AVOIDANT PERSONALITY STYLE AND DISORDER

THE AVOIDANT PERSONALITY TYPE IN A NUTSHELL

"The essential feature of *AVOIDANT PERSONALITY DISORDER* is a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation."[1]

The *AVOIDANT PERSONALITY TYPE* tends to avoid close interpersonal relationships and social situations. While the schizoid individual has the same aversion to interpersonal situations, the reason for the avoidant individual's aversion to interpersonal relationships is due to fear of embarrassment or being hurt by others. The schizoid individual simply doesn't have the desire for interpersonal relationships.

A CLOSER LOOK

This individual will often use various rationalizations to reinforce their need to refrain from significant interpersonal relationships. These will be elaborate explanations loaded with apparently reasonable examples based on past experience. This will immediately present a significant problem for therapeutic intervention.

In cases of crisis, the client is likely to fall into apathetic withdrawal, especially if the therapist moves too quickly to help resolve the social fears. It is not unreasonable that the therapist will see the individual completely isolate themselves socially. This may include actual cases of *Agoraphobia*.

The *AVOIDANT PERSONALITY TYPE* can originate from a variety of childhood sources. It is important for the therapist to attempt to locate the source since that may provide valuable information for healing. The therapist should carefully read through the *Psychosocial Etiology* section of this personality description.

This individual is subject to numerous *Axis I Disorders*. Those include *Panic Attacks*, *Anxiety Disorders*, various *Mood Disorders* including *Dysthymic Disorder* and *Major Depression*.

In the event that the avoidant individual has engaged in a serious interpersonal relationship and that relationship has ended badly, the therapist should understand that client reactions might be more significantly pronounced.

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[1] American Psychiatric Association: *DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FOURTH EDITION, TEXT REVISION*. Washington D.C., American Psychiatric Association. 2000., p. 718.

The Bottom Line

Fear of being hurt or embarrassed is the key to this personality crisis. Although the individual may wish to engage in significant interpersonal relationships, they will refrain due to those fears.

Technical DSM-IV-TR Criteria
For Diagnosis of a Full Personality Disorder

The official DSM-IV-TR diagnostic criteria for *Avoidant Personality Disorder* are:[2]

> A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning in early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
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> 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 certain of being liked.
> 3. Show 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 risks or to engage in any new activities because they may prove embarrassing.

[The therapist is reminded that the above criteria must be (1) a pervasive pattern, (2) and must begin by early adulthood. If those main criteria cannot be met, a personality disorder cannot be diagnosed (technically). If many of the other criteria are present, the therapist should understand that the personality style has drifted toward undesirable and maladaptive behaviors associated with the disorder. Treatment techniques described below should be used to move the personality toward style rather than disorder.]

Differential Diagnosis

There are a number of other disorders that contain similar characteristics to *Avoidant Personality Disorder*. This list contains some of those disorders. The therapist is encouraged to research these similar disorders using the DSM-IV-TR.

Social Phobia. This is a possible alternative diagnosis especially based on the diagnostic criteria of pervasiveness.

Panic Disorder with Agoraphobia. *Panic Disorder* with or without *Agoraphobia* can coexist with *Avoidant Personality Disorder*. The avoidance with *Panic Disorder*

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[2] *DSM-IV-TR*, p. 721.

typically starts after the onset of *Panic Attacks*. The avoidance in *Avoidant Personality Disorder* tends to have an early onset.

Dependent Personality Disorder. *Avoidant Personality Disorder* occurs to avoid humiliation and rejection. With *Dependent Personality Disorder* avoidance is related to being taken advantage of.

Schizoid and Schizotypal Personal Disorders. All three disorders have social isolation as a criteria. *Avoidant Personality Disorder* desires to have a relationship and the individual suffers loneliness without one. Whereas, with *Schizoid* and *Schizotypal Personality Disorders* the individual is indifferent to relationships.

