

Passive Aggressive Personality Disorder

People with [PAPD](#) are characterized by covert obstructionism, procrastination, stubbornness, and inefficiency. Such behavior is a manifestation of passively expressed underlying aggression. In the DSM-IV the disorder is also called negativistic PD.

CLINICAL FEATURES:

- 1 - PAPD patients characteristically procrastinate, resist demands for adequate performance, find excuses for delays, and find fault with those on whom they depend; yet they refuse to extricate themselves from the dependent relationships.
- 2 - They usually lack assertiveness and are not direct about their own needs and wishes. They fail to ask needed questions about what is expected of them and may become anxious when forced to succeed or when their usual defense of turning anger against themselves is removed.
- 3 - In interpersonal relationships, these people attempt to manipulate themselves into a position of dependence, but others often experience this passive, self-detrimental behavior as punitive and manipulative.
- 4 - People with this disorder expect others to do their errands and to carry out their routine responsibilities.
- 5 - Friends and clinicians may become enmeshed in trying to assuage the patients' many claims of unjust treatment.
- 6 - The close relationships of people with PAPD, however, are rarely tranquil or happy. Because they are bound to their resentment more closely than to their satisfaction, they may never even formulate goals for finding enjoyment in life.
- 7 - People with this disorder lack self-confidence and are typically pessimistic about the future.

DIFFERENTIAL DIAGNOSIS:

PAPD must be differentiated from histrionic and borderline PD. Patients with PAPD, however, are less flamboyant, dramatic, affective and openly aggressive than those with histrionic and borderline PD.

TREATMENT:

Patients with [PAPD](#) who receive supportive psychotherapy have good outcomes, but psychotherapy for these patients has many pitfalls.

To fulfill their demands is often to support their pathology, but to refuse their demands is to reject them.

Therapy sessions can thus become a battleground on which the patient expresses feelings of resentment against the therapist on whom the patient wishes to become dependent.

Therapists must point out the probable consequences of PA behaviors as they occur.

Such confrontations may be more helpful than a correct interpretation on changing patients' behavior.