

Passive-Aggressive

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1. Core Definition and Conceptual Framework

The term **passive-aggressive** describes a pattern of behavior characterized by the indirect expression of negative feelings instead of direct confrontation. This form of aggression is covert, subtle, and often manifests as resistance, obstructionism, or hostility that is not openly acknowledged or stated. Unlike direct aggression, which involves overt anger or confrontation such as yelling or physical violence, passive-aggressive behavior allows individuals to express their opposition, resentment, or anger without having to engage in a direct conflict, which they may fear or feel unable to manage.

At its essence, passive-aggression is a maladaptive coping mechanism where an individual avoids the discomfort of direct communication about their displeasure or disagreement. Instead, they choose a circuitous route to express their negative emotions, often leaving the recipient confused, frustrated, or subtly undermined. This indirectness can range from subtle non-compliance to more deliberate acts of sabotage, all designed to exert control or express hostility without taking responsibility for the aggressive intent. The core dynamic involves a discrepancy between what a person says or appears to do, and their actual underlying feelings or intentions, creating a disorienting and often damaging interactional pattern.

A common illustration of passive-aggressive behavior, as seen in everyday interactions, involves the intentional "forgetting" or delay of tasks. For example, if an individual is angry at their spouse for asking them to pick up several specific ingredients for dinner, they might "somehow forget" a couple of crucial items, making the preparation of the meal impossible or significantly more difficult. This act, while appearing to be an oversight, subtly expresses the individual's anger and resistance without a direct verbal confrontation. The spouse is left to deal with the consequences of the "forgetfulness," while the passive-aggressive individual avoids being directly blamed for their anger or non-compliance, thereby sidestepping potential conflict while still achieving a measure of retaliation or control.

2. Historical Development and Etymology

The concept of **passive-aggressive behavior** has roots in psychoanalytic theory and was first formally recognized in a clinical context during World War II. American psychiatrist Karl Menninger and his colleagues observed soldiers who exhibited passive resistance to military demands, characterized by behaviors such as sulking, procrastination, obstinacy, and inefficiency, rather than overt defiance. Menninger identified these behaviors as a manifestation of underlying aggression that could not be expressed directly due to the hierarchical and punitive military environment. He

initially termed these behaviors as "passive-aggressive reactions" to stress.

The term gained formal recognition in the psychiatric community with its inclusion in the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-I) in 1952, under the category of "Passive-Aggressive Personality Disorder." This initial conceptualization linked passive-aggressive traits to personality disturbances, suggesting a pervasive pattern of behavior rather than an isolated incident. The understanding evolved through subsequent editions of the DSM, with refinements in criteria and theoretical underpinnings, reflecting ongoing debates within the field about the nature and classification of personality disorders.

By the DSM-III-R (1987), Passive-Aggressive Personality Disorder was defined by a pervasive pattern of negativistic attitudes and passive resistance to demands for adequate performance in social and occupational situations. However, its status as a distinct personality disorder became increasingly contentious. The criteria were often criticized for being too broad, overlapping with other personality disorders, and for potentially pathologizing common human behaviors rather than genuine psychopathology. This led to significant discussions about whether passive-aggressive behaviors represented a discrete disorder or a symptom cluster observable across various psychological conditions.

3. Key Characteristics and Manifestations

Passive-aggressive behavior encompasses a wide array of actions and inactions, all united by their indirect and covert expression of hostility or resistance. These manifestations typically serve to frustrate, annoy, or undermine others without the passive-aggressive individual having to openly claim responsibility for their negative intentions. One of the most common characteristics is **procrastination**, where tasks are delayed, done poorly, or simply not completed, often despite explicit promises or expectations. This isn't just accidental delay; it's often a deliberate, albeit unstated, act of resistance to a demand or a person.

Other key characteristics include **intentional inefficiency** and **forgetfulness**, where tasks are performed incorrectly or crucial details are "forgotten," leading to negative consequences for others. This can be seen in the earlier example of "forgetting" dinner ingredients. Furthermore, individuals may exhibit **sullenness**, **obstinacy**, or a general **"moping" attitude**, often coupled with a refusal to communicate openly about what is bothering them. This creates an atmosphere of tension and discomfort for those around them, forcing others to try and discern the source of the displeasure, while the passive-aggressive individual maintains a victim stance or feigns ignorance of their impact.

Covert Obstructionism: Actively but subtly working against the efforts or goals of others, often through non-compliance, deliberate mistakes, or withholding information.

Feigned Compliance: Agreeing to perform a task but then failing to follow through, or doing so in

a way that is clearly insufficient or deliberately sabotaging.

Backhanded Compliments: Statements that appear to be praise but contain a subtle insult or criticism, designed to undermine the recipient (e.g., "That dress actually looks good on you, for a change").

