UNIT 4 SCHIZOID AND PARANOID PERSONALITY DISORDER

Structure

4.0 INTRODUCTION

In our social interaction we sometimes come across to such persons who are alone, reserved, socially withdrawn, and seclusive. They choose a solitary walk over an invitation to a party. Such people rarely express their feelings directly. Since they show an inability to form social relationship, they typically do not have good friends. The persons having these characteristics are labeled as suffering from schizoid personality disorder. On the other hand we sometimes come across to such persons who are very mistrustful and suspicious of others. Being too distrustful they can interfere with making friends, working with other. The persons having these characteristics are labeled as suffering from paranoid personality disorder. In the present unit we will discuss the meaning, diagnostic criteria of schizoid and paranoid personality disorders. We will also try to understand the causes and treatment of schizoid personality disorder and paranoid personality disorder.

4.1 OBJECTIVES

After reading this unit, you will be able to:

- Explain the meaning of schizoid personality disorder;
- Discuss the diagnostic criteria of schizoid personality disorder;
- Distinguish schizoid personality disorder from other mental disorders;
- Understand the causes of schizoid personality disorder;
- Explain the treatment of schizoid personality disorder;

- Define paranoid personality disorder and explain its symptoms;
- Understand the diagnostic criteria of paranoid personality disorder;
- Explain the differential diagnosis of paranoid personality disorder;
- Explain the causes of paranoid personality disorder; and
- Understand the treatment of paranoid personality disorder.

4.2 SCHIZOID PERSONALITY DISORDER

The term schizoid is relatively old, having been used by Bleular (1924) to designate a natural human tendency to direct attention toward one's inner life and away from the external world, a concept akin to introversion in that it was not viewed in terms of psychopathology. Bleuler also labeled the exaggeration of this tendency the "schizoid personality". Schizoid Personality Disorder is characterised by a long-standing pattern of detachment from social relationships. A person with schizoid personality disorder often has difficulty in expressing emotions and does so typically in very restricted range, especially when communicating with others. A person with this disorder may appear to lack a desire for intimacy, and will avoid close relationships with others. They may often prefer to spend time with themselves rather than socialise or be in a group of people. In lay people terms, a person with schizoid personality disorder might be thought of as the typical "loner." Individuals with Schizoid Personality Disorder may have particular difficulty expressing anger, even in response to direct provocation, which contributes to the impression that they lack emotion. Their lives sometimes seem directionless, and they may appear to "drift" in their goals. Such individuals often react passively to adverse circumstances and have difficulty responding appropriately to important life events. Employment or work functioning may be impaired, particularly if interpersonal involvement is required, but individuals with this disorder may do well when they work under conditions of social isolation.

4.2.1 Diagnostic Criteria

The *DSM- IV-TR* defines schizoid personality disorder (in Axis II, Cluster A) as:

A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood (age eighteen or older) and present in a variety of contexts, as indicated by four (or more) of the following:

- neither desires nor enjoys close relationships, including being part of a family;
- almost always chooses solitary activities;
- has little, if any, 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.
- it is a requirement of DSM-IV that a diagnosis of any specific personality disorder also satisfies a set of general personality disorder criteria.

The ICD-10 of World Health Organisation lists schizoid personality disorder as *(F 60.1)*. It is characterised by at least four of the following criteria:

- Emotional coldness, detachment or reduced affection.
- Limited capacity to express either positive or negative emotions towards others.
- Consistent preference for solitary activities.
- Very few, if any, close friends or relationships and a lack of desire for such.
- Indifference to either praise or criticism.
- Taking pleasure in few, if any, activities.
- Indifference to social norms and conventions.
- Preoccupation with fantasy and introspection.
- Lack of desire for sexual experiences with another person.

