

# Avoidant Personality Disorder: A General Overview

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## ABSTRACT

This article is a general overview which focuses on previous researches about avoidant personality disorder (AVPD) and tries to present basic understanding of AVPD and its measurement, etiology, impacts and treatment. Research articles obtained from Google Scholar would be the main tool to get access to previous knowledge of AVPD. The introduction part would be definition and diagnostic criteria of AVPD which both base on DSM-5. For the main body, firstly, to measure the extent of AVPD, AVPD features scale and five factor avoidant assessment would be utilized. Then, this review suggests three possible factors causing the AVPD: In etiology (biological perspective), early childhood experiences and adult attachment styles with children. The relationship between AVPD and social anxiety disorder (SAD) will be one of key analysis object of this paper since they are sharing similar features on social activities while comorbidity for AVPD also be discussed in this section. Furthermore, impacts of AVPD towards self-functioning and social relationships would be well-explained based on previous study. In the end of this section, Exposure-based treatment would be discussed as the major clinical treatment for AVPD although its improvement is not significant. Finally, recommendations for future investigation will be suggested in the conclusion.

**Keywords:** Avoidant personality disorder, Social anxiety disorder, Attachment style, Five factor avoidant assessment, Exposure-based treatment

## 1. INTRODUCTION

Avoidant Personality Disorder (AVPD) is one of personality disorders which characterized by an extreme inhibition of social interaction due to fear of being embarrassed, negatively evaluated by others, feelings of inadequacy [1]. This first diagnostic description for AVPD was announced by Millon in 1969 and included in DSM-3 [2]. People with the AVPD tend to describe themselves as restless, anxious, lonely and often feeling unwelcome and isolated from others. They often view themselves as socially incompetent or personally unattractive as a reason for avoiding social activities with people.

Avoidant personality disorder is defined systematically as a personality disorder which belongs to cluster C which people with these disorders often appear to be nervous and fearful in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) [3]. To be diagnosed with AVPD, symptoms must begin by early adulthood and occur in a range of situations. Four of seven following symptoms should be present: (1) Avoids occupational activities that involve significant interpersonal contact because of fears of criticism,

disapproval, or rejection; (2) Is unwilling to get involved with people unless they are certain of being liked; (3) Shows restraint within intimate relationships because of the fear of being shamed or ridiculed; (4) Is preoccupied with being criticized or rejected in social situations; (5) Is inhibited in new interpersonal situations because of feelings of inadequacy; (6) Views self as socially inept, personally unappealing, or inferior to others; (7) Is unusually reluctant to take personal risk or to engage in any new activities because they may prove embarrassing.

Somehow there is debate about whether AVPD is significantly different from generalized social phobia. Since generalized social phobia and avoidant personality disorder share quite similar diagnostic criteria and may have similar causes, subjective experiences, processes, treatments, and underlying personality traits, lots of people are confused with the concept of each of them. While some people claim that AVPD would the most serve variant in the spectrum of social anxiety disorders (SAD) varied with some certain conditions. But increasing numbers of researches are showing that AVPD actually is distinctive to the SAD [4].

The aim of this review would be to summarize the basic information about AVPD provided by previous

researches, to try to present a general overview to better insight for AVPD on the etiology, impacts, treatments and to provide some possible recommendations for future investigations. Moreover, this review would also focus on explaining the differences between AVPD and SAD.

## **2. METHODOLOGY**

This paper is an overall review based on researches collected using Google Scholar in the field of avoidant personality disorder and social phobia. Get the corresponding article by typing keywords such as personality disorder, avoidant personality disorder versus social anxiety disorder, attachment style, assessment and treatment. Fundamental definition and diagnosis about AVPD is obtained in the DSM-5 diagnosis criteria from American Psychiatric Association. Firstly, similarities and differences between AVPD and SAD will be analyzed from DSM-5 diagnosis criteria and study from Lampe [4]. This review suggests three possible factors causing the AVPD: Biological perspective, early childhood experiences and attachment styles. The individual and social impact of AVPD would be well-explained based on previous studies [5, 6]. Exposure-based treatment seems to be the most common treatment for AVPD [7, 8].

