

## Gender, Anxiety and Avoidant personality Disorder

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**Abstract-** The study was conducted to examine the association among gender, anxiety and Avoidant Personality Disorder (AvPD) among adults. The sample of the study consisted of altogether 147 adults of both sexes aged between 24 to 30 years out of which 47 adults met the diagnostic criteria of avoidant personality disorder on a scale developed by Chandana Lakshmi (2011) based on the diagnostic criteria of DSM-IV. And the rest 100 adults were normal persons showing negligible symptoms of Avoidant Personality Disorder (AvPD). The purposive sample of study was selected from the population two months after the recession of devastating flood. They were also administered Sinha and Krishna's test of anxiety (1991). Student's t-distribution (Gosset, 1908) was used for statistical analysis of empirically collected data. Results indicated that individuals suffering from avoidant personality disorder were found to be significantly to be more anxious compared to those not suffering from avoidant personality disorder. Moreover females were found to be high on anxiety and avoidant personality disorder.

**Key words:** Gender, Anxiety, Avoidant Personality Disorder, Normal Persons, Adults.

In every psychopathology gender and anxiety play a significant role. They also may lie at the root of avoidant personality disorder and anxiety disorder sharing some common signs and symptoms, such as nervousness, shyness, escaping tendencies. Historically Eugen Bleuler described patients who exhibited signs of avoidant personality disorder in his 1912 work *Dementia Praecox: Or the Group of Schizophrenias*. Kretschmer (1921) provided the first relatively complete description, developed a distinction Avoidant personality disorder is a psychiatric condition of AvPD. It was listed in DSM-IV (1994, pp.664-66) as appearing after 18 years of age, and characterizing as pervasive pattern of social inhibition, feeling of inadequacy, and

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hypersensitive to criticism, rejection and negative evaluation. Later on DSM-IV-TR (2000) specifies seven signs and symptoms of avoidant personality disorder as-avoidance of social activities, unwillingness to social participation, restraint to form close relationship due to fear of rejection and to be ashamed, preoccupied with the fear of being criticized or rejected, inhibition in new interpersonal situation, consider socially inept and inferior, and reluctant to take personal risk. Individuals suffering from avoidant personality disorder can also show some symptoms of social anxiety (social phobia) as nervous, uncomfortable in all social situations because of the fear of being judged inferior, inadequate. Such individuals harbor feelings of inadequacy, embarrassment, humiliation and depression. Individuals affected by avoidant personality disorder display a pattern of severe social anxiety, social inhibition, feelings of inadequacy and inferiority, extreme sensitivity to negative evaluation and rejection, and avoidance of social interaction despite a strong desire for intimacy, as described in alternative DSM-5Model (2013).

Avoidant Personality Disorder (AvPD) refers to a long standing maladaptive pattern of social isolation, insecurity to the judgment of others, which usually appears in an individual by adolescence and causes the persons considerable suffering of difficulty at work, at school or in social relationships (Ortigo and Blagov, 2017). DSM-5 (2013) defines, AvPD is a relatively stable tendency, toward feeling inadequate, social inhibition and shyness, and being overly fearful of negative evaluations by others. The DSM groups AVPD is classified it in Cluster C of personality disorder associated with high anxiety and emotional reactivity and is known to be generally disruptive to daily functioning.

Theodor Millon first introduced the concept of Avoidant Personality Disorder in 1969, but psychological writings since the early 1900s. Freud (1913) described the symptoms of avoidance in his book on Totem and Taboo. Bleuler (1912) also described the symptom of social avoidance in his theory of Schizophrenia.

According to the DSM-5 (2013), avoidant personality disorder must be differentiated from similar personality disorders such as dependent, paranoid, schizoid, and schizotypal. But these can also occur together; this is particularly likely for AvPD and dependent personality disorder. AvPD is reported to be especially prevalent in people with anxiety disorders (Sanderson, et al., 1994). Individuals with AvPD

is also characterized by marked avoidance of both social situations and close interpersonal relationships due to an excessive fear of rejection and humiliation by others. Persons with this disorder exhibit feelings of inadequacy, low self-esteem, and mistrust toward others.

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 ( Van Velzen, 2002). Posttraumatic stress disorder is also commonly co-morbid with avoidant personality disorder (Gratz et al., 2012). Avoidants are prone to self-loathing and, in certain cases, self-harm (Gratz et al., 2012). Substance use disorders are also common in individuals with AvPD—particularly in regard to alcohol, benzodiazepines and heroin and may significantly affect a patient’s prognosis (NDS, 2018).

There is controversy as to whether avoidant personality disorder (AvPD) is distinct from generalized social anxiety disorder. Both have similar diagnostic criteria and may share a similar causation, subjective experience, course, treatment and identical underlying personality features, such as shyness (Ralevski et al., 2005; Nedic,et al., 2005; Reichborn-Kjennerud et al., 2007). But AvPD individuals experience not only more severe social phobia symptoms, but are also more depressed and more functionally impaired than patients with generalized social phobia alone (Huppert et al., 2008).

It is contended by some that they are merely different conceptualizations of the same disorder, where avoidant personality disorder may represent the more severe form (Reich, 2009; Huppert et al., 2008). In particular, those with But they show no differences in social skills or performance on an impromptu speech ( *Herbert et al., 1992*). Another difference is that social phobia is the *fear of social circumstances* whereas AvPD is better described as an *aversion to intimacy* in relationships (2014).

