Maladaptive Defense Mechanisms
Including Summary, Narrative, and treatment discussion
For Defense Mechanisms from Level #2 through Level #7

This document is written in narrative format using a fictitious character name of James.

Specific Level Two Maladaptive Defense Mechanisms

Mechanism Name: Displacement (2:1)

Summary: James transfers feelings and responses from an appropriate object, person, or incident to a less threatening object, person or incident.

Extended Narrative: James transfers a feeling about, or response to, an object, person or incident onto another less threatening substitute. For example, a husband Displaces his anger for his wife on the dog by yelling at the dog when he is actually angry with this wife.

Displacement Treatment Discussion

Use of defense mechanisms at this level involves mental inhibitions on the part of James. For some reason, he has chosen to displace his feelings or responses to a substitute object. The therapist should consider the following questions.

Is James displacing feelings or responses due to:

- ...a real or perceived threat to him?
- ...his emotional inability to deal with an object, person, or incident?
- ...lack of his desire to deal with the object, person, or incident?
- ...a significant personality disorder that prohibits him from dealing with the object, person, or incident?
- ...his personal irresolution regarding the object, person, or incident?
- ...his global avoidance of issues?

Answers to these questions (and others) may help the therapist determine the exact reason that James is displacing his feelings or responses.

Mechanism Name: Dissociation (2:2)

Summary: James experiences a breakdown in usually integrated functions of consciousness, memory, perception of himself or his environment. This may involve sensory and/or motor behaviors.
Extended Narrative: James experiences a breakdown in the integrated functions of consciousness, memory, and perception of himself or his environment. This may include a breakdown of sensory/motor behaviors. A simple example would be the client who is suffering extreme anxiety that is obviously associated with a specific behavior that the individual is engaged in. The client, however, is no longer able to associate the anxiety with the behavior. Thus, the client has dissociated the anxiety from the obvious stressing event (i.e., the behavior).

Dissociation Treatment Discussion

Dissociation inhibits therapeutic progress since it does not allow the therapist and James to associate conscious feelings, cognitive issues, memory, issues related to himself, and the surrounding environment into a cohesive whole. Dissociation may result in some or all of these areas being compartmentalized to the place where conscious emotional states cannot be associated with environmental issues causing those emotional states.

The therapist should carefully examine the event, situation or relationship that is related to the dissociation. The cause of the dissociation must be resolved and should be considered a significant inhibitor to counseling success. Until the therapist can bring James to the place where he is associating all areas of his being together and focusing all of those areas on the stressor, it is not possible to deal with the stressor to any effective degree.

~~~~~~~~~~~~~~

Mechanism Name: Intellectualization (2:3)

Summary: James uses excessive abstract thinking or intellectual reasoning to minimize emotional discomfort.

Extended Narrative: James uses excessive abstract thinking, intellectual reasoning, or generalizations to control or minimize the emotional discomfort associated with an internal or external stressor. This is an effort on the part of James to shut off the emotions associated with the stressor.

Intellectualization Treatment Discussion

James will intellectualize his emotions when he fears coming in contact with those emotions. Two groups of emotions can be intellectualized for two separate reasons.

- Intellectualization of softer emotions. James will intellectualize these emotions if he feels that these emotions make him overly vulnerable or if he believes that these emotions indicate character weakness.
- Intellectualization of hostile or aggressive emotions. James may intellectualize anger and other hostilities if he believes that engaging in those emotions may result in a loss of impulse control. Sometimes abusive individuals will refrain from hostile emotions since they know that they will act out physically if they allow themselves to feel hostile
emotions. In cases of abuse, however, the *Intellectualization* only lasts so long and then it erupts into physical actions.

The therapist needs to determine the motivating factor behind the *Intellectualization* of emotions. The therapist must help James experience his emotions properly, in context and under appropriate control. The therapist should only engage James's emotions when the therapist feels that he is ready and able to confront his emotions.

~~~~~~~~~~~~~~~~~~

**Mechanism Name:** Isolation of Affect (2:4)

**Summary:** James separates ideas from feelings originally associated with them. Once the separation is made, only cognitive elements remain.

**Extended Narrative:** James successfully separates ideas and cognitive thoughts from the emotions that were originally associated with them. *Isolation of Affect* differs from *Intellectualization* because with this defense mechanism there remains no conscious recognition of the emotion associated with the stressor. Only the cognitive elements remain in consciousness. This results in an individual *stuffing* their emotions.

**Isolation of Affect Treatment Discussion**

The therapist needs to assess any stressing event and its relative severity. If, in fact, a stressor is extreme, then the therapist might understand why James has successfully excluded the emotion from conscious recognition. In some cases of trauma this is certainly understandable.

If there is not an extremely traumatic event, however, and the client has *isolated an affective state*, then the therapist needs to deal with the stressor to determine why the stressor has had such an impact on James. There can be a number of reasons. Among them are:

- A significant *Personality Disorder*.
- Association of a *lesser* current stressor to a more significant previous trauma (common in cases of *Posttraumatic Stress Disorder*).
- Other complicating factors associated with a current stressor that have not been made apparent (sometimes abused individuals will have an *Isolation of Affect* for what might appear to be a rather insignificant stressor due to other *hidden* factors that they have not yet disclosed).
- Significant *Axis I Disorder or Disorders*.

