

The Chosen Loner:
Schizoid Personality Disorder in *Little Miss Sunshine*
Christine M. Salek
University of North Dakota

Abstract

The character of Dwayne Hoover in the 2006 film *Little Miss Sunshine* exhibits symptoms consistent with a diagnosis of Schizoid Personality Disorder (SPD). He not only professes to “hate everybody,” but he appears to function best when completely solitary and his only interests in life are working out and reading (Faris, 2006). In addition to these examples, he also fits the DSM-IV-TR criteria for SPD by showing flattened affect (BehaveNet, 2000) and lacking any close friends (Faris, 2006). SPD often stems from the maladaptive beliefs that one is alone and that relationships are too much of a hassle (Butcher, Hooley, & Mineka, 2009). Dwayne most likely developed the disorder from living in a dysfunctional family setting (Schulz, 2010) and would best be treated with long-term behavioral psychotherapy.

The Chosen Loner: Schizoid Personality Disorder in *Little Miss Sunshine*

Introduction

The 2006 film *Little Miss Sunshine* tells the story of a dysfunctional family who sets out on a trip from New Mexico to California so the youngest child, Olive Hoover, can compete in the Little Miss Sunshine beauty pageant. The old VW bus they drive is full of odd characters: Mr. Hoover, Olive's father, a motivational speaker who stresses that winning is the only possible outcome; Mrs. Hoover, Olive's mother, a "pro-honesty" woman who cares for her family deeply; Frank, Mrs. Hoover's depressed brother, who was just released from the hospital after a suicide attempt; Dwayne, Olive's older brother, who has taken a vow of silence in order to follow the teachings of his hero, Friedrich Nietzsche; and Edwin, who is Mr. Hoover's father and Olive's grandfather. The family experiences numerous setbacks during their trip, including the death of Edwin Hoover, which puts the entire trip in perspective for the family. At the pageant, Olive performs a suggestive dance routine choreographed by her late grandfather, prompting her removal from the competition. However, this moment forever defines the family's togetherness and they happily begin their drive back to New Mexico (Faris, 2006).

Throughout the movie, Dwayne, a troubled 16-year-old, remains flat and unaffected by any of the family's woes, even when it would seem impossible not to react to certain situations. He does not desire social relationships, and this is reinforced by his vow of silence, which forcibly separates him from the rest of the family. Additionally, he prefers to be left completely alone and would much rather have stayed at home than gone with the family on the trip. Even when his grandfather unexpectedly passes away, he shows no emotion, as if he is completely unaffected by this sudden tragedy. His behaviors, or lack thereof, are consistent with those who have Schizoid Personality Disorder (SPD).

Diagnosis

Dwayne Hoover appears to meet the criteria for an Axis II, Cluster A diagnosis of Schizoid Personality Disorder. The Diagnostic and Statistical Manual, Fourth Edition, lists seven symptoms of SPD, four of which must be present in order to make a diagnosis (Schulz, 2010). The first is rejecting and disliking close relationships, including being part of a family (BehaveNet, 2000). When Dwayne and Frank are conversing at the dinner table before the family leaves for California, Frank asks if Dwayne has any friends. Dwayne retorts with a note written on his notepad: “I hate everyone.” Frank replies with a swift, “Even your family?” to which Dwayne responds by underlining the word “everyone” (Faris, 2006). Another criterion of SPD that comes as a result of the aforementioned is that one with SPD does not have any close friends, except perhaps a close relative (BehaveNet, 2000). Although it is evident that this is Dwayne’s case, he develops a single relationship with another character as the movie progresses, and that is with Frank. After breaking his vow of silence after finding out that he cannot be a pilot because he is color blind, Dwayne and Frank are attracted to each other’s company, if only because they are both troubled human beings. Frank can listen to Dwayne’s complaints about life and other people, even if Dwayne does not care if Frank responds or cares (Faris, 2006). This pseudo-relationship, in addition to the absence of any other relationships, is enough for Dwayne to fit a second criterion of SPD.

Another criterion of SPD that Dwayne fits is that one with this diagnosis “almost always chooses solitary activities” (BehaveNet, 2000). One of his few interests is the teachings of Nietzsche, and on the trip to California he is often shown reading Nietzsche’s *Thus Spoke Zarathustra* (Faris, 2006). It is also possible that Dwayne’s dream of being a test pilot in the air force is fueled by his desire to be completely alone, and that when this dream is dashed, he

comes to the sudden realization that he must slip in with the rest of society for the rest of his life. His request to be “[left] alone” on the side of the highway after running out of the car in a fit of rage exemplifies his shock. Even when Dwayne is asked to share a room with Frank after he comes to visit from the hospital, he treats this as a large blow and immediately leaves his own room to be alone when Frank arrives (Faris, 2006).