According to Smith (2018) avoidant personality disorder only occurs in conjunction with social anxiety disorder (SAD). Typically, a person with AVPD will experience anxiety and avoidance in all arenas of life, whereas a person with social anxiety may only have fears specific to certain situations, such as public speaking or performing. In addition to social anxiety disorder, persons with avoidant personality disorder may have co-occurring conditions including depression, obsessive-compulsive disorder, or other anxiety disorders or personality disorders.

People with AvPD spend their entire life avoiding possibility of rejection and humiliation. They spend a lot of time focusing on their shortcomings and are very hesitant to form relationships where rejection could occur. This often results in feelings of loneliness and becoming disengaged from relationships at work and elsewhere.

Complicating their pervasive social anxiety, people with AVPD have badly underdeveloped social skills, which can interfere with any relationships they do have. Their poor or a lack of self-confidence can make it difficult for them to find or hold down jobs, bringing extra stress and chaos into their lives. There is obvious AvPD. Overcoming the worst effects of AVPD takes time and significant effort, but it can be done if treatment is comprehensive and if the person with the disorder is truly committed to change. As there is paucity of research in this field, present study was under taken.

**Sample-** The Sample comprised altogether 147 adults of both sexes aged between 24 to 30 years, out of which 47 persons were suffering from AvPD, and rest were normal adults not suffering from AvPD.

**Research Tools-** Anxiety was measured through Sinha and Krishna’s comprehensive Test of Anxiety (1991); and Avoidant personality Disorder was measured through Avoidant Personality Scale developed by Chandana Lakshmi (2011).

**Results:** Variable wise results have been presented in Table-01 and 02. *Gender and Avoidant Personality Disorder:*

Comparison of	Mean	Avoidant	Personality	Table-01 Disorder	Scores	of	Male	and	Female	Adults...
Group	N	Mean AvPD Score	SD of AvPD Score	t-ratio	df	p-value				
Male	27	12.16	1.08							
					5.96		45		<.01	
Female	20	15.08	2.00							

Table-01 indicates that Females had significantly higher Mean AvPD score (M=15.08 ± 2.00) than Males (M=12.16 ± 1.08), as obtained t-ratio (t=5.96; df=45; p<.01) was significant beyond 99% level of confidence confirming differential role of gender. This is because of differential neuro-mental structure of male and female, and the female. In some studies women appear at more risk for AVPD in some studies

(Lampe and Sunderland, 2015; Grant et al., 2004), but not all (Coid et al., 2006; Lenzenweger et al., 2007). But in general as women progress through life's stages, hormonal fluctuations associated with menstruation, pregnancy, post - partum and menopause can affect a woman's vulnerability to stress and depression causing symptoms of AvPD.

#### *Anxiety and Avoidant Personality Disorder:*

Table-02

Comparison of	Mean Anxiety Scores	Table-02 of AvPD Clients and Normal Individuals	t-ratio	df	p-value
Group	N	Mean AvPDSD of AvPD Score	t-ratio		
AvPD Clinical Clients	47	43.68	7.85		
Normal Individuals	100	37.47	6.70	7.76	145 <.01

Table-02 indicates that AvPD clients had significantly higher Mean Anxiety score (M=43.68;  $\pm$  7.85) than Normal Individuals (M=37.47;  $\pm$  6.70), as obtained t-ratio (t=7.76; df=145; p<.01) was significant beyond 99% level of confidence.

Persons with AvPD try to escape from difficult thoughts and feelings causing anxiety. People who live with avoidance are often depriving themselves of many experiences, adventures, and connections. When avoiding places, people, and events, someone with panic disorder is really trying to escape feelings of anxiety.

AvPD 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. Approximately 10–50% of people who have panic disorder with agoraphobia had avoidant personality disorder, as well as about 20–40% of people who have social anxiety disorder. Besides, AvPD is more prevalent in people who have comorbid social anxiety disorder and generalised anxiety disorder than in those who have only one of the aforementioned conditions (Sanderson et al., 1994). Van Velzen, (2002) reported that prevalence rates of AvPD was up to 45% among people with generalized anxiety disorder and up to 56% of those with obsessive-compulsive disorder, and females had higher mean scores on PTSD, anxiety and depression than males.

AvPD has a high level of symptom overlap and comorbidity with Generalized Social Anxiety Disorder (GSAD) (Marques, et al.,

2012). Generalized social anxiety disorder (GSAD) is an Axis I diagnosis in the DSM-IV (American Psychiatric Association, 2000), and is characterized by persistent fear of embarrassment in most social and performance situations and recognition that this fear is unreasonable. Some previous studies report AvPD comorbid with generalized social anxiety disorder (GSAD; e.g., (Chambless, Fydrich, and Rodebaugh, 2008; Cox, Pagura, Stein, and Sareen, 2009; Hummelen, Wilberg, Pedersen, & Karterud, 2007). Posttraumatic stress disorder commonly comorbid with avoidant personality disorder (Gratz et al., 2012). Kantor (2003) reports a combination of features from borderline personality disorder and avoidant personality disorder, called “avoidant-borderline mixed personality” (AvPD/BPD).

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