

Avoidant Personality Disorder: A Review of Features, Performances, and Treatments

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Abstract. Past study of avoidant personality disorder (AVPD) cannot compare with other disorders or even its close relative—social anxiety disorder (SAD). What lies in the contrary is the high prevalence of AVPD. The overlap criteria AVPD owns with SAD and dependent personality disorder makes it more difficult in the diagnosis of AVPD. Moreover, the inseparable idea of SAD and AVPD since 1980s highly infect subsequent research of AVPD, causing no target treatment for it. Therefore, the author feels psychiatrists need to rebuild their perspective towards AVPD, instead of treating it as a subsidiary for other disorders. This article reviews current and past literature about AVPD, attempting to summarize features, performances, and treatments of AVPD on the existing basis. In performance aspect, the authors cite high education might be a possible feature of AVPD which is unique among other disorders. The author also tries to introduce attachment theory in the treatment of AVPD and emphasize the promising future of mindfulness therapy. The breakthrough finding of the difference between AVPD and SAD has been found, but no further research has been done unfortunately. This indicates a serious issue of AVPD's study – lack of continuity. More intensive, wide range and specific research of AVPD is needed. AVPD might be despised for its less severe comparing with other disorders but should not be keeping ignore if it is a high prevalence and long-term disorder unresolved.

1 Introduction

At the beginning of the millennium, a Japanese anime published and became fashion around the world for a time. Even until now, the discussion and pursuing of this work have not stopped. The main character-Ikari Shinji of this work is unusual for his introversive and evasive characteristic, refusing to work hard and abandon responsibility, being hard to trust and love people, and experiencing childhood trauma.

From psychiatric perspective, Ikari Shinji meets the criteria of AVPD comprehensively. Back today, a large portion of people still love this anime and claim they find their own images from this character. Looking ahead the whole humanity, this tendency of feeling hard to meet and open mind is not a rare phenomenon. Some prevalence studies on personality reveal that AVPD is the most prevailing PDs [1,2]. Depend on this situation, the author thinks there need greater force of study on AVPD, which is an area that lack of concentration from psychiatrists.

AVPD first was introduced in DSM-3, departing from the Schizoid PD in DSM-2. Some thought this category was derived from the active-detached pattern in Millon's early classic [3], which emphasized the emotional dilemma owned by a specific personality group. However, in Millon's own review literature, he pointed out that Eugen Bleuler might be the first person noticed this ambivalent pattern [4,5]. Bleuler mentioned

a type of patients who try very effort to avoid real contact, who's emotion is too extreme to bare and will even hurt themselves. In the long history of psychiatry, there were always constant reports of a large number of patients with complex avoidant symptoms, but it was not until DSM-3 that appeared the distinctive category of AVPD. Such situation may come from the long existing argument that whether avoidance is a wind spread clinical symptoms or an individual category of disorder that needs more respect [4]. Psychiatrists in 1980s met the difficulties to best treat psychiatric patients without well-designed guideline, when DSM-3 came into air in response to the appeal. Nevertheless, a hidden trouble also appeared accompanying with this guideline, that is the Confused and unclear criterion between AVPD and social anxiety disorder.

In DSM-3, SAD's broader disturbances might meet criteria for avoidant personality disorder, and their criteria had 60% similarity. Studies also showed that the comorbidity of AVPD and SAD was less than 25%, which proved the legitimacy of keeping the categories of SAD and AVPD separated [6]. Until DSM-5, SAD still meet 6 of 7 criteria of AVPD, which deeply burden the study of AVPD. When SAD has already built its own theoretical treatment, the treatments of AVPD are still put a side, highly relying on the treatment study for SAD and borderline personality disorder. If social avoidance, which is the most feature of SAD, is the only clinical symptoms of AVPD, then there is no reason to find

treatments especially for AVPD. However, looking back to the historical literature of AVPD, other non-social avoidances have also been mentioned like cognitive, emotional and behavior avoidance [3,7,8]. Therefore, specific treatments and studies focus on non-social avoidances for AVPD are warranted.

2 Variable

2.1 Concept

In DSM-5 published by *American Psychiatric Association* in 1994, avoidant personality disorder (AVPD) is characterized by a desire for interpersonal affiliation, accompanying with feelings of inadequacy, hypersensitivity to negative evaluation, and fears of rejection.

