirmed, which could be integrated in the Experiential Avoidance

Disorder, expounded by Hayes (1999, pp. 58-69), in which the restrictive topography may be associated with the schizoid personality, whereas the bulimic would be associated with borderline and narcissistic personalities. As a last note, we propose a likeness among the negative symptoms observed in schizophrenia, of which the schizoid personality could be its formal stage (Pérez, 2003b) and the symptoms of coldness, emotional detachment, autism, and fracture of the self in patients with restrictive anorexia (whose most prevalent personality is usually also schizoid). That is, both of them share the culture niche that would give them non-syntonic form and the abnormal experience of themselves. So, the construction of the personal identity with a pronounced absence of social contact prevents them from learning how to know, perceive, interpret, and anticipate feelings and affects, and this social cognition deficit is probably more disorganizing and has more impact on many patients' general functioning because of what it shares with the loss of common sense (that is, communality, or having to do with the world).

DISCUSSION

Although there is extensive evidence that EDs are something more than eating disorders and that there are profound alterations of the personality in most of the subjects with such dis orders, it does not seem that these findings are being incorporated into the focus of treatment; insofar as it is a culturally produced behavior pattern, it is not susceptible of being approached exclusively from a medical perspective, because to conceptualize Anorexia Nervosa as an illness is neither pertinent nor operative (Duro, 2003) and probably this is the cause of the facts documented —although not as much as one would wish—in the clinic: drop-outs, continuous relapses, incorrigible resistances, very extensive psychological treatments, mediocre therapeutic response and/or unclearly defined therapeutic elements (McIntosh, 2005), the lack of explicit pharmacological treatments and the immobilization of the family due to the stigmatizing of "being an illness." However, we are not attempting to deny the psychopathology of EDs, but rather to go back to it, something not very common in the contemporary clinical community (Pérez, 2003a). Thus, one of the most habitual errors when focusing the treatment with these patients—and let us not forget other psychological disorders—may be the precipitation with which techniques are implemented without the patient

previously having expressed commitment to change and the concrete direction of the change, as well as raging against the symptom. Leaving aside the therapist's theoretical school, the premature use of techniques has often had the purpose of relieving the therapist's anxiety rather than doing something effective for the patient. Perhaps that is why the third wave of behavioral or cognitive-behavioral therapies (Hayes, 2004, pp. 5), in which the subject's history, family and social context and acceptance—first, the therapist's and subsequently, the patient's—of the existential value of the behavior problem in the patient's way of being in the world allow one to take a different philosophical stance, seems to have been adopted by an increasing number of clinicians, mainly to focus the treatment of patients who are particularly refractory against current interventions.

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