

FEATURE



Steve Heigham considers the impact of passive-aggressive behaviour on the therapeutic relationship

In therapy practice, it is common for us to have to deal with anger issues, and work on anger management. One factor that can make this difficult, I have found, is when anger is hidden, where it may create complications that are difficult to unravel – this is commonly called passive aggression.

From experience, and searching the literature, it's difficult to tell how much of a problem passive-aggressive behaviour is, both in terms of how many people's lives it affects, and how much it interferes in the therapy process. This seems to be so for several reasons: firstly, because almost everyone has some passive-aggressive traits, which come out as a reaction to particular situations, eg having an overbearing boss, and, quite rationally, keeping one's irritations to oneself and working round them in one way or another, including giving them the silent treatment and gossiping elsewhere. This makes it a somewhat normal behaviour. However, this is usually only a temporary strategy, and is noticeably uncomfortable for most people.

Secondly, society, particularly in the UK and the US (where the term seems to be in more common usage) tends to affirm passive aggression for covering hostility with a polite façade, to seemingly fit in and enable people to get on smoothly. But, for quite a lot of people, this produces real difficulties in fulfilling potential in life, and may greatly affect their ability to form long-lasting, trusting, intimate relationships. This is because acting out 'hidden' anger in a surreptitious way generally produces cycles of evasion and stubbornness that backfire in the end, producing strong reactions. A third reason is that the subject has been researched using different titles, for example, 'indirect aggression', 'relational aggression'

and 'hidden anger', which makes it harder to get a clear picture.¹

Passive aggression, as a personality trait or pattern of behaviour, tends to produce self-defeating cycles that are often only noticeable in relation to particular areas of someone's life: most frequently career or intimate and family relationships. In these areas, the pattern will usually carry on for a long time, often for life, with varying intensity throughout the lifespan. It is far less common to come across clients who have all the symptoms that might meet the diagnosis for a personality disorder, and whose lives are likely to be dysfunctional on many levels.²

In such cases, the personality disorder may be shared with other family members, which can produce stand-offs that may last for years, and even decades. I have experienced this in one family, where it negatively affected the education and life chances of both the mother and the son. Confusingly, they had been assessed by various mental health agencies, but the problem of passive aggression had not been specified, which may have been due to issues of clinical definition: passive aggression was included in the classification of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) up to the 1990s, and was then reclassified, and is not listed in DSM-5 at all.

Interestingly, despite this inconsistency, passive-aggressive behaviour has been shown to be fairly highly related to several other mental health conditions, some of which are classified, and some not. For example, it is often seen as similar to having an avoidant attachment style, where the wish for attachment may still be strong but highly constrained by a need to avoid uncomfortable feelings. But it is not so

related to avoidant personality disorder, where the sufferer avoids relationships in a more global sense.²

Developmental factors

There is a lack of research that explains the developmental factors that might result in passive aggression, and how it is maintained, even though it tends to produce damaging effects over time in a person's life. It seems that, as with most personality traits, quite a lot of the predisposition to behave in this way may be inherited, with heritability rates of around 0.5–0.6 for most of the traits described in the 'five-factor model', which is commonly accepted by psychologists as an agreed basis for research into human personality.³

Research also shows that certain harsh, strict, confusing parenting styles play a large part in the early formation of this defence reaction, often from experiences before the age of four years old. Consequently, as it

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Silent treatment

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Steve Heigham is a psychotherapist in private practice and a lecturer in counselling at University College Weston. He is a member and ex-Chair of the BPS Psychotherapy Section. His research interests are in evolutionary, community and climate change psychology.
psychologyoftheevolvedmind.co.uk

often develops at either a preverbal level, or before memory patterns are fully established, it is often experienced as an unconscious urge that is difficult to become aware of.⁴ According to one leading author, passive aggressors experience anger '...as an enemy, to be avoided at all costs', so hiding, obscuring and storing anger is experienced at a visceral level as a split-second aversion, which is not under conscious control.⁴

This makes it difficult to pick up on, both for the passive aggressor and for other people, including therapists, partly because of the instantaneousness of the reaction, but also because it is seldom the presenting issue that brings a client into therapy. The problem is more often the fallout from the behaviour, probably through difficulties in long-term relationships, or at work, where this has created feelings in others around the passive aggressive individual of being on an emotional rollercoaster. Involving others in acting out the hidden anger tends to have the effect of controlling the emotional responses of others.