2.2 Feature

2.2.1 Variables of AVPD

Most of psychiatrists emphasize the dysfunction in social condition as the first important feature of AVPD. Individuals with AVPD are shy and quite in general in order to avoid any mistake that might lead them into blame and rejection. They may exaggerate the severity of things before anything happened and very sensitive to any signal of mock and disvalue (even the object just behaves tougher a little bit). The extremely low threshold of blame and rejection make AVPD individuals hard to show up in working place or social situation, and they might give up great chance of promotion for avoiding the imaginary hate from other coworkers. AVPD patients often feel less attractive and eligible, which impact their intimate relationship and social movement. Overall, AVPD highly infect the working and social function of individuals but less aggressive than other PDs.

However, some psychiatrists also pointed out that the mainstream of psychiatry was too focused on the social avoidance, and there are other types of avoidance like: behavioral, cognitive, and emotional avoidance [9]. Considering the collapse criteria of social anxiety (social phobia) meets at least five of seven of AVPD criteria, this statement is significant. From cognitive perspective, these three types of avoidance have some kind of domino effect among them. AVPD individuals tend to hold the solidified cognitive scheme: negative or aggressive emotion is harmful and should not be held. Therefore, they prone to avoid emotion by limit their movement and contact with people as well as outside, which turns out to be the behavioral avoidance.

2.2.2 Prevalence

Research of psychiatric outpatients in Oslo shows that 55% of patients diagnosed AVPD, and the male proportion is slightly higher than the female proportion [2]. Other research also proves the high prevalence of

AVPD, especially when investigating the clinical proportion. Another study based on Norwegian patients from eight day-treatment reports 40% patients are diagnosed AVPD, which is the group with the largest proportion [1]. While study at the hospitalized patients, only 2% of patients are AVPD. This might because the symptom of AVPD is less harmful and dangerous than other PDs. The percentage of the family who also diagnosed AVPD of these hospitalized patients is 2% [10]. A heritability coefficient for AVPD of 0.64 has been estimated in one study [11]. This research is based on interview and questionnaires, so it is reasonable to assume there are some subjective factors cause such high coefficient. Despite of that, there is no doubt that genetic should take into account of pathogenic factors of AVPD. In general, AVPD is usually the major prevalence among personality disorder group, while being affect by cultural, welfare, education problems. What comparative to the situation, AVPD rarely gain specific study and treatments. This just like the elephant in the room, AVPD's universality and less-severity makes psychiatrists tend to neglect it. However, just like any other personality disorders, AVPD has harmful impact to patients' life and need more respect.

3 Performance

AVPD shares varieties of common performance with other mental disorders, including comprehensive functioning, somatic symptoms, distress and anxiety problems, lack of social supports and low quality of life [1]. However, through reviewing articles as far, the author finds out that AVPD displays unique in its attachment styles, high education rate, and psychosocial disfunction.

3.1 Self-perspective

3.1.1 Attachment styles

AVPD meet the criteria of dismissing and fearful attachment style in Bartholomew's adult attachment model [12]. To be more specific, the fearful attachment style is clearly characteristic as fearful of intimacy and social avoidant [13]. Dismissing (so called detached) corresponds with AVPD patients' solitary lifestyle and lack of close friendship. Research compares AVPD and social phobia in terms of attachment theory, reporting manifesting attachment anxiety in AVPD group and no large extent of avoidant [6]. Anxiety attachment (anxiety-ambivalent attachment) and avoidant attachment belong to Hazan and Shaver's simplified attachment model based on Bartholomew's version [14], which emphasizes romantic relationship.

In attachment theory, infants naturally attach to an object that can offer physical and mental nutrients to survive. Jackson and his coworkers use rodent modules to examine the role of early touch deprivation in the development of avoidant personality, and the result proves the relationship. They utilized the microneurography to visualize the nerve signals when

infant rodents gain gentle or emotional touch and observed responses from a specific nerve fiber categorized C-fiber [15]. Other research used human as subject, while most of them studied more than one personality disorder and no targeted research toward AVPD. It is clear that harmful attachment styles are kinds of cognitive dysfunction in many disorders, relating to negative self-control and the maintainment of anxiety as well as depression [16]. Postnatal stroking can be extended as emotional care and support, which is very important to the formation of secure attachment. AVPD patients failed to form secure attachment in their early age might cause by neglect or even emotional abuse by their parents.

