

# **PASSIVE-AGGRESSIVE PERSONALITY DISORDER**

## **DSM-IV**

301.9 Personality disorder NOS

Passive-Aggressive personality disorder (negativistic personality disorder)—provided for further study.

This disorder is characterized by a pervasive pattern of passive resistance, expressed indirectly rather than directly, to demands for adequate social/occupational performance, with the individual viewing the future as negatively as they view the present.

## **ETIOLOGICAL THEORIES**

### **Psychodynamics**

These clients are unaware that ongoing difficulties are the result of their own behaviors. They experience conscious hostility toward authority figures but do not connect their own passive-resistant behaviors with hostility or resentment. They do not trust others, are not assertive, are intentionally inefficient, and try to “get back” at others through aggravation. Anger and hostility are released through others, who become angry and may suffer because of the client’s inefficiencies. This disorder can lead to more serious psychological dysfunctions such as major depression, dysthymic disorder, and alcohol and other drug abuse/dependence.

These behaviors, although not disturbing to the client, are disturbing to those in the environment who interact with the client. Therapy is not usually sought, but the client is generally referred for help by family members.

### **Biological**

Personality disturbance is attributed to constitutional abnormalities. There may be a biological base to behavioral and emotional deviations, and researchers hope to demonstrate a correlation between chromosomal and neuronal abnormalities and a person’s behavior.

### **Family Dynamics**

Theories of development implicate environmental factors occurring in the very early years of the child’s life. Feelings of rejection or inadequate nurturing by the primary caregiver result in anger that is then turned inward on the self. Depression is common.

## **CLIENT ASSESSMENT DATA BASE**

### **Ego Integrity**

Feels cheated, unappreciated, misunderstood

Chronically complains to others

Blames others for failures

## **Neurosensory**

Covert aggressive behaviors chosen over self-assertive behaviors

Passive resistance to demands (to increase or maintain certain level of performance) through behaviors such as dawdling, stubbornness, procrastination, and “forgetfulness”

### **Mental Status:**

**Behavior:** May not appear uncomfortable in social situations but is cold and indifferent, reflecting stiff perfectionism; superficial bravado

**Mood and Affect:** Displays a seriousness with difficulty expressing warm feelings, may sulk and pout, passively acquiesce/conform; harbors unspoken resentment

**Emotion:** Displays/reports anxiety, depression; expresses sense of low self-worth, lack of self-confidence; may be dependent and passive

**Thought Processes:** Views world in a negativistic manner but fails to connect behavior to others’ reactions; feels resentful, and believes others are being unfair; sees the world as a hostile and unfair environment

Overtly ambivalent

## **Social Interactions**

Habitually “forgets” commitments, arrives late for appointments

Authority figures (e.g., parents, teachers, superiors at work) may be focus of discontent-criticizing/voicing hostility with minimal provocation

Demands for adequate performance are met with resistance expressed indirectly (e.g., procrastination, forgetfulness, intentional inefficiency)

Pervasive social/occupational ineffectiveness

Strained interpersonal relationships; difficulty adjusting to close relationships

Envious/resentful of peers who are successful

## **DIAGNOSTIC STUDIES**

**Drug Screen:** Identifies substance use.

## **NURSING PRIORITIES**

1. Assist client to learn methods to control anxiety and express anger appropriately.
2. Promote effective, satisfying coping strategies.
3. Promote development of positive self-concept.
4. Encourage client/family to become involved in therapy/support programs.

## **DISCHARGE GOALS**

1. Feelings of anger, hostility resolving.
2. Assertive techniques being learned and used.
3. Self-esteem increased.
4. Client/family involved in therapy programs.
5. Plan in place to meet needs after discharge.

**NURSING DIAGNOSIS ANXIETY [moderate to severe]**

**May Be Related to:**

Unconscious conflict; unmet needs; threat to self-concept

Difficulty in asserting self directly; feelings of resentment toward authority figures

**Possibly Evidenced by:**

Difficulty resolving feelings/trusting others

Passive resistance to demands made by others

Extraneous movements: foot-shuffling, hand/arm movements

Irritability, argumentativeness

**Desired Outcomes/Evaluation Criteria—  
Client Will:**

Define and use effective methods for decreasing anxiety.

Demonstrate effective problem-solving skills.

Report anxiety is reduced to a manageable level.

Use resources effectively.

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**ACTIONS/INTERVENTIONS**

**RATIONALE**

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**Independent**

Encourage direct expression of feelings. Help client to recognize when open, honest feelings are not being expressed.

Client has established a pattern of expressing feelings indirectly through covert aggression. Needs to learn to express feelings directly as they occur.

Explore situations that lead to feelings of anger, hostility. Discuss possible causes.

Client needs to gain insight into areas that cause resentment and anger in order to plan resolution.

Examine feelings toward authority figures. Discuss how these feelings come about.

