

**Schizoid personality disorder**

# Discussing Solitude Connection and Daily Needs

Adults | 10 to 15 minutes

Schizoid personality disorder is a clinical diagnosis; enjoying solitude or having few relationships does not establish it. The useful questions concern persistent patterns, distress, functioning, and your own goals. This page does not require you to become more social or express emotion in a particular way.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

**Start with chosen preferences**

Describe the amount and kind of contact you prefer. Separate satisfying solitude from isolation you did not choose. Consider whether daily needs, work, or access to help are affected and whether any change is desired.

**Ask for context-sensitive assessment**

Discuss whether patterns are longstanding or have changed with mood, health, stress, or life circumstances. Ask how the clinician will consider culture, neurodevelopmental differences, and other explanations without imposing a standard level of sociability.

**1. What amount and kind of contact feels appropriate to you?****2. Where does solitude work well, and where does it create an unwanted practical difficulty?****3. Has this pattern changed over time or with health, mood, or circumstances?****4. What assessment question or personally chosen support goal would you like to discuss?****Clinical use and adaptation**

Distinguish chosen solitude from depression, psychosis, autism, trauma, and environmental isolation. Avoid interpreting limited expression as lack of feeling or pressuring intimacy. Assess impairment and preferences rather than using social norms as the sole benchmark.

Original educational resource. Adapt with a clinician; not a validated assessment or complete treatment protocol.

Conceptual references: E01, E05, S01. Full sources are in the online preview and collection appendix.

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