




## Exploring the Psychosomatic Responses to Stress in Individuals with Avoidant Personality Disorder

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### ABSTRACT

This study aims to explore the psychosomatic responses to stress in individuals with Avoidant Personality Disorder (AvPD). The research utilized a qualitative design, employing semi-structured interviews with 16 individuals diagnosed with AvPD. Participants were recruited from mental health clinics and support groups specializing in personality disorders. Data collection continued until theoretical saturation was achieved. The interviews were transcribed verbatim and analyzed using NVivo software. Thematic analysis was conducted to identify patterns and themes in the data, focusing on participants' perceptions of stress, psychosomatic symptoms, and coping mechanisms. Ethical considerations included obtaining informed consent and ensuring confidentiality. The study identified three main themes: perceptions of stress, psychosomatic symptoms, and coping mechanisms. Participants described stress as overwhelming pressure and emotional burden, with key triggers being social interactions, performance expectations, criticism, and uncertainty. Psychosomatic symptoms included physical manifestations like headaches and muscle tension, emotional reactions such as anxiety and depression, cognitive impairments, behavioral symptoms, and heightened sensory responses. Coping mechanisms varied, with adaptive strategies including seeking support and problem-solving, and maladaptive strategies such as substance use and isolation. Barriers to effective coping included stigma and lack of resources. The findings highlight the significant impact of stress on both psychological and physical health in individuals with AvPD. The study underscores the need for comprehensive assessment and treatment strategies that address psychosomatic symptoms. Future research should focus on larger and more diverse samples, longitudinal studies, and objective measures of stress. Clinical practice should integrate cognitive-behavioral therapy and promote adaptive coping strategies to enhance the well-being of individuals with AvPD.

**Keywords:** Avoidant Personality Disorder, psychosomatic responses, stress, qualitative research, coping mechanisms, cognitive-behavioral therapy, mental health.

## 1. Introduction

Avoidant Personality Disorder (AvPD) is characterized by a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation. Individuals with AvPD often experience significant distress and functional impairments, which can manifest in various psychosomatic symptoms (Fogelson et al., 2010; Hu et al., 2023).

Psychosomatic disorders have been extensively studied in various contexts, highlighting the intricate relationship between psychological factors and physical health. For instance, psychosomatic disorders in college students have been identified as a significant risk factor, affecting their overall well-being and academic performance (Bhavna, 2024). This underscores the importance of examining the specific psychosomatic responses in individuals with AvPD, who are inherently more vulnerable to stress and its associated physical symptoms.

The concept of psychosomatic responses involves the interplay between psychological stress and physical symptoms. Previous research has shown that certain personality traits, such as Type D personality, are associated with an increased risk of psychosomatic symptoms and musculoskeletal pain (Condén et al., 2013). This is particularly relevant for individuals with AvPD, as their persistent anxiety and fear of social interactions can lead to chronic stress, which in turn exacerbates psychosomatic symptoms.

Integrative therapy has been found effective in reducing distress and psychosomatic symptoms in patients with gastrointestinal dysfunction and Type D personality (Bajestani et al., 2022). This suggests that tailored therapeutic approaches might be beneficial for individuals with AvPD to manage their psychosomatic responses to stress. Moreover, the longitudinal associations between psychosomatic symptoms in adolescence and mental health symptoms in early adulthood (Kinnunen et al., 2010) highlight the long-term impact of psychosomatic issues, emphasizing the need for early intervention in individuals with AvPD.

Stressful life events, such as the COVID-19 pandemic, have further illuminated the psychosomatic aspects of stress. The pandemic has led to increased psychosomatic symptoms due to heightened anxiety and stress (Nuridin & Murni, 2022). This scenario parallels the chronic stress experienced by individuals with AvPD, who constantly navigate social

fears and anxieties, leading to persistent psychosomatic symptoms.

Personality traits play a crucial role in how individuals perceive and respond to stress. Research has shown that personality traits and coping styles significantly influence the psychosomatic status of individuals, particularly in the context of traumatic events (Xiang et al., 2016). For individuals with AvPD, their predisposition to avoidance and hypersensitivity to criticism can intensify their stress responses, resulting in a myriad of psychosomatic symptoms.

