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Explaining the basis to formation of Schizoid Personality Disorder using object relations theory and Bowlby's Attachment Styles

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This paper involves drawing inferences regarding a schizoid personality disorder from the point of views of both Object relations theory and the attachment theory. Using Object relations theory is an effective way to explain this personality make-up because those affected with schizoid personality disorder suffer with the inability to look at a person as having both good and the bad sides. Thus often resulting in fear of relationships and intimacy. Those with Schizoid personality disorder learned early on from childhood that no one is to be relied on and that it would be a mistake to pursue intimacy with anyone because to them they all will inevitably abandon them. They cannot accept both the good and the bad sides of a person. Not wanting to be left by them, schizoids prefer to leave themselves when the bad sides show up. The ability to tolerate and accept both the pleasant and unpleasant sides of an individual has to do with developing Object constancy and Object Permanence. Hence the necessity to study Object relations theory. This paper refers to the object relations theory developed through the contributions put forth by Harry Guntrip, Margaret Mahler, Heinz Kohut, Melanie Klein and Karl Abraham. Additionally, Schizoid personality has to do with the attachment with the caregiver. Using both Bowlby's attachment theory and Mary Ainsworth's strange situation experiment as a reference, This paper explains how the basis for Insecure- Avoidant behavior is formed in children, which in turn could develop schizoid personality in their adulthood. Children with this personality tend to form detached lifestyles that require little to no social contact with others. Some research has been done in this regard wherein researchers studied the personality disorders from the basis of attachment styles. Research has also been done by looking at the relationships between object relations theory and the underlying phenomena which result in certain personality disorders, in this case Schizoid Personality Disorder (SPD). This contributes to better understanding of the condition and better treatment for the schizoids.

Introduction

Neuro Science: Neuroscience(or neurobiology) is a science-driven nervous system studies.It combines the fundamental and emergent properties of neurons and neural circuits Understanding the biological basis of the learning , memory, behaviour, perception and consciousness. The understanding of the neuroscience and neurobiology is the scientific study of the neuroscience.The neuroscience scope has expanded with the time to include several approaches for studying the nervous system at different scales and neuroscientist technology has enormously expanded. Neuroscience systems questions include ways in which neural circuits are formed and anatomically or physiologically used to create functions such as reflections and multi-sensory integration. In other words, they address the manner in which these neural pathways function in large brain networks and the mechanisms by which behaviours. Analysis of machine level,for example, answers concerns regarding different sensory and motor modes: how does vision work? How do songbirds learn new ultrasound songs and bats? How do you process touch information in the somatosensory system? The neuronal fields

Physcopathology:

The study of abnormal cognitions, behavior and perceptions is psychopathology. Descriptive psychopathology includes the categorization, description, and contain of symptoms as stated and experienced by individuals and their behaviour,Explanatory psychopathology attempts to describe some kind of symptoms according to theoretical models including psychodynamics or cognitive behavioral therapy. This can be narrowly divided into descriptive and explanatory therapies.Biological psychopathology is an abnormal perception, actions and experience analysis in the biological aetiology.The term psychopathology may also be used to refer to behaviors or experiences that are indicative of mental disorder even if they are not formal. For instance, if there are not enough symptoms to meet the criteria for one of the disorders listed in the DSM or ICD the presence of a hallucination may be regarded as a psychopathological sign.In a more general sense, any action or experience that causes impairment, discomfort or disability is to be defined as psychopathology, in particular when a functional breakdown is thought to occur in either a cognitive or a neurocognitive brain system. How strong the distinction is remains unclear

Schizoid personality disorder:

Schizoid personality disorder (SPD / Diesk Times of the Day), is also referred to as SPD or SzPD. Affected persons may not be able to form intimate attachments to others and at the same time possess a rich , complex but exclusively intimate, world of fantasy. Other related characteristics include stilted speech, a lack of pleasure in most activities, the feeling that one is a "observer."SPD is a poorly studied condition and scientific reports on SPD are limited because it is seldom observed in clinical settings. In general , research has reported a prevalence of less than 1%(some estimates, however, were as high as 4%). It is more common for men than women. The SPD is associated with negative results, including a significantly compromised quality of life. The SPD has a decrease in overall function after 15 years.

Conclusion:

No drugs are indicated for specifically treating schizoid personality problems, but certain medications are capable of reducing SPD symptoms and treating coexisting psychiatric disorders. The symptoms of SPD reflect negative symptoms such as anhedonia, bumping affects and low energy, and SPD is believed to form an integral part of the "schizophrenic spectrum" of disease, including the schizotypical and paranoid disorders, which can benefit from drugs for schizophrenia. Given their relative emotional ease, schizoidal psychoanalytical therapy has a lengthy life and causes a lot of difficulty.In general, schizoids have a poor degree of participation in the treatment due to issues of communication with a psychotherapist and poor therapeutic motivation. In an inpatient or outpatient environment, therapeutic psychotherapy is provided by a skilled therapist based on areas such as coping strategies, social skills and relationships , communication and self-esteem. People with SPD may also tend to miss subtle expression differences.