CONDITION

Avoidant personality disorder

Learn how avoidant personality disorder can affect relationships, self-esteem, and daily life, and how it is diagnosed, treated, and monitored.

WHAT IT IS
Long-term mental health condition causing social avoidance

BODY SYSTEM
Mental health

MAIN SYMPTOMS
Social avoidance, feelings of inadequacy, sensitivity to criticism, fear of rejection

WHAT CAUSES IT
Unknown, likely multiple influences

HOW IT IS DIAGNOSED
Detailed mental health assessment

MAIN TREATMENT
Psychotherapy

CAN IT BE CURED?
No, treatment helps manage lasting patterns

IS IT AN EMERGENCY?
Sometimes, with suicidal intent or plan

LONG-TERM OUTLOOK
Improvement may be gradual and uneven

Overview

Avoidant personality disorder is a mental health condition marked by a long-term pattern of social avoidance, feelings of inadequacy, and strong sensitivity to criticism or rejection. It is often shortened to AvPD.

People with AvPD usually want relationships and connection. However, fear of embarrassment, disapproval, or rejection may make social contact feel unsafe. A person may avoid friendships, dating, work opportunities, meetings, or unfamiliar activities even when they would like to take part.

AvPD is more than introversion, occasional shyness, or feeling nervous in a new situation. Personality disorders involve lasting patterns of thinking, feeling, and behaving that appear across different parts of life and cause significant distress or difficulty functioning. Avoidant

traits can exist without meeting the requirements for a disorder.

Avoidance can bring short-term relief because it removes an uncomfortable situation. Over time, however, repeated avoidance may strengthen fear, reduce confidence, and limit opportunities for relationships, education, or employment. Appropriate treatment can help people understand this cycle, build coping skills, and move toward activities that matter to them.

Symptoms

Symptoms often become noticeable by adolescence or early adulthood, although the diagnosis is generally based on a pattern that continues into adulthood. The exact experience differs from person to person.

Common features include:

Some people may rehearse conversations, have difficulty speaking in groups, or decline invitations because they expect the interaction to go badly. Others may remain in a limited routine where they feel less exposed to judgment.

AvPD may occur alongside social anxiety disorder, depression, other anxiety disorders, or another personality disorder. Social anxiety disorder also involves fear of social judgment. AvPD generally describes a broader and more persistent pattern involving self-image, relationships, and avoidance across many settings. The two conditions can occur together, and the boundary between them is not always clear.

- Avoiding work or school activities that involve substantial contact with other people
- Holding back from relationships unless acceptance seems certain
- Worrying about being criticized, rejected, embarrassed, or laughed at
- Feeling tense or restrained in close relationships
- Seeing oneself as socially unskilled, unappealing, or inferior
- Being reluctant to try unfamiliar activities because mistakes could feel humiliating
- Closely watching other people for possible signs of disapproval
- Wanting connection but withdrawing when rejection feels possible

Causes and risk factors

There is no single known cause of avoidant personality disorder. It likely develops through a

combination of temperament, life experiences, learning, and other biological and social influences.

Some people have an inhibited temperament from an early age. This means they are especially cautious or distressed around unfamiliar people and situations. Temperament alone does not mean that a person will develop AvPD.

Experiences such as frequent criticism, bullying, exclusion, emotional neglect, or rejection may contribute to a negative view of oneself or an expectation that other people will be rejecting. These experiences are not present in everyone with AvPD, and having them does not make the condition inevitable. Parents and families should not be assumed to be at fault.

Personality traits and vulnerability to anxiety can also run in families. This may reflect genetic influences, a shared environment, or both. Researchers are still studying how these factors interact.

Culture and circumstances matter when behavior is assessed. A quiet or cautious communication style may be expected in some communities. Language barriers, discrimination, migration, disability, or limited social opportunities can also affect how comfortable someone feels around others. These factors should not be mistaken for a personality disorder without a careful evaluation.

Diagnosis

There is no blood test, brain scan, or questionnaire that can diagnose AvPD by itself. Diagnosis is based on a detailed assessment by a psychiatrist, psychologist, or another qualified mental health professional.

The clinician will ask about thoughts, emotions, relationships, work or school, daily activities, and how long the pattern has been present. They may ask how the person responds to criticism, unfamiliar situations, and opportunities for closeness. Information about childhood and adolescence may help establish whether the pattern is longstanding.

For a personality disorder diagnosis, the pattern must be persistent, occur across different situations, and cause meaningful distress or impairment. The clinician also considers the person's age, culture, environment, and current stressors.

The assessment may look for other explanations, including:

For example, a person with schizoid personality features may have little desire for close relationships. A person with AvPD often desires connection but avoids it because rejection or humiliation feels likely.

Diagnosis may take more than one appointment. Trust can be difficult when someone fears judgment, so a clinician may need time to understand the full pattern. A diagnosis is meant to guide care, not define a person's identity or abilities.

