

•> CASE 47

A 21-year-old woman comes to the student-counseling center with complaints of being depressed and feeling anxious. She states that 2 weeks ago, while in class, she was called on by the teacher and gave the wrong answer. She says that she felt "humiliated" and has not gone back to the classroom since then. She describes a lifelong history of being painfully shy. She admits that she would like to have a boyfriend but that she is afraid to meet anyone because "I'll get dumped." She describes herself as "socially retarded" and avoids going out with anyone new. She has two close friends and does go out to dinner with them weekly, which she enjoys. She denies trouble sleeping or with her appetite, although she does admit to feeling ashamed of her social ineptitude. She is worried that she will be unable to finish college because of her problems.

- **What is the most likely diagnosis?**
- **What is the best therapy for this patient?**

ANSWERS TO CASE 47: Avoidant Personality Disorder

Summary: A 21-year-old patient comes to the counseling center after an embarrassing interpersonal interaction in class. She has a long history of avoiding close interpersonal relationships because of her fear of being rejected. She avoids new interpersonal situations because she feels inadequate.

- **Most likely diagnosis:** Avoidant personality disorder
- **Best therapy:** Psychodynamic or cognitive-behavioral psychotherapy

Analysis

Objectives

1. Recognize avoidant personality disorder in a patient.
2. Understand the treatment that is likely to be helpful to patients with this disorder.

Considerations

This young woman presents a classic picture of avoidant personality disorder. Although she desperately desires friends and intimate relationships, she is **excruciatingly sensitive to rejection** (or the chance of being rejected) and therefore avoids all but a few safe relationships. These patients usually view themselves as socially inept or otherwise unappealing and then assume that other people will have the same opinion of themselves. Rejections, especially in a public setting, are particularly humiliating, and patients can experience depressed and anxious moods as a result. (These moods do not, however, fit the criteria for any other psychiatric diagnosis.)

APPROACH TO AVOIDANT PERSONALITY DISORDER

Definition

Displacement: A defense mechanism in which an individual avoids emotional conflict or stress by transferring a feeling about, or a response to, one object to another (usually a less threatening or dangerous one). For example, after being yelled at by his boss, a man comes home and lets his anger out by yelling at his children.

Projection: A defense mechanism in which individuals attribute feelings they have about themselves or the world to others. For example, a man feels hostility toward his boss, so he attributes hostile motives to his supervisor's actions, even if others would see the actions as benign.

Clinical Approach

Patients with this disorder experience pervasive **social discomfort, feelings of inadequacy, and hypersensitivity to criticism and rejection**. They are often seen as very timid, and they avoid occupational or social activities because they are afraid of rejection. These patients view themselves as socially inept or inferior to others. Prevalence rates range from 0.5% to 1 % in the general population.

Differential Diagnosis

Patients with this disorder can often be confused with patients with schizoid personality disorder because both have very few, if any, close friends or relationships. The difference lies in the reason why they lack these relationships. Patients with **avoidant personality disorder desperately wish to have close friendships** but are afraid to initiate them for fear of rejection. Patients with schizoid personality disorders do not really wish for close relationships and are happy without them. Patients with dependent personality disorder can appear similar to those with avoidant personality disorder—the difference is subtle. Patients with dependent personality disorder cling to others in their inner circle because they are afraid to function on their own. Patients with avoidant personality disorder, although appearing timid, are more afraid of rejection itself than of being able to take care of themselves.

Social phobia is an intense, persistent fear of being exposed to unfamiliar people or scrutiny by others because of the belief that one will be humiliated or embarrassed. When exposed to such a situation, the patient can have a situationally bound panic attack. As a result, the patient avoids feared situations even though he or she can recognize that the fear is excessive or unreasonable. In the case described, the patient is not having the anxiety attacks. If she was, the patient could be diagnosed with social phobia on axis I and axis II with avoidant personality. Social phobia often has a significant response to selective serotonin reuptake inhibitors (SSRIs) along with cognitive behavioral psychotherapy.

