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Transtheoretical, transdiagnostic, and empirical-based understanding of defense mechanisms

Mariagrazia Di Giuseppe¹

Abstract

Thirty years after the inclusion of an axis defense mechanisms in the DSM-IV (American Psychiatric Association, 1994), recently included in the M axis of the PDM-2 (Lingiardi & McWilliams, 2017), the original description of the psychoanalytic construct appears partial and incomplete (Di Giuseppe et al., 2021; Metzger, 2014). Like many aspects of mental functioning, the understanding of defense mechanisms has influenced and has been influenced by empirical research (Cramer, 2006; 2015; Fiorentino et al., 2024; Liotti et al., 2023; Maffei et al., 1995; Perry, 1990; 2014; Vaillant, 1971; 1992), significantly changing the way we look at the construct in the broader perspective of psychological functioning (Cramer, 2000; Di Giuseppe & Conversano, 2022; Di Giuseppe & Lingiardi, 2023; Vaillant, 2000). In this regard, it is useful to clarify how defense mechanisms are nowadays defined, considered, analyzed, and assessed, and by which professionals and in which fields of study defenses can be applied.

In the present article, new facets of the defense mechanism construct will be described, such as its transtheoretical and transdiagnostic application, which mark relevant advance in the empirical research of defense mechanisms. The gold-standard theory of defenses will also be described, with reference to its new empirical techniques which finally allow its application in various areas of clinical research.

¹ Department of History, Humanities and Society, University of Rome Tor Vergata,

Rome, Italy

E-mail corresponding author: mariagrazia.di.giuseppe@uniroma2.it



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1. A transtheoretical construct

The concept of defense mechanisms was conceived by Sigmund Freud over a century ago. Mostly focusing on repression, Freud defined defenses as unconscious operations that allow the individual to excluded from awareness unacceptable or excessively distressing internal representations. (Freud, 1894, 1915). Since its first formulation, the construct of defense mechanisms has gone through numerous revisions (Békés et al., 2021; Carveth, 2021; Cramer,

1987; Erkuş, 2020; Freud, 1936; Haan, 1965; Kernberg, 1967; Perry & Cooper, 1989; Vaillant, 1977; 2000), considering the advance of attachment theory and the idea of Internal Working Models (Bowlby, 1969; 1973; Prunas et al., 2019), but also the further cognitivist reconceptualization of coping mechanisms (Folkman, Lazarus, 1985; Skinner & Zimmer-Gembeck, 2007). In recent years, defense mechanisms have been also integrated into the broader concept of emotional regulation, being conceived as implicit and automatic strategies that work in synergy with explicit and conscious strategies to regulate individual's emotions (Braunstein, et al., 2017; Gross, 2015; Messina et al., 2023; Rice & Hoffman, 2014; Prout et al., 2019; Sala et al., 2015). All these revisions of the original concept have contributed to reducing the initial theoretical boundaries (i.e. psychoanalysis versus cognitive-behavioral psychology) and promoting of a common language across different psychological approaches to understand defense mechanisms as an essential aspect of the individual's mental functioning that foster adaptation (Lingiardi & Bornstein, 2017; Perry & Bond, 2017).

2. A transdiagnostic construct

In recent years defense mechanisms have broadened their scope of application in clinical psychology (Di Giuseppe et al., 2020a; 2020b Gangemi et al., 2021; Mostowik et al., 2022; Nava et al., 2022; Settineri et al., 2019). Although the principal area of investigation remains research in psychotherapy, where it has been largely documented that changes in defensive functioning are associated with therapeutic outcomes (Babl et al., 2019; Conversano et al., 2023; Kramer et al., 2010; Lingiardi et al., 2010; Olson et al., 2011; Perry & Bond, 2012), defense mechanisms are nowadays considered a crucial aspect of clinical work at various levels (Conversano et al., 2020; Martino et al., 2023; Ricciardi et al. 2023; Vijayapriya, & Tamarana, 2023). Thinking on chronic diseases, it is the pathological condition itself that generates anxiety, frustration and inevitable changes in the quality of life (Catalano et al., 2020; Martino et al., 2020; 2021). The individual response to the consequences of the illness it is highly related to individual's personality and defensive functioning (Beresford et al., 2006; Galli et al., 2019; Hyphantis et al., 2005; Sardella et al., 2021). While defenses protect the individual from experiencing feelings and ideas associated with the threat of the disease, they also allow the patient to find new adaptive ways of living with the diseases (Kreitler, 2004).