Paranoid Personality Disorder. The common element between these two is reluctance to confide in others. *Avoidant Personality Disorder*, however, also has the fear of being embarrassed as a key element.

Personality Disorder Due to Medical Condition. Both disorders may be diagnosed but *Avoidant Personality Disorder* must exist before the medical condition.

Chronic Substance Abuse. Both conditions may be diagnosed but *Avoidant Personality Disorder* must exist before the substance abuse.

Commonly Associated Axis I Disorders

There are a number of *DSM-IV Axis I Disorders* that are commonly associated with the *Avoidant Personality Type*. The therapist should be aware of each of these *Axis I Disorders* and screen for them, if such screening seems appropriate.

Mood Disorders. Various *Mood Disorders* may be present with the *Avoidant Personality Type.* These may include *Major Depression Disorder*, *Cyclothymic Disorder*, *Dysthymic Disorder*, and (less likely) *Bipolar Disorder*.

Anxiety Disorders. Since the *Avoidant Personality Type* is socially inhibited and has feelings of social inadequacy, these traits may result in a number of *Anxiety Disorders*.

Social Phobia. The hypersensitivity to negative evaluation may result in the *Avoidant Personality Type* suffering from a *Social Phobia*.

The Avoidant Personality Continuum

All personality flows on a continuum from order to disorder – from function to dysfunction. Internal and external stressing events are the "triggers" that motivate a personality that is functioning in an orderly fashion to move toward disorder. Since each personality is different, not all stressing events hold the same impacting "value" for each person. A stressor that might cause significant personality disruption in one person might not effect another at all.

Each clinically recognizable *Personality Disorder* has its corresponding *Personality Style*. The goal of the therapist should be to move a disordered personality from a state of disorder to a state of homeostasis – the corresponding *Personality Style*.

According to Sperry,[3] the optimally functioning *AVOIDANT PERSONALITY STYLE* contains six elements. Correspondingly, there are six elements that indicate the breakdown of each of those six optimally functioning elements. As an individual "trades off" each of the optimally functioning elements for a maladaptation, they are moving closer to a clinical assessment of full *AVOIDANT PERSONALITY DISORDER*. The effort, therefore, must be to establish and maintain the optimally functioning elements of the *AVOIDANT PERSONALITY STYLE* without allowing for diminution toward more maladaptive traits.

Sperry's continuum includes the following six elements:

Optimal Functioning	Maladaptation
• The individual is comfortable with habit, repetition, and routine; and they prefer the known to the unknown.	• The person exaggerates the potential difficulties, physical dangers, or risks involved in doing something ordinary but outside of their usual routine.
• The individual has close allegiance with family and/or a few close friends and tends to be a homebody.	• The individual has no close friends or confidants (or only one) other than first-degree relatives.
• The individual is sensitive and concerned about what others think and tend to be self-conscious.	• The person is unwilling to get involved with people unless certain of being liked. They are easily hurt.
• The person is very discrete and deliberate in dealing with others.	• The person fears being embarrassed by blushing, crying, or showing signs of anxiety in front of other people.
• The individual tends to maintain a reserved, self-restrained demeanor around others.	• The person is reticent in social situations because of a fear of saying something inappropriate or foolish.
• The individual tends to be curious and can focus considerable attention on hobbies.	• The individual tends to be an underachiever and finds it difficult to focus on job tasks or hobbies.

THE AVOIDANT PERSONALITY STYLE UNDER STRESS

The following behaviors will likely manifest when an individual with an *AVOIDANT PERSONALITY TYPE* faces a triggering event. In the case of the *AVOIDANT PERSONALITY TYPE*, triggering events will be situations related to demands for close interpersonal relationships or requirements for social appearances.

[3] Sperry, Len, M.D., Ph.D. *HANDBOOK OF DIAGNOSIS AND TREATMENT OF DSM-IV-TR PERSONALITY DISORDERS* (Second Edition). Brunner-Routledge. New York, NY. 2003. P. 61.