- Social anxiety disorder
- Depression or another anxiety disorder
- Autism spectrum disorder
- Trauma-related symptoms
- Dependent or schizoid personality features
- Substance use
- A medical condition or medicine that affects mood or behavior

Treatment and management

Psychotherapy, also called talk therapy, is the main treatment. Research focused specifically on AvPD remains limited, so no single therapy has been proven best for everyone. Treatment should be collaborative and adapted to the person's needs, goals, and comfort level.

A strong and respectful relationship with the therapist is especially important. A person with AvPD may worry that the therapist is judging them or may consider ending treatment after a difficult session. Discussing these concerns openly can become a useful part of therapy.

Approaches that may be used include:

Gradual exposure means approaching feared situations in manageable steps rather than being forced into overwhelming situations. A plan might begin with a brief, lower-pressure interaction before moving toward more challenging goals. Progress is based on participation and learning, not on eliminating all anxiety.

Therapy may also address communication, assertiveness, self-compassion, emotional awareness, and ways to respond to criticism. Practical goals could involve maintaining a friendship, speaking during a meeting, applying for work, or taking part in a valued activity.

No medicine is established as a specific treatment for AvPD itself. A clinician may recommend medication for a co-occurring condition such as depression or an anxiety disorder. The potential benefits, side effects, interactions, and monitoring needs depend on the medicine and the individual's health. Medication should not be started, changed, or stopped without guidance from the prescriber.

Supportive routines can complement professional treatment. Regular sleep, physical activity,

planned social contact, and reduced use of alcohol or other substances may support emotional health. Self-help materials can be useful, but they are not a replacement for an assessment when avoidance is significantly limiting daily life.

- Cognitive behavioral therapy: Helps identify harsh beliefs about oneself and predictions of rejection. It may include gradual practice with situations that have been avoided.
- Schema-focused therapy: Examines deeply held patterns, such as feeling defective, unlovable, or certain to be rejected.
- Psychodynamic or interpersonal therapy: Explores relationship patterns, emotional conflicts, and how earlier experiences may influence current expectations.
- Group therapy: Can offer a structured place to practice interaction and receive supportive feedback. It may feel too intense at first, so readiness and group format matter.

Complications

Without effective support, avoidance may narrow a person's life. Possible effects include loneliness, limited close relationships, difficulty completing education, and turning down work opportunities that require interaction or visibility.

Repeated withdrawal can reinforce negative beliefs. If someone avoids a social event, they do not get a chance to learn whether acceptance was possible. The temporary relief may make avoidance more likely the next time.

Depression and anxiety can develop or become worse. Some people may use alcohol or other substances to manage social fear, which can create additional health and safety problems. Severe isolation and hopelessness can also increase the risk of suicidal thoughts. These outcomes are possible, not inevitable, and seeking treatment can reduce their impact.

AvPD can affect partners, family members, and friends. Others may misread withdrawal as disinterest. Education and, when appropriate, family or couples sessions may help people communicate without pressure, criticism, or unwanted exposure.

Follow up

Routine follow-up allows the person and clinician to review goals, symptoms, functioning, treatment barriers, and any medication effects. Improvement may be gradual and uneven. A difficult social experience or missed appointment does not mean that treatment has failed.

It can help to track specific changes, such as attending appointments, responding to

messages, completing a planned social step, or recovering more quickly after criticism. These measures may show progress even when anxiety is still present.

Contact a clinician promptly if depression or anxiety is worsening, substance use is increasing, treatment side effects are concerning, or avoidance is making it difficult to meet basic needs. An earlier appointment may also be appropriate if the person is withdrawing from nearly all contact or can no longer manage work, school, or essential responsibilities.

Seek emergency help if there are thoughts of suicide with intent or a plan, an inability to stay safe, a serious overdose, or an immediate risk of harm. Contact local emergency services or a crisis service and remain with a trusted person if possible. In the United States and Canada, call or text 988 for crisis support.

Sources

- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders . 5th edition, text revision. American Psychiatric Association Publishing; 2022.
- World Health Organization. Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural and Neurodevelopmental Disorders . World Health Organization; 2024.
- Herpertz SC, Schneider I, Renneberg B, and colleagues. European Psychiatric Association guidance on the treatment of personality disorders. European Psychiatry . 2023;66:e84.
- Lampe L, Malhi GS. Avoidant personality disorder: current insights. Psychology Research and Behavior Management . 2018;11:55-66.
- Weinbrecht A, Schulze L, Boettcher J, Renneberg B. Avoidant personality disorder: a current review. Current Psychiatry Reports . 2016;18(3):29.
- Merck Manual Professional Edition. "Avoidant Personality Disorder." Merck & Co., Inc. Accessed March 8, 2025.