The good practice of including psychological components in the comprehensive assessment of patients affected by chronic diseases is finally promoting a multidisciplinary approach to healthcare, which is mainly moving from care-as-usual to personalized medicine (Allegra et al., 2023; de Queiroz & Andersen, 2020; Fortunato et al., 2022; Klocek & Řiháček, 2023; La Tona et al. 2023; Masci et al., 2022; Roefs et al., 2022; Spatari et al., 2015). Nonetheless, the evaluation

of emotional regulation and defense mechanisms has been also applied to other aspects of mental functioning, such as normal and pathological development (Cramer & Jones, 2007; Malone et al., 2013; Sardella et al., 2022), individual responses to stressful life events (Békés et al., 2023; Jun et al., 2015; Prout at al., 2019;), personality psychopathology (Boldrini et al., 2020; Perry et al., 2013; Siefert & Porcerelli, 2015), gender differences (Cramer, 2002; Drapeau et al., 2011; Giovanardi et al., 2021), attitude toward parenting (Carone et al., 2023; Gugliandolo et al., 2020; Perry, 2016), attachment and mentalization (Békés et al., 2021; Parolin et al., 2023; Tasca et al., 2023). Thinking on the extensive research on psychological responses during the COVID-19 pandemic, an unexpected stressful event that affected us all without distinction, we have seen the proliferation of studies exploring defense mechanisms and their relationships with psychopathology, risk behaviors, suicide, but also their impact on adaptive responses and resiliency (Di Giuseppe et al., 2022; Giovanardi et al. 2022; Perry et al., 2022; Tanzilli et al., 2018; 2022; 2023).

3. An empirical-based construct

Unlike the predominantly unconscious nature of this construct, defense mechanisms have clear definitions and are easily observable through appropriate measurement tools. As recently highlighted by Silvermann and Aafjes-van Doorn (2023), research on defense mechanisms has progressed profoundly to reach a widely consensus theoretical and empirical model (Vaillant et al., 1986) developed by J. Christopher Perry and well-known as the Defense Mechanism Rating Scale (DMRS; Perry, 1990). In contrast, less impactful progress has been achieved in coping research, which lacks a shared theoretical and empirical model that favors original and effective research, consistent with advances in defense mechanism research (Di Giuseppe & Lingiardi, 2023).

Thanks to the methodological reworking of the gold standard DMRS model, Di Giuseppe and colleagues have developed new empirical tools to evaluate the entire hierarchy of defenses in order to broaden the areas of application, the study populations, the professionals involved, while maintaining a solid and valid empirical basis theoretically based approach. With the publication of the DMRS-Q (Di Giuseppe et al., 2014), the DMRS has acquired the form of an easy-to-use Q-sort of clinical reports applicable in clinical practice without the need for transcription of clinical interviews or psychotherapy sessions. The significant reduction in the required training and the availability of free online coding software (https://webapp.dmrs-q.com) represented the first important sign of openness and facilitation of empirical knowledge of defense mechanisms outside of experts in the field. Guidelines for using the tool are available in the DMRS-Q manual (Di Giuseppe & Perry, 2021), of which a training is available upon

request from the authors. This has been followed by the development of the self-report version of the 30-item DMRS (DMRS-SR-30; Di Giuseppe et al., 2020c), conceived during the first weeks of the diffusion of the COVID-19 pandemic, and already validated in several languages and with excellent psychometric properties (Prout et al., 2022; Volkert et al., 2022). As all DMRS-based measures, this questionnaire provides scores for Overall Defensive Functioning, defense levels, and individual defense mechanisms, and includes a three-factor structure that recalls the well-known three categories of defensive maturity (i.e. mature, neurotic, and immature defenses). Finally, with the development of the DMRS-Q version for children (DMRS-Q-C; Di Giuseppe et al., 2021), Di Giuseppe and colleagues proposed an important innovation in the theoretical and empirical understanding of the hierarchy of defenses from early childhood. Currently under validation, the DMRS-Q-C will not only expand theoretical knowledge on the evolutionary lines of defense mechanisms but will also offer the possibility of longitudinally studying the development of defenses over the course of life in a much more in-depth manner than previously.

4. Discussion

In light of these reflections, studying defense mechanisms today cannot ignore their hierarchical organization (Di Giuseppe & Perry, 2021; Perry, 2014), which inevitably embraces both conscious and unconscious components (i.e., explicit versus implicit emotion regulation), both intrapsychic and interpersonal correlates (i.e. self- perception versus defensive relational patterns), both adaptive and maladaptive way of functioning (mature versus immature defenses). Defensive functioning must be understood in the complexity of psychological and environmental context in which they operate, considering the role they play in regulating emotions, in the perception of well-being, in the development of personality, in the quality of relationships, in mentalization etc. (Fiorini Bincoletto et al., 2023; Jurist et al., 203; Li et al., 2023). An in-depth understanding of the patient's defense mechanisms can provide relevant information to the clinician, which may help in tailoring therapeutic interventions among different therapeutic approaches. Therefore, it is necessary to leave an old-fashioned perspective of defenses as a "niche" field of study to fully understand the overall individual mental functioning in which defense mechanisms are inevitably involved (Di Giuseppe & Lingiardi, 2023).

Conflict of Interest Statement

The author declare that the research was conducted in the absence of any potential conflict of interest.

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