## **3. MEASUREMENTS**

### ***3.1. AVPD features scale***

To diagnose avoidant personality disorder, the most common explicit measure method is self-report rating scales which associated with AVPD's features based on DSM-IV diagnostic criteria. A study from Meyer required participants to rate their extent of each of the DSM-IV AVPD diagnostic criteria according to their individual personality. This AVPD features scale was verbalized from the DSM-4 diagnostic criteria including 7 items and each item have 4-point scales, from 0 ("This doesn't describe me at all") to 3 ("This is a very good description of me"), and "I am like this in many situations and much of the time") [9].

### ***3.2. Five Factor Avoidant Assessment***

Some authors found that some description of personality disorders from DSM-4 may not be sufficient and precise. Therefore, they combine with "Big 5" dimensions creating the five-factor model (FFM). Big five refers to Extraversion (E), Neuroticism (N), Agreeableness (A), Conscientiousness (C) and Openness to Experience (O). Neuroticism refers to a long-term tendency to experience negative emotional states. People who have high scores on neuroticism scales are more likely to experience psychological distress such as anxiety, anger, guilt and depression [10]. Wiggins and Pincus [11] claimed that the conceptions of avoidant

personality disorder was strongly associated with Neuroticism. Therefore, researchers suggested a new form of self-reports: Five Factor Avoidant Assessment (FFAvA) to test the traits for AVPD by using the basic characteristic elements found in FFM that are most consistent and strongly correlated to DSM-4 criteria. In FFAvA, it consisted of 121 items with a 5-point scale ranging from disagree strongly to agree strongly. In order to meet the three main characters of AVPD: social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, this study included 10 relevant traits on four scales. The ten traits would be evaluation apprehension, despair, mortified, overcome, social dread, shrinking, risk averse, joylessness, rigidity, and timorous. Researchers believed the FFAvA would be a new assessment measure for diagnosing and understanding AVPD [12].

## **4. THE ANTECEDENTS AND COMORBIDITY OF AVPD**

### ***4.1. Biological Perspectives***

Genetic influences would be a significant element to help clinicians finding the possible etiology for AVPD, though heritability does not tell us about the exact nature of genetic influences involved. Several studies showed that there is a high level of heritability for AVPD. A study conducted by Reich and Schatzberg [13] indicated a high level of heritability for AVPD and they also suggested part of the heritability of AVPD is possibly due to behaviors learned in the family environment. Gjerde et al's study [14] also found that a high level of heritability for AVPD which was estimated at 0.64 showing that genetic factors contribute to the etiology of the underlying factors of AVPD at least as strongly as normal personality traits and associated AXIS I disorders.

### ***4.2. Early childhood experiences***

People who remembered a negative and sorrowful childhood that appeared rejection, failures, shames, abuse, or neglect might have higher possibility to have the characteristic pattern of AVPD. Moreover, since negative childhood memories and pessimistic expectancies strongly contribute to AVPD, if people are highly sensitive or they can actually recall these negative memories, they would experience avoidant behaviors in a more severe extent than others [9]. This theory would be proven by a study conducted by Stravynski et al. [15] showed that AVPD group would perceive their parents as less affectionate to them than control group. Moreover, compared with the normal population, patients with AVPD rated their parents as more rejecting and guilt-engendering, more partial to other siblings, less tolerant with them and less praises for them.

### **4.3. Adult attachment styles**

Adult attachment has become a major focus of research in personality psychology to explain the causes of certain psychological disorders. It is well-acknowledged that adults attachment styles would be a vital factor to determine a healthy mind state for children. As Mikulincer et al. [16] claimed, attachment styles were defined as having two dimensions: Anxiety and Avoidance. For anxious style, it was characterized by a lack of attachment security, a strong need for intimacy, worries about relationships and fear of rejection. While avoidant style was defined as a lack of attachment, insecurity, obsessive self-reliance and a tendency to maintain emotional distance from others. Fossati et al. [17] have used Attachment Style Questionnaire (ASQ) to investigate that discomfort with intimate relationships and a lack of confidence in attachment were associated with AVPD and also connected with the anxiety and avoidant model.

