

Unfulfilled Art Enthusiast With Schizoid Personality Disorder: a case report

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Abstract:

Purpose: The aim of the study is to present a description of a case of a person suffering from schizoid personality disorder with a focus on the mechanisms that influenced the life choices of the patient.

Case description: 27-year-old man with schizoid personality disorder has been struggling with it since childhood, which mostly caused by his dysfunctional family. The man considers himself unique because he composes music, wants to write a book, set up a theatre and claims that he is able to discover a lot in math, but does not implement it while living in a fantasy world.

Discussion: It is thought-provoking that a person with a personality disorder characterized, among other things, by being indifferent to the praise or criticism of others and displaying emotional coldness, detachment, or shallow emotionality, is interested in areas in which emotions embodied in art are one of the main forms of expression, and encountering feedback from others is intrinsically linked to this. One explanation for this may be that the contact with the audience in the patient's chosen fields of art (electronic music making) is not direct.

Conclusions: Currently, treatment for schizoid personality disorder is long and difficult. This is mainly due to the fact that these individuals are often indifferent to the need for change, which can lead to a lack of motivation for any treatment. The main methods include psychodynamic psychotherapy, group psychotherapy and sometimes medication.

anxiety; psychiatric rehabilitation; group therapy; psychotherapy; schizoid personality disorder

PURPOSE

Despite its unique presentation, Schizoid personality disorder (F.60.1) has remained understudied and overlooked in the broader scope of psychological research. One possible explanation for this is the fact that the incidence of this disorder is small. Available research on the epidemiology of this disorder, examining its co-occurrence with other mental disorders, indicates

that it affects only 4.9% [1] and 3.1% [2] of the studied populations. These studies do not show the incidence of this disorder itself. Therefore, the actual number of people suffering from only schizoid personality disorder is even lower.

According to DSM-5, to make a diagnosis of schizoid personality disorder (criterion A), it is necessary to observe in the patient a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning in early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

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1. Neither desires nor enjoys close relationships, including being part of a family.
2. Almost always chooses solitary activities.
3. Has little, if any, interest in having sexual experiences with another person.
4. Takes pleasure in few, if any, activities.
5. Lacks close friends or confidants other than first-degree relatives.
6. Appears indifferent to the praise or criticism of others.
7. Shows emotional coldness, detachment, or flattened affectivity.

Additionally, these disorders do not occur exclusively during the course of schizophrenia, a 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 condition. (criterion B)

Importantly, if the criteria are met before the onset of schizophrenia, the statement “premorbid” should be added [3].

The ICD-10 classification describes schizoid personality as a personality disorder characterized by withdrawal from affectional, social and other contacts with preference for fantasy, solitary activities, and introspection. There is a limited capacity to express feelings and to experience pleasure. However, in order to make a diagnosis, it is necessary to exclude Asperger’s syndrome, delusional disorders, schizoid disorder of childhood, schizophrenia or schizotypal disorder [4]. In contrast to DSM-5, the ICD-11 classification provides a more generalized definition of personality disorders without diving into specific types or establishing distinct diagnostic criteria [5].

Given the nuanced nature of personality disorders and their symptoms, clinicians are advised to be particularly discerning in their diagnosis, especially when considering potential overlap with other medical conditions. For instance, during a major depressive episode, patients may exhibit traits resembling social anxiety and dependency; yet, these characteristics are transient, in contrast to the persistent nature seen in dependent personality disorder. Prolonged observation may be required for a definitive diagnosis. Additionally, cultural variations must be considered to avoid misinterpreting culturally influenced behaviors as indicative

of a personality disorder [6]. Due to the limited number of studies, researchers have tended to expand the knowledge about schizoid personality disorder and describe a patients who attended group therapy. The aim of the study is to present a description of a person suffering from schizoid personality disorder with a focus on the mechanisms that influenced the life choices of the patient.

Case description

The method of research used in the described clinical case was based on a thorough psychiatric examination of the patient and an analysis of his previous medical documentation, including the results of psychological and psychiatric consultations with the Mental Health Outpatient Clinic, as well as records related to three hospitalizations at the Day Unit for Psychiatric Rehabilitation of Anxiety Disorders. Additionally, the results of the Unfinished Sentences Test, Life Story Questionnaire, and “O” Symptom Questionnaire were also taken into consideration.