The relationship between AvPD and stress has been further explored in the context of social phobia and other anxiety disorders. Studies have found significant overlaps between AvPD and generalized social phobia, with both conditions exhibiting similar patterns of avoidance and distress (Holt et al., 1992; Turner et al., 1986). This commonality suggests that the psychosomatic responses observed in individuals with social phobia may also be prevalent in those with AvPD.

Psychosomatic symptoms are not only a result of psychological stress but also have physiological underpinnings. For example, research has indicated that individuals with AvPD may exhibit heightened cardiovascular reactivity to stress, which can exacerbate their physical symptoms (Hu et al., 2023). This physiological response underscores the need for a comprehensive approach to understanding and managing stress in individuals with AvPD.

The chronic nature of AvPD often leads to persistent psychosomatic symptoms, which can significantly impact the quality of life. The stability and prevalence of AvPD symptoms over time (McGlashan et al., 2005) highlight the enduring nature of the disorder and its associated stress responses. This persistence necessitates long-term management strategies to address both psychological and physical health concerns in individuals with AvPD.

Avoidance behavior, a hallmark of AvPD, has been extensively studied in psychosomatic medicine. Research has identified both the challenges and clinical implications of avoidance, particularly in managing stress and psychosomatic symptoms (Labrenz et al., 2022). Understanding avoidance behaviors in individuals with AvPD can provide insights into more effective therapeutic interventions to reduce stress and its physical manifestations.

The impact of stress on individuals with AvPD extends beyond psychosomatic symptoms to broader psychological

outcomes. For instance, the experience of psychosomatic symptoms during adolescence has been linked to the development of depression and anxiety disorders in adulthood (Giannotta et al., 2022). This connection emphasizes the critical need for early identification and intervention to prevent the progression of stress-related disorders in individuals with AvPD.

Cognitive-behavioral therapy (CBT) has been shown to be effective in treating AvPD, including reducing avoidance behaviors and improving overall functioning (Amet et al., 2023). Comparisons between brief dynamic and cognitive-behavioral therapies have highlighted the efficacy of CBT in addressing the core symptoms of AvPD (Emmelkamp et al., 2006). Integrating CBT techniques to specifically target psychosomatic symptoms could be a promising approach for individuals with AvPD.

The comorbidity of AvPD with other psychiatric conditions, such as binge-eating disorder and obsessive-compulsive personality disorder, further complicates the management of psychosomatic symptoms (Becker et al., 2010). This comorbidity necessitates a holistic approach to treatment that addresses both the psychological and physical aspects of stress in individuals with AvPD.

Family studies have also provided insights into the genetic and environmental factors contributing to AvPD. For instance, research on first-degree relatives of schizophrenia patients has indicated that AvPD symptoms can predict neurocognitive performance, highlighting the genetic predisposition to the disorder (Fogelson et al., 2010). Understanding these underlying factors can inform targeted interventions to mitigate stress and its psychosomatic effects.

Post-traumatic stress disorder (PTSD) and social anxiety disorder, which share experiential avoidance as a common feature with AvPD, have been studied in various populations. Research has shown that experiential avoidance significantly contributes to distress and impairs quality of life (Kashdan et al., 2009). Addressing experiential avoidance in individuals with AvPD may therefore be crucial in reducing their psychosomatic symptoms.

The role of stress in exacerbating psychosomatic symptoms is well-documented across different populations and contexts. For instance, burnout among physicians during the COVID-19 pandemic has highlighted the severe impact of chronic stress on physical health (Omar et al., 2021). Similar stress-related burnout can occur in individuals with AvPD, who experience constant social and emotional stress.

Psychotherapy and psychosomatic practices continue to evolve, integrating various therapeutic modalities to address the complex interplay between mind and body. This study aims to explore the psychosomatic responses to stress in individuals with Avoidant Personality Disorder (AvPD). By understanding the interplay between psychological stress and physical symptoms, the research seeks to provide insights into the experiences and coping mechanisms of those with AvPD, ultimately contributing to improved clinical practices and interventions.