Sulking and Silent Treatment: Withdrawing communication and emotional engagement as a form of punishment or to express displeasure without verbalizing it. This leaves the other person feeling guilty, confused, or dismissed.

Chronic Lateness or "Forgetting" Obligations: Consistently arriving late or missing appointments, not due to genuine forgetfulness, but as an indirect expression of disrespect or resistance to control.

Victim Mentality: Portraying oneself as unfairly treated, misunderstood, or helpless, thereby deflecting responsibility for one's actions or inactions and garnering sympathy.

Blaming Others: Shifting responsibility for failures or problems onto others, even when the passive-aggressive individual's actions were the primary cause.

The covert nature of these behaviors makes them particularly insidious and difficult to address directly. Because the aggression is never overtly expressed, the passive-aggressive individual can deny any hostile intent, leaving the target feeling confused, gaslighted, and unable to directly confront the issue. This creates a cycle of frustration, as the direct approach is often met with further denial or a "poor me" attitude, reinforcing the indirect communication pattern.

4. Psychological Underpinnings and Dynamics

The psychological mechanisms underlying **passive-aggressive behavior** are complex, often rooted in an individual's upbringing, personality structure, and learned coping strategies. A primary driver is typically a profound fear of direct confrontation or expressing anger openly. This fear can stem from early experiences where direct expression of negative emotions was punished, shamed, or ignored, leading the individual to believe that direct anger is dangerous, ineffective, or leads to rejection. Consequently, they develop indirect methods to assert their will or express dissent.

Another significant factor is the presence of **repressed anger or resentment**. Individuals who consistently suppress their anger, perhaps due to societal expectations, personal insecurities, or a desire to be perceived as "nice" or agreeable, often find that this unexpressed emotion manifests in passive-aggressive ways. The indirect actions serve as an outlet for this bottled-up hostility, providing a sense of relief or control, even if it is maladaptive in the long term. This can also be linked to a lack of emotional intelligence or the inability to articulate feelings effectively.

Furthermore, passive-aggressive behavior can be a way to exert **control** and maintain a sense of power in relationships where an individual feels powerless. By subtly frustrating others or obstructing their goals, the passive-aggressive individual can indirectly dictate outcomes or punish

perceived slights without openly engaging in a power struggle. This dynamic can be particularly prevalent in situations where there is a perceived or actual imbalance of power, such as in parent-child, employee-employer, or even romantic relationships where one partner feels dominated. The behavior serves as a defense mechanism, protecting the individual from perceived threats while allowing them to manipulate their environment.

5. Impact on Relationships and Social Environments

The pervasive nature of **passive-aggressive behavior** can have profoundly detrimental effects on personal, professional, and family relationships. In personal relationships, such as romantic partnerships or friendships, it erodes trust and fosters resentment. The constant ambiguity, the inability to address issues directly, and the feeling of being subtly sabotaged create an environment of emotional instability and frustration. The recipient of passive-aggression often feels confused, unheard, and gaslighted, as their concerns are frequently dismissed or denied by the passive-aggressive individual, leading to a breakdown in genuine communication and intimacy.

In professional settings, passive-aggression can significantly hinder teamwork, productivity, and morale. A team member who consistently procrastinates, "forgets" deadlines, or subtly undermines colleagues can disrupt projects and create a toxic work environment. Supervisors may find it challenging to manage such employees, as direct disciplinary actions are difficult to justify when the behavior is indirect and deniable. This can lead to increased stress for other team members, decreased overall efficiency, and a culture of mistrust, ultimately impacting the organization's goals and the well-being of its employees.

Within family dynamics, passive-aggression can perpetuate cycles of dysfunction. Children raised in environments where passive-aggressive communication is prevalent may learn this maladaptive coping mechanism themselves, carrying it into their adult relationships. It can prevent genuine emotional connection and resolution of conflicts, leading to long-standing grievances and unspoken tensions. The indirect nature of the aggression means that underlying issues are rarely addressed head-on, allowing problems to fester and recur, contributing to chronic family stress and individual distress among family members.

6. Diagnosis and Clinical Perspectives

From a clinical standpoint, the diagnosis and classification of **passive-aggressive behavior** have undergone significant evolution and debate. As mentioned, "Passive-Aggressive Personality Disorder" was included in the DSM-III-R (1987), outlining a pattern of negativistic attitudes and passive resistance. However, due to concerns about its distinctness from other personality disorders and its significant overlap with traits seen in various mental health conditions (e.g., depressive disorders, avoidant personality disorder), it was removed as a standalone diagnosis

from the main text of the DSM-IV (1994). Instead, it was relegated to Appendix B, "Criteria Sets and Axes Provided for Further Study," where it was re-conceptualized as "Negativistic Personality Disorder."