Inspired by attachment theory, the author attempts to hypothesize that there were some attachments between AVPD individuals and non-human subjects. The reason why psychiatrists mostly focus on social avoidance in AVPD might have better explanation in sociological view. AVPD individuals though feeling little attached with the society, are also parts of the society, which means all their cognitive, emotion, behavior avoidance can only manifest as social avoidance. Society in Oxford Dictionary is defined as people in general, living together in communities; a particular community of people who share the same customs, laws, etc; a group of people who join together for a particular purpose; the group of people in a country who are fashionable, rich and powerful; the state of being with other people. No matter how these sub-explanations change, their main body are always "people". While this comes to another question: If the underlying subjects AVPD patients are avoiding and fearing is people and relationship with people, will they show higher attachment with non-human subject? Or show hoarding behavior and anthropomorphism?

The human-companion animals' bond can be considered as a form of non-human attachment, specifically refined to pet-attachment. Some genius idea stated that the scope of the concept of interpersonal could be extended, because the relationship between human and human companion animals (most of them are pets) are emotional and bidirectional just like interpersonal relationship [17]. AVPD individuals who fear rejection and evaluation are more likely to choose animals as companions for they usually have no ability to reject and give negative "comments". Nevertheless, the human-companion animals bond has never been well defined, and more like a description of a relationship between human and pets but not a serious category of psychology. Green and his coworkers doubted the academic rigor to adapt human-companion bond in attachment theory, but also affirm a more comprehensive theory and methodology will benefit the research of human-companion bond [17].

Though some articles discussed human-companion animals bond along with attachment theory, no psychiatric scholars or articles has specifically studied the potential relationship between AVPD (or even PDs) and non-human attachment. Attachment theory has foundational meaning of personality traits and PDs, so the author thinks non-human attachment is still a

promising future direction of the study of AVPD despite of the nearly blanket academic background.

3.1.2 High educated rate

Less education is usually considered as a common feature shared by most mental disorder, because education level shows individual's cognitive function and sound mind. However, many research process that AVPD highly incidence in high educated group.

A prevalence study of outpatients in Oslo reports the prevalence of AVPD is majority, meanwhile more than half of the patients had high school diplomas. The author of the article suspects that this result is because high educated people are more interested in their mental condition and more willing to seek for psychiatric explanation for their thoughts [2]. However, this research only study on psychiatric outpatients of Oslo, there are many culture values (including welfare, education level, economic situation) should take into account, but this result is still very inspiring because an avoidant tendency can be observed in many literatures.

Sumitra Nuanmeesri and Lap Poomhiran pointed out that high educated was an important feature particularly in adolescents and suggests that education level can be an effective factor to detect and prevent AVPD appearing in teenage group [10].

A community-based study reports that people with avoidant personality problems are prone to be less well educated [18]. However, it should be noticed that avoidant personality problems (APP) in this article is presented both in AVPD and genialisocial phobia(GSP). So, adding GAP into the study might affect the result. Moreover, in case the distinguish AVPD from social phobia has been a problem in diagnosis for a long time, education level might be a helpful criterion in the future with more comparative studies.

Above studies illustrate that the relationship between high education and AVPD has been highly noticed by scientists, while the reason why AVPD is an exception to less education remains to be an enigma. The well-known masterpiece Notes from Underground written by Dostoevsky depicts an intriguing figure -- Basement man, who living in dark basement without contact with society for 40 years. This character has extremely rich knowledge reserves and high ideological level, while this knowledge does not bring him any benefit but makes him isolated from humans, leaving him in the dilemma that despising people for their superficial but also desire for social connection and friendship. From psychiatric perspective, the author thinks this character meet the criteria of AVPD and can inspire psychiatrists on why some high educated people are declined to get AVPD. Basement man has said: "I am the only one, but they are the whole." This sentence precisely depicts the mood of AVPD individuals. Most of times, it is not others reject AVPD individuals, but they own preemptively reject others. This movement derives from a condescension that even those patients themselves would not notice, and high education and aloof attitude towards the world might be responsible for it.

However, this discussion is specifically trying to explain why AVPD group is more likely to have high education. There are many other influential factors also play roles in the AVPD development. Furthermore, the relationship between AVPD and high education need more experimental evidence. Research can be conducted based on long-span tracking methodology and adaptive strategy theory. Controlling experimental values is necessary in research focus on education level.

3.2 Social functioning

Putting AVPD in the perspective of social functioning, it is characteristic as easy to fail in working/financial obligations/social situation, hard to start a new friendship, too sensitive to receive rejection or criticism, hard to show up in front of social occasion. The most three aspects that affect AVPD individuals' social functioning are the social stigma, disability of work and inadequacy of making friends.