## 2. Methods and Materials

### 2.1. Study Design and Participants

This study employs a qualitative research design to explore the psychosomatic responses to stress in individuals with Avoidant Personality Disorder (AvPD). The aim is to gain an in-depth understanding of the subjective experiences and perceptions of stress and its physical manifestations among individuals diagnosed with AvPD. The study is conducted using semi-structured interviews, allowing for rich, detailed data collection.

Participants were selected through purposive sampling to ensure that they met the criteria of having a clinical diagnosis of Avoidant Personality Disorder. Recruitment was conducted via mental health clinics and support groups specializing in personality disorders. The sample size was determined by the principle of theoretical saturation, where data collection continued until no new themes or insights emerged from the interviews.

### 2.2. Measure

#### 2.2.1. Semi-Structured Interview

Data was collected using semi-structured interviews, which provided a flexible yet guided approach to elicit detailed personal narratives and experiences. An interview guide was developed based on existing literature and expert consultations, covering key areas such as:

- Perceptions of Stress: How participants perceive and define stress in their daily lives.
- Psychosomatic Symptoms: Physical symptoms and bodily responses participants experience when stressed.
- Coping Mechanisms: Strategies and behaviors employed to manage stress.

- Impact on Daily Life: How stress and associated symptoms affect their daily functioning and interpersonal relationships.

Interviews were conducted in a private and comfortable setting, ensuring confidentiality and encouraging openness. Each interview lasted approximately 60-90 minutes and was audio-recorded with participants' consent.

**2.3. Data Analysis**

The audio recordings of the interviews were transcribed verbatim for analysis. NVivo software was used to manage and analyze the qualitative data systematically. Thematic analysis was employed to identify, analyze, and report patterns (themes) within the data. The analysis followed these steps:

**Familiarization with Data:** Reading and re-reading transcripts to become deeply familiar with the content.

**Initial Coding:** Generating initial codes from the data, highlighting significant features relevant to the research question.

**Searching for Themes:** Collating codes into potential themes, gathering all data relevant to each potential theme.

**Reviewing Themes:** Refining themes to ensure they accurately represent the data and are coherent.

**Defining and Naming Themes:** Clearly defining each theme and sub-theme, ensuring they are well-supported by the data.

**Reporting:** Compiling a detailed narrative that integrates the themes and provides a comprehensive understanding of the psychosomatic responses to stress in individuals with AvPD.

To ensure the trustworthiness of the research, several strategies were employed:

- Credibility: Prolonged engagement and persistent observation during interviews to build trust and rapport with participants.
- Transferability: Providing rich, thick descriptions of the context and participants to allow readers to determine the applicability of the findings to other settings.
- Dependability: Employing an audit trail to document the research process and decisions made throughout the study.
- Confirmability: Using reflexivity to acknowledge and manage researcher bias, and ensuring that findings are grounded in the data.

**3. Findings and Results**

The study included a total of 16 participants diagnosed with Avoidant Personality Disorder. The demographic characteristics of the participants were diverse, providing a comprehensive understanding of the psychosomatic responses to stress across different backgrounds. The sample consisted of 9 females (56.25%) and 7 males (43.75%), ranging in age from 23 to 57 years, with a mean age of 35 years. In terms of marital status, 10 participants (62.5%) were single, 3 (18.75%) were married, 2 (12.5%) were divorced, and 1 (6.25%) was widowed. The educational background of the participants varied, with 4 (25%) holding a high school diploma, 7 (43.75%) having completed some college education, and 5 (31.25%) possessing a bachelor's degree or higher. Employment status was also recorded, with 6 participants (37.5%) being employed full-time, 3 (18.75%) employed part-time, 5 (31.25%) unemployed, and 2 (12.5%) retired.