Another part of the difficulty around discerning and defining the reaction in such cases is that people with passive-aggressive traits nevertheless have deep needs and wishes to be loved, cared for, and recognised as successful at work. However, the need for

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independence and the avoidance of dependence, is an overall more important driving force, leading them to sacrifice being loved or successful for being and feeling triumphal. This has been the most common way it has manifested in my practice. I have had several cases that ended abruptly, but with no logical explanation as to why the emotional ambience had suddenly switched, which led me to research the subject. I have since begun to predict when this is likely to happen, and take a step back to spend time exploring the dynamics of the situation from different points of view.

A triggered reaction

So passive aggression does not usually exhibit as a permanent way of behaving towards everyone in a person's life, but is typically triggered as a reaction to fairly well-defined issues. In the literature, the most frequently quoted issues are often connected with situations where there is perceived comparative deprivation – having to put up with less affection, attention, prestige, leisure opportunities or money, being typical examples.⁵

Again, these are fairly normal things for people to react to, especially in the current climate of 'fear of missing out' (FOMO) on social media. But it is in reacting by storing the anger and hurt, and acting it out surreptitiously that is different, rather than complaining loudly and widely, as many of us are more prone to do. The most typical situation that elicits this reaction in my experience is competition over affection in a relationship, where it engenders feelings of rejection and abandonment that seem disproportionate. This great sensitivity is a fear of feeling controlled. Dependence on others, partners in particular, is experienced as threatening, especially when situations arise where they need someone else to help them out.

Domestically, typical triggers may be over issues of neatness, cleanliness and tidiness, which, though typical of most households, can be exaggerated by the issue being 'held over' and never actually brought out in a straightforward confrontation and resolved. More often, the person indicates that they are annoyed, but then delays disclosing the content of their anger, therefore inducing more anxiety on the part of the partner.

Such feelings are also often experienced over issues at work, for instance over promotion or unfair treatment, where the anxiety engendered, and irritation at the perceived unfairness, leads to either not going for the promotion in the first place – leading to underachievement of potential – or long-held resentments, frostiness and attempts to undermine colleagues.

How it shows

The main, most immediately noticeable behaviour in the trigger situations described above is avoidance. Often the person using passive aggression removes themselves in a slightly hostile withdrawal/distancing stance; in the literature, this is often referred to as 'the silent treatment'.⁶ Withdrawal can also be expressed socially in other ways, predominantly as 'seething' – holding feelings and tension in and expressing them at the same time through non-verbal ways, such as rolling of the eyes, shrugging of the shoulders and holding a slightly superior smile. Other authors also see it as being expressed in passive-aggressive questioning that implies blame; giving out excessive kindness; insincere sharing of feelings; seemingly 'constructive' criticism, making hostile associations in other people's behaviour; and overuse of irony and sarcasm.⁶

These sorts of behaviours were well illustrated in several of the social games that Eric Berne wrote about so elegantly in *Games people play*;⁷ when a seemingly innocuous conversation leads to a perplexing denouement after the 'game' takes an unexpected turn, generally leaving the victim confused, but not so directly offended that they end the relationship or terminate the employment. What makes bringing clarity to such incidents difficult is that when such behaviour is confronted, it is likely to elicit seemingly sincere retractions, rather than a full apology and explanation. For instance, giving an excuse of 'being too busy' may be used to disguise procrastination and dismissiveness of others' demands.

