UNDERSTANDING YOUR DIAGNOSIS

Avoidant Personality Disorder

Also called Avoidant Personality Disorder

A long-standing pattern of holding back from people because you fear being judged, even though you truly want closeness.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 2 in 100 adults	Shy as a child, named later	Yes - therapy works well	Millions of US adults

What this is

- This describes a long-standing pattern of pulling back from people. It is not a verdict on who you are as a person.
- It is not the same as being quiet or private. The mark of it is wanting closeness and feeling unable to reach for it.
- It overlaps heavily with social anxiety, and the same treatments help. Many people are given both labels over time.
- Patterns like this do change with treatment. Small steps, practiced often, are what move it, not willpower or wishing.

What it can look and feel like

- You want friends and closeness, and the wanting never really goes away, but reaching out feels close to impossible.
- You scan faces for the smallest sign that someone is annoyed with you, and a neutral face can read as dislike.
- You hold back at work: you turn down promotions, skip presentations, or stay quiet in meetings you could lead.
- You keep things shallow even with people you love, because being fully known feels like handing over ammunition.
- Compliments slide off. You assume the person was being polite, or that they have not seen the real you yet.
- You will not join in unless you are certain of being liked first, and that certainty almost never arrives.
- After a social event you replay it for days, and the version you remember is far worse than what actually happened.

What is happening in your brain and body

- The alarm part of your brain, the amygdala, fires hard at faces and at any hint that you are being judged.
- Your reward system responds weakly when a conversation goes well, so good moments do not stick the way they should.
- Stress hormones rise before you even walk into the room, which is why the dread can start hours ahead of time.
- Avoiding brings instant relief, and relief teaches your brain to avoid again. The loop is chemical, not weak character.
- Your mind stores social memories from the outside, like a video of yourself, which exaggerates how anxious you looked.

What can make it more likely

- Genes play a real part. Some babies are born wired to freeze and watch in new situations, and it shows up very early.
- Being criticized, teased or left out as a child can teach you that showing yourself is dangerous, and that lesson sticks.
- About a third of the risk appears to be inherited, and the rest comes from what you have lived through since.
- Nobody chose this for you and you did not cause it. It grew out of wiring plus experience over many years.

What to expect

- Left alone, the pattern tends to hold steady. With treatment, most people gain real ground and keep hold of it.
- Talk therapy for this usually runs **15 to 25 sessions**, and the first small wins often show up within a few weeks.
- The hardest part is showing up, since coming to sessions is itself the thing you fear. Missing some is normal, not failure.
- Comfort lags behind action. You do the brave thing first, and the fear settles down weeks later, not before.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy**, or CBT, has the best evidence here. You practice social steps in a planned, graded order.
- You start with something only mildly uncomfortable, repeat it until it dulls, then move up. Nobody throws you in cold.
- Your therapist helps you drop safety habits, like rehearsing every line, that stop good outcomes from ever sinking in.
- **Schema therapy** takes longer and works on the deep belief that you are defective, when shorter work leaves that untouched.
- Group therapy is real practice with real people and honest feedback. It helps if you can stay past the first hard weeks.

Medicines

- No medicine is approved for this pattern itself. Medicines treat the anxiety and low mood that often ride along with it.
- **SSRIs** such as sertraline or escitalopram ease social fear for many people. Dosing is worked out with your prescriber.
- Give a medicine **6 to 8 weeks** before judging it. Early on it can make you feel jittery, and that usually settles.
- **SNRIs** such as venlafaxine are a common second try when the first medicine does not help enough on its own.
- **Benzodiazepines** and alcohol calm you in the moment but block the learning that practice is supposed to build.

Everyday things that help

- Book social contact in advance instead of deciding in the moment. In the moment, avoiding almost always wins.
- Keep a simple log of what you tried and what actually happened. The record argues back when memory exaggerates.
- Alcohol as social courage backfires. It gets you through the night and leaves the fear fully intact for next time.
- Ask a friend to record a short video of you talking. Most people are surprised at how ordinary they look on screen.
- Treat sleep and movement as part of treatment. Being run down makes every social risk feel bigger than it is.

Get help right away if

- If you are thinking of ending your life, call or text **988** in the US, or go to the nearest emergency room.
- If you are drinking more in order to face people, tell your care team early, before it becomes its own problem.
- If low mood, hopelessness or complete withdrawal lasts more than two weeks, book an appointment now.

Questions to ask your care team

- *Is CBT with graded practice available near me, or online?*
- *Would a medicine help me, and how would we know it is working?*
- *What should I do if the fear makes me want to cancel a session?*
- *Do I have social anxiety as well, and does that change the plan?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.