Treatment

Patients with this disorder are afraid of being rejected or criticized, and so **the clinician must be very tactful, accepting, and encouraging in approaching these patients**. Coercive or confrontational behavior does not work with these individuals, who can agree with the clinician at the time of the confrontation but never return.

Patients with avoidant personality disorder often have dysfunctional beliefs regarding the world. Often, they view people in general as critical and rejecting, thus they are reluctant to place their trust in people and withdraw. *The goal of psychotherapy is to help patients critically examine if their assumptions*

about people are correct. SSRIs or beta-blockers such as betaxolol can help reduce anxiety associated with some social situations. Benzodiazepines, with their high potential for being habit-forming, should be avoided.

Comprehension Questions

- [47.1] A 29-year-old man comes to see his physician because he has just been hired at a new job. He states that since he has been hired, and even before his first day on the job, which is to start in 3 days, he has been so anxious he has been unable to sleep. He says that his mood has been good but that he knows he will fail at the new job because "I am such a dope when it comes to working with other people." The patient tells the physician he has previously received a diagnosis of avoidant personality disorder. Which of the following should the physician do to help the patient manage his anxiety regarding the new job?
- A. Tell the patient that everything will be all right and that he should just be confident about his abilities.
 - B. Prescribe cognitive therapy for the patient to help him deal with his negative self-image.
 - C. Give the patient a beta-blocker to help him control his anxiety.
 - D. Treat the patient with an antidepressant such as fluoxetine.
 - E. Tell the patient that he is probably not ready to hold a job if he is this anxious.
- [47.2] Avoidant personality disorder belongs to which of the following clusters of personality disorders?
- A. Cluster A
 - B. Cluster B
 - C. Cluster C
 - D. Cluster D
 - E. Cluster E
- [47.3] Which of the following answers best characterizes the difference between patients with avoidant personality disorders and those with schizoid personality disorders?
- A. Patients with avoidant personality disorders have fewer friends than those with schizoid personality disorders.
 - B. Patients with avoidant personality disorders have higher self-esteem than those with schizoid personality disorders.
 - C. Patients with avoidant personality disorders would like to have friends more than patients with schizoid personality disorders.
 - D. Patients with avoidant personality disorders are better at accepting criticism than patients with schizoid personality disorders.
 - E. Patients with avoidant personality disorders are less anxious than are patients with schizoid personality disorders.

- [47.4] Which of the following defense mechanisms is typically used by patients with avoidant personality disorder?
- A. Undoing
 - B. Splitting
 - C. Isolation of affect
 - D. Idealization
 - E. Displacement

Answers

- [47.1] C. The use of beta-blockers can be helpful in the management of anxiety in patients with avoidant personality disorder, especially when they are being asked to approach feared situations.
- [47.2] C. Avoidant personality disorder belongs in the cluster C, the "sad" cluster. There is no such thing as cluster D or E.
- [47.3] C. Patients with avoidant personality disorders would desperately like to have social relationships, but they are afraid of criticism and/or rejection.
- [47.4] E. Displacement and projection are the two defense mechanisms most commonly used by patients with avoidant personality disorders.

CLINICAL PEARLS

Patients with avoidant personality disorder have a pervasive hypersensitivity to criticism and rejection. They avoid interpersonal relationships in every setting because they fear criticism and rejection. Their self-esteem is low, and they usually believe that they are inferior or inadequate, especially in the social arena.

Patients with avoidant personality disorder are differentiated from those with schizoid personality disorder by the fact that they desperately would like interpersonal relationships but are afraid of them. Individuals with schizoid personality disorders do not have relationships but do not miss them.

Patients with avoidant personality disorder are differentiated from those with dependent personality disorder by the fact that the former are afraid of rejection and criticism in relationships. Patients with dependent personality disorder are afraid of being left alone to fend for themselves.

Physicians need to be tactful, encouraging, and accepting of these patients, especially regarding their fear of rejection. Confrontation and coercion are not appropriate, as they can drive the patient away.

Defense mechanisms used by patients with avoidant personality disorder include displacement and projection.

REFERENCES

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