

## CASE REPORT

# Use of Altruism-based Positive Psychotherapy Intervention Model in Anxious Avoidant Personality Disorder: A Case Report

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### ABSTRACT

Anxious avoidant personality disorder is a cluster C personality disorder in adults, leading to significant difficulty in social functioning. The present study aims to explore and demonstrate the effectiveness of an altruism-based positive psychotherapy model in anxious avoidant personality disorder, targeting depressive symptoms, social anxiety, interpersonal communication, and overall self-confidence. A 34-year-old unmarried female came with complaints of social awkwardness, feelings of inferiority, avoidance of social situations, and low self-confidence since adolescence. Currently, symptoms were interfering with her occupational functioning, also leading to increased distress, and she came for psychological intervention. Her assessments confirmed the presence of a disorder along with mild features of depression. Review suggests that altruism has been effective in mental health recovery, while leading to increased positive affect and improved self-esteem. In the current case tailor-made altruism-based psychotherapy model was applied. The model included techniques from behavioral, cognitive, and volitional domains. The client underwent 12 therapy sessions, one per week, along with regular visits to the orphanage where the client provided material and emotional support to inmates. Following therapy, the client had reduced depression, social anxiety and could function well at her workplace with improved performance. Thus, altruism may be used as a psychotherapy technique in India to facilitate mental health recovery.

**Keywords:** Anxious avoidant personality disorder, Altruism, Case report, Positive psychotherapy, Social anxiety.

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### INTRODUCTION

Anxious avoidant personality disorder is characterized by a pervasive pattern of fear of social interaction along with avoidance of social situations, increased sensitivity to rejection, and feelings of inferiority. Thus, individuals with anxious avoidant personality disorder tend to have low self-confidence along with features of anxiety. Various factors contribute to the development of personality traits and disorders, including genetic predispositions, adverse childhood experiences, and environmental influences. Psychoanalyst Wilhelm Reich gave the concept of "character armor" to understand defense mechanisms that alleviate cognitive conflicts resulting from internal impulses, along with interpersonal anxiety. According to him, individuals with avoidant tendencies tend to have withdrawal as a defense mechanism.<sup>1</sup>

Though cognitive behavior therapy with a focus on assertiveness and social skills is used in the treatment of anxious avoidant personality disorder but response rates are limited.<sup>2</sup> Thus, reviewing the research, we felt that activity-based intervention focusing on altruism may help. Benefits of altruistic behavior as a therapeutic behavior are supported by a model, which proposed to use altruism as an intentional activity in psychotherapy.<sup>3</sup> According to the model, intentional activity refers to specific actions or practices that are voluntary and require a degree of effort. Intentional activities have broadly been placed into three categories: Behavioral, cognitive, and volitional. Our model attempts to incorporate strategies to cover all three domains. Altruism as a behavior can positively affect mental health and may lead to positive changes in personality. Certain forms of psychological interventions already utilize altruism to facilitate psychological healing. Altruism also shows up in newer positive psychotherapies such as compassion-focused therapy

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and gratitude-based interventions. Positive psychotherapies often focus on happiness, improving well-being, building positive emotions, relationships, and strengths.<sup>4</sup> The aim is to make people more resilient, thereby protecting them against future stressors. It appears that altruism helps to achieve these goals. Thus, in the current case report, we have tried to implement and check the efficacy of an altruism-based positive psychotherapy model in anxious avoidant personality disorder.

### CASE DESCRIPTION

The index client was a 34-year-old unmarried female. She has completed her post-graduation in business management

Primary concerns	Strengths	Limitation	Diagnosis and treatment
Fear of social interaction	Supportive family	BDI score 10 (mild depression)	Anxious avoidant personality disorder
Feelings of inferiority	Disciplined with work	LSAS score 48 (moderate social anxiety)	Positive psychotherapy
Low self confidence	Badminton and creative writing	Poor peer relations	Anxiety reduction and improving self confidence

Fig. 1: Section to list strengths in a SWOT analysis

and was working in a multinational company as a marketing executive. She belonged to a nuclear family hailing from an urban background in Kolkata and upper-middle socio-economic status. She did not have any known chronic medical or psychiatric illnesses. Since adolescence, the client tends to have a fear of being criticized in social situations and believes that she is inferior to others. Further, the client had a fear of not performing well in public situations and would consequently avoid social situations. She would also be hesitant to interact with any individual, as she would constantly worry about being liked by them. Owing to these symptoms, the client had significant difficulty in coping with her job demands. She has difficulty delivering presentations to the client and would not be able to make appropriate communications. She also had strained relations with her colleagues, making her work more difficult. Thus, she came to overcome these symptoms.