The social image of AVPD is either inconspicuous or negative. AVPD individuals will try every effort to avoid unnecessary events and connections, which leaving indifferent, cold, and selfish impression to others. Some people may feel AVPD individuals never care things beyond themselves, while they are actually prone to over-think [19]. Misunderstandings stigmatize the social image of AVPD, and conversely contribute to their low self-value.

There are no reports have revealed intellectual deficiency in AVPD group. In fact, AVPD individuals may even gain more techniques in their own fields and possibly have higher education background which was mentioned above. However, what repeatedly mentioned is that AVPD individuals do perform mediocre or even badly in working place. It is their cognitive deficit and maladaptive strategies that obstruct them success.

A significantly higher proportion of the APP group reported "not having enough good friends, "high powerlessness," and low community activism, and the 2 former variables held up in multivariate analyses [18]. Friends making is a bidirectional process, which can explain the negative mechanism. In a semi-structured qualitative interview, people with AVPD reported a dilemma between fear and desire [19]. This contradictory inner thought lead weird and confusing behaviors to AVPD individuals. They sometimes will open their mind to a specific subject and behave very approachable for a while, but sooner get back to cold and detached armors. Most of time, they are hard to get into, rarely attend any unnecessary social events, give up great opportunity just because they do not want to chance current situation. All this cause vital damage to AVPD's ability to make friends.

4 Treatment

What a negative phenomenon is treatment of AVPD cannot escape from SAD influence, controlled treatment with or without SAD is the predominant direction. So specific treatments for AVPD are needed. Another

trouble brought by the collapse criteria between AVPD and SAD in treatment is that clinicians can not distinguish these two perfectly. Fortunately, a study in 2015 constructively states that AVPD and SAD have qualitative different and present illusion of them is due to that subthreshold disorders can be observed alike sometimes. AVPD have distinctive difference with SAD in time-invariant environmental and genetic ingredients [20]. Whereas the large sample this investigate had, this article did not clarify more concrete ingredients, but categorize them in letters. To dig out which specific ingredients that distinguish the AVPD and SAD is the future direction. This article also has some insufficient in all genders test when they screened out all female to participate in the investigation because the number of males is far lower than women in the sample. Therefore, gene examination can be an available measure when facing difficulties to diagnosis AVPD from SAD. Kristine and her partners have reviewed literatures from 1989 to 2015, and summarized that clinicians have difficulties in maintaining the therapeutic relationship with AVPD patients and AVPD symptoms are easy to recurrence in patients [19]. AVPD are a life-long chronic illness, leaving deep impact on patient's life. Considering current insufficiency of pertinence and the incurable feature of AVPD, the author suggests tree train of thoughts: comparing past valid treatments, treatments based on attachment theory, mindfulness therapy and medicine treatment.

4.1 Past valid therapies

Drama behavior therapy (DT) and CBT are two effective treatments utilized by clinicians. Drama therapy has been proved effective in the treatment of PDs [21]. Specific to AVPD, DT can help them avoid harmful experiential avoidance, facing their fear and withdraw in a moderate way – drama. Through drama they have the chance to contemplate their maladaptive coping strategies like black-and-white thinking (splitting), smiling depression, obsessive-compulsive behavior.

Based on Cognitive-behavioral therapy, Cognitive-behavioral therapists assume that anxiety and avoidance the assumption that anxiety and avoidance are related to individuals' maladaptive are related to individuals' maladaptive beliefs and related thought processes. Therapists use specific cognitive and behavior techniques to help AVPD individuals release the compulsive avoidant tendency and rebuilt their social skills [22].

In the comparative experiment of CBT and DT in AVPD treatment, both intervention therapies as first treatment led to significant improvement treatment led to significant improvement on all primary outcomes. Cognitive-behavioral therapy led to significant improvement on various measures like the Personality Disorder Beliefs Questionnaire and the obsessive-compulsive sub-scale measure [22]. CBT advantage on obsessive-compulsive may because AVPD patients are more unwilling to join group activities than other PDs. One to one form may be more suitable to AVPD patients.

However, the author does not think DT is “less effective” to AVPD. In fact, DT to AVPD patients is similar to exposure therapy. They may feel uncomfortable in drama-set, but as long as the therapists can show how safe and harmless this scene is, they can gain great behavior and cognitive improvement from DT. A qualitative study interviewed Cluster-C PDs patients who accepted DT, and they narrated clearer self-image, less compulsive contemplates, braver when facing reject and criticism than before after therapy [21].