- Social isolation. This individual may refrain from all social or interpersonal interactions.
- Panic attacks. This is especially likely if the individual is asked to engage in some public, social event. The potential for a panic attack is heightened if the individual is required to speak at a public appearance. They may not be able to engage in this type of activity.
- Apathetic withdrawal. The individual may completely shut down in their ability to interact with others.

DISORDER ETIOLOGY AND TRIGGERS

Etiology is the study of causes and origins for a malady. The list of etiological causes and origins for this personality type have been compiled from accepted psychological research. Each personality type also has a number of triggers that will likely be associated with movement from optimal functioning toward maladaptation. While this list of triggers is not all-inclusive, this list does contain the most commonly accepted reasons that trigger a maladaptive episode in an individual with an *AVOIDANT PERSONALITY TYPE.*

PSYCHOSOCIAL ETIOLOGY FOR THE AVOIDANT PERSONALITY TYPE

The formulation of personality (and, consequently, the potential for disorder) occurs during child development. No parent and no family environment is perfect. Thus, the imperfections of that home environment will lead to the development of some personality "skew." That skew is called a personality style.

In cases where the home environment was significantly maladaptive, traumatic, or damaging to the psyche of the child, the potential for development of a full-blown personality disorder increases with the onset of early adulthood.

The following list contains likely issues that arose during childhood that precipitated the formulation of the *AVOIDANT PERSONALITY TYPE*. Many of these issues will not be cognitively accessible to the client and there is a likelihood that many of these issues will be denied by the client. In spite of client denial (which is very common) these are the most commonly accepted reasons for the development of the *AVOIDANT PERSONALITY TYPE*.

The therapist must recognize the difference between an optimally functioning personality style and a personality that is moving (or has moved) toward disorder. The personality that is not in a state of disorder but skews toward the personality style may contain a few of the events from this list, some items may be repressed, or less severe family behaviors that follow the same "theme" may have existed (but not necessarily with the same intensity).

The therapist should not "automatically" assume that each of these items was a reality in the person's home of origin. This list should be used for investigation and exploration in order that the therapist might understand the dynamics of the home of origin.

- Peer group / family rejection. The "rejection" that causes this personality type appears to originate either in Stage #4 or Stage #5 of Erikson's scheme

psychosocial development.[4] Although it is possible for this type of emanate from the home environment, it is more likely to be social in origin. The experiences that cause it invoke timidity and avoidance.

- Initial appropriate nurturance and social bonding. This individual appears to have been raised initially in an appropriate setting, then something changed. That change resulted in relentless social embarrassment and even humiliation by someone. (It does not really matter who at this point.) This social conflict has derailed the desire of the individual from seeking further social interaction out of fear. Thus, they *avoid* social situations.[5]
- Shame-based social experiences. The development of this personality type most likely occurs sometime shortly before or after the onset of puberty. It may develop from social experiences and may not be directly attributable to familial issues. Humiliating experiences are the primary cause (friends, school associates, family). Development is likely not to occur from a single incident. The humiliation that causes the avoidant personality is longer in term.
- Family / social behavior patterns[6] to investigate at the disorder level include possible relentless parental control, parental need for the child to cultivate a good social image, visible flaws were discouraged especially when they were social, *mockery* (possibly related to "imperfections" like obesity), *shunning*, *banishment*, *exclusion*, *ridicule*, *rejection* (all italicized items could have occurred in the home or in a social context).[7]

[The above list does not contain biochemical considerations associated with the etiology of the *AVOIDANT PERSONALITY TYPE*. The therapist should understand that there may be biochemical issues associated with this disorder. Those issues are best addressed by a medical doctor or a Psychiatrist.]

DISORDER TRIGGERS

The following list contains the most common triggers that precipitate a crisis event or a full disorder in someone with an *AVOIDANT PERSONALITY STYLE*.