Psychological assessments were conducted to confirm the diagnosis. International Personality Disorder Examination, Beck depression inventory, and Liebowitz social anxiety scale were administered along with the projective test- Thematic Apperception Test. In IPDE, the client met the definite diagnosis for anxious-avoidant personality disorder. She reported having mild depression in the Beck depression inventory (Score 10) and moderate social anxiety in the Liebowitz social anxiety scale (Score 40). Further, in the thematic analysis test, it was revealed that the client tends to perceive herself as inadequate with low self-confidence. She has a high need for achievement and affiliation but tends to have a significant fear of rejection and consequent failure. She tends to use avoidance as a defense, leading to social withdrawal. While summarizing the findings and integrating them with case history and mental status examination, the client was given a diagnosis of anxious avoidant personality disorder according to ICD-10 (F60.6).

We made a case conceptualization following positive psychotherapy to make an altruism-based psychotherapeutic model (Fig. 1).

### An Altruism-based Positive Psychotherapeutic Model

Our model follows positive psychology theories and is largely based on altruism-based principles. Benefits of altruistic behavior as a therapeutic behavior is supported by Lyubomirsky et al.<sup>3</sup> who proposed to use altruism as an intentional activity in psychotherapy. According to the model, intentional activity refers to specific actions or practices that are voluntary and require a degree of effort. Intentional activities have broadly been placed into three categories: Behavioral, cognitive, and volitional. Our model attempts to incorporate strategies to cover all three domains.

#### Behavioral domains:

- **Material kindness:** Previous researches indicate that donating to charities and volunteering boost happiness, enrich social integration, and increase self-efficacy.<sup>5,6</sup> Individuals with anxious avoidant personality disorder tend to have low self-confidence and would perceive themselves to be inferior, thus, this technique may lead to higher self-worth. Through material kindness, all participants will be asked to provide any kind of monetary or material help once a week, i.e., any tangible support to children or elderly individuals in need. They need to record the material help given every week in a diary.

- **Empathy enhancement activity:** Altruism acts are tied to social emotions such as empathy, which increases our ability to connect, resonate, and socially attune with others, leading to better communication in these individuals.<sup>7</sup> In this activity, participants will be asked to spend two hours in an orphanage or old age home once in week to develop empathy. While engaging in conversations, the client is taught empathy skills through labelling feelings, perspective taking, active listening, and active constructive responding exercises.

- **Gratitude and happiness diary:** Research studies show that gratitude intervention tends to increase positive affect, subjective happiness, and life satisfaction while reducing depression and negative affect.<sup>8</sup> In the gratitude diary, the client was asked to write one thing that they are thankful for having in their lives, while in the happiness diary, they had to note one activity that made the client happy in a day.

#### Cognitive domains:

- **Savoring:** Savoring is an important positive psychology component developed by Bryant and Veroff.<sup>9</sup> It refers to the processes through which people regulate their positive feelings by attending to (a) memories of past positive experiences (through reminiscence), (b) ongoing positive experiences in the present (savoring the moment), and (c) future positive experiences (through anticipation). Savoring is a reciprocal concept of coping that helps individuals to understand the processes behind positive emotions like hope, happiness, gratitude, and satisfaction. In the current study, participants will be encouraged to practice savoring while being engaged in an altruistic act.

- **Forgiveness:** Forgiveness has been considered an altruistic act that leads to increased feelings of compassion and higher self-esteem, which is known as altruistic forgiveness.<sup>10</sup> Forgiveness is an emotional coping strategy promoting both physical and mental health. The REACH model, developed by Worthington in 2001, is used in this model where the client has to recall the hurt, develop empathy for the offender, reframe forgiveness as an altruistic gift for the offender, commit to forgive, learn to hold on to forgiveness, and let go of the negative situation. Forgiveness letter and radical acceptance worksheets were used.

- **Positive affirmations:** It is an important cognitive tool to reduce anxiety and improve self-esteem. Clients are asked to make a list of their negative thoughts and assumptions that they want to dismiss. Then asked to make meaningful affirmations for the same and repeat them every day verbally or through writing on waking up.

#### Volitional domains:

- **Strength-building measures:** This is an important positive psychotherapy tool focusing on building self-confidence,

which is a significant deficit in anxious avoidant personality. Individuals engaged in altruistic acts can ask to write their three good qualities explored through exercise. Participants can also make a note of any new skill learnt in a day while engaging with people.

- **Assertiveness training:** It is a type of behavioral therapy or skills development program that teaches clients to communicate firmly yet politely and self-confidently. Assertiveness training is useful for clients who have difficulty expressing and standing up for themselves, consequently neglecting their feelings and needs. A client with an anxious avoidant personality tends to have difficulty expressing themselves.

