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Research Article

“Perrotta Human Defense Mechanisms Questionnaire” (PDM-Q): The new psychodiagnostic tool to identify human psychological defense mechanisms and their clinical implications

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Abstract

Starting from the models proposed on the subject of defense mechanisms by Perry-Vaillant, Gleser-Ihilevich, Bond, Haan, Plutchik, Carver and Johnson-Gold, this research focuses attention on the need to respond to the need for a better structure than the current psychodynamic tools, in a functional framework, in terms of defense mechanisms, starting from the nosographic schemes of the *Perrotta Integrative Clinical Interviews (PICI-2)* and the emotional framework of the *Perrotta Human Emotions Model (PHEM)* that studies basic emotions and emotional-behavioral reactions. For this reason, with 24 closed multiple-choice narrative questions, on a 0-5 scale, the *Perrotta Human Defense Mechanisms Questionnaire (PDM-Q)* allows to identify which defense mechanisms the patient uses the most and their degree of functioning, starting from the central role of emotions. The paradigm at the basis of the PDM-Q (able to identify 24 defense mechanisms, in their 28 functional and 59 dysfunctional forms) is therefore to work directly on the emotional states and on the emotional-behavioral reactions of the patient to identify the individual defense mechanisms and their degree of functioning or habitual dysfunction, based on the factual circumstances.

Contents of the manuscript

Definition and historical profiles

The "human defense mechanisms", in the psychological field, are psychic processes, followed by a behavioral reaction, implemented by the ego to deal with difficult situations, to manage conflicts and to preserve its own functioning from the interference of disturbing, painful and unacceptable thoughts, feelings and experiences. These are mechanisms that: a) are activated as a result of a threat, presumed or real, automatically and therefore outside the sphere of awareness; b) consist of mental operations of a cognitive type, in order to ensure the

best possible adaptation; c) contribute to the stability, integrity and functionality of the personality structure; d) are clearly distinguished from each other, by function. The dysfunctionality or immaturity of one or more defense mechanisms must be evaluated on the basis of the age adequacy compared to the actual maturity, on the basis of the intensity of the measure compared to the consequences of the action and coping strategies, on the basis of the balance between opportunity, efficiency, effectiveness and cost-effectiveness of the defense mechanism actually intervened compared to the need and the actual or potential threat, and on the basis of the reversibility or otherwise of the action compared to the defensive function that was expected [1-4].

The "human defense mechanisms" have been analyzed and studied by several authors:

- 1) S. Freud considers them first as "unconscious operations for defensive purposes" (removal), then as "techniques of conflict management", identifying four main ones: removal, sublimation, displacement and reactive formation.
- 2) A. Freud, after thirty years of clinical and theoretical work, draws up a broad, though not exhaustive, classification of defense mechanisms, known as Hampstead Index.
- 3) Hartmann, exponent of ego psychology, states that defenses are operations carried out by the ego, using aggressive energy partially neutralized, that is depulsified.
- 4) Kernberg emphasizes the function of defensive mechanisms, not only aimed at conflict management, but also at the construction and development of the Self, at the representation of objects and the regulation of object relations.
- 5) Kohut supports the adaptive role of defenses, as they safeguard the integrity of the Self.
- 6) Vaillant is the father of the modern classification of defense mechanisms, author of one of the most important theoretical and empirical systematization. He argues that, in order for an operation to be defined as defensive, it is necessary that it has been consolidated over time and has taken on an adaptive function. The most adaptive defenses are those that allow a gratification of drives, minimizing the distortion of reality, while maladaptive ones are used at the price of a great distortion of reality. Perry, a few years later, hierarchizes defenses into seven distinct levels, by maturity (or adaptive) and immaturity (or maladaptive). The maladaptive potential of a defense depends on: exclusivity, in that a specific defense is employed in a repetitive, rigid and restricted manner; intensity, i.e., the quantitative impact of the defense; age appropriateness, since defenses may be more or less functional depending on the age of the subject and the stage of the life cycle; and context appropriateness. Therefore: a) The seventh defensive level is the highly adaptive level and includes defenses such as altruism, affiliation, repression, humor, and sublimation. These defenses promote functional, balanced, socially useful behaviors, allow for gratification, and often presuppose an awareness of feelings and their consequences; b) Obsessive defenses (6th level - retroactive avoidance, intellectualization, isolation of affect); c) Neurotic defenses (5th level - such as removal, dissociation, reactive formation, displacement); d) Narcissistic defenses (4th level - idealization, omnipotence, devaluation); e) Disavowal defenses (3rd level - denial, projection, rationalization); f) Borderline defenses (2nd level - projective identification and splitting); g) The

level of acting out (1st level), also called "acting out", which consists in facing stress with a direct and often impulsive action, implemented without worrying about the consequences. This is the case of a student who, after getting a bad grade in the interrogation, violently hurls the books; h) There is then a further level of defense, the zero level, which indicates a condition of failure of defensive regulation up to a break with reality. It includes psychotic denial, psychotic distortion and delusional projection.

