

# SUICIDALITY IN INDIVIDUALS WITH SCHIZOID PERSONALITY DISORDER OR TRAITS: A CLINICAL MINI-REVIEW OF A PROBABLY UNDERESTIMATED ISSUE

Luigi Attademo<sup>1</sup>, Francesco Bernardini<sup>2</sup> & Roberta Spatuzzi<sup>3</sup>

<sup>1</sup>Psychiatric Inpatient Unit, Department of Mental Health, ASP Basilicata, Potenza, Italy

<sup>2</sup>Psychiatric Inpatient Unit, Department of Mental Health, AsFO Friuli Occidentale, Pordenone, Italy

<sup>3</sup>Community Mental Health Service, Department of Mental Health, ASP Basilicata, Potenza, Italy

received: 10.3.2021;

revised: 14.5.2021;

accepted: 10.6.2021

## SUMMARY

Schizoid personality disorder (SZPD) is a Cluster A personality disorder whose essential feature is a lifelong pattern of detachment from social relationships and a restricted range of emotional expression. Although SZPD has been in every edition of the Diagnostic and Statistical Manual of Mental Disorders, empirical research on this disorder is actually limited, due to the fact that SZPD is rarely encountered in clinical settings. In fact, individuals with SZPD rarely present for treatment, as their isolation is often ego-syntonic; therefore, the prevalence of SZPD is not clearly established. Suicide ideation may be a running theme for individuals with SZPD. However, suicidality in SZPD is actually an underestimated topic. Aiming to draw more attention to this underestimated issue, with this paper the authors intend to provide a list of studies on suicidality in individuals with SZPD or traits, in the form of a clinical mini-review. Reported studies show that an underlying SZPD, or the presence of schizoid traits too, appear to be definitely a major risk factor for completed suicide and serious suicide attempts. This maladaptive personality disorder seems to not allow the individual to ask for help and to deny him the comforts of intimacy. Therefore, clinicians should be aware that schizoid traits such as solitary lifestyle, loneliness, emotional detachment, and impaired communication ability, are features associated with a vulnerability to suicidal behavior. We recommend the clinical assessment of this symptoms' constellation, in order to address patients with SZPD to most proper treatment.

**Key words:** attempted suicide, mini-review, schizoid personality disorder, suicidal ideation, suicide

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## INTRODUCTION

Schizoid personality disorder (SZPD) is a Cluster A personality disorder whose essential feature is a lifelong pattern of detachment from social relationships and a restricted range of emotional expression (American Psychiatric Association (APA) 2013).

The adjective "schizoid" was originally coined by Bleuler to designate a component of man's personality that directed his attention toward his own inner life (and away from the external world). A morbid – not psychotic – exaggeration of this disposition was named "schizoid personality" (Akhtar 1987). Later, the term "schizoid" was also used to describe, for example, the prodromal seclusiveness and isolation frequently observed in individuals with schizophrenia (Fariba & Gupta 2020).

Although SZPD has been in every edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), empirical research on this disorder is actually limited, due in part to a research interest shift from SZPD to the schizotypal personality disorder after the DSM-III publication and, in particular, to the fact that SZPD is rarely encountered in clinical settings. In fact, individuals with SZPD rarely present for treatment, as their isolation is often ego-syntonic (Widiger & Rojas 2015). An individual with SZPD will unlikely present in

the clinical setting voluntarily, unless prompted by a family member, or as a result of a comorbid disorder (Fariba & Gupta 2020).

For the above reasons, the prevalence of SZPD is not clearly established. The mean and median prevalence of SZPD seem to be 1.3% and 0.9%, respectively, with a range of 0% to 5.7% as found in different epidemiological studies. SZPD or schizoid traits are: a) diagnosed slightly more often in males, b) related to lower education and socioeconomic status, and to a higher risk for homelessness, and c) related to poor quality of life and dysfunction (APA 2013, Morgan & Zimmerman 2018, Oldham et al. 2014, Widiger & Rojas 2015).