People with schizoid personality disorder show no interest or enjoyment in developing interpersonal relationships; this may also include family members. They perceive themselves as social misfits and believe they can function best when not dependent on anyone except themselves. They rarely date, often do not marry, and have few, if any, friends (criterion-1). They prefer and choose activities that they can do by themselves without dependence upon or involvement by others. Examples of activities they might choose include mechanical or abstract tasks such as computer or mathematical games (criterion-2). There is typically little or no interest in having a sexual experience with another person. This would include a spouse if the affected person is married (criterion-3). Lacks pleasure: There is an absence of pleasure in most activities. A person with schizoid personality disorder seems unable to experience the full range of emotion accessible to most people (criterion-4). People affected with this disorder typically do not have the social skills necessary to develop meaningful interpersonal relationships. This results in few ongoing social relationships outside of immediate family members (criterion-5). Indifferent to praise or criticism: Neither positive nor negative comments made by others elicit an emotionally expressive reaction. They don't appear concerned about what others might think of them (criterion-6). Their emotional style is aloof and perceived by others as distant or "cold." They seem unable or uninterested in expressing empathy and concern for others. Emotions are significantly restricted and most social contacts would describe their personality as very bland, dull or humorless. The person with schizoid personality disorder rarely picks up on or reciprocates normal communicational cues such as facial expressions, head nods, or smiles (criterion-7).

It is difficult to accurately assess the prevalence of this disorder because people with schizoid personality disorder rarely seek treatment. Schizoid personality disorder affects men more often than women and is more common in people who have close relatives with schizophrenia. Schizoid personality disorder usually beings in early adulthood. Schizoid personality disorder is uncommon in clinical settings. Schizoid personality disorder is rare compared with other personality disorders. Its prevalence is estimated at less than 1% of the general population (Weismann, 1993).

Although schizoid personality disorder shares several aspects with other psychological disorders, there are some important differentiating features. While people who have schizoid personality disorder can also suffer from clinical depression, this is certainly

not always the case. Unlike depressed people, persons with schizoid personality disorder generally do not consider themselves inferior to others, although they will probably recognise that they are different. The social deficiencies of people with schizoid personality disorder are also similar to those of people with paranoid personality disorder, although they are more extreme. As Beck and Freeman (1990) put it, they "consider themselves to be observers rather than participants in the world around them". They do not seem to have the very unusual thought processes that characterise the other disorders in Cluster A (Kalus et.al., 1993). Unlike avoidant personality disorder, those affected with schizoid personality disorder do not avoid social interactions due to anxiety or feelings of incompetence, but because they are genuinely indifferent to social relationships.

4.2.2 Cause

The exact causes of schizoid personality disorder are unknown, although a combination of genetic and environmental factors, particularly in early childhood, are thought to contribute to development of all personality disorders. The schizoid personality disorder has its roots in the family of the affected person. These families are typically emotionally reserved, have a high degree of formality, and have a communication style that is aloof and impersonal. Parents usually express inadequate amounts of affection to the child and provide insufficient amounts of emotional stimulus. This lack of stimulus during the first year of life is thought to be largely responsible for the person's disinterest in forming close, meaningful relationships later in life. People with schizoid personality disorder have learned to imitate the style of interpersonal relationships modeled in their families. In this environment, affected people fail to learn basic communication skills that would enable them to develop relationships and interact effectively with others. Their communication is often vague and fragmented, which others find confusing. Many individuals with schizoid personality disorder feel misunderstood by others.

A person with schizoid personality disorder may have had a parent who was cold or unresponsive to emotional needs, or might have grown up in a foster home where there was no love. Or, because people with schizoid personality disorder are often described as being hypersensitive or thin-skinned in early adolescence, a person with schizoid personality disorder may have had needs that others treated with exasperation or scorn. A family history such as having a parent who has any of the disorders on the schizophrenic spectrum also increases the chances of developing the disorder.