The decision to remove Passive-Aggressive Personality Disorder from the core diagnostic manual reflected a consensus that while the behaviors are real and problematic, they might be better understood as a symptom cluster or a coping style rather than a distinct, pervasive personality disorder. Clinicians often find that passive-aggressive traits co-occur with other diagnoses such as depression, anxiety disorders, or other personality disorders like Borderline Personality Disorder or Narcissistic Personality Disorder, where indirect manipulation can be a feature. This makes differential diagnosis crucial; a pattern of passive-aggressive behavior needs to be carefully evaluated to determine if it is a primary issue or secondary to another underlying condition.

Despite its removal from the primary diagnostic axes of the DSM-IV and subsequently the DSM-5, the term "passive-aggressive" remains widely used in clinical and popular discourse to describe the specific set of indirect aggressive behaviors. Clinicians still assess for these patterns when evaluating communication styles, interpersonal dynamics, and coping mechanisms in individuals seeking therapy. While not a formal diagnosis itself in the current DSM, understanding passive-aggressive tendencies is vital for effective treatment planning, particularly in addressing underlying issues such as fear of intimacy, unresolved anger, or maladaptive communication skills that contribute to these behaviors.

7. Management and Intervention Strategies

Addressing **passive-aggressive behavior** requires a multi-faceted approach, tailored to whether one is the individual exhibiting the behavior or the person interacting with them. For individuals who engage in passive-aggression, the primary intervention often involves psychotherapy, particularly cognitive-behavioral therapy (CBT) or psychodynamic therapy. These modalities help individuals identify the underlying fears and unresolved anger that fuel their indirect aggression. The goal is to develop healthier coping mechanisms, improve emotional regulation, and learn direct, assertive communication skills. This involves recognizing the negative impact of their behavior on themselves and others, and practicing expressing needs and feelings openly and respectfully.

For those interacting with a passive-aggressive individual, establishing clear and direct communication is paramount. It is crucial to address the behavior, not the person's character, and to articulate the impact of their actions. For example, instead of saying, "You're so passive-aggressive," one might say, "When you 'forget' to complete tasks we agreed upon, I feel frustrated and it impacts our ability to achieve our goals." Setting clear boundaries and consequences is also vital. If a task is not completed, there should be a clear, pre-discussed outcome, thereby removing the passive-aggressive individual's ability to deny responsibility for the consequences.

It is also important to avoid falling into the trap of becoming similarly indirect or engaging in a power struggle. Maintaining a calm, assertive, and consistent approach is key. This includes refusing to "decode" veiled messages, not accepting vague answers, and gently but firmly redirecting conversations towards clear, actionable requests or statements of feeling. Encouraging direct feedback and creating an environment where open communication is valued can gradually shift the dynamic, although this requires patience and persistence. In some cases, couples or family therapy may be beneficial to address systemic communication issues and foster healthier relational patterns.

8. Debates and Criticisms

The concept of **passive-aggression**, while widely understood and utilized, has been subject to considerable academic and clinical debate. A primary criticism, as highlighted by its removal from the main diagnostic categories of the DSM, revolves around its classification as a distinct personality disorder. Critics argued that the behaviors described as passive-aggressive are often symptomatic of other recognized conditions, such as depression, anxiety, or various personality disorders like Narcissistic or Borderline Personality Disorder, making it redundant or overly broad. There was also concern that labeling common human reactions to stress or conflict as a "disorder" could pathologize normal variations in coping styles.

Furthermore, the term "passive-aggressive" has faced criticism for its potential misuse and overuse in popular culture. It is often casually applied to anyone who exhibits indirect frustration or non-compliance, sometimes without a nuanced understanding of the underlying psychological dynamics. This colloquial usage can sometimes undermine its clinical meaning, making it difficult to differentiate between a pervasive, problematic behavioral pattern and isolated instances of indirect communication, which can occur in healthy individuals under stress. The term can also be used pejoratively, serving as an accusation rather than a descriptive tool, thereby hindering constructive dialogue about behavior.

Another area of debate concerns the cultural context of indirect aggression. What might be considered passive-aggressive in one cultural setting, particularly those that value direct communication, might be seen as a more acceptable or even polite form of communication in cultures that prioritize harmony, indirectness, or avoiding explicit confrontation. This highlights the importance of cultural sensitivity when evaluating such behaviors, as interpretations of what constitutes "aggression" or "passivity" can vary significantly across different societal norms and communication styles. These ongoing discussions underscore the complexity of defining and addressing human behavior that lies at the intersection of psychology, culture, and communication.

Further Reading

[Wikipedia: Passive-aggressive behavior](#)

[Psychology Today: Passive-Aggression](#)

[Verywell Mind: Understanding Passive-Aggressive Behavior](#)

[American Psychological Association \(APA\)](#)

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