Shyness/introversion, seclusiveness, excessive day-dreaming, autistic thinking, avoidance of close or competitive relationships, discomfort with human interaction, and flattened/constricted affect are noteworthy and appear to worsen with age in individuals affected. They experience little pleasure in life (anhedonia) and are generally emotionally detached, appearing cold and aloof (Morgan & Zimmerman 2018, Oldham et al. 2014, Widiger & Rojas 2015).

Although SZPD appears uncommon in clinical populations, individuals with this disorder suffer a lot. In fact, it has been suggested that underlying all of this apparent detachment is an intense neediness for others (Oldham et al. 2014).

**Table 1.** Studies on suicidality in individuals with schizoid personality disorder or traits

Authors and year	Sample characteristics	Comments
Levi-Belz et al. 2019	338 Participants divided into four groups (78 medically serious suicide attempters, 116 medically non-serious suicide attempters, 47 psychiatric controls, 97 HCs) 197 M, 141 F Age 19-85 Country: Israel Setting: clinical; inpatients	Suicide attempters showed higher levels of most SPZD symptoms (Wilks F approximation (21,933)=2.52s, $p<0.001$ , $\eta^2=0.07$ ). Solitary lifestyle and emotional detachment were higher among medically serious suicide attempters relative to less-serious attempters. Emotional detachment doubled the risk for high lethality ( $p=0.002$ , $OR=1.913$ , $CI=1.25-2.79$ ).
Canal-Rivero et al. 2017	65 FEP patients 44 M, 21 F Age 14-54 Country: Spain Setting: clinical; inpatients	Premorbid SZPD symptoms emerged as predictors of suicide attempts occurred over the 12 months after FEP ( $p=0.04$ , $OR=1.62$ , 95% $CI=1.02-2.57$ ).
Gesi et al. 2016	145 BD-I or MDD patients 54 M, 91 F Age 18-60 Country: Italy Setting: clinical; out- and inpatients	The presence of SZPD symptoms were associated with lifetime suicidality ( $\beta=0.228$ , $p=0.007$ ).
Del Bello et al. 2015	38 Patients divided into two groups (15 with non-fatal suicidal behaviors, 23 with self-injurious behaviors) M 22, F 16 Age 23-85 Country: Italy Setting: clinical; inpatients	SZPD was significantly related to non-fatal suicidal behaviors and thoughts ( $p=0.042$ ).
Levi-Belz et al. 2014	336 Participants divided into four groups (78 medically serious suicide attempters, 116 medically non-serious suicide attempters, 47 psychiatric controls, 95 HCs) 161 M, 175 F Age 20-85 Country: Israel Setting: clinical; inpatients	Medically serious suicide attempters had significantly more SZPD symptoms and loneliness than the other three groups ( $p<0.05$ ). SZPD symptoms were correlated to higher lethality of the suicide attempt ( $r=0.36$ , $p<0.001$ ).
Gvion et al. 2014	196 Participants divided into four groups (43 medically serious suicide attempters, 49 medically non-serious suicide attempters, 47 psychiatric controls, 57 HCs) 124 M, 72 F Age 16-71 Country: Israel Setting: clinical; inpatients	Medically serious suicide attempters had significantly more SZPD symptoms ( $p<0.001$ ) and loneliness than the other three groups. SZPD symptoms were correlated to higher lethality of the suicide attempt.
Horesh et al. 2012	102 Participants divided into two groups (35 medically serious suicide attempters, 67 medically non-serious suicide attempters) 49 M, 53 F Age 20-85 Country: Israel Setting: clinical; inpatients	Poor self-disclosure, SZPD symptoms ( $r=0.35$ , $p<0.01$ ) and loneliness were significantly correlated with suicide intent.
Bolton et al. 2010	5972 MDD patients divided into two groups (169 with a history of suicide attempt, 5803 without a history of suicide attempt) Gender not reported Age $\geq 18$ Country: USA Setting: non-clinical; non-institutionalized, civilian population	SZPD was significantly ( $p<0.001$ ) associated with lifetime suicide attempts ( $OR 4.10$ , 95% $CI=2.52-6.63$ ).