Demands for Close Interpersonal Relationships. The very nature of the *AVOIDANT PERSONALITY TYPE* is to avoid close interpersonal relationships. Demands placed on an

[4] Stage #4 is *Industry versus Inferiority* (occurring about 6 year to 11 years). Stage #5 is *Identity versus Identity Confusion* (occurring after 11 years old).

[5] Some situations that might cause the change from appropriate to inappropriate nurturance would include the following: A family move to an area that is radically different than the one the child was raised in, a change in parental custody, social group intimidation at or about puberty (schools can be brutal to children who do not "fit the mold" (obese children, children with handicaps, or any other situation that would put the child outside of the "accepted" social group of the school).

[6] The therapist should understand that avoidant individuals appear to have begun the development process with appropriate nurturance and social bonding. This may indicate that at least part of the psychosocial developmental issues might have been purely social and not familial. The most likely period of time that this could have happened would have been during the school years.

[7] Some of these family behavior patterns are indicated with a full disorder. In the case of a stable and optimally functioning personality style, the therapist may not locate these family behavior patterns, the behaviors may be repressed, only a few behaviors may exist, or less severe family behaviors that follow the same "theme" may be indicated.

individual for close interpersonal relationships might result in the promotion of a crisis event depending on the significance of the event.

Social or Public Appearances. The *Avoidant Personality Type* is subject to hypersensitivity regarding negative evaluation in social situations. They are unusually inhibited in social situations and suffer (sometimes quite severely) from feelings of inadequacy. These feelings are heightened when the individual is placed in a social situation where they must perform.

Treatment Course
For Avoidant Personality Issues

The following is a summary of treatment objectives when a therapist is dealing with an *Avoidant Personality Type*. As is the case with any client engagement, when the therapist feels that they are not capable of dealing with a specific case the case should be referred to another therapist. Also, in the event that a therapist takes on a specific case and after an appropriate time period does not see progress, the case should also be referred.

Potential Maladaptive Defense Mechanisms

While it is possible for any individual in crisis to use any of the maladaptive defense mechanisms, there are maladaptive defense mechanisms that certain personality types "favor" over others. The therapist should thoroughly research all defense mechanisms that the client might be using.

There are four major defense mechanisms that are commonly used by individuals with the Avoidant Personality Type. Two of those involve some type of image distortion and may indicate a significant problem leading toward psychosis (any defense mechanism above Level #2).

Intellectualization. The client uses excessive abstract thinking, intellectual reasoning, or generalizations to control or minimize the emotional discomfort associated with social and interpersonal relationships. This is an effort on the part of the client to "shut off" the emotions associated with social and interpersonal involvement. [Level #2 – Mental Inhibitions Level]

Repression. The client consciously learns to block out disturbing wishes, thoughts, behaviors, or experiences from the conscious mind. The affective states remain even though cognitive aspects have been repressed. [Level #2 – Mental Inhibitions Level]

Rationalization. The client uses elaborate and incorrect explanations to conceal the true motivations of their thoughts, actions, or emotions. The explanations are usually reassuring coherent and self-assuring. [Level #4 – Disavowal Level]

Apathetic Withdrawal. The client withdraws from any attempts to deal with the internal or external stressing events associated with social or interpersonal relationships. The client

no longer wishes to discuss the issues nor do they desire to work toward a resolution. [Level #6 – Action Level]

THE TREATMENT PROCESS

Prior to Therapeutic Intervention

The first course in treatment for the *AVOIDANT PERSONALITY TYPE* is to get a broader conceptualization of the individual. In cases of significant personality dysfunction or maladaptation, there are undoubtedly family structure and home of origin issues that are important. Thus, the *Foundations Assessment* is a vital tool for the therapist to administer prior to actual therapeutic intervention. The client's current levels of anxiety and depression are also important. Therefore, either *QuikTest* or the *Personal Crisis Inventory* should be administered. The *Addictions and Dependency Scale* may also be an important tool since it will reveal a broad range of both addictions and codependent behaviors.