Some other theorists subscribe to a bio-psychosocial model of causation- that is, the causes of are likely due to biological and genetic factors, social factors (such as how a person interacts in their early development with their family and friends and other children), and psychological factors (the individual's personality and temperament, shaped by their environment and learned coping skills to deal with stress). This suggests that no single factor is responsible — rather, it is the complex and likely intertwined nature of all three factors that are important. If a person has this personality disorder, research suggests that there is a slightly increased risk for this disorder to be "passed down" to their children

4.2.3 Treatment

As with all personality disorders, the treatment of choice for schizoid personality disorder is psychotherapy. However, people with this disorder are unlikely to seek treatment unless they are under increased stress or pressure in their life. Treatment will usually be short-term in nature to help the individual solve the immediate crisis

or problem. The patient will then likely terminate therapy. Goals of treatment most often are solution-focused using brief therapy approaches. Long-term psychotherapy should be avoided because of its poor treatment outcomes and the financial hardships inherent in length therapy. Instead, psychotherapy should focus on simple treatment goals to alleviate current pressing concerns or stressors within the individual's life. Cognitive behavioural therapy, group therapy, family therapy and marital therapy have been widely used for treating people with schizoid personality disorder.

Attempting to cognitively restructure the patient's thoughts can enhance self-insight. Constructive ways of accomplishing this would include concrete assignments such as keeping daily records of problematic behaviours or thoughts. Another helpful method can be teaching social skills through role-playing. This might enable individuals to become more conscious of communication cues given by others and sensitise them to others' needs. Group therapy may provide the patient with a socialising experience that exposes them to feedback from others in a safe, controlled environment. It can also provide a means of learning and practicing social skills in which they are deficient. Since the patient usually avoids social contact, timing of group therapy is of particular importance. It is best to develop first a therapeutic relationship between therapist and patient before starting a group therapy treatment. It is unlikely that a person with schizoid personality disorder will seek family therapy or marital therapy. If pursued, it is usually on the initiative of the spouse or other family member. Many people with this disorder do not marry and end up living with and are dependent upon first-degree family members. In this case, therapy may be recommended for family members to educate them on aspects of change or ways to facilitate communication. Marital therapy may focus on helping the couple to become more involved in each other's lives or improve communication patterns.

4.2.4 Prognosis

Since a person with schizoid personality disorder seeks to be isolated from others, which includes those who might provide treatment, there is only a slight chance that most patients will seek help on their own initiative. Those who do may stop treatment prematurely because of their difficulty maintaining a relationship with the professional or their lack of motivation for change. If the degree of social impairment is mild, treatment might succeed if its focus is on maintenance of relationships related to the patient's employment. The patient's need to support him- or herself financially can act as a higher incentive for pursuit of treatment outcomes.

Self Assessment Questions

1) Discuss the meaning of schizoid personality disorder.

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2) Explain the diagnostic criteria of dependent personality disorder.

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3) How does dependent personality disorder differ from other mental disorders?

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4) Explain the causes of schizoid personality disorder.

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5) How can schizoid personality disorder be treated? Discuss the methods of treatment.

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4.3 PARANOID PERSONALITY DISORDER

Paranoid personality disorder is one of a group of conditions called eccentric personality disorders in which people with these disorders often appear odd or peculiar. People with paranoid personality disorder also suffer from paranoia, an unrelenting mistrust and suspicion of others, even when there is no reason to be suspicious. Paranoid personality disorder is characterised by an extreme level of distrust and suspicion of others. Paranoid personalities are generally difficult to get along with, and their combative and distrustful nature often elicits hostility in others. The negative social interactions that result from their behaviour then serve to confirm and reinforce their original pessimistic expectations. People with paranoid personality disorder are unlikely to form many close relationships and are typically perceived as cold and distant. They are quick to challenge the loyalty of friends and loved ones and tend to carry long grudges (Dobbert 2007, Kantor 2004). They are often preoccupied with doubts about the loyalty of the friends, leading to a reluctance to confide in others. They also may be hypersensitive, as indicated by a tendency to read threatening meanings into benign remarks. They also commonly bear grudges, are unwilling to forgive perceived insults and slights, and are quick to react with anger (Bernstein, Useda, & Siever, 1995; Widiger & Frances, 1994). This disorder usually begins by early adulthood and appears to be more common in men than in women. The prevalence of Paranoid Personality Disorder has been estimated to be as high as 4.5% of the general population.