Legend: BD-I: bipolar I disorder; F: females; FEP: first episode psychosis; HCs: healthy controls; M: males; MCMI: Millon Clinical Multiaxial Inventory; MDD: major depressive disorder; SZPD: schizoid personality disorder

**Table 1.** Continues

Authors and year	Sample characteristics	Comments
Levi et al. 2008	173 Participants divided into three groups (35 medically serious suicide attempters, 67 medically non-serious suicide attempters, 61 HCs) 86 M, 87 F Age 20-85 Country: Israel Setting: clinical; inpatients	Communication problems, defined by low self-disclosure, loneliness, and SZPD symptoms ( $p < 0.05$ , $B = 0.17$ ), differentiated medically serious from medically non-serious suicide attempters.
Pompili et al. 2008	150 Psychiatric patients 50 M, 100 F Mean age 39 M, 43 F Country: Italy Setting: clinical; inpatients	Patients at risk of suicide were more socially introverted, depressed and used schizoid defense mechanisms more often ( $p = 0.03$ , $OR = 1.03$ , 95% CI 1.00-1.07).
Craig & Bivens 2000	408 Patients with substance use disorder divided into two group (68 with a history of suicide attempt, 340 without a history of suicide attempt) 408 M, 0 F; Age not reported Country: USA Setting: clinical; inpatients	Patients with reported prior suicide attempts had significantly higher SZPD symptoms ( $p = 0.001$ ).
Ellis et al. 1996	299 Psychiatric patients with a history of suicide attempt or ideation Gender not reported; Age 18-37 Country: USA Setting: clinical; outpatients	Cluster analysis found that the most representative one was "Negativistic-Avoidant-Schizoid".
Lesage et al. 1994	150 Participants divided into two groups (75 Cases dead by suicide, 75 Controls) 150 M, 0 F Age 18-35 Country: Canada Setting: non-clinical	A clinical postmortem study found that 6.7% of men dead by suicide met criteria for SZPD.
Apter et al. 1993	43 Soldiers dead by suicide 43 M, 0 F Age 18-21 Country: Israel Setting: non-clinical	A clinical postmortem study found that 37% of the soldiers was classified as having SZPD.
Wolff 1992	283 Participants divided into two group (141 Patients with SZPD, 142 Controls) 219 M, 64 F; Mean age 26 Country: Scotland Setting: clinical; outpatients	The risk for death by suicide was significantly higher within the schizoid group.
McCann & Sues 1988	35 Psychiatric patients with a "Negativistic-Avoidant-Schizoid" MCMI profile 19 M, 16 F Age not reported Country: USA Setting: clinical; inpatients	85% of the inpatients reported suicidal ideation and 65% had made a suicide attempt.
Goldney 1981	110 Patients who attempted suicide 0 M, 110 F Age 18-30 Country: Australia Setting: clinical; inpatients	Women whose suicide attempts resulted in the greatest risk to life more often demonstrated SZPD symptoms ( $p < 0.1$ ).
Gupta & Singh 1981	100 Patients who attempted suicide 59 M, 41 F Age 15-34 Country: India Setting: clinical; inpatients	23% of the patients had SZPD, with males exhibiting more frequently SZPD symptoms than females.

Legend: BD-I: bipolar I disorder; F: females; FEP: first episode psychosis; HCs: healthy controls; M: males; MCMI: Millon Clinical Multiaxial Inventory; MDD: major depressive disorder; SZPD: schizoid personality disorder

Suicide ideation may be a running theme for individuals with SZPD, although they are not likely to actually attempt suicide. The idea of suicide functions like a driving force against the person's schizoid defenses (Masterson & Klein 1995).

## METHODS

In this mini-review article, we provide a list of studies on suicidality in individuals with schizoid personality disorder or traits, in order to draw more attention to this underestimated topic.