### **4.4. Relationship to social anxiety disorder**

Social anxiety disorder would be the most common comorbid diagnosis for avoidant personality disorder. Social anxiety disorder which is also well-known as social phobia is characterized by extreme and persistent fear or anxiety, as well as avoidance of social situations where the individual may be judged negatively by others [3]. From the DSM-5 diagnostic criteria, the features of SAD are quite similar as AVPD such as social inhibition. A research showed that the comorbidity rate between generalized social phobia and AVPD would be up to 40% [18]. While social phobia and avoidance personality disorder in general seem to have a lot of overlap, they can also differ in specific traits [19]. As there is a high degree of standard overlap between AVPD and SAD, a high level of comorbidity will be expected, therefore these data showing relatively low comorbidity rate may suggest that the differences between AVPD and SAD [4]. In addition, A sense of inferiority is the standard for AVPD instead of SAD. A study showed that the differences between groups with and without AVPD depending on whether it is low self-esteem [20]. Moreover, Rettew [21] claimed that the diagnosis of AVPD does not require panic attacks, while SP is more likely to be considered as panic attacks: the extreme fear of embarrassment or humiliation which causing distress.

## **5. INDIVIDUAL AND SOCIAL IMPACT OF AVPD**

A study from Simonsen suggested that there was a closed association between high level of alexithymia and AVPD [22]. Alexithymia would be a vital indicator of severity of personality dysfunction. AVPD Patients with high levels of alexithymia may show more severe dysfunction in the empathic area [22]. According to the

study from Taylor et al [23], Alexithymia is defined as an emotional deficit contract that lack the ability to distinguish, identify, and describe their own emotions. Therefore, people with AVPD would show problems in this three dimensions as the characteristics of Alexithymia: dysfunction in emotional awareness, social attachment, and interpersonal relation [24].

The results of the research conducted by Wilberg showed that Avoidant was the diagnosis that contributed most to a lower level of global functioning and a higher level of interpersonal problems. AVPD appears to be a significant contribution associated with severe dysfunction and subjective distress compared to other PD at levels. In addition, AVPD is more associated with social isolation and poor living standards, and is the only PD diagnosis showing the linkage with lower educational level. A [5].

## **6. TREATMENTS**

Alden designed a short-term structured treatment for patients with AVPD which basically made up by two behavioral therapy: exposure strategies and skill-training strategies. Exposure strategies refers to exposure to fear-inducing situations is the underlying mechanism for behavior change while skill-training strategies mainly based on the theory that socially dysfunctional individuals fail to deal with interpersonal interactions by acquiring the behavior. Compared with untreated subjects, treated subjects reported lower social reticence, fewer distractions due to social anxiety at work and in social situations, fewer symptoms of social anxiety, and higher satisfaction with social activities. The treatment resulted in improvements in both social silence and self-esteem. However, although treatment was beneficial, these avoiders did not achieve normal levels of function since the time period of the treatment did not last too long [7].

Another study which tried to investigate the effect of AVPD on treatment for social phobia used exposure based treatment as well which included previous story of each individuals, education about social anxiety, muscle relaxation training. Patients would also required to face the situation of rejection, criticism and negative self-image. In this process, the clients and other team members play out anxiety-inducing social situations. The result was consistent with the first research above. The clients with AVPD did have improvement on their self-esteem and social functioning by exposure-based treatment. But compared with people without AVPD, the improvement of patients with AVPD relatively less [8].

## **7. CONCLUSION**

In conclusion, despite avoidant personality disorder and social phobia seem to be similar and cause some confusions. There are still some individual characteristics

which help distinguish AVPD from SP such as a sense of inferiority and lack of panic attack. Three factors (genes, attachment, early childhood experiences) mentioned above would help to explain the etiology of AVPD. In fact, learning from the previous articles, there are not many treatments for AVPD alone. Due to the high comorbidity to the SP, in most cases the treatments for AVPD are based on the treatment for people who have social phobia. Since the impact of exposure-based treatment for patient with AVPD is not significant, a more effective treatment would be expected in future studies about AVPD. In addition, there are limited sources discussing the clinical implications for AVPD, this review suggest that the future investigations should focus more on clinical implications.

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