Short report

Keywords: Schizoid personality disorder; Case report; Social indifference.

A Schizoid Man

Willem H.J. Martens MD, PhD

Chair of W. Kahn of Theoretical Psychiatry and Neuroscience, and advisor Psychiatry of the European Commission (Leonardo da Vinci)

NETHERLANDS

ABSTRACT – *Background and Objectives:* More insight is needed into the etiology of schizoid personality disorder in order to construct more adequate diagnostic tools and therapeutic programs.

Methods: Presentation and analysis of a case report.

Results: A lack of emotional attachments to others and no rewards in social interactions was linked to a lack of motivation to learn how to recognize and respond to the feelings of others.

Conclusions: Lasting depression during adolescence might trigger schizoid pathology.

Received: 8 June 2010 Revised: 22 July 2010 Accepted: 23 July 2010

Introduction

As response to my article "Schizoid personality disorder – The multiple determinants of unbearable and inescapable loneliness and associated character disturbance". I received an extensive self-report by email from a homeless man with the Title "A Schizoid Man". The following case report is based on this self-report and daily email contacts with this person that lasted for 3 weeks. He agreed with this publication.

Case Report

Mister D. had a normal childhood with normal attachments to his parents. He had friends up to the tenth grade. Going into his senior year in high school in the late 60s, Mister B. was happy and looked forward to University College. He was an excellent student. However, he was small, shy, nerdy and sometimes teased by other students. In this senior year, he developed a kind of depression which lasted the entire year. The cause

of this depression is unclear. He spent most of his spare time in my room and he sometimes wept. After graduation, his depression was gone and he left home to study mathematics and electric engineering (he finished both studies successfully) with basically the same temperament he has today. Since then he did not weep again. He did have a quick temper that developed in his twenties. He did curse loudly and sometimes at himself if he made a stupid mistake. His temper improved when he became older because he got more insight into human nature. For example, small talk was particularly difficult for him to understand in terms of why people did it. When he was in his early forties, he finally became aware that people might actually enjoy small talk. He realized that small talk is only satisfying if we think that the other person is paying attention to and responding to what we are saying and he discovered that attention is a basic human need. Nowadays, he still does not have any need for attention, but at least he makes an effort to reciprocate the greetings or gestures of others although he still try to avoid small talk of more than a few minutes. When he is engaged in conversation, people aren't likely to see from him much humor, enthusiasm, passion, affection, or sympathy. He is unable to convey a genuine sense of joy in seeing a person again and in wanting to talk about what's new.

He is not able to enjoy life as much as other people do. Even his most intense feelings of "ecstasy" are not very intense and they don't last very long. He has these levels of subdued emotions for almost 40 years now (since he was 18). There is an emptiness, a lack of interest, and a lack of caring. He reported that it's like being dead inside. He demonstrates a lack of enthusiasm that manifests itself not only in a lack of effusiveness, but also in a lack of action. His in-

ability to be passionate about anything has affected his views about what's important in life. He never had a meaning-of-life pursuit and he never been very passionate about any particular activity or belief.

Not being able to enjoy life was linked to limitation of his basic needs over the years. He had only worked about half of his adult life and only fifty percent of the time. This was easy since he had never had that much enjoyment in spending money. So when he was working, he accumulated tons of money that are now in bank accounts. All that he presently owned is stored either in his 5 by 5 foot storage locker, his car, or his workplace cubicle. He owns a seven-inch black-and-white TV and no audio CDs or DVD movies. Sometimes he watches DVDs at the library. The closest thing he has to a hobby is tinkering with electronics that he buys at the flea market. He never had any desire to participate in any sports or outdoor recreational activities or to travel and see the world. He never had any desire to own real estate. After his landlady passed away 7 years ago, he decided to live in his car temporarily until he found a new place to rent. But he concluded that living in his car was just as comfortable as living in his previous, so he lives in his car ever since.

His sexual needs seemed to be stuck in that pre-adolescent stage. He has some feelings for members of the opposite sex, but the feelings are not strong enough to do all the work necessary to court the other person, or to make himself physically more attractive. Over the years, he did not care that much about the appearance or health. He hardly visited a dentist (he lost most of his tees) or a doctor over the years.

His father and brother passed away in recent years but he did not attend their funerals (fear of flying had something to do with

this also). But he did not feel much grief in losing a father and brother, and he did not feel much guilt for not going to the funerals. He reported, he had never had a generally hostile attitude towards others. He could not remember the last time he loved or hated anyone or that he felt seriously guilty or shameful about something.

With no emotional attachments to others for the last 40 years and no rewards in social interactions, he experienced no motivation to learn how to recognize and respond to the feelings of others. His disorder might be triggered by lasting depression during his adolescence.

References

1. Martens WHJ. Schizoid Personality Disorder - The multiple Determinants of Unbearable and Inescapable Loneliness and Associated Character Disturbance. Eur J Psychiatry 2010; 24(1): 38-45.

Address for correspondence: Het Nateland 1, 3911XZ Rhenen The Netherlands

Phone: 31 (0)317 618708 E-mail: Martens_92@hotmail.com MartensW2000@yahoo.com