4.2 Treatments based on attachment theory

Based on the attachment theory, AVPD’s negative attachment styles are commonly caused by their early childhood traumas like parental neglect, parental divorce, and early maladaptive strategies [23]. Forming maladaptive cognition and mentalization in young ages, AVPD patients short chances to express and contemplate their mind and feelings for a long time. Recognition and narrativizing their experiences verbally are effective and meaningful. Schema-focus therapy (SFT) is an attachment-oriented. This therapy promotes clinicians to build a reliable and healthy relationships with patients while persisting the boundary between clinicians and patients, which is significant to help patients recognize the pernicious and negative suffering when they were young. Boundary is the first treatment that has been proved to be helpful in AVPD’s treatment place in therapy, though might be very easy to be ignored in SFT [23]. After all, the purpose of SFT is to show patients how a positive relationship and secure attachment style are, but not induce them falling into abnormal attachment with clinicians.

ST provides Cluster-C PDs patients schema models that can turn their painful and complex psychopathological problems more acceptable and moderate, possibly inducing personality trait and adaptive strategies change. The advantage of ST is the pertinence, because all patient’s maladaptive schemas are variant. For AVPD, ST is especially effective in reducing the harmful avoidance and compulsive self-control [24]. Concerning to the efficiency of PDs treatment, Nathan Bachrach and Arnoud Arntz promoted group schema therapy (GST) instead of individuals schema therapy to operate more patients simultaneously [24]. In this case, GST might have profound significance dealing with the high prevalence of AVPD. However, the setting in advance (how to clarify the limitation between patients and clinicians) is subtle and ambiguous area. To properly deal with this area requires therapists have adequate experience and clinical skills, or patients are very likely to have excessive attachment to therapists. This is a potential hazard for ST containing solid doctor-patient relationship to break patients’ former insecure attachment style.

ST is a promising therapy specific for AVPD and has been increasingly performed in clinical situations [24]. The author is looking forward to viewing more case study of ST oriented to AVPD to fulfil the theory and mechanism.

4.3 Mindfulness treatment

Mindfulness is a Buddhist concepts, first being introduced by J.Kabat.Zinn as a Psychotherapy [25]. Nowadays mindfulness therapy has developed to three variables: mindfulness-based stress reduction (MBSR), dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT). A research claims mindfulness therapy has excellent effective on the treatment of PDs, especially borderline personality disorder (BPD) [26]. Some psychiatrists investigated more on the felid of how mindfulness therapy treat PDs beyond BPD, and a case study shows the integrative treatment that combined DBT and ACT played a nice result on a AVPD patients [27]. From this case, the patients gained adaptive and positive strategy to face every day social events from DBT as well as changed her negative attitude towards life, else people, and her self-worth. Researchers of this study highly emphasized the use of integrating DBT and ACT, stating it was able to deal with the complex and encompassing symptoms that a AVPD patient may have. Providing a new and targeted path to treat AVPD though, this study did not answer the question why the integration of DBT and ACT is the best treatment, which leaving it stay at the theoretical level. More sample analysis is needed to figure out whether DBT, ACT or their combination owns the best outcomes.

What make mindfulness therapy stand out and become the most promising treatment of AVPD is its time-honored philosophy thinkings. Mindfulness never judge or deny, it just accepts all thought including those dark one. When CBT dig human’s mind to find out traumas that cause the pain, the mindfulness tells people they are all parts of life. AVPD patients get used to negative contemplate (replaying and reviewing their talks and behaviors), which is very alike with the elementary idea of medication. Therefore, AVPD individuals can transfer their harmful overthinking to cautiously self-observation without judgment through mindfulness therapy. Giving up any analysis or reaction to their diverse thoughts, AVPD patients are able to become a cautious entity beyond their unconscious avoidance.

4.4 Medicine treatment

Pharmacotherapy for AVPD is mostly based on the study of SAD’s medicine treatment. In diagnosis perspective, it is serious to distinguish AVPD from SAD for they have distinctive etiological differences and different emphasis. But from a therapeutic perspective along, it is acceptable to adapt some medicine treatments of SAD to deal with AVPD symptoms.

Selective serotonin reuptake inhibitors (SSRIs) is the star treatment option in many literatures, performing well in most AVPD treatment [28]. Some researchers pointed out that mono-amino-oxidase inhibitor (MAOI) should not be used for its damaging side-effect that will cause toxic effect and have Potential hazards when simultaneous used with many drugs [29]. Tricyclic antidepressants (TCAs) inferior to SSRIs because they

have no selective function [30]. Anti-anxiety medications can alleviate anxiety symptoms caused by social contact, while have no enduring outcomes.