**Table 1**

*Categories, Subcategories, and Concepts*

Categories	Subcategories	Concepts
Perceptions of Stress	Definition of Stress	- Overwhelming pressure - Emotional burden - Fear of judgment
	Triggers of Stress	- Social interactions - Performance expectations - Criticism - Uncertainty
	Stress Recognition	- Physical sensations - Emotional cues - Behavioral changes
	Stress Appraisal	- Catastrophic thinking - Self-blame - External attributions
	Duration and Intensity	- Persistent stress - Acute episodes - Fluctuating intensity
	Impact on Self-Perception	- Self-doubt - Negative self-image - Feeling of inadequacy
Psychosomatic Symptoms	Internal vs. External Stress	- Internalized pressure - External demands - Social comparison
	Physical Manifestations	- Headaches - Muscle tension - Gastrointestinal issues - Fatigue
	Emotional Reactions	- Anxiety - Depression - Irritability - Hopelessness
	Cognitive Impairments	- Concentration difficulties - Memory lapses - Indecisiveness
	Behavioral Symptoms	- Avoidance - Restlessness - Sleep disturbances
	Sensory Responses	- Heightened sensitivity to noise - Light sensitivity - Touch sensitivity
Coping Mechanisms	Psychosomatic Symptom Patterns	- Recurring symptoms - Symptom escalation - Symptom relief
	Adaptive Strategies	- Seeking support - Problem-solving - Relaxation techniques - Time management

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Maladaptive Strategies	- Substance use - Isolation - Procrastination - Overeating
Emotional Regulation Techniques	- Mindfulness - Cognitive restructuring - Distraction - Emotional expression
Social Support Utilization	- Family support - Friends' support - Professional help
Behavioral Adjustments	- Routine changes - Activity modification - Environmental adjustments
Self-Help Practices	- Journaling - Meditation - Physical exercise
Barriers to Effective Coping	- Stigma - Lack of resources - Fear of dependency

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### 3.1. Perceptions of Stress

**Definition of Stress:** Participants described stress as an overwhelming pressure and an emotional burden that significantly impacts their daily lives. One participant mentioned, "It feels like a heavy weight on my shoulders, constantly dragging me down." This stress was often characterized by a fear of judgment from others, further compounding their feelings of anxiety and self-doubt.

**Triggers of Stress:** Common triggers included social interactions, performance expectations, criticism, and uncertainty. Social interactions were particularly stressful, with one individual stating, "I get really anxious even thinking about talking to new people." Performance expectations and fear of criticism also played significant roles, as participants often felt they were under constant scrutiny.

**Stress Recognition:** Participants identified stress through physical sensations such as headaches and muscle tension, emotional cues like irritability and anxiety, and behavioral changes including avoidance and restlessness. "My body just starts to tense up, and I can't think straight," one participant explained, highlighting the intertwined nature of physical and psychological symptoms.

**Stress Appraisal:** Catastrophic thinking, self-blame, and external attributions were common ways participants appraised their stress. They often magnified potential negative outcomes and internalized blame for stressful situations. "I always think the worst is going to happen, and it's usually my fault," noted one interviewee.

**Duration and Intensity:** Stress was described as persistent, with acute episodes that varied in intensity. Some participants experienced fluctuating stress levels, while others had consistent high levels of stress. "It's like a rollercoaster; some days are better, but the stress never really goes away," shared a participant.

**Impact on Self-Perception:** The impact on self-perception was profound, with participants expressing self-doubt, negative self-image, and feelings of inadequacy. "I always feel like I'm not good enough, no matter what I do," said one individual, reflecting the deep-seated impact of stress on their self-esteem.

**Internal vs. External Stress:** Stress sources were both internal and external. Internalized pressure and social comparison were significant, as participants often felt they did not measure up to others. "I put so much pressure on myself to be perfect," one participant revealed, illustrating the self-imposed nature of their stress.

### 3.2. Psychosomatic Symptoms

**Physical Manifestations:** Common physical symptoms included headaches, muscle tension, gastrointestinal issues, and fatigue. Participants often linked these physical manifestations directly to their stress levels. "When I'm stressed, I get these terrible migraines," explained one interviewee.

**Emotional Reactions:** Stress led to emotional reactions such as anxiety, depression, irritability, and hopelessness. "I get so irritable and then feel guilty about snapping at people," one participant noted, describing the emotional toll of their stress.

**Cognitive Impairments:** Cognitive impairments like concentration difficulties, memory lapses, and indecisiveness were frequently reported. "I can't focus on anything; my mind just goes blank," shared a participant, highlighting the impact of stress on cognitive functions.

