

AVOIDANT PERSONALITY DISORDER

SOURCE: INTERNET MENTAL HEALTH

Individuals with this personality disorder are socially inhibited, usually feel inadequate, and are overly sensitive to criticism.

Diagnostic criteria:

A pervasive pattern of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by four or more of the following symptoms:

- 🧠 Avoiding occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
- 🧠 Unwilling to get involved with people unless certain of being liked
- 🧠 Showing restraint within intimate relationships because of the fear of being shamed or ridiculed
- 🧠 Preoccupied with being criticized or rejected in social situations
- 🧠 Inhibited in new interpersonal situations because of feelings of inadequacy
- 🧠 Viewing self as socially inept, personally unappealing, or inferior to others
- 🧠 Unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

Medical treatment

Basic principles

When a person with avoidant personality disorder falls ill, pre-existing shyness and insecurity may intensify. Embarrassment about being scrutinized during physical examination may also contribute to downplay of symptoms and delay in seeking help. The physician needs to steer a middle

course between inadvertently cooperating with the patient to minimize complaints and possible miss the diagnosis on the one hand and adopting an overly intrusive approach that may threaten the patient's sense of privacy and modesty and perhaps contribute to non-compliance on the other. A low-key approach that emphasizes the physician's friendliness and availability and includes prompt return of phone calls, respect for punctuality at appointments, and periodic reassurance of the physician's personal interest and commitment will counter the patient's normal inclination to see himself or herself as unimportant or undeserving of the physician's attention.

Psychosocial treatment

Basic principles

The treatment of the patient with Avoidant Personality Disorder should take into consideration the similarities of this disorder with many of the others, but should also consider important differences between, for example, the Avoidant patient and the Schizoid (who possesses a deficit in relating ability rather than a defense against relating) or the Borderline Personality (which reflects a more severe and dysfunctional personality syndrome).

For those patients who come to treatment, the issue of the 'neurotic equilibrium' that would be upset by any change in symptoms, must be addressed from the beginning. Initial supportive treatment and enhanced self-image may allow some tentative exploration -- within the safety of the





therapeutic relationship -- of interactions with others and with the environment.

Specific treatments for symptoms of disorders such as anxiety or phobia might be considered.

Psychotherapeutic treatment must first be directed at solidifying an alliance with the therapist to prevent early termination of therapy. Unlike the schizoid personality, the avoidant personality may find assertiveness training useful. The therapist should be cautious when giving assignments to exercise new social skills outside of therapy, because failure may reinforce the patient's already poor self-esteem.

Individual psychotherapy

Long-term psychotherapy is useful in selected patients with avoidant personality disorder. The therapist must expend considerable effort in establishing an effective therapeutic alliance, since their exquisite sensitivity to rejection often causes these patients to abandon treatment abruptly.

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Group therapy

Group therapy may desensitize the patient to the exaggerated threat of rejection.

"The single largest barrier is ignorance. "