A 27-year-old male is undergoing therapy at the Day Department of Psychiatric Rehabilitation of Anxiety. He is a third-time hospitalized patient with a strong motivation to improve social functions and the quality of life. The patient has faced many difficulties since childhood, which probably led to personality disorders. In addition to puberty issues, he had to deal with alcohol abuse in the family, violence, inadequate living conditions, and his parents’ separation. The patient’s story begins in 1992. He grew up with his parents, older sister, and grandmother. His father was an alcoholic and violent towards family members, especially the patient’s sister. The mother did not fulfill her maternal and household duties. The grandmother, who lived nearby, was very present in family life and took over the father’s role. In addition, the family was in debt. In 2008, the parents divorced, and his mother went to work in Germany. The sister has a family of her own with three children. Although they were not fond of each other, their relations are quite correct now. The patient is the godfather of one of his sister’s children. At that time, he declared himself an atheist, but now he is more of an agnostic. The patient’s school

years were particularly difficult. He faced his first issues with interpersonal relations as well as with learning. He was a mediocre student. He showed interest in the arts, and he won museum tickets once, but his mother did not allow him to go. The patient recalls this and the loss of his beloved piano toy (taken by his father) as unpleasant experiences from his childhood. In primary school, he did not establish many relationships with his peers, and it was only in middle school that he found company. He fell behind in school and was not promoted to the second grade. During his school years, the patient had an episode of drug abuse, which he regrets now. He took a year off and started high school, where he improved his grades and began to enjoy studying. At the age of 22, the patient got into technical school where he started to code.

He has worked in many places, but never for long – including a bakery and an automotive shop. Currently, he is interested in developing his skills in the fields of art, music, and mathematics. He has started learning music production using a digital audio workstation.

Over the years, the patient has not established any lasting, healthy relationships. He has a few friends with whom he does not feel comfortable, but he wants to get back in touch with them. He does not engage in sexual contact. Once, he wanted to get married, but he no longer feels such a need. The patient has relationship issues, but he is willing to work on improving in this area. He wants to open up.

TREATMENT HISTORY:

The story of the patient's treatment is a long one and begins in his youth. He started seeing a psychologist during his school years. In December 2015, he was admitted to the Department of Neuroses with a diagnosis of mixed anxiety-depression disorder. During this period, the patient experienced depressive thoughts, mood swings, tension, and anxiety. He also had difficulty maintaining relationships and controlling his emotions. The thought of studying biology and writing horror novels provided him with comfort. He denied having suicidal thoughts and did not exhibit any positive symptoms. He was motivated to undergo ther-

apy. In January 2016, the patient was diagnosed with dependent personality disorder (F60.7). After two weeks, the diagnostic process was completed, and treatment with Aciprex was continued. The patient began studying at an IT technical school and did not start therapy. He lived a stressful life and was overwhelmed by everyday challenges. However, he wanted to turn his life around. In February 2017, he was hospitalized at the Day Department of Psychiatric Rehabilitation of Neurotic Disorders and was recommended group psychotherapy. The reason for his hospitalization was his passivity in life, low self-esteem, and inability to face problems. Initially withdrawn, he became defensive, but gradually, he started to notice his agency and influence on life. He used various defense mechanisms, including regression, idealization, devaluation, and denial. He was discharged with symptomatic and functional improvement.

After two years, in 2019, he was referred for requalification to the Department. The patient was aware of his problems, but remained passive. He completed the tests, and the result of the personal questionnaire was "0" – 357/28c. He lived alone after his mother left for Germany, and he complained of a lack of willingness to take action. He felt regret and anger, did not work, and lived on alimony and savings. In September, he reported to the hospital. On admission to the Department, the patient was auto and allopsychically oriented, presented a shallow affect, and displayed apathy. He had slowed thinking, lack of motivation, activity based on dreams, maladjustment to reality, and an autistic attitude. The reason for his admission was his inability to "take a step forward in life". After two months, he was discharged and received an offer for another therapy in a month. In January 2020, there was a third hospitalization. The patient complained about further problems with interpersonal relationships. He began searching for the meaning of life in spirituality and turned to Hinduism. He planned to set up a one-man theater. He continued to analyze his family situation, dwelling on the past.