### Intervention

A total of twelve sessions were done with the client at an interval of one week each. In the first session, the client was oriented to basic therapy goals and psychoeducated about the illness. The client was explained the importance of compliance and commitment, as this model, home assignments were of paramount importance for recovery. Baseline measures were taken, and savoring was introduced. In session two, the client was introduced to altruism-based activities. The client was asked to visit any social organization, like an orphanage or an old-age. An agenda was set for spending time with inmates as well as providing structured material help, fitting their budget comfortably. In the third session, the client was asked about any obstacles in the visit. The client got permission and was looking forward to the visits. Following this, the client was asked to maintain a happiness and gratitude journal. In the fourth session, positive affirmations were introduced. Baseline measures were repeated. Review of journals done along with monitoring of altruistic activities. In session five, a discussion on negative life events, along with the forgiveness model, was implemented. In session 6, there was a review on forgiveness, positive affirmations, and savoring of altruistic activities. In session 7, the client made a list of her strengths and weaknesses. The client was advised to learn new skills every day. In session 8, assertiveness training was introduced. The client was asked to identify and modify faulty communication patterns. Baseline measures were repeated. In session 9, assertiveness training was continued with a focus on role play. Session 10 focuses on the discussion of existing symptoms and targeted symptom-based management. The client did not report any significant difficulty. In session 11, the client reported performing positively at the workplace and in social situations. All taught techniques were reviewed. In session 12, the client was reported to be much better and could make presentations in her workplace. She could also make a few friends and started enjoying socialization. The client was prepared for longer follow-ups. Basic coping skills and lifestyle modifications were discussed. The client would be given booster sessions as required.

### Obstacles

This therapeutic model is largely based on altruistic activity, which is a visit to an orphanage or old-age home to provide emotional and material support to inmates. The client wished to visit an old-age home as a part of an altruistic activity. Initially, we required permission from the social organization for the client visit. The client also took time to understand the importance of engaging in altruistic activity, which was ensured with detailed psychoeducation on the benefits of altruism in mental health. Further, the participant had socially inhibited personality traits,

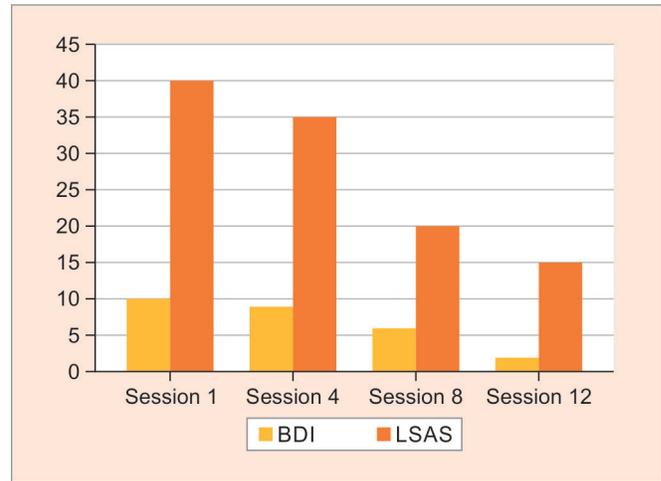


Fig. 2: Baseline measures score of Beck Depression Inventory and Liebowitz Social Anxiety Scale across sessions 1, 4, 8, and 12

and was client was given regular assignments, including journaling. She needed constant guidance on relating therapy tasks with her old-age home. Apprehensive about meeting the inmates of the old-age home. For the first 3–4 visits, the client was accompanied by the therapist. After a few visits client felt needed by the inmates and then became regular on her own. Thus, to apply an altruism-based positive psychotherapy model on this clinical population, we may need to do initial handholding. Also, willingness related to compliance needs to be generated to gain effectiveness from treatment.

### Outcome

Baseline measures significantly improved following 12 sessions of therapy. Client reported minimal depression and social anxiety with significantly less avoidance of situations. Exact scores have been reflected in Figure 2.

### DISCUSSION

Altruism as a psychotherapeutic technique is found to be effective in the treatment of anxious avoidant personality disorder. Existing therapies already utilizing altruism include alcoholic anonymous, where helping others is an essential part of the healing process, leading to better emotional regulation, self-confidence, and social relationships (Alcoholics Anonymous, 2015). Further, in gratitude intervention and compassion-focused therapy, patients benefit from helping others through crises.<sup>6</sup> However, in India, we do not have existing empirical support from research showing the benefits of altruism in psychotherapy.