4.3.1 Diagnostic Criteria

Paranoid personality disorder is a condition characterised by excessive distrust and suspiciousness of others. This disorder is only diagnosed when these behaviours

become persistent and very disabling or distressing. This disorder should not be diagnosed if the distrust and suspiciousness occurs exclusively during the course of Schizophrenia, a Mood Disorder With Psychotic Features, or another Psychotic Disorder or if it is due to the direct physiological effects of a neurological (e.g., temporal lobe epilepsy) or other general medical condition. The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (American Psychiatric Association, 1994) describes paranoid personality disorder as a pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent, beginning by early adulthood and present in a variety of contexts. Paranoid personality disorder is considered a Cluster A personality disorder along with schizoid and Schizotypal and characterised by odd or eccentric behaviour. A diagnosis of paranoid personality disorder should be considered when these paranoid behaviours become persistent and disabling.

According to the DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders), a patient must fit at least four of the following criteria in order to be diagnosed with paranoid personality disorder:

The unfounded suspicion that people want to deceive, exploit or harm the patient.

The pervasive belief that others are not worthy of trust or that they are not inclined to or capable of offering loyalty.

A fear that others will use information against the patient with the intention of harming him or her. This fear is demonstrated by a reluctance to share even harmless personal information with others.

The interpretation of others' innocent remarks as insulting or demeaning; or the interpretation of neutral events as presenting or conveying a threat.

A strong tendency not to forgive real or imagined slights and insults. People with paranoid personality disorder nurture grudges for a long time.

An angry and aggressive response in reply to imagined attacks by others. The counterattack for a perceived insult is often rapid.

Suspicions, in the absence of any real evidence, that a spouse or sexual partner is not sexually faithful, resulting in such repeated questions as "Where have you been?" "Whom did you see?" etc., and other types of jealous behaviour.

The ICD – 10 of World Health Organisation lists paranoid personality disorder as *(F 60.0)*

It is characterised by at least 3 of the following:

- excessive sensitivity to setbacks and rebuffs;
- tendency to bear grudges persistently, i.e. refusal to forgive insults and injuries or slights;
- suspiciousness and a pervasive tendency to distort experience by misconstruing the neutral or friendly actions of others as hostile or contemptuous;
- a combative and tenacious sense of personal rights out of keeping with the actual situation;
- recurrent suspicions, without justification, regarding sexual fidelity of spouse or sexual partner;

- tendency to experience excessive self-importance, manifest in a persistent self-referential attitude;
- preoccupation with unsubstantiated "conspiratorial" explanations of events both immediate to the patient and in the world at large.

It is a requirement of ICD-10 that a diagnosis of any specific personality disorder also satisfies a set of general personality disorder criteria.

Paranoid personality disorder is confused with other mental disorders or behaviours that have some symptoms in common with the paranoid personality. For example, it is important to make sure that the patient is not a long-term user of amphetamine or cocaine. Chronic abuse of these stimulants can produce paranoid behaviour. Also, some prescription medications might produce paranoia as a side effect; so it is important to find out what drugs, if any, the patient is taking. There are other conditions that, if present, would mean a patient with paranoid traits does not have paranoid personality disorder. For example, if the patient has symptoms of schizophrenia, hallucinations or a formal thought disorder, a diagnosis of paranoid personality disorder can't be made. The same is true of delusions, which are not a feature of paranoid personality disorder.

There are a number of disorders or other mental health conditions listed in the *DSM-IV-TR* that could be confused with paranoid personality disorder because they share similar or identical symptoms with paranoid personality disorder. It is important, therefore, to eliminate the following entities before settling on a diagnosis of paranoid personality disorder: paranoid schizophrenia; Schizotypal personality disorder; schizoid personality disorder; persecutory delusional disorder; mood disorder with psychotic features; symptoms and/or personality changes produced by disease, medical conditions, medication or drugs of abuse; paranoia linked to the development of physical handicaps; and borderline, histrionic, avoidant, antisocial or narcissistic personality disorders.