Authority figures are a common target for client's aggression. May have started in early childhood, leaving multiple unresolved conflicts.

Assist client to be in tune with own feelings and increasing internal anxiety. Encourage journaling.

Client is often unaware that responses are consequences of anxiety. Therapeutic writing can help client become aware and identify feelings.

Discuss fears concerning intimate relationships. Does client feel betrayed by significant other(s)?

Inability to trust is a significant problem for this client. Examining situations in past provides opportunity for insight.

Review how the inability to express feelings has resulted in covert acting-out behaviors.

Important for establishing the correlation between hostility and covert maneuvers.

Aid client in establishing a possible cause-and-effect relationship of “forgetfulness,” dawdling, procrastination, etc. to internal resentment toward the person making demands.

Encourage client to recognize need to act-out with covert aggression to “get back” at others. Together develop effective methods to alter response.

Support verbalization of feelings in an assertive manner instead of using flight response.

Discuss client’s fears regarding new assertive behaviors. Help define ways to alleviate these fears. Role-play anticipated situations.

Explore with client how often anger is displaced onto others because client believes the real target of the anger cannot be approached.

Explain “pressure cooker” effect of “stuffing” feelings.

Define methods of expression that effectively control anxiety (e.g., relaxation, use of “I-messages”).

Give positive feedback for new behaviors. Discuss any needed modifications.

Involve family/SO(s) in treatment plan and practice (role-play) sessions.

Important for heightened awareness of own feelings and behaviors manifested.

Client is not always aware of own feelings/needs, and assistance in redirecting aggression can help client to change behaviors.

Client needs to learn to face issues directly, using assertive techniques.

Self-assertion is a new experience for this client. Discussing fears about self-assertion and participating in role-play help to diminish these fears.

Reinforces need for client to deal directly with target of feelings.

This individual usually has established a lifelong pattern of internalizing feelings, and this eventually leads to exploding inappropriately. Education is necessary to understand relationships between/among thoughts, feelings, and behavior.

This is a new approach for the client, who therefore needs guidance in learning effective anxiety control.

Provides reassurance and encourages repetition of newly learned skills. Client may have difficulty trusting own judgment.

Longstanding patterns of interaction need to be changed to enable client and SO(s) to develop new style of communication/behavior.

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## **NURSING DIAGNOSIS**

### **May Be Related to:**

### **Possibly Evidenced by:**

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## **COPING, INDIVIDUAL, ineffective**

Inability to cope, problem-solve; inadequate coping method (does not use self-assertive behaviors)

Personal vulnerability

Unrealistic perceptions; unmet expectations

Lack of recognition of relationship between passive-aggressive behaviors and internal anxiety

Use of maladaptive, temporary relief behaviors that do not last or really satisfy; lack of assertive behaviors

Real issues remaining unaddressed and unresolved

Maneuvers such as dawdling, procrastination, stubbornness, forgetfulness, habitual tardiness

**Desired Outcomes/Evaluation Criteria—  
Client Will:**

Difficulty meeting basic needs  
Alteration in societal participation

Identify ineffective coping behaviors and consequences.

Develop and implement repertoire of coping strategies that are based on problem-solving techniques and that provide effective relief of conflicts.

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**ACTIONS/INTERVENTIONS**

**RATIONALE**

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**Independent**

Discuss present patterns of coping and evaluate their effectiveness.

Client needs to recognize pattern and see that current coping methods do not bring positive results.

Help client identify how passive-resistant behaviors are maladaptive relief behaviors.

Needs to associate behaviors with an attempt to gain relief from anxiety and hostility.

Confront client with what needs the behaviors are really serving when forgetfulness and procrastination are used.

Confrontation heightens awareness of problem, of providing stimulus for change to get needs met in more constructive ways.

Review what unmet needs are and why present coping patterns do not afford lasting relief.

Brings to light that client's needs are really not being satisfied.

Discourage client from justifying current automatic relief behaviors. Point out the inadequacies of these behaviors.

Client will have difficulty changing old behaviors and has already spent a lifetime justifying them to self.

Encourage client to identify examples of situations when the client felt imposed upon or angered but did not speak up. Discuss alternate ways to handle those situations.

Promotes understanding that avoidance of dealing directly with anger often leads to a negative outcome. Realization is crucial to learning new coping skills.

Suggest client ask family members/SO(s) to verbalize when they feel imposed on or angered by client's behavior.

Helps develop new awareness and opportunity to change old ineffective ways of responding.

Ask client to discuss how it feels when others are habitually forgetful and do not keep commitments.

Developing empathy may help break this pattern.

Discuss importance of following through with what is promised. Give feedback on how passive-resistant behaviors affect others.

Client needs to realize how destructive the behaviors can be and how difficult it is to maintain intimate relationships with family/SO(s).

