



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

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Passive-Aggressive Personality Disorder

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The Disease Perspective

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), for research purposes, describes *Passive-Aggressive Personality Disorder* as a pervasive pattern of negativistic attitudes and passive resistance to demands for adequate performance, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- passively resists fulfilling routine social and occupational tasks
- complains of being misunderstood and unappreciated by others
- is sullen and argumentative
- unreasonably criticizes and scorns authority
- expresses envy and resentment toward those apparently more fortunate
- voices exaggerated and persistent complaints of personal misfortune
- alternates between hostile defiance and contrition

The disorder does not occur exclusively during Major Depressive Episodes and is not better accounted for by Dysthymic Disorder.

The Dimensional Perspective

Here is a hypothetical profile, in terms of the five-factor model of personality, for Passive-Aggressive Personality Disorder:

- ***High neuroticism***

Chronic negative affects, including anxiety, fearfulness, tension, irritability, anger, dejection, hopelessness, guilt, shame; difficulty in inhibiting impulses: for example, to eat, drink, or spend money; irrational beliefs: for example, unrealistic expectations, perfectionistic demands on self, unwarranted pessimism; unfounded physical concerns; helplessness and dependence on others for emotional support and decision making.

- ***High extraversion***

Excessive talking, leading to inappropriate self-disclosure and social friction; inability to spend time alone; attention seeking and overly dramatic expression of emotions; reckless excitement seeking; inappropriate attempts to dominate and control others.

- ***Low openness***

Difficulty adapting to social or personal change; low tolerance or understanding of different points of view or lifestyles; emotional blandness and inability to understand and verbalize own feelings; alexthymia; constricted range of interests; insensitivity to art and beauty; excessive conformity to authority.

- ***Low agreeableness***

Cynicism and paranoid thinking; inability to trust even friends or family; quarrelsomeness; too ready to pick fights; exploitive and manipulative; lying; rude and inconsiderate manner alienates friends, limits social support; lack of respect for social conventions can lead to troubles with the law; inflated and grandiose sense of self; arrogance

- ***High conscientiousness***

Overachievement: workaholic absorption in job or cause to the exclusion of family, social, and personal interests; compulsiveness, including excessive cleanliness, tidiness, and attention to detail; rigid self-discipline and inability to set tasks aside and relax; lack of spontaneity; overscrupulousness in moral behaviour

- ***Associated disorders***

Depression

Cognitive Effects -- Basic Belief: *I could be stepped on.* Strategy: *Resistance*

In *Cognitive Therapy of Personality Disorders*, Aaron T. Beck, Arthur Freeman, and associates list typical beliefs associated with each specific personality disorder. Here are some of the typical beliefs that they have listed for Passive-Aggressive Personality Disorder:

- The only way I can preserve my self-respect is by asserting myself indirectly. For example, by not carrying out instructions exactly.
- I like to be attached to people but I am unwilling to pay the price of being dominated.
- Authority figures tend to be intrusive, demanding, interfering, and controlling.
- I have to resist the domination of authorities but at the same time maintain their approval and acceptance.
- Making deadlines, complying with demands, and conforming are direct blows to my pride and self-sufficiency.
- It is best not to express my anger directly but to show my displeasure by not conforming.
- I know what's best for me and other people shouldn't tell me what to do.