In India, most religions encourage altruism as a moral act, and thus, we used this comprehensive model on a single case to evaluate its effectiveness in the Indian population. The outcome suggests that the client showed significant improvement with her depressive symptoms and social anxiety associated with her personality disorder. The client was taught to use savoring and a happiness diary as a technique to maximize pleasure from her altruistic activity. Savoring tends to increase pleasure on any task by helping the client to focus on the present, leading to decreased depressive symptoms.<sup>11</sup> Gratitude journal further shifts our focus on positive aspects of life, leading to improved resilience and self-confidence, which we also see in the present case.<sup>12</sup>

In the behavioral domain, the client was exposed to talking to inmates to develop their empathy skills. Empathy allows an individual to better understand the feelings and perspectives of others, leading to better social connectedness.<sup>13</sup> This may have led to better social functioning in this client. Further, cognitively client was asked to engage in forgiveness and positive affirmations. The etiology of anxious avoidant personality disorder suggests that it may be associated with childhood bullying and victimization. This makes them sensitive to rejection and consequent avoidance of social situations.<sup>14</sup> Thus, forgiveness as a therapy technique may help the client to overcome past trauma of bullying by letting go of the grudges. Reviews suggest that self-positive affirmations tend to stimulate rewarding brain circuits, which decreases our stress in threatening situations. It tends to make people more resilient with high self-esteem.<sup>15</sup> This may have led to improved confidence and better workplace performance in the current client.

In the volitional domain, the client was asked to work on her strength building by being aware of her strengths and weaknesses, along with assertiveness training. Assertiveness as a trait is an important component of interpersonal communication.<sup>16</sup> It helps us to express ourselves openly and be more respectful of our rights. This may have facilitated better communication skills and low social avoidance in the current client.

## CONCLUSION

Altruism as a therapeutic tool is beneficial in the treatment of anxious avoidant personality traits. In this case, we need to apply the model to the larger clinical population to make broader generalizations. However, with this case, we can consider using altruism for mental health recovery in India.

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## REFERENCES

- Shapiro D. Theoretical reflections on Wilhelm Reich's character analysis. *Am J Psychother* 2002;56(3):338–346. DOI: 10.1176/appi.psychotherapy.2002.56.3.338.
- Rees CS, Pritchard R. Brief cognitive therapy for avoidant personality disorder. *Psychotherapy* 2015;52(1):45–55. DOI: 10.1037/a0035158.
- Lyubomirsky S, Sheldon KM, Schkade D. Pursuing happiness: The architecture of sustainable change. *Rev Gen Psychol* 2005;9:111–131. DOI: 10.1037/1089-2680.9.2.111.
- Bolier L, Haverman M, Westerhof GJ, et al. Positive psychology interventions: A meta-analysis of randomized controlled studies. *BMC Public Health* 2013;13:119. DOI: 10.1186/1471-2458-13-119.
- Borgonovi F. Doing well by doing good. The relationship between formal volunteering and self-reported health and happiness. *Soc Sci Med* 2008;66(11):2321–2334. DOI: 10.1016/j.socscimed.2008.01.011.
- Post SG. Altruism, happiness, and health: It's good to be good. *Int J Behav Med* 2005;2:66–77. DOI: 10.1207/s15327558ijbm1202\_4.
- Pfaff D. *The Altruistic Brain*. Oxford: Oxford University Press; 2015.
- Emmons RA, McCullough ME. Counting blessings versus burdens: An experimental investigation of gratitude and subjective well-being in daily life. *J Pers Soc Psychol* 2003;84:377–389. DOI: 10.1037//0022-3514.84.2.377.
- Bryant FB, Veroff J. *Savoring: A new model of positive experience*. Lawrence Erlbaum Associates Publishers; 2007.
- Witvliet CVO. Empirical studies of forgiveness as an altruistic response: Relationships with rumination, suppression of negative emotions, and a benefit-focused reappraisal. In: Maamri MR, Verbin N, Worthington EL, Jr. (Eds). *Mapping Forgiveness*. Oxford: Inter-Disciplinary Press; 2012. pp. 15–32.
- Bryant FB, Smith JL. Appreciating life in the midst of adversity: Savoring in relation to mindfulness, reappraisal, and meaning. *Psychol Inq* 2015;26:315–321.
- Sansone RA, Sansone LA. Gratitude and well being: The benefits of appreciation. *Psychiatry (Edgmont)* 2010;7(11):18–22. PMID: 21191529.
- Wei M, Liao K, Ku T, et al. Attachment, self-compassion, empathy, and subjective well-being among college students and community adults. *J Pers* 2011;79:191–221. DOI: 10.1111/j.1467-6494.2010.00677.x.
- Xu YM, Pu SS, Li Y, et al. Possible avoidant personality disorder magnifies the association between bullying victimization and depressive symptoms among Chinese University Freshmen. *Front Psychiatry* 2022;17:3–8. DOI: 10.3389/fpsy.2022.822185.
- Cohen GL, Sherman DK. The psychology of change: Self-affirmation and social psychological intervention. *Annu Rev Psychol* 2014;65:333–371. DOI: 10.1146/annurev-psych-010213-115137.
- Omura M, Jones TL, Stone TE. Evaluating the impact of an assertiveness communication training programme for Japanese nursing students: A quasi-experimental study. *Nurs open* 2018;6(2):463–472. DOI: 10.1002/nop.2.228.