

PASSIVE-AGGRESSIVE PERSONALITY

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October 10, 2025

RECOMMENDED CITATION

mohammad looti (2025). *PASSIVE-AGGRESSIVE PERSONALITY*. PSYCHOLOGICAL SCALES. Retrieved from <https://scales.arabpsychology.com/?p=41130>

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Primary Disciplinary Field(s): Psychology, Psychiatry, Clinical Behavior

1. Core Definition and Diagnostic Context

The term **passive-aggressive personality** describes a personality trait disturbance characterized by a deep-seated failure to achieve adequate psychological balance between opposing forces: specifically, the conflict between **dependence and independence**, and the conflict between **aggressiveness and submissiveness**. This underlying struggle manifests in pervasive patterns of immaturity, particularly regarding responsibility and direct emotional expression. The defining feature of this pattern is the expression of hostile or negative feelings not through overt confrontation, but through indirect, non-cooperative behaviors.

Individuals exhibiting this pattern resist demands for performance or compliance through covert resistance. Instead of voicing disagreement or anger openly, they channel their hostility passively via actions such as intentional procrastination, inefficiency, stubbornness, or calculated forgetfulness. This method allows the individual to express significant resentment toward authority figures or associates while simultaneously avoiding the consequences associated with open conflict, thus preserving a defensive façade of compliance or helplessness. The goal, often unconscious, is to frustrate others and exert control by obstruction.

Historically, the passive-aggressive pattern has held a contentious place in diagnostic classification systems. Although once formalized as a distinct personality disorder (Passive-Aggressive Personality Disorder, or PAPD) in earlier editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), it was later declassified as a standalone disorder due to significant overlap with other personality constructs and issues regarding reliable clinical differentiation. In current usage, the pattern is often understood as a collection of maladaptive traits within a dimensional model of personality, yet it remains a critical descriptive concept for understanding certain pervasive characterological disturbances.

2. Key Characteristics of Passive-Aggressive Reaction

The clinical description of the core **passive-aggressive reaction type** focuses on specific behavioral manifestations that serve as outlets for repressed hostility. These individuals typically harbor hostile urges that are relatively close to conscious awareness, yet they consistently express them through a filtered lens of dissatisfaction and covert obstruction. They often present with a habitually **sullen, disgruntled attitude**, signaling constant internal resistance and dissatisfaction to those around them.

A central characteristic involves actively obstructing the wishes or expectations of others through

non-action or deliberately ineffective action. This behavioral repertoire includes habitual **postponing decisions**, delaying the completion of required tasks, or feigning incompetence when faced with responsibility. By taking ineffective action or failing to act altogether, they achieve an unconscious expression of anger against the individual or institution demanding the behavior. This avoidance mechanism allows them to deny any malicious intent, maintaining that their failures are due to external factors, poor memory, or general inability.

Furthermore, their hostility may manifest as **chronic complaining**. These complaints are often generalized, focusing on perceived unfairness, systemic failures, or the faults of others, rather than addressing specific, actionable problems. This perpetual negativity serves to externalize their inner turmoil and resentment, preventing them from acknowledging or taking responsibility for their own aggressive impulses. Associates often find themselves intensely frustrated by the lack of direct communication and the impossibility of resolving conflicts where the source of opposition is always indirect and deniable.

3. Etiological and Developmental Factors

The development of the passive-aggressive personality pattern is widely linked to specific experiences in early childhood, particularly those involving repressive or dominant parental figures. The source content notes that these behaviors can often be traced back to **suppressed anger** against an **overdemanding and over-critical father** or other dominant caregivers. In such environments, the open expression of aggression or defiance is met with severe punishment or rejection, teaching the child that direct opposition is dangerous or ineffective.

In reaction to this environment, the child adopts a strategy of repressing their resentment and becoming oversubmissive on the surface. However, the deeply felt anger does not dissipate; instead, it is internalized and finds alternative, indirect routes for expression. The adult pattern thus reflects a continuation of this defensive coping mechanism: maintaining superficial compliance while using subtle resistance (such as missed deadlines or procrastination) as the primary means of exerting power and expressing hostility toward authority.

Crucially, the conflict between dependence and independence is foundational to this etiology. The individual often possesses strong, unconscious feelings of dependence rooted in their upbringing, yet they fiercely resent the control inherent in that dependency. The passive-aggressive adult seeks to force others to take responsibility for them (fulfilling the dependency need) but then punishes those responsible figures by frustrating them through obstruction, thereby satisfying the aggressive impulse and achieving a temporary sense of control over the relationship dynamic.