When challenged, passive aggression may be expressed in a tendency to eliminate information contrary to a certain held position, selectively referring to only one set of possible truths in a situation, and citing social approval to prove the rationality of this position. With independence being such an





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important issue, passive aggression may also be expressed through many different strategies of relational self-denial and self-deprivation: doing without sex, affection, promotion and relaxation, for instance.

What we might experience in therapy is also complicated by the fact that, according to several authors, there are several different ways that clients act out their hidden anger.⁵ Most of the examples quoted so far are of the more ‘hypervigilant’ type, with a tendency to high sensitivity around independence, jealousy and disloyalty, including seeing hidden meanings in others’ speech and intentions. These are the types of difficulties I have experienced most often in practice, where I have needed to encourage empathy towards others in a fairly direct, conscious way for the client to see that some incidents in life are more innocent, and not pointed. Another variety is seen as obsessive/compulsion, with a tendency to do and undo things – decisions, social arrangements and life plans, without much consideration of others. Indeed, a fairly sudden switching on and off of empathy to others is a general symptom of all passive aggression. A third style described is the histrionic, which usually involves more envy and teasing – promising much, but then invalidating and abandoning later, often in a swift and fairly inexplicable way.⁵

How passive aggression tends to interfere with the therapy process

As said before, passive aggression is seldom the presenting problem in therapy, otherwise we would all have heard and read more about it. In fact, it may be difficult to spot, as clients can often tend to obscure their own intention of anger avoidance by defensive ‘reaction formation’ – denying emotionality over key issues; this generally means that they can continue to see themselves as being the nice, empathic, caring people they want to be known as, and which they very well may be in many other situations in life. They know how to make all concerned, their therapist included, believe that their actions are second, not first strike, and are provoked, not initiated.⁵

This may lead to therapists overlooking some ingrained negative resistance that continues over time, seeing the client as merely slow in learning a new skill, such as assertiveness, which may lead to therapeutic failure or stuckness. Insight that is gained through therapy may also not bring relief or change, as the reaction is often felt as a gut reaction, rather than at conscious, decisional level. This suggests that CBT-type treatments may be more successful overall, by focusing on the instant negative thoughts that drive the avoidance of difficult feelings, but this usually only works if the client has enough insight already to see that this will help them.²

Therapists working with body awareness and non-verbal signalling find that this is useful in seeing discrepancies between what is being said and done in sessions, and in guardedness over emotions that might be expected in the situation.⁸ Other approaches that have been found to be useful in working with passive aggression are based on the learning of diplomatic assertiveness skills, both by the perpetrator and the victim, working towards a mutual acceptance, and enhancing communication styles around difficulties.⁵ However, it has to be said that, overall, what we do know about passive aggression is very often from failures in therapy; this is a subject not talked about much in therapy literature, but is beginning to be seen as a very fruitful line of future research, which has been pursued by several authors recently.⁹

In practice, I have found myself working with victims of others’ passive aggression, which is in itself not an easy task to unravel. In the course of their entanglement, they may often have developed their own reaction formation to what happened to them, and may very well have used passive-aggressive strategies themselves to try to counter the influence of the partner, family member, boss or colleague who has wound them up. This has often been over an extended period before they present for therapy, where they have frequently been angry and confused, including being angry at themselves for the part they played, and feeling betrayed without explanation. Again, the best treatment approach is to work with the effects as a deep and complicated grief process, in several stages, leading to the potential for healing, through self-learning and compassion.

Conclusion

It would be nice to wrap this summary up with more certainty and clarity for treatment, but, predictably, this would be misleading, as every case is so individual. I simply hope that I have raised some awareness of this subject as an under-researched issue in therapy. This may be particularly helpful to readers in cases where a more logical explanation has failed, or where you, as a therapist, are finding it hard to know where to look for guidance, and where your own reactions to the client feel ambiguous and puzzling. ●

YOUR THOUGHTS, PLEASE

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