**Behavioral Symptoms:** Behavioral symptoms included avoidance, restlessness, and sleep disturbances. Participants often avoided stressful situations, contributing to a cycle of avoidance and increased stress. "I just avoid things that stress me out, but then I feel even more stressed about avoiding them," one participant explained.

**Sensory Responses:** Heightened sensitivity to noise, light, and touch were reported as stress responses. "Loud noises make me jumpy and anxious," noted one interviewee, indicating the heightened sensory sensitivity experienced during stress.

**Psychosomatic Symptom Patterns:** Participants described recurring symptoms that escalated with increased stress but could also experience symptom relief during less stressful periods. "The symptoms come and go, but they're always lurking in the background," shared a participant.

### 3.3. Coping Mechanisms

**Adaptive Strategies:** Participants employed adaptive strategies such as seeking support, problem-solving, relaxation techniques, and time management to cope with stress. "Talking to my therapist helps me a lot," mentioned one participant, underscoring the importance of professional support.

**Maladaptive Strategies:** Maladaptive strategies included substance use, isolation, procrastination, and overeating. "I know it's bad, but I often drink to numb the stress," admitted one participant, highlighting the reliance on maladaptive coping mechanisms.

**Emotional Regulation Techniques:** Techniques like mindfulness, cognitive restructuring, distraction, and emotional expression were used to regulate emotions. "I try to practice mindfulness to stay calm," one participant stated, emphasizing the role of mindfulness in managing stress.

**Social Support Utilization:** Social support from family, friends, and professionals was crucial for participants. "Having someone to talk to makes a big difference," said one interviewee, pointing to the importance of a supportive social network.

**Behavioral Adjustments:** Behavioral adjustments included changes to routines, activity modification, and environmental adjustments to reduce stress. "I rearranged my workspace to make it less stressful," one participant noted, reflecting the practical steps taken to manage stress.

**Self-Help Practices:** Self-help practices such as journaling, meditation, and physical exercise were commonly used. "Writing in my journal helps me process my thoughts," shared a participant, illustrating the therapeutic benefits of self-help practices.

**Barriers to Effective Coping:** Barriers included stigma, lack of resources, and fear of dependency, which hindered effective coping. "I worry about becoming too reliant on my therapist," one participant confessed, highlighting the concerns around dependency on support mechanisms.

## 4. Discussion and Conclusion

The study explored the psychosomatic responses to stress in individuals with Avoidant Personality Disorder (AvPD) through qualitative interviews. The findings revealed three main themes: perceptions of stress, psychosomatic symptoms, and coping mechanisms. Participants described stress as an overwhelming pressure and emotional burden, with significant triggers including social interactions, performance expectations, criticism, and uncertainty. They

recognized stress through physical sensations, emotional cues, and behavioral changes, appraised stress through catastrophic thinking and self-blame, and experienced persistent stress with fluctuating intensity. Psychosomatic symptoms included physical manifestations such as headaches and muscle tension, emotional reactions like anxiety and depression, cognitive impairments, behavioral symptoms, and sensory responses. Participants employed both adaptive and maladaptive coping strategies, with barriers to effective coping including stigma and lack of resources.

The participants' perception of stress aligns with existing literature on psychosomatic disorders, which emphasizes the significant impact of emotional and psychological stressors on physical health (Bhavna, 2024). The identified triggers of stress, particularly social interactions and performance expectations, are consistent with the core characteristics of AvPD, which include hypersensitivity to criticism and fear of negative evaluation (Emmelkamp et al., 2006). This finding is further supported by Holt et al. (1992), who highlighted similar stressors in individuals with generalized social phobia, a condition closely related to AvPD (Holt et al., 1992).

The recognition of stress through physical sensations and emotional cues is well-documented in psychosomatic literature. For instance, Condén et al. (2013) noted that individuals with Type D personality, similar to those with AvPD, frequently experience musculoskeletal pain and other physical symptoms as a result of stress (Condén et al., 2013). The catastrophic thinking and self-blame observed in participants' stress appraisal are also supported by studies on cognitive processes in anxiety disorders, where individuals tend to magnify negative outcomes and internalize blame (Kashdan et al., 2009).