A fourth criterion that Dwayne meets is “showing emotional coldness, detachment,” or having a flattened affect (BehaveNet, 2000). At the dinner table near the beginning of the movie, when the entire family is arguing about one thing or another, Dwayne only sits there eating, only concentrated on the task at hand and unwilling to risk his energy and involve himself in the dispute (Faris, 2006). Additionally, his vow of silence reinforces the idea of detachment from the rest of the world. Although it is clear that his devotion to Nietzsche allows him to excuse this behavior as normal by his standards, from a clinical standpoint, it is disturbing how much this loyalty is affecting his sociability (Butcher, Hooley, & Mineka, 2009). When his grandfather passes away later in the film, he only sits still as the rest of his family reacts with anger and tears to his passing. His expression remains the same before, during, and after hearing the news, accentuating his lack of emotional response and his desire to detach from his family in all ways possible. Finally, his apology to his family, for his fit that caused his father to pull over on the highway, is flat and immaterial. He is aware that the correct thing to do in this situation is apologize, but he does not mean this apology, all he knows is that it will be rewarded by lessened scrutiny of his behavior and a chance to be alone again (Faris, 2006).

Lastly, Dwayne meets a fifth criterion for SPD – one more than is necessary for a diagnosis – taking pleasure in [zero to] few activities (BehaveNet, 2000). Although the use of the word “pleasure” appears ironic in this instance, considering his emotional flatness, in this

paper it will be used to define activities that maintain Dwayne's emotional level, not causing it to dip to a major depressive episode (Butcher, Hooley, & Mineka, 2009). Firstly, his inclusion of Nietzsche's teachings in his life, most notably his vow of silence, are extremely apparent. He reads the philosopher's works, has a large poster of him in his room, and follows his rationale in order to become stronger by staying silent. Secondly, his unexplained (at least within the movie) compulsive working out illustrates a method of normalcy in which he partakes. He is shown working out at the beginning of the movie inside his room and even at the gas station where the family stops during their trip. Finally, his dream of being a test pilot remains a fixture in his mind until he realizes that he cannot fulfill it anymore. His mother explains at the beginning of the film that his vow of silence will last until he becomes a pilot. Judging by his reaction upon discovering his color blindness, this dream was one of the few things keeping his behavior in check and maintaining his reserved persona (Faris, 2006).

Etiology

The causes of SPD in their most basic forms include a possible genetic link and that certain maladaptive thoughts and thought patterns lead one with SPD to view oneself as a loner or engage in aloof behavior (Schulz, 2010). Such causes have not been the subject of a great deal of research, however, so the scientific community has little knowledge of its specific causes. Despite the fact that little is known about SPD, cognitive theorists hold that people with this disorder view social interaction as intrusive and that because of this, they are meant to be alone. Two phrases commonly mentioned with relation to SPD are "I am basically alone" and "Relationships are messy [and] undersirable" (Butcher, Hooley, & Mineka, 2009). Additionally, there has been a link to schizophrenia in the past, but this has since been disregarded (Schulz, 2010). However, certain sociocultural factors are still being observed today as possible causes.

Defective relationships with parental figures in the early stages of life is a psychodynamic approach to explaining the symptoms of SPD. As expected, a young child may assume that certain modes of thinking and conclusions they make about life are correct, when, in fact, it is only their lack of a competent parental figure creating this confusion. If the parents are absent or too focused on their own issues to pay attention to their children, then the child may start playing alone, and this could become a regular habit. As time passes, they may interpret that all people must be like their parents, too busy for a simple relationship, leading them to conclude that relationships take too much effort to instate and maintain. This thought process then leads to another, one where the person expressively forbids close relationships for fear that these will constrain them and prevent them from taking part in their solitary activities. Their inability to discern between intrusion and friendliness is one of the core beliefs of those who believe a lonely childhood is a factor into developing SPD (Sass & Schwarte, 2006).

Although Dwayne's early childhood is never mentioned in the movie, a good argument can be made for his development of SPD by only viewing the near-defunct family dynamics at play in the first part of the movie. Mr. Hoover, a motivational speaker crafting his latest plan to turn people into winners, often brings his work into the household and attempts to apply it to every situation the family experiences (Faris, 2006). Because he travels so much and works so hard at his job, he and Dwayne rarely interact. Mrs. Hoover, on the other hand, is always with her children, but the stress of raising two very different children and having her father-in-law live with the family after being kicked out of his retirement home is evidently wearing her down, making her more susceptible to bouts of hopelessness and unmitigated anger. Growing up with these parents, both of whom never fully pay attention to either child, could be what caused Dwayne to descend into his own solitary activities, ones that he knew his parents would never

adopt themselves. Additionally, all of the fighting that takes place in his household would only add to his disinterest for close relationships (Faris, 2006). He has been mentally on his own for so long that he probably feels as if he merely exists in the world, and that as long as he keeps himself occupied, he will never have to worry about establishing relationships with other people. Consequently, his flat affect is a result of his unwillingness to effectively join society; he has detached himself completely, both physically and mentally, from the world.