4.3.2 Causes

The specific cause of paranoid personality disorder is unknown, but the incidence appears increased in families with a schizophrenic member. There seem to be more cases of in families that have one or more members who suffer from such psychotic disorders as schizophrenia or delusional disorder (Bernstein et. al., 1993). Although evidence for biological contribution to paranoid personality disorder is limited, some studies of identical and fraternal twins suggest that genetic factors may also play an important role in causing the disorder. Twin studies indicate that genes contribute to the development of childhood personality disorders, including paranoid personality disorder (Bernstein et. al., 1995; Kendler et.al 2006).

Psychological and social factors have also been considered for the development in paranoid personality disorder. Some psychologists point directly to the thoughts of people with paranoid personality disorder as a way of explaining their behaviour. One view is that people with this disorder make the following basic mistaken assumptions about others: "People are malevolent and deceptive," "They will attack you if they get the chance" and "You can OK only if you stay on your toes" (.Freeman, Pretzer, Fleming, & Simon, 1990). This maladaptive way to view the world results in the development paranoid personality disorder. Paranoid personality disorder can also result from negative childhood experiences fostered by a threatening domestic atmosphere. It is prompted by extreme and unfounded parental rage and/ or condescending parental influence that cultivate profound child insecurities.

4.3.3 Treatment

As it has been stated that people with paranoid disorder are mistrustful of everyone, they are unlikely to seek professional help when they need it and also have difficulty developing the trusting relationships necessary for successful therapy. Therapists try to provide an atmosphere that is conducive to developing a sense of trust (Freeman et. al., 1990). Cognitive therapy is widely used to counter the person's mistaken assumptions about others (Tukat & Maisto, 1985), focusing on changing the person's belief that everyone is malevolent and that most people cannot be trusted. Group and family therapy, not surprisingly, is not of much use in the treatment of paranoid personality disorder due to the mistrust people with paranoid personality disorder feel towards others.

As personality is a relatively stable, deeply rooted aspect of self, the long-term projection for those with paranoid personality disorder is often bleak. Most patients experience the symptoms of their disorder for their entire life and, in order to manage their symptoms of paranoia, require consistent therapy (Dobbert 2007, Kantor 2004).

Medication generally is not used to treat paranoid personality disorder. However, medications, such as anti-anxiety, antidepressant or anti-psychotic drugs, might be prescribed if the person's symptoms are extreme, or if he or she also suffers from an associated psychological problem, such as anxiety or depression.

4.3.4 Prognosis

Personality disorder is a chronic disorder, which means it tends to last throughout a person's life. Although some people can function fairly well with paranoid personality disorder and are able to marry and hold jobs, others are complete disabled by the disorder. Because people with paranoid personality disorder tend to resist treatment, the outcome often is poor. Since paranoid personality disorder is often a chronic, lifelong condition; the long-term prognosis is usually not encouraging. Feelings of paranoia, however, can be controlled to a degree with successful therapy.

Self Assessment Questions

1) Discuss the nature of paranoid personality disorder.

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2) Explain the diagnostic criteria of paranoid personality disorder.

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3) How does paranoid personality disorder differ from other mental disorders?

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4) Explain the causes of paranoid personality disorder.

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5) Can paranoid personality disorder be treated? Discuss the methods of treatment.

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4.4 LET US SUM UP

Schizoid Personality Disorder is characterised by a long-standing pattern of detachment from social relationships. A person with schizoid personality disorder often has difficulty in expressing emotions and does so typically in very restricted range, especially when communicating with others. A person with this disorder may appear to lack a desire for intimacy, and will avoid close relationships with others. The *DSM- IV-TR* defines schizoid personality disorder as a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood (age eighteen or older) and present in a variety of contexts.

The exact causes of schizoid personality disorder are unknown, although a combination of genetic and environmental factors, particularly in early childhood, are thought to contribute to development of all personality disorders. The schizoid personality disorder has its roots in the family of the affected person.

Psychotherapy is the treatment of choice for schizoid personality disorder. Goals of treatment most often are solution-focused using brief therapy approaches. Long-term psychotherapy should be avoided because of its poor treatment outcomes and the financial hardships. Instead, psychotherapy should focus on simple treatment goals to alleviate current pressing concerns or stressors within the individual's life. Cognitive behavioural therapy, group therapy, family therapy and marital therapy have been widely used for treating people with schizoid personality disorder.