For this reason, we searched the Pubmed electronic database for all articles up to November 11, 2020. Search terms included: ("schizoid" or "schizoid personality" or "schizoid personality disorder") AND ("suicide" or "suicidal" or "suicid"). The search included all languages. Fifty-three articles were identified. We excluded 39 articles, because they were studies unrelated to the topic. Further relevant articles were searched in the authors' personal files and in Google Scholar. Three studies were added after reference-checking, resulting in a final set of 17 articles in which a role of SZPD or traits is discussed (Table 1). We are clearly aware that – given the above-mentioned literature search strategies – coverage may not be optimal: only Pubmed was consulted, thus missing non-biomedical literature.

## RESULTS AND CONCLUSIONS

Reported studies show that an underlying SZPD, or the presence of schizoid traits too, appear to be definitely a major risk factor for completed suicide and serious suicide attempts. This maladaptive personality disorder seems to not allow the individual to ask for help and to deny him the comforts of intimacy (Horesh et al. 2012). Furthermore, individuals with SZPD or traits tend to plan their suicide attempt, enhancing its lethal potential (Gvion et al. 2014).

In particular, findings from this mini-review suggest that clinicians should be aware that schizoid traits such as solitary lifestyle, loneliness, emotional detachment, and impaired communication ability (e.g. poor self-disclosure), are features associated with a vulnerability to suicidal behavior. Therefore, we recommend the clinical assessment of this symptoms' constellation, in order to address patients with SZPD to most proper treatment.

As for the management of SZPD symptoms, improving patient abilities of social communication – by interpersonal and supportive psychotherapy – should be an essential focus of treatment, in order to emphasize education and feedback concerning interpersonal skills and communication (Widiger & Rojas 2015). Individual psychotherapy should focus on simple treatment goals to alleviate current troubling concerns or life stressors. Cognitive restructuring may be a way to address potential irrational thoughts and false perceptions. Also group therapy may be useful as a setting in which the patient can gradually develop self-disclosure, experience the

interest of others, and practice social interactions with immediate and supportive feedback. Socialization groups and educational strategies in which individuals with SZPD identify their positive and negative emotions are generally recommended (Maass 2019). Psychopharmacological treatment of concomitant psychopathology should be also guaranteed. For example, antianxiety agents may be helpful during experiences of emotional tension or for interpersonal anxiety, (off-label) low-dose antipsychotics may reduce distorted thoughts, and serotonin reuptake inhibitors may be prescribed in cases of comorbid depression (Maass 2019, Widiger & Rojas 2015). Finally, suicide-prevention plans should encourage help-seeking behavior (Levi-Belz et al. 2014).

Although the effectiveness of psychotherapeutic and pharmacological treatments for SZPD have yet to be systematically investigated (Maass 2019), we strongly believe that SZPD and its emotional and affective correlates are certainly treatable. In fact, individuals with SZPD are mostly untreatable because practitioners have not found adequate ways to engage and encourage them in the change process (Sperry 2016).

Lastly, we believe that more research is needed on the etiology and pathophysiology of SZPD. The pathology of SZPD is considered to be anhedonic deficits, or an excessively low ability to experience positive affect, which is also central to the general personality trait of introversion (Widiger & Rojas 2015). It has been suggested that the personality dimension of introversion and greater tendencies toward social introversion during early adulthood may be substantial risk factors for suicidal behaviour (Roy 1998, Yen & Siegler 2003). Therefore, further studies on the neurobiological underpinnings of anhedonia and introversion could help clarify the link between schizoid features and suicidality.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

### Contribution of individual authors:

Luigi Attademo: design of the study, literature search and analysis, interpretation of data, manuscript writing;  
Francesco Bernardini & Roberta Spatuzzi: literature search and analysis.

All authors approval of the final version.

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Correspondence:

Luigi Attademo, MD

Psychiatric Inpatient Unit at San Carlo Hospital of Potenza, Department of Mental Health,

ASP Basilicata, Via Petrone, 85100 Potenza, Italy

E-mail: luigi.attademo@hotmail.it