The therapist should begin by reviewing all Assessment results. That includes review of other elevated personality styles included in this report. In all likelihood, the therapist will find that more than one personality type will be elevated above the 50% threshold. This is not abnormal.[8] Each personality type that is elevated should be analyzed and cross-correlated. The therapist should look for common elements among all of the elevated personality types. Those elements that are common to all personality type elevations will likely be significant issues for the client

Objectives of Therapy

During the initial interview phase of therapy the therapist must determine the reason that the client has been presented to therapy. Current home issues should also be discussed. The potential for *Axis I Disorders* should be considered during the interview. Finally, prior to the actual treatment phase of therapy, the therapist should conduct an investigation of the client's home of origin. This information should be gathered in hopes of correlating the results of the *Foundations Assessment* and the personality type elevations.

The therapist should understand that this client may be unable to attend social functions or even return things to the store – even if they don't know the people they will be encountering. Other situations involve specific fear in situations where the individuals encountered may be more "important" to the client. The client will usually have anxiety thinking about social situations – not just engaging in them.

There is considerable pain connected with rejection in all social or interpersonal relations. Thus, they will exhibit hypersensitivity to perceived criticism. Consequently, they will evade criticism and embarrassment by avoiding relationships with others.

The client may exhibit a very judgmental system of morals and ethics. They tend to be harsh on themselves. They may have unrealistic expectations for themselves and may project these onto others.

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[8] If an individual displays four or more elevated personality styles, this may present a problem. The therapist should understand that the more personality styles the individual displays, the more the personality tends to become disassociated from a unified and consistent core. A personality that contains more than three personality types will likely score on the *DSM Personality Cluster* score in the *MARET COUNSELING AND ASSESSMENT PERSONALITY STYLE ANALYSIS*. The therapist should carefully examine those results.

The therapist must demonstrate appreciation for the client's fear of humiliation and embarrassment in social situations. These factors may not be dismissed or treated lightly by the therapist since it will only increase the uneasiness of the client to the whole therapeutic process.

The therapist must work carefully to build trust with the client so that the client does not feel threatened in the therapy situation. It is best for the therapist to continual be reminded that the therapy process is in fact a social situation and the client has a significant issue with all (or most) social situations.

Due to the anxiety of this "social situation," the client may have trouble keeping regular counseling appointments. Therapy will likely cause them substantial anxiety.

The first effort on the part of the therapist should be to increase the client's self esteem and confidence in the controlled therapeutic relationship. This will begin to desensitize the individual to social interaction. However, it is important for the therapist not to prematurely challenge the automatic thoughts of the client. This will cause them to leave therapy.

Due to anxiety issues (largely) the client may routinely react non-verbally in therapy. When the therapist sees that the client is reacting non-verbally, the therapist should explore the client's feelings at that time. The therapist should not conclude that non-verbalization is an act of therapeutic failure or non-compliance on the part of the client.

The therapist should explore the underlying causes of the shame and apprehension regarding social situations. This largely relates to past developmental experiences sometime during childhood.[9] Discovering this information can allow the therapist to recreate the situation using current situations and potentially root out and resolve the original issue.

Early in the therapy process, the therapist should use anxiety management training to reduce the client's social anxiety. Desensitization methods might be useful. The therapist may also use structured social skills training.

Among some of the first essential automatic thoughts that the therapist must confront is the client's likely belief that disapproval in a social situation is the same as rejection. The devastation that the client sees in the disapproval must be put into context. The client needs to understand that people can disagree with each other (sometimes strongly) without rejection being involved in the disagreement.

Since the issues that initially instilled the "need" to avoid in the client are far removed from the client's present reality, the client will be somewhat uncertain about who they actually fear in social situations. They may be vague and global when expressing their fears, not specific. The therapist should explore these issues when the client demonstrates their social fears in transference. When the therapist does locate specifics in a present situation, the therapist should attempt to connect that fear situation with the original social situation that originally caused the avoidant development.