The persistent and fluctuating nature of stress reported by participants echoes the findings of McGlashan et al. (2005), who documented the stability of AvPD symptoms over time (McGlashan et al., 2005). The impact on self-perception, with participants expressing self-doubt and negative self-image, aligns with the core features of AvPD described by Becker et al. (2010). The distinction between internal and external sources of stress is further supported by Xiang et al. (2016), who highlighted the role of personality traits and coping styles in stress perception (Becker et al., 2010; Xiang et al., 2016).

Participants' psychosomatic symptoms, including physical manifestations, emotional reactions, and cognitive impairments, reflect the interconnected nature of

psychological and physical health. This finding is consistent with Fava et al. (2016), who emphasized the importance of recognizing and treating psychosomatic symptoms in clinical practice (Fava et al., 2016). The sensory responses and recurring symptom patterns reported by participants are also in line with previous studies on the physiological aspects of stress in AvPD (Hu et al., 2023).

Coping mechanisms employed by participants, such as seeking support and problem-solving, are consistent with adaptive strategies identified in the literature (Bajestani et al., 2022). However, the reliance on maladaptive strategies like substance use and isolation highlights the need for effective interventions to promote healthier coping mechanisms. The barriers to effective coping, including stigma and lack of resources, are well-documented in research on mental health and psychosomatic disorders (Omar et al., 2021).

While this study provides valuable insights into the psychosomatic responses to stress in individuals with AvPD, it is not without limitations. Firstly, the sample size of 16 participants, while sufficient for qualitative research, limits the generalizability of the findings to the broader population of individuals with AvPD. The reliance on self-reported data through semi-structured interviews may also introduce bias, as participants may underreport or overreport their experiences due to memory recall issues or social desirability bias. Additionally, the study's cross-sectional design does not allow for the examination of changes in stress responses and psychosomatic symptoms over time. Future research should consider longitudinal designs to capture the dynamic nature of these responses.

Future research should aim to address the limitations of this study by including larger and more diverse samples to enhance the generalizability of the findings. Longitudinal studies would be beneficial in understanding the temporal changes in psychosomatic responses to stress in individuals with AvPD. Additionally, incorporating objective measures of stress, such as physiological indicators (e.g., cortisol levels), alongside self-reported data could provide a more comprehensive understanding of the relationship between stress and psychosomatic symptoms. Exploring the effectiveness of specific therapeutic interventions, such as cognitive-behavioral therapy (CBT) and integrative therapy, in reducing stress and improving psychosomatic outcomes in individuals with AvPD would also be valuable (Amet et al., 2023; Bajestani et al., 2022).

The findings of this study have several implications for clinical practice. Mental health professionals should be

aware of the significant psychosomatic responses to stress in individuals with AvPD and incorporate comprehensive assessment and treatment strategies that address both psychological and physical symptoms. Given the effectiveness of CBT in treating AvPD (Emmelkamp et al., 2006), integrating CBT techniques focused on stress management and cognitive restructuring could be particularly beneficial. Additionally, promoting adaptive coping strategies, such as mindfulness and relaxation techniques, and providing resources and support to overcome barriers to effective coping are essential. Health professionals should also consider collaborative care approaches, involving interdisciplinary teams to address the multifaceted nature of psychosomatic symptoms in individuals with AvPD.

In conclusion, this study provides a detailed exploration of the psychosomatic responses to stress in individuals with Avoidant Personality Disorder. The findings highlight the complex interplay between psychological stress and physical symptoms, underscoring the need for comprehensive assessment and intervention strategies. While this study contributes valuable insights to the existing literature, further research with larger and more diverse samples, longitudinal designs, and objective measures is needed to deepen our understanding of these responses and develop effective treatment approaches. Mental health professionals should integrate these findings into practice to enhance the well-being and quality of life of individuals with AvPD.

### Authors' Contributions

Authors contributed equally to this article.

### Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

### Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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### Declaration of Interest

The authors report no conflict of interest.

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**Ethics Considerations**

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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