DISCUSSION

Our primary subject, the 27-year-old male, distinctly exhibits characteristics commonly asso-

ciated with schizoid personality disorder. This case, along with other anecdotal evidence, underscores the multifaceted nature of the disorder. What caught the researchers' attention in the case described is the patient's passion for artistic forms of self-expression. It is thought-provoking that a person with a personality disorder characterized, among other things, by being indifferent to the praise or criticism of others and displaying emotional coldness, detachment, or shallow emotionality, is interested in areas in which emotions embodied in art are one of the main forms of expression, and encountering feedback from others is intrinsically linked to this. One explanation for this may be that the contact with the audience in the patient's chosen fields of art (electronic music making) is not direct. However, what about emotional coldness? People with schizoid personality are often described as having a rich inner world and thus strong imagination.⁷ One theory on this is put forward by Akhtar (1987) in his study, writing that although the patient appears detached, self-sufficient and passive this actually masks his hypersensitivity, emotional neediness, creative potential and often sexual perversion [8].

Regarding the latter, an interesting clinical case appears to be that of a 26-year-old woman with a diagnosis of schizoid personality disorder who, despite her reported strong aversion to sexual contact with other people, was affected by voyeurism. The authors concluded that her curiosity about peeping at other people, combined with her inadequacy in relationships with others, strengthened her to accept a substitute for voyeurism. In this way, she was able to satisfy her sexual needs without the trauma of actually getting close to someone, and therefore without the fear and anxiety that such a close-up would cause [9].

Another interesting clinical case [10] is that of a homeless man who shared his experiences via email. Contacts with him lasted for 3 weeks. He had a normal childhood and was an excellent student. However, he was shy and sometimes had problems with social interactions. In his senior year, he experienced a kind of depression which subsided after graduation. Everything was fine until he got older. He noticed that he didn't enjoy small talk and was unable to find joy in life. He exhibited a lack of happiness and

a lack of motivation. His inability to enjoy life was related to the neglect of his basic needs. For example, he had been employed and had a lot of money, but unfortunately, he never had a desire to buy something for himself for enjoyment. He didn't want to own real estate, so when his landlady passed away, he started living in his car. Living in his car was just as comfortable for him as living in a real house. As a result, he continues to live there to this day. The only source of pleasure for him was tinkering with electronics. Over the years, he became neglectful and avoided visits to doctors. In terms of relationships, he had feelings for women, but it wasn't enough to pursue a romantic relationship. Additionally, when his father and brother passed away, he didn't take part in their funerals. He didn't feel sadness or guilt for his absence.

In addition, people with schizoid disorder often believe that their feelings of love are destroying each other and/or will lead to their destruction, so they may find it more difficult to enter into close relationships with others, especially romantic relationships [11]. So, are isolation, sexual aversion and apparent emotional coldness simply defense mechanisms and do they provide protection against the anxiety caused by social contact? Looking at the case described by our patient, this is not out of the question. His fear of relationships with other people may be related to his dad's violence, his mum's indifference and the insensitivity of both of them to his interests, such as those in the arts. Not unrealistically, he points to his dad selling his toy piano for alcohol money and his mum refusing to go to an exhibition of his artwork as two of the most traumatic events in his life.

CONCLUSIONS

Currently, treatment for schizoid personality disorder is long and difficult. This is mainly due to the fact that these individuals are often indifferent to the need for change, which can lead to a lack of motivation for any treatment. The main methods include psychodynamic psychotherapy, group psychotherapy and sometimes medication¹¹ However, there is no medication suitable for direct treatment. Some medication may alleviate symptoms in that the disorder has sim-

ilar negative symptoms to schizophrenia and is considered one of the schizophrenia spectrum disorders, one may benefit from medications indicated for schizophrenia, such as modafinil.¹²
¹³ Therapy for the patient's case was also difficult and lengthy, and although he is functioning somewhat better, he still has difficulty achieving the artistic fulfillment he stated he needs in an interview. It is possible that a better understanding of the fact that the patient's isolation and his living 'in his own world' is a mask for his high sensitivity and fear of rejection could have improved therapy and helped him realize himself as a musician, for example.

The examination of schizoid personality disorder, as seen in the presented cases, underscores the importance of a nuanced understanding and approach to diagnosis and treatment. Further research in this domain could unveil more about the underlying mechanisms of this disorder and pave the way for improved therapeutic interventions.

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