

Avoidant Personality: Escaping the Cycle of Social Fear

Authored by
mohammad looti

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Avoidant personality disorder (or anxious personality disorder) is a personality disorder recognized in the Diagnostic and Statistical Manual of Mental Disorders handbook in a person characterized by a pervasive pattern of social inhibition, feelings of inadequacy, extreme sensitivity to negative evaluation, and avoidance of social interaction.

People with Avoidant personality disorder often consider themselves to be socially inept or personally unappealing, and avoid social interaction for fear of being ridiculed, humiliated, rejected, or disliked.

Avoidant personality disorder is usually first noticed in early adulthood. Childhood emotional neglect and peer group rejection are both associated with an increased risk for the development of AvPD.

There is controversy as to whether Avoidant personality disorder is a distinct disorder from generalized social phobia and it is contended by some that they are merely different conceptualisations of the same disorder, where Avoidant personality disorder may represent the more severe form. This is argued as generalized social phobia and Avoidant personality disorder have a similar diagnostic criteria and may share a similar causation, subjective experience, course, treatment, and identical underlying personality features, such as shyness.

Signs and symptoms

People with Avoidant personality disorder are preoccupied with their own shortcomings and form relationships with others only if they believe they will not be rejected. Loss and rejection are so painful that these individuals will choose to be lonely rather than risk trying to connect with others.

Hypersensitivity to rejection/criticism

Self-imposed social isolation

Extreme shyness or anxiety in social situations, though the person feels a strong desire for close relationships

Avoids physical contact because it has been associated with an unpleasant or painful stimulus

Avoids interpersonal relationships

Feelings of inadequacy

Severe low self-esteem

Self-loathing

Mistrust of others

Emotional distancing related to intimacy

Highly self-conscious

Self-critical about their problems relating to others

Problems in occupational functioning

Lonely self-perception, although others may find the relationship with them meaningful

Feeling inferior to others

In some more extreme cases -- agoraphobia

Utilizes fantasy as a form of escapism and to interrupt painful thoughts

Causes

Apart from the above, other causes of Avoidant personality disorder are not clearly defined, and may be influenced by a combination of social, genetic, and psychological factors. The disorder may be related to temperamental factors that are inherited. Specifically, various anxiety disorders in childhood and adolescence have been associated with a temperament characterized by behavioral inhibition, including features of being shy, fearful, and withdrawn in new situations. These inherited characteristics may give an individual a genetic predisposition towards AvPD. Childhood emotional neglect and peer group rejection are both associated with an increased risk for the development of AvPD.

Diagnosis

World Health Organization

The World Health Organization's ICD-10 lists avoidant personality disorder as (F60.6) Anxious (avoidant) personality disorder.

It is characterized by at least four of the following:

persistent and pervasive feelings of tension and apprehension;

belief that one is socially inept, personally unappealing, or inferior to others;

excessive preoccupation with being criticized or rejected in social situations;

unwillingness to become involved with people unless certain of being liked;

restrictions in lifestyle because of need to have physical security;

avoidance of social or occupational activities that involve significant interpersonal contact because of fear of criticism, disapproval, or rejection.

Associated features may include hypersensitivity to rejection and criticism.

It is a requirement of ICD-10 that a diagnosis of any specific personality disorder also satisfy a set of general personality disorder criteria.

Millon's subtypes

Psychologist Theodore Millon identified four subtypes of avoidant personality disorder. Any

individual avoidant may exhibit none or one of the following:

conflicted avoidant - including negativistic features

The conflicted avoidant feels ambivalent towards themselves and others. They can idealize those close to them but under stress they may feel under-appreciated or misunderstood and wish to hurt others in revenge. They may be perceived as petulant or to be sulking.

hypersensitive avoidant - including paranoid features

The hypersensitive avoidant experiences paranoia, mistrustfulness and fear, but to a lesser extent than an individual with paranoid personality disorder. They may be perceived as petulant or "high-strung".

phobic avoidant - including dependent features

self-deserting avoidant - including depressive features

Differential diagnosis

Research suggests that people with Avoidant personality disorder, in common with sufferers of chronic social anxiety disorder (also called social phobia), excessively monitor their own internal reactions when they are involved in social interaction. However, unlike social phobics, who are aware of the irrationality of their phobia yet are unable to control it, people with Avoidant personality disorder are unaware of or reject the idea that their fears are excessive and believe with full conviction that they are inadequate, unlovable, broken, etc.

The extreme tension created by this monitoring may account for the hesitant speech and taciturnity of many people with Avoidant personality disorder; they are so preoccupied with monitoring themselves and others that producing fluent speech is difficult.

Avoidant personality disorder is reported to be especially prevalent in people with anxiety disorders, although estimates of comorbidity vary widely due to differences in (among others) diagnostic instruments. Research suggests that approximately 10-50% of people who have panic disorder with agoraphobia have Avoidant personality disorder, as well as about 20-40% of people who have social phobia (social anxiety disorder).

Some studies report prevalence rates of up to 45% among people with generalized anxiety disorder and up to 56% of those with obsessive-compulsive disorder. Although it is not mentioned in the DSM-IV, earlier theorists have proposed a personality disorder which has a combination of features from borderline personality disorder and Avoidant personality disorder, called "avoidant-borderline mixed personality" (AvPD/BPD).

There is also significant overlap between avoidant personality disorder and autism spectrum

disorders.

Treatment

Treatment of Avoidant personality disorder can employ various techniques, such as social skills training, cognitive therapy, exposure treatment to gradually increase social contacts, group therapy for practicing social skills, and sometimes drug therapy. A key issue in treatment is gaining and keeping the patient's trust, since people with Avoidant personality disorder will often start to avoid treatment sessions if they distrust the therapist or fear rejection. The primary purpose of both individual therapy and social skills group training is for individuals with Avoidant personality disorder to begin challenging their exaggerated negative beliefs about themselves.

Epidemiology

According to the DSM-IV-TR, Avoidant personality disorder occurs in approximately 0.5% to 1% of the general population. However, data from the 2001-02 National Epidemiologic Survey on Alcohol and Related Conditions indicates a prevalence rate of the disorder of 2.36% in the American general population. It is seen in about 10% of psychiatric outpatients.

History

The avoidant personality has been described in several sources as far back as the early 1900s, although it was not so named for some time. Swiss psychiatrist Eugen Bleuler described patients who exhibited signs of Avoidant personality disorder in his 1911 work *Dementia Praecox: Or the Group of Schizophrenias*. Avoidant and schizoid patterns were frequently confused or referred to synonymously until Kretschmer (1921), in providing the first relatively complete description, developed a distinction.