The most widely used tools in psychodiagnostics for assessing human defense mechanisms are: [1,5].

- 1) **Perry's Defense Mechanisms Rating Scale (DMRS):** This is a measurement scale based on the "hierarchical model of defenses" studied by Vaillant since the 1970s. The scale tends to identify 28 defense mechanisms (from the most primitive to the most mature), hierarchically ordered in 7 defensive clusters: acting out, borderline, narcissism, denial, neurotic, obsessive and mature.
- 2) **Defense Mechanism Inventory (DMI) of Gleser and Ihilevich:** It is a projective test that, through the telling of ten stories, detects five defensive styles, such as: aggression, projection, falsification of reality, self-punishment behaviors, minimization of the severity of internal or external threats.
- 3) **Bond's Defense Style Questionnaire (DSQ):** This is an 88-item questionnaire on a 9-point Likert scale that detects 4 defensive styles: acting-out as passive aggression and projection; image distortion as splitting, primitive idealization, and devaluation; self-sacrificing as reactive training and pseudo-altruism; and mature defenses such as humor, suppression, and sublimation.
- 4) **Haan's Coping and Defending Scale (CDS):** It is a scale that describes ten generic processes, with three modes of expression (coping, defensive and fragmented), later revised by Joffe and Naditch who identify ten defenses for ten coping strategies, in a questionnaire with 377 items that can identify four factors: controlled coping, expressive coping, structured defenses and primitive defenses.
- 5) **Plutchik's Life Style Index (LSI):** According to the author, defenses are derivatives of emotions and therefore according to a scheme of event-stimulus (1), emotion (2), defense (3) and coping strategy (4), the research differentiates: a) threat, fear, removal, repression; b) obstacle, anger, displacement, replacement; c) partner, joy, reactive formation, transformation into the opposite; d) loss, sadness, compensation, search; e) unpleasantness, disgust, projection, complaint; f) unexpected, surprise, regression, request for help.
- 6) **Carver's COPE:** This is a 60-item questionnaire on a 0-4 scale to identify the fifteen coping styles in different stressful situations and broken down by problem-focused, emotion-focused, and dysfunctional coping.



- 7) **Johnson-Gold's Defense Mechanism Profile (DMP):** It is a questionnaire of 40 sentences to complete, able to identify four mechanisms of tension reduction and nine defenses ordered hierarchically.

Perrotta Human Defense Mechanisms Questionnaire (PDM-Q): The theoretical model and the clinical implications

The *Perrotta Human Defense Mechanisms Questionnaire (PDM-Q)* responds to the need to analyze defense mechanisms from an emotional point of view, according to the structure of the *Perrotta Human Emotions Model (PHEM)* [6] and also from a psychopathological point of view [7-43], according to the structure of the *Perrotta Integrative Clinical Interviews (PICI-2)* [44-51], expanding on the works previously listed and reinforcing Plutchik's theories, finding in all these psychodiagnostic instruments four substantial basic vulnerabilities: a) an absent formal distinction between emotions and feelings, resulting in an inaccurate and erroneous categorization of them; b) an underestimation of the role of anxiety, Self, and Super-Ego; c) an erroneous or absent identification of the logical processes leading from emotional state to emotional-behavioral reaction; d) an erroneous identification of basic emotions.

To meet these needs, the PDM-Q has been structured starting from the two basic emotions identified in the PHEM model (anguish and pleasure), and then proceed to the analysis of individual defense mechanisms according to the emotional origin that feeds them and their degree of "adaptation-functionality" / "maladaptation-dysfunctionality", based on the following rules:

- 1) **The relationship between the Super-Ego and the defense mechanism:** According to the PICI-2 model, the psychic instance Super-Ego becomes a function of the Ego, together with the Self, where the defense mechanism becomes a tool to filter the unconscious drives of the Id and allow a better adaptation of one's needs to the external environment. As such, the defense mechanism is therefore necessary and irreplaceable, provided that it is adaptive and functional; it loses this characteristic by becoming maladaptive and dysfunctional when the basic emotion that regulates it is poorly managed by the Self (another function of the ego, always according to the PICI-2 model). So, when the drive arrives from the id at the doors of the ego, the self regulates the basic emotions necessary to decide which and how many defense mechanisms should intervene to filter the unconscious content, before manifesting the emotional-behavioral reaction and therefore the externalized behaviors in the environment; if, however, the self does not ensure a correct perception of basic emotions, these interfere with the superego that in response will strengthen the defense mechanisms in a dysfunctional way, causing maladjustment. Therefore, in psychotherapy [52-54], working on the emotional alphabet means reinforcing the Self in a functional way that will not negatively influence the Super-Ego in its filtering work.