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[9] The childhood issues that might instill the *AVOIDANT PERSONALITY TYPE* spans a large time period. While it might indeed include elements from early childhood, there are also indications that it might be caused by issues of later development in childhood. This might include such things as abrasive situations with social peers. This is very likely in the case that the social peers made the child feel like an outcast in their social environment. Issues of appearance are likely "targets" for childhood social situations that might cause an avoidant type to develop.

The therapist should be aware of two common forms of countertransference that occur when counseling the *AVOIDANT PERSONALITY TYPE*. Those countertransference issues are:

- Therapeutic protectiveness. The therapist is too careful with the client and ends up insolating the client from all social risks.
- Over aggression. The therapist may believe that the client has progressed father than they actually have. Therefore, the therapist may “force” the client into substantial social situations too early.

When the therapist has moved the avoidant individual toward significant stability, the therapist will need to help the client restructure the way that they relate to their environment. These are some key elements in the re-constructive counsel of the therapist:

- The therapist should explore the automatic thoughts of the client by probing them. The therapist will know when the client has engaged in an automatic thought (sometimes) because the client often displays a change in emotion. For example, the therapist may be discussing a social encounter and the client may exhibit anxiety or fear on their face. At that point, the therapist can evaluate the feeling with the client and the thought behind the feeling.
- Avoidant individuals often feel that when they establish a relationship with another person, they must continually please that person or else the relationship will end. The therapist must carefully deal with this issue. Testing this in real social situations is the real goal. Any initial testing should be done on small and limited cases and then moved to more substantial relationships.
- The therapist may use assertiveness training and social skills training in a role-playing manner to help the client prior to actually engaging in real-life situations.
- The client may confuse strong emotions with being out of control emotionally. Role playing for the purpose of eliciting strong emotions may be a key element in the client being able to understand that expression of strong emotion can be engaged without being out of control or being rejected by the therapist. During role-playing and the evoking of emotion, the therapist will likely encounter resistance to continue on the part of the client. It is at that point that the therapist can make headway in the client understanding and expressing emotion. The therapist may use increasingly painful issues to continue this process until the individual is ready to put it into practice in the real world.
- The therapist can structure a “designed failure” assignment. This may involve the client intentionally engaging in a social situation with the “goal” of failure. For example, the client who is not married may engage in a “designed failure” assignment that involves them asked two women out on dates during the week. Their goal is to get a “no” response so that they can learn to respond to and deal with negative social responses. If the client expects a “no” response when they engage in the social experiment, they will be somewhat desensitized to the negative result. In the counseling session prior to this exercise the therapist and the client can decide and experiment with how the client will react to the negative response.
- Marital therapy may be indicated with the avoidant individual, especially as progress is gained in therapy. This should only be done after the client has achieved

a significant ability to face emotions in real situations. The primary goal of this therapy will likely be the restructuring of the spouse's response to the newly found emotional abilities of the avoidant person. These emotions will probably not have been a significant issue in the relationship previously.

Dangers of the Therapeutic Process

There are significant obstacles and potential dangers associated with the therapeutic process for the *AVOIDANT PERSONALITY TYPE*. These include the following:

- The individual who has a significantly disordered personality structure may degrade into a more volatile and unstable personality type (as indicated by their subdominant personality types). This will usually only occur in extreme cases, but the therapist must be aware of the possibility.
- The individual may not be able to easily continue therapy due to the inability to face their emotions.

Successful Completion of Treatment

Termination of treatment for the *AVOIDANT PERSONALITY TYPE* is indicated when the therapist has moved the individual substantially or completely to the optimal functioning side of the personality structure.

The key elements that must be accomplished are:

- The elimination of the belief that the client is defective, bad, unwanted or inferior to others.
- Social isolation or social alienation must be reduced or eliminated.
- The client's belief that they must sacrifice themselves in order to maintain relationships must be reversed.
- The client's need to seek approval from others must be reduced.

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