4. Related Personality Reaction Types

The academic understanding of personality trait disturbances frequently contextualizes the

passive-aggressive type alongside other reaction patterns that represent different methods of managing the underlying conflicts of dependence and aggression. These three types collectively illustrate a spectrum of how individuals internalize and express their hostile and dependent needs.

The Passive-Dependent Reaction Type

This type represents a behavioral pattern where aggression is almost entirely repressed in favor of extreme submission. Individuals are characterized as **timid, helpless**, and entirely lacking in self-confidence, often depending completely on others for decision-making and reassurance. Their developmental history often involves reacting to dominant parents by adopting a completely submissive stance, thereby neutralizing the perceived threat of the authority figure.

In adulthood, while they avoid all open expression of anger, their hostile impulses gain an unconscious outlet through their extreme reliance. By making **excessive demands** and forcing others to assume total responsibility for their lives, their dependency itself becomes a tool of covert aggression. They drain and frustrate their caregivers, exacting an unconscious toll that serves as retribution for their feelings of helplessness and repressed resentment.

The Actively Aggressive Reaction Type

The actively aggressive type stands at the opposite end of the spectrum, characterized by the surfacing of resentment and hostility. These individuals typically possess a constant "chip on their shoulder" and react to frustration with immediate, open irritation, **hostility**, and sometimes violence. They reject indirect methods, preferring to express their antagonism through overtly aggressive acts.

Aggressiveness may manifest in caustic remarks, protracted arguments, or intense, cutthroat competition, even in the absence of significant provocation. They frequently rebel against external authority figures while simultaneously attempting to assume unwarranted authority over others. Paradoxically, the extreme aggression in this type is usually interpreted as an extreme counter-reaction to deep-seated, **unconscious feelings of dependency**. Their early history often reflects direct, open hostility toward authority figures, suggesting that their aggressive stance is a defense mechanism against perceived vulnerability.

5. Interpersonal Dynamics and Communication Breakdown

The communicative style adopted by the **passive-aggressive personality** is inherently dysfunctional, leading to profound strain in personal and professional relationships. Since the individual avoids direct communication of negative emotions, their dissatisfaction is communicated through silence, stonewalling, or behavioral sabotage. This ambiguity is highly detrimental to intimacy and trust.

In workplace settings, the passive-aggressive employee might agree to a task in a meeting but then fail to deliver, offering plausible excuses that mask intentional avoidance. This dynamic, known as "crazy-making" behavior, occurs because the associate or partner experiences genuine anger and frustration, yet the passive-aggressive individual consistently denies responsibility or malicious intent, often suggesting the other person is too demanding or irrational. This denial shields the passive-aggressive individual from accountability while successfully displacing the emotional burden onto the frustrated party.

Ultimately, these dynamics reinforce the individual's core sense of victimhood. As relationships break down or associates withdraw due to repeated frustration, the passive-aggressive person perceives this as further evidence that the world is unfair or that others are unreasonable. This cyclic pattern maintains and strengthens the underlying feelings of resentment and justifies the continuation of passive-resistant behaviors.

6. Current Clinical Status and Debate

The clinical status of passive-aggressive personality has been subject to considerable debate since its formal recognition in psychiatry. While it offered a precise descriptor for a frequently observed clinical pattern in the DSM-III-R, its subsequent removal as a distinct diagnosis in the DSM-IV reflected concerns regarding its poor reliability and high comorbidity with traits found in dependent, narcissistic, and borderline personality patterns.

Current diagnostic practices (such as those guided by the DSM-5) often recommend that clinicians assess these behaviors dimensionally, focusing on the specific maladaptive traits--such as antagonism (hostility) and detachment (withdrawal)--rather than categorizing them under a discrete disorder. If the passive-aggressive traits are clinically significant and pervasive but do not meet the criteria for another specific disorder, they are typically categorized as an "Other Specified Personality Disorder."

Despite its formal removal, many practitioners continue to argue for the clinical utility of the passive-aggressive descriptor, noting that it captures a unique interplay between dependency, control, and covert hostility that is essential for effective therapeutic intervention. The ongoing debate centers on the tension between categorical precision required by diagnostic manuals and the descriptive richness valued by psychodynamic and interpersonal therapists.

7. Further Reading

[Passive-aggressive behavior \(Wikipedia\)](#)

[Passive Aggression: Definition and Examples \(Psychology Today\)](#)

[What Are Personality Disorders? \(American Psychiatric Association\)](#)