- 2) **The ambivalent role of the defense mechanism:** In the past, defense mechanisms were distinguished according to the level of maturation (mature/immature, or adaptive or maladaptive), to the time of their development (primary/primitive or secondary/superior, or if already possessed from birth or formed during life experiences) and according to their psychopathological implication (neurotic area, borderline area and psychotic area). Although these subdivisions, in the opinion of the writer, find their normative and structural dignity, we see the need to rearrange them according to another logic, namely the emotional one (the emotional origin of each mechanism), and then subdivide each according to the level of functioning (functional / dysfunctional). The level of development is instead a superfluous data for clinical purposes, of mere academic interest and without an objective utilitarian feedback. Therefore, each defense mechanism can be both functional and dysfunctional depending on the factual circumstances and the psychic impairment of the patient.
- 3) **The role of emotions:** In PDM-Q and PHEM, the role of emotions becomes central, as they are regulated by the Self and modulate the response of the Super-Ego, inducing it to a functional or dysfunctional response based on factual circumstances (external) and unconscious reactions (internal). A mastery of one's Self guarantees the possession of a robust emotional alphabet and a significant awareness that can facilitate the filtering process of the Super-Ego and the related reactions and emotional-behavioral consequences.
- 4) **Psychopathological implications:** According to the PICI-2 model, "psychopathologies" are the product of structural and functional alterations of the instances contained in the model itself, in response to the external environment (hypertrophic Ego - hypotrophic Id / hypotrophic Ego - hypertrophic Id); in this model attention is paid exclusively to the "functions of the Ego" (Super-Ego and Self, pathological if hypervigilant, unstable or shattered), as physically the Ego and the Id remain structurally unchanged. In the light of this new view, psychopathological disorders become "creative adaptations of the mind" that, by structure and functioning, are shaped on the basis of the main traumatic event, according to the internal response (emotions and sentiments) to external stimuli (factual circumstances), reinforcing themselves positively or negatively according to them. Chronicling a perceptual dysfunction of one or more basic emotions generates a dysfunctional emotional-behavioral response capable of reinforcing the psychopathological tendency of the personality and thus the stiffening of the person's personality traits. So: if we examine the neurotic area, the major dysfunctional tendency will be related primarily to fear and anger, and then secondarily to anxiety; if we examine the borderline area, the major dysfunctional tendency will be related primarily to anger and anxiety, and then secondarily to pleasure; if



we examine the psychotic area, the major dysfunctional tendency will be related primarily to anxiety, and then secondarily to pleasure, fear and anger. However it is not possible to make a clear distinction because the psychopathological universe is formed by an infinite combination of variables that can also take into account more emotions combined and recombined among them.

- 5) *The individual defense mechanisms and their classification* [Appendix 1-3]: Based on these assumptions, the PDM-Q questionnaire was constructed, consisting of 24 items on a 0-5 scale, with an attached administration protocol [Appendix 4].

The research in examination does not introduce causes of conflicts of interest and does not introduce limits, being a theorization of a proposal of questionnaire.

Conclusion

The *Perrotta Human Defense Mechanisms Questionnaire* (PDM-Q) responds to the need for a better structure than the current psychodynamic tools, in a functional framework, in terms of defense mechanisms, starting from the nosographic schemes of the *Perrotta Integrative Clinical Interviews (PICI-2)* and the emotional structure of the *Perrotta Human Emotions Model (PHEM)* that studies basic emotions and emotional-behavioral reactions.

In particular, starting from the idea that the psychic instance "Super-Ego" is not autonomous with respect to the ego and the id but is a function of the ego, together with the Self, plays the delicate task of filtering the unconscious drives of the id, allowing a better adaptation of their needs compared to the external environment. When the drive arrives from the Id at the door of the Ego, the Self (another function of the Ego) regulates the basic emotions necessary to decide which and how many defense mechanisms should intervene to filter the unconscious content, before manifesting the emotional-behavioral reaction and therefore the externalized behavior in the environment; if, however, the self does not ensure a correct perception of basic emotions, these interfere with the Super-Ego that in response will strengthen the defense mechanisms in a dysfunctional way, causing maladjustment.

The paradigm at the base of the PDM-Q is therefore to work directly on the emotional states and on the emotional-behavioral reactions of the patient to identify the individual defense mechanisms and their degree of functioning or habitual dysfunction, on the basis of factual circumstances.

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