Treatment

Because Cluster A personality disorders are the most difficult to treat of all of the personality disorders, a treatment for SPD specifically is a problematic idea (Schulz, 2010). Additionally, people generally only enter treatment at the request of others; with SPD, however, people who know the patient well enough are difficult to find. Even after one enters treatment, one may not realize that anything is wrong with them and may refuse to stay and receive help (Butcher, Hooley, & Mineka, 2009). Also, the therapists themselves may become easily frustrated because of a lack of emotional response. However, certain behavioral psychotherapy approaches hold great validity in the clinical field.

Behavioral psychotherapy utilizes a multitude of strategies in order to connect with the patient at a deeper level. A therapist may use an educational approach to help the patient identify their own emotions, the emotions they may evoke in others, and how the people with whom they relate feel at a given time. Cognitive behavioral therapy (CBT) may be considered a sub-factor of this treatment, helping the patient realize and decide where they belong in society. In addition, confrontation encourages patients to accept reality and engage themselves in it. Psychotherapy in general is a long process, and if a therapist wishes to be successful, they must proceed slowly and respect the fact that the patient does not desire close relationships while

maintaining slight interpersonal interactions. While this form of therapy is generally individually based, group therapy can also play a large role if the patient is willing to partake. Albeit rare, a person with SPD that involves themselves in group therapy can develop needed social skills and learn how to form relationships (Sass & Schwarte, 2006).

There are certain pharmacological treatments available to SPD patients; however, the majority of them target comorbid (generally Axis I) disorders rather than the personality disorder. Despite this, research has also shown that certain symptoms of SPD, especially negative symptoms associated with schizophrenia, may be targeted with low doses of risperidone, olanzapine, and Bupropion. The pharmacological treatments are rarely used, though, because of the knowledge of certain therapies (Sass & Schwarte, 2006).

Dwayne would likely respond best to behavioral psychotherapy, with group therapy as a possibly successful intervention. His parents, despite their absence and busy schedules, do care for him, and would likely take him to receive therapy if someone suggested it (Faris, 2006). CBT could be especially important in his treatment, and would help him realize that he does not need to be a recluse to find joy in life. It commonly targets increasing self-control and victim awareness, and changing antisocial attitudes (Butcher, Hooley, & Mineka, 2009). Thus, it could help him realize that there are people who care for him, and that by not speaking and holding this “I hate everyone” view, he is hurting them more than he can fathom. By accepting this reality, he can then learn to express basic emotions again and apply them to real situations. He would also learn methods to cope with his personality instead of suppressing it and apply his thoughts to more constructive actions. Additionally, he would learn to manage his personality in different environments, which would in turn reduce his difficulties with interpersonal communication and decrease emotional impairment (Schulz, 2010). Instead of being alone with his thoughts all the

time, he could instead help the family when they have difficulties on the road and input his opinions about their next steps. He would also be aware of his family's support and love for him when he realizes that he cannot be a test pilot, and instead of having a violent fit, he would control his emotions and allow his family to calm him down and reassure him.

Because he lives and eats dinner with his family every night, group therapy is a viable option. After accepting that his family cares for him and wants him to express himself more to them rather than passively through working out and reading, he could enter a group session and could potentially do very well. He can develop social skills with people he does not know, made easier by the fact that his family – the possible largest cause of his disorder – now understands his difficulties and he understands their thoughts of him (Sass & Schwarte, 2006). Success in group therapy would be a major breakthrough in controlling his SPD.

Conclusion

The wild ride in which the Hoovers partake in *Little Miss Sunshine* is dysfunctional enough for a completely sane person to lose their mind, much less a person with SPD. Between the death of a family member, car troubles, and Olive's sole desire to compete in the Little Miss Sunshine pageant in California, the possibilities of a happy ending were few and far between, but the family eventually emerged happily and ready for the long drive home. Dwayne's SPD diagnosis essentially rendered him a nonfactor for the duration of the film; his early familial distress and personality crises causing him to be completely shut off from the rest of the family. Despite his many prevalent symptoms consistent with SPD, a long-term exposure to behavioral psychotherapy, with a hint of group therapy, could be extremely beneficial, considering the family's apparently patched dynamics at the end. Although Dwayne's initial problems were family-based, the love his relatives have for him could be the only thing he needs to get better.

References

- BehaveNet clinical capsule: schizoid personality disorder. *BehaveNet*. Retrieved from <http://www.behavenet.com/capsules/disorders/schizoidpd.htm>
- Butcher, J. N., Hooley, J. M., & Mineka, S. (2009). Personality disorders. *Abnormal psychology, books a la carte plus MyPsychLab (14th Edition)* (14 ed., pp. 346-364). Alexandria, VA: Prentice Hall.
- Faris, V. (Director). (2006). *Little Miss Sunshine* [Motion picture]. USA: 20th Century Fox.
- Sass, H., & Schwarte, R. "WPA/ISSPD educational program on personality disorders." *International Society for the Study of Personality Disorders* (2006): 129-134. Print.
- Schulz, C. (Director). Personality Disorders. *Abnormal Psychology*. Lecture conducted from University of North Dakota, Grand Forks.