For the author's knowledge, there are no effective medicines treatments do benefit on AVPD's mood stabilizers and psychopathological improvement. On the one hand, all the medicine treatments can only relieve patients' depression and anxiety symptoms, but not helping them to response better when meeting agonizing social situation; On the other hand, therapies although can provide cognitive and behavior improvements, the bear fruit need long term courses. A study showed that Cognitive therapy had better performance versus SSRI treatment, yet not superior to the integrated treatment [31]. Medicine and therapy thereby should be combined carefully for the best treatment of AVPD patients.

Until now, research of AVPD's medical treatments still cannot be independent of SAD. Do AVPD need special medicine treatment different from SAD? Mabey the co-study of SAD and AVPD on medicine treatment is cost-effective for their similar emotional dysfunction, but the author think it is best to ensure they can be studied simultaneously in medicine treatments, then start further surveys.

5 Discussion and suggestion

Many studies claim that AVPD is less severe compared with other disorders, but it is the most prevailing disorder when test in outpatient group. In today's social situation, Internet brings people close but also distant than any time. Books, movie, Press tell utopian story, while reality is not that wonderful. People want love, pure love, more than love. Such desire may even make them afraid to love and be loved.

More meta-analysis needs to do on AVPD, which is helpful to understand this PD and find out suitable treatment. Moreover, researchers seem to be too focused on the social avoidance of AVPD, but the meaning of "avoidance" in AVPD is more than that (including cognitive, behavioral, and emotional avoidance). Those non-social areas are also needing noticing, which requires more specific experiments and case studies of AVPD.

If the AVPD patients tend to attach other non-human subjects? There are many values need take into account. First of all, do AVPD individuals really have special emotional attachment with non-human subjects? If so, are those non-human subjects are only living creature or inanimate things? If so, what's the difference between this attachment and hoarding disorders? This can be a future direction.

Current treatments of AVPD are just the second handedness of treatment for BPD and SAD, ignoring the unique personality trait of AVPD. The avoidance coping strategy owned by AVPD patients means they may be more unwilling to seek for external help than other disorder patients. Their detached attachment strategy and maladaptive cognitive patterns could make treatment more complex. New introduced therapy like SFT, DBT and ACT can do specific setting based on individual's

characteristics, which can change though AVPD patient's behaviors and situation. Which is the best effective treatment, or how to combine them to meet the best outcomes could be the future direction.

AVPD is not presented in CCMD-3, however the anxiety disorder in CCMD-3 coincidence with AVPD's criterion in DSM-5. This situation might because different cultures have different definition and opinion of avoidance. In western countries, citizens are highly encouraged to show their own uniqueness, express their thoughts and words, so social avoidance might be seeming like an uncommon feature. However, in China and nearby Asia countries, some extent of avoidance is permitted.

Take China as example, people there who take serious of routine and ceremony might consider some avoidances as ways to show respect and politeness; While in Japan and Switzerland or some other western Europe countries, people emphasize the consciousness of boundary, so it is not a strange thing if someone looks some kind of isolated and avoidant. However, research also promoted that avoidant syndrome and tendency like detached or exclusive behavior does not directly link to AVPD.

6 Conclusion

This article reviewed past and current literatures, summarizing features, performances, treatments of AVPD including valid results and results to be to be discussed. AVPD is a high prevalence personality disorder that did not get due respect for a long time. Psychiatrists may concentrate too much on its most noticeable feature – social avoidance, but ignore non-social aspects like cognitive, emotional and behavior avoidance. This bias induces a confused understanding between AVPD and SAD. Time-invariant environmental and genetic factors among AVPD and SAD has been found but did not reveal more concrete results. A high educated rate on AVPD group has been reported, pointing out a possible feature of AVPD that it is unique among other disorders. This feature can become an effective value to prevent and intervene AVPD. CBT and DT are current effective treatment for AVPD, and mindfulness therapies has gained more and more applied. Some suggests attachment-oriented therapy like ST and GST can be specific treatment for AVPD patients, better responding the large AVPD proportion. For medicine treatment, most psychiatrists promote SSRIs have the best outcomes without too much side effect. It is necessary to test the most effective and oriented treatment or treatments group for AVPD. During the review work, the author realized that the research of AVPD lack the continuity that should support researchers to dig further. A more comprehensive integration of information for AVPD is needed before serious studies, the subsequent researchers are able to extend predecessor's work and discover past omissions.

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