Paranoid Personality Disorder is characterised by an extreme level of distrust and suspicion of others. Paranoid personalities are generally difficult to get along with, and their combative and distrustful nature often elicits hostility in others. People with paranoid personality disorder are unlikely to form many close relationships and are typically perceived as cold and distant. They are quick to challenge the loyalty of friends and loved ones and tend to carry long grudge.

The exact cause of paranoid personality disorder is not known, but it likely involves a combination of biological and psychological factors. The fact that paranoid personality

disorder is more common in people who have close relatives with schizophrenia suggests a genetic link between the two disorders. Early childhood experiences, including physical or emotional trauma, are also suspected to play a role in the development of paranoid personality disorder.

Since people with paranoid disorder are mistrustful of everyone, they are unlikely to seek professional help when they need it and also have difficulty developing the trusting relationships necessary for successful therapy. Cognitive therapy is widely used to counter the person's mistaken assumptions about others focusing on changing the person's belief that everyone is malevolent and that most people cannot be trusted

4.5 UNIT END QUESTIONS

1) Define schizoid personality disorder and explain its symptoms.
2) Discuss the diagnostic features of schizoid personality disorder.
3) In what respect does schizoid personality disorder differ from other forms of personality disorder?
4) Explain the causes of schizoid personality disorder.
5) How can schizoid personality disorder be treated? Discuss the methods of treatment.
6) Explain the nature and symptoms of paranoid personality disorder.
7) Explain the diagnostic features of paranoid personality disorder.
8) In what respect histrionic personality disorder is different from paranoid personality disorder?
9) Discuss the causes of paranoid personality disorder.
10) Discuss psychotherapies used for treating the individuals with paranoid personality disorder.

4.6 GLOSSARY

Antisocial personality disorder: A personality disorder featuring a pervasive pattern of disregard for and violation of rights of others.

Avoidant personality disorder : A personality disorder featuring a pervasive pattern of social inhibition, feeling of inadequacy, and hypersensitivity to criticism.

Borderline personality disorder: Personality disorder involving extreme "black and white" thinking, instability in relationships, self-image, identity and behaviour. Borderline personality disorder occurs in 3 times as many females than males.

Cognitive-behavioural therapy : Group of treatment procedures aimed at identifying and modifying faulty thought processes, attitudes and attributions, and problem behaviours.

Delusion : False belief about reality but maintained in spite of strong evidence to the contrary.

Dependent personality disorder: Personality disorder characterised by pervasive psychological dependence on other people.

Depression : Pervasive feeling of sadness that may begin after some loss or stressful event, but that continue long afterwards.

Empathy : Ability to understand and to some extent share the feelings and emotions of another person.

Family therapy : Specialised type of group therapy in which the members of the family of the client all participate in group-treatment session.

Group therapy : Psychotherapy of several persons at the same time in small groups.

Hallucination : False perception; things seen or heard that are not real or present.

Histrionic personality disorder: Personality disorder characterised by pervasive attention-seeking behaviour including inappropriate sexual seductiveness and shallow or exaggerated emotions.

Introversion : Tendency to be shy and withdrawn.

Narcissistic personality disorder: personality disorder involving a pervasive pattern of grandiosity need for admiration, and a lack of empathy.

Paranoia : Person's irrational beliefs he or she is especially important or that other people are seeking to do him or her harm.

Paranoid personality disorder : Cluster A (odd or eccentric) personality disorder involving pervasive distrust and suspiciousness of others such that their motives are interpreted as malevolent.

Personality disorders : Characterised by enduring maladaptive patterns for relating to the environment and oneself, exhibited in a wide range of contexts that cause significant functional impairment or subjective distress.

Psychotherapy : Treatment of mental disorders by psychological methods.

Schizoid personality disorder : Cluster A (odd or eccentric) personality disorder featuring a pervasive pattern of detachment from social relationships and a restricted range of expression of emotions.

Schizophrenia : Psychoses characterised by the breakdown of integrated personality functioning, withdrawal from reality, emotional blunting and distortion, and disturbances in thought and behaviour.

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