

Passive-Aggressive Behavior: Decoding the Hidden Conflict

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Passive-aggressive behavior, a personality trait, is passive, sometimes obstructionist resistance to following through with expectations in interpersonal or occupational situations. It is a personality trait marked by a pervasive pattern of negative attitudes and passive, usually disavowed resistance in interpersonal or occupational situations.

It can manifest itself as learned helplessness, procrastination, stubbornness, resentment, sullenness, or deliberate/repeated failure to accomplish requested tasks for which one is (often explicitly) responsible.

Signs and symptoms

The book *Living with the Passive-Aggressive Man* lists 11 responses that may help identify passive-aggressive behavior:

Ambiguity or speaking cryptically: a means of creating a feeling of insecurity in others or of disguising one's own insecurities.

Chronically being late and forgetting things: another way to exert control or to punish.

Fear of competition

Fear of dependency

Fear of intimacy as a means to act out anger: The passive-aggressive often cannot trust. Because of this, they guard themselves against becoming intimately attached to someone.

Making chaotic situations

Making excuses for non-performance in work teams

Obstructionism

Procrastination

Sulking

Victimization response: instead of recognizing one's own weaknesses, tendency to blame others for own failures.

A passive-aggressive person may not display all of these behaviors, and may have other non-passive-aggressive traits.

Diagnostic criteria (DSM-IV Appendix B) and personality disorder

Passive-aggressive personality disorder was listed as an Axis II personality disorder in the DSM-III-R, but was moved in the DSM-IV to Appendix B (Criteria Sets and Axes Provided for Further Study") because of controversy and the need for further research on how to also categorize the behaviors in a future edition. As an alternative, the diagnosis personality disorder not otherwise specified may be used instead.

The DSM-IV Appendix B definition is as follows:

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

Does not occur exclusively during major depressive episodes and is not better accounted for by dysthymic disorder.

Diagnostic criteria (ICD-10)

The World Health Organization's ICD-10 lists passive-aggressive personality disorder under (F60.8) Other specific personality disorders.

It is a requirement of ICD-10 that a diagnosis of any specific personality disorder also satisfies a set of general personality disorder criteria.

Millon's subtypes

Theodore Millon identified four subtypes of negativist (passive-aggressive). Any individual negativist may exhibit none or one of the following:

circuitous negativist - including dependent features
abrasive negativist - including sadistic features
discontented negativist - including depressive features
vacillating negativist - including borderline features

Causes

Passive-aggressive disorder may stem from a specific childhood stimulus (e.g., alcohol/drug addicted parents) in an environment where it was not safe to express frustration or anger. Families in which the honest expression of feelings is forbidden tend to teach children to repress and deny their feelings and to use other channels to express their frustration.

Children who sugarcoat their hostility may fail to ever grow beyond such behavior. Never developing better coping strategies or skills for self-expression, they can become adults who, beneath a seductive veneer, harbor vindictive intent. Martin Kantor suggests three areas that contribute to passive-aggressive anger in individuals: conflicts about dependency, control, and competition.

Treatment

Kantor suggests a treatment approach using psychodynamic, supportive, cognitive, behavioral and interpersonal therapeutic methods. These methods apply to both the passive aggressive person and their target victim.

History

Passive aggressive behavior was first defined clinically by Colonel William Menninger during World War II in the context of men's reaction to military compliance. But noncompliance is not indicative of true passive-aggressive behavior, which is the manifestation of emotions that have been repressed based on a self-imposed need for acceptance.

In the first version of the Diagnostic and Statistical Manual of Mental Disorders, DSM-I, in 1952, the passive-aggressive was defined in a narrow way, grouped together with the passive-dependent.