Provide information about problem-solving techniques to provide base for effective, satisfying coping behaviors.

Helps client learn to think through problems and arrive at well-thought-out solutions that are successful.

Give positive feedback when client demonstrates use of adaptive skills and makes suggestions for improvement.

Aids in reinforcing positive behaviors.

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**NURSING DIAGNOSIS****May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—****Client Will:****SELF ESTEEM, chronic low**

Retarded ego development

Unmet dependency needs; early rejection by significant other(s)

Lack of positive feedback

Lack of self-confidence; feelings of inadequacy, fear of asserting self

Dependency on others

Directing frustrations toward others by using covert aggressive tactics

Not accepting own responsibility for what happens as a result of maladaptive behaviors

Not verbalizing negative feelings and working through them.

Verbalize a sense of worthwhileness.

Use assertive, effective behaviors to interact with others.

Actively participate in program(s) to develop positive self-esteem.

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**ACTIONS/INTERVENTIONS**

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**RATIONALE****Independent**

Encourage client to describe self and perceived inadequacies and how these relate to others. Note whether client compares self to others and, if so, in what terms.

Assess client's self-concept. Determine if client is realistic about strengths and limitations.

Encourage client to make adjustments in thinking if expectations of self and others are unrealistic.

Discuss how evaluations by others might have negatively affected the client.

Explore past relationships. Determine if client feels let down or hurt by significant other(s).

Help client learn how to express feelings assertively (e.g., "I feel hurt, angry, rejected, discounted, etc.").

Negative self-image often comes from comparing oneself unfavorably to others.

May not have accurate perceptions of own strengths and shortcomings.

Cannot improve self-esteem if expectations are not realistic or achievable.

Individuals are often hypersensitive to others' comments and allow them to stick as a "label."

Client may be hanging on to old pain that needs to be worked through or let go.

Expressing feelings assertively is self-enhancing. This mode of interaction promotes more comfortable relationships.

Explain that willingness to take some risks by allowing others to get close is necessary, even though it may mean getting hurt.

Discuss specific objectives for self-improvement and enhancing relationships.

Encourage client to learn more about others to gain a clearer perspective of their motives and feelings.

Ask client to describe what is defined as success in others and perceptions of what made them successful, and compare with own life successes.

Explore how the desired attributes can be adopted and put into practice.

Encourage client to accept self with strengths and liabilities and learn to like self.

Taking risks and experiencing success can do much to enhance self-esteem. Likewise, knowledge that one can survive failure can enhance confidence in ability to handle difficult situations as they arise.

Client needs to take action on newly gained knowledge in order to achieve success.

Client uses defense mechanism of projection of own feelings on others. Anger and hostility can be diffused by gaining more information about others and their situations.

May already have qualities for success but has overshadowed them with negative feelings.

Helps client apply goals to daily life situations.

Self-acceptance is necessary to build self-esteem and improve relationships with others.

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**NURSING DIAGNOSIS****May Be Related to:****Possibly Evidenced by:****Desired Outcomes/Evaluation Criteria—  
Client Will:**

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**POWERLESSNESS**

Interpersonal interaction

Lifestyle of helplessness; dependency feelings

Difficulty connecting own passive-resistant behaviors with hostility or resentment

Experiencing conscious hostility toward authority figures

Releasing anger and hostility through others, who may become angry or suffer because of client's inefficiencies

Getting back at others through aggravation

Express sense of control over present/future outcomes.

Verbalize resolution of hostile feelings.

Use assertive (instead of aggressive) behaviors to deal with feelings, anxiety-producing situations, and interactions with others.

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## **ACTIONS/INTERVENTIONS**

## **RATIONALE**

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### **Independent**

Examine hostile feelings toward authority figures.  
Determine when this hostility began and what painful experiences have occurred because of those in authority.

A major dynamic for this personality disorder is resentment of authority and the resulting sense of powerlessness. It helps the nurse to know what experiences client has had that led to this situation, especially relationship with primary caregiver during early years, when client may have felt particularly helpless.

Explore areas of life in which client feels inadequate or has a sense of no control.

Provides insight into feelings, which is necessary for learning adaptive behaviors.

Identify covert aggressive behaviors used to gain control of others.

Increases awareness of mode of interaction used and attempts to maintain sense of own control.

Encourage verbalization of how feelings of anger, hurt, and loss of control relate to desire to strike out at others.

Enhances understanding of how use of covert aggression has become a pervasive pattern.

Provide opportunity to learn how to get needs met in an acceptable, assertive manner.

Promotes inner strength and adaptive functioning, enhancing sense of control.

Assist client to learn to listen to others and consider their feelings by putting self in their place.

Promotes empathy for others and sense of own self-worth.

Have client assist in developing treatment plan.

Aids in promoting a sense of control and involvement in own care/future. This sense of participation enhances cooperation.