Case report

Schizoid personality disorder: a rare type

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Summary

Schizoid personality disorder is a rare type of personality disorder that is characterized by restricted range of expression of emotions such as emotional coldness, detachment or flattened affectivity to almost each and everything in daily and natural activities. This was a case report about a 30 year old male from a rural area who presented with the complaints of being self absorbent, slothful, reluctant with self-laughing, self-muttering and odd behavior, having little interest in emotional reaction with poor social interactions and no interest in earning or pleasurable activities. On mental state examination his mood was found to be euthymic with restricted affect; decreased rate and rhythm of speech with impairment of judgement, abstract and insight. Other medical causes of such conditions were excluded. In addition to pharmacological treatment, psychological interventions were exercised and Considerable improvement was noticed.

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Introduction

Schizoid personality disorder is a rare type of personality disorder that lies under 'odd and eccentric' personality.[1] The original concept of the schizoid character developed by Ernst Kretschmer in the 1920s comprised an amalgamation of avoidant, schizotypal and schizoid traits. In 1980 Theodore Millon split this concept into three personality disorders (schizoid, schizotypal, avoidant). In clinical settings schizoid personality disorder is found only about 2.2%, commonly in men.[2] It begins at late childhood and adolescence with a prevalence of 1% in generalpopulation.[2,3] Schizoid personalities based on a probability subsample from the National Comorbidity Survey Replication suggests a prevalence of 4.9%.[2] There are several types of schizoid Personality Disorder, like languid schizoid, remote schizoid, depersonalized schizoid, affectless schizoid (Millon's Subtypes). It is assumed that, heritability significantly contributes to schizoid personality's diathesis. Twin studies have estimated heritability rates for schizoid Personality Disorder to be about 30%.[4]

Case summary

A 30 years middle aged man came to a government hospital in Dhaka in April, 2022. He belonged to a low socioeconomic group, studied up to class three and then discontinued, youngest among 2 siblings having a very supportive mother but his father died long ago when he was 40 days old. He had been admitted here due to side effects of antipsychotic drugs which he had been taking for last few months. His mother said that, he was self-absorbed and had poor social interaction since childhood. She also said that, he had self-muttering and self-laughing behavior for last 8-10 years but didn't acknowledge hearing any unseen voice. He also exhibited odd behavior like standing on the street, he used to tap on the head of female pedestrians at times and hugged a woman once all on a sudden. He rocked his body without any apparent cause. While talking to his mother she mentioned that, he stopped going to school when he was 9 years old and passed most of his time standing in front of his house and street. His mother also included that, he had little interest in emotional interaction with family members and was reluctant to involve in any pleasurable activities. He had never been engaged in income generating work. He didn't want to get married and still now wants to remain aloof from everyone. He didn't react to physical abuse caused by peers or neighbors rather gave complaints to his mother against them. His mother complained that, his activities were slothful and he used to pass a number of hours in wash room doing nothing. On mental state examination his facial appearance revealed perfectly trimmed beard and combed hair though there was swelling of the inner canthus of the left eye with purulent discharge. His mood was found to be euthymic and affect was mildly restricted. He had a decrease in rate and rhythm of speech but normal in volume. Patient answered to all the questions in one or two words. Other parameters of mental state examination were normal except judgments, abstract thinking and insight. They were impaired and intelligence was average. Regarding insight he stated that, he had no mental illness. On physical examination,

his abdomen was found to be distended and a scar mark over the right lumbar region and other parameters were normal. He was given pharmacotherapy like antipsychotics, anti-depressants, psycho stimulants and supportive psychotherapy to emphasize education and feedback concerning interpersonal skills and communication, role playing and video-taped interaction and group therapy as well. As the symptoms improved, he was advised to continue the medication and attend psychotherapy sessions.

Discussion

According to DSM 5, diagnosis can only be made if the criteria are met for detachment from social relationships and a restricted range of expression of emotions, as indicated by (four or more) of the following, If the patient neither desires nor enjoys close relationships; including being part of a family, almost always chooses solitary activities, has little interest in having sexual experiences with another person, takes pleasure in few, if any activities, lacks close friends or confidants other than first degree relatives, appears indifferent to the praise or criticism of others; shows emotional coldness, detachment, or flattened affectivity; doesn't occur exclusively during the course of schizophrenia, bipolar disorder or depressive disorder with psychotic features, another psychotic disorder, or autism spectrum disorder and is not attributable to the physiological effects of another medical conditions.[5] All these criteria must be met to rule out other conditions like schizophrenia, bipolar disorder, autism spectrum disorder. For those diagnosed with schizoid personality disorder, it has been suggested that, excessive over- or under-stimulation may lead to a co morbid axis I disorder, such as an anxiety disorder.[1] The depersonalization experienced by individuals with schizoid personality disorder, resulting from lack of contact and emotional engagement with others, may engender preoccupations with fantasy and, for some, brief psychotic or manic episodes.[1] My patient didn't have such symptoms but he exhibited psychosis which was unspecified.

People with schizoid personality disorder think themselves as observers not as participants. They manifest a tendency to sacrifice intimacy in order to preserve autonomy and maintain beliefs of self-sufficiency and independence. Some people who schizoid who were drawn to conventional lifestyles, most were unable to respond appropriately to social stimuli. They were often viewed as withdrawn, reclusive, isolated, and dull.[1] My patient was reclusive and isolated but it didn't seem that he sacrificed his intimacy to preserve autonomy. Research showed that, this disorder shared genetic and environmental risks. Schizoid personality disorder could be characterized by both positive and negative-like symptoms. Research showed that, rates of childhood maltreatment and trauma were higher in adults with personality disorders than in healthy controls, with approximately 73% of adult patients reporting various forms of childhood abuse and that approximately 1 in 10 adolescents were like to be diagnosed with a particular personality disorder.[1]

Conclusion

Schizoid personality disorder is a very rare personality disorder which actually needs attention with proper treatment in collaboration with psychiatrists, psychologist, occupational therapist and motivational therapist. Though it can't be rooted out wholly, the sufferings can be diminished offering a comparatively better life.

References

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