Without expression of appropriate emotion, therapy cannot logically proceed to a healthy resolution of all James's issues. *Stuffing* of emotions will eventually result in other significant issues including manifestation of somatic complaints and other significant *Axis I Disorders*.

~~~~~~~~~~~~~~~~~~

3
**Mechanism Name:** Reaction Formation (2:5)

**Summary:** James substitutes actual behaviors and thoughts with those that are not from his reality.

**Extended Narrative:** James substitutes his real behaviors, thoughts, or feelings with behaviors, thoughts, or feelings that are not really his. This is usually done out of the fear of losing social acceptability. For example, someone with internal homosexual desires and urges openly espouses hatred toward homosexuality.

**Reaction Formation Treatment Discussion**

Examples will serve best to explain Reaction Formation:

- A person who is addicted to pornography strongly condemns those who use pornography.
- A man who knows that he has very strong homosexual desires marries a female.

One of the driving forces behind Reaction Formation is guilt. The guilt is usually associated with a perceived moral inadequacy. The perception of moral inadequacy may be imposed upon James by cultural or social associations. If he admits to the perceived moral inadequacy, then he fears the condemnation that he believes will come to him. Thus, he formulate a pattern of thinking and behaving that is a reaction to this perceived moral inadequacy. The purpose is to prevent public or interpersonal shame for his real moral position.

Many defense mechanisms are very easy to identify. Reaction Formation, however, is one of the hardest defense mechanisms to uncover. Its very existence is designed to cover up James's reality.

Freud was the first to identify this defense mechanism. He used the term overboarding in relation to this defense mechanism. What did he mean by that? Many times, an individual who uses Reaction Formation will go way overboard when reacting to the behavior or thought pattern that they actually espouse in reality.

For example, when the issue of marital faithfulness arises in counseling, it might be an indicator to the therapist that an individual has had an affair (or is currently involved in an affair) if they go overboard in their condemnation of marital unfaithfulness. If a client responds with something like, I hate people who have affairs. They should be shot! then it might be worth exploring the possibility that the individual has had or is having an affair. This may or may not be an episode of overboarding and an indication of a Reaction Formation.

If the therapist has encountered Reaction Formation with James, they should gently and
carefully explore the moral issues associated with the use of the defense mechanism. In almost all cases, Reaction Formation is associated in some way with moral or ethical issues that present a significant conflict to James.

~~~~~~~~~~~~~~~~~~

**Mechanism Name:** Repression (2:6)

**Summary:** James expells disturbing wishes, thoughts, behaviors or experiences from consciousness. Emotional states may remain.

**Extended Narrative:** James consciously learns to block out disturbing wishes, thoughts, behaviors, or experiences from his conscious mind. Emotions may remain although the cognitive aspects have been repressed. It is important to understand that this is a learned process and presents a difficulty in the effort to discover the real source of negative emotional issues.

**Repression Treatment Discussion**

Sometimes Repression is very hard to identify. There is a significant indication that James is using Repression when the therapist locates strong emotions for which there is no connection to a significant stressing event. In some cases, this may indicate that James has repressed the disturbing elements of his environment that have brought about the emotions.

The first task of the therapist is to determine the underlying behaviors that are being repressed. This will likely present a significant problem for the therapist since there is a significant aversion to the repressed behavior. It may take some time for the therapist to discover the specific aversion. The therapist must remember that at this Level of defensive regulation James is engaging in a mental inhibition.

The therapist is warned that James has likely blocked out some disturbing wishes, thoughts, behaviors, or experiences that are especially traumatic to him. While the therapist may not see the event that is blocked as significantly traumatic, James has deemed it as so.

There is a possibility that the event that has been blocked may have additional associations with other traumatic events. Those traumatic events may include elements from James's childhood experiences that were exceptionally traumatic to him. Thus, the surface event that James has blocked may be associated with additional and more profound trauma. Discovering the basis of Repression may result in the unraveling of a ball of yarn.

The therapist should be cognizant of the possibility of Axis I Disorders surfacing, a full Personality Disorder developing, and psychotic symptomology in the case of significant decompensation.

~~~~~~~~~~~~~~~~~~
Mechanism Name: *Undoing (2:7)*

**Summary:** James uses words or behaviors that are designed to negate or make amends for unacceptable thoughts, feelings, or actions.

**Extended Narrative:** James uses words or behaviors to negate or make amends for unacceptable thoughts, feelings, or actions. These words or behaviors are often used to fix perceived wrongs that James has committed.

**Undoing Treatment Discussion**

It should be obvious to the therapist that guilt is one of the most significant motivators in the use of *Undoing*. However, there are two additional components associated with this maladaptive defense mechanism.

The use of this maladaptive defense mechanism indicates some mental inhibition that does not allow James to 1) change the behavior that results in the need for *Undoing*, and, 2) directly confront the behavior that needs to be undone with a confession of wrongdoing. This maladaptive defense mechanism is self-perpetuating in the sense that the *Undoing* behavior fixes whatever James believes he has done wrong.

The use of this maladaptive defense mechanism will inhibit the progression of therapy somewhat since James is essentially justifying his behavior with perceived reparations. Thus, as long as he is willing to continue paying for what he does, he can justify continuing the inappropriate behavior.

The first course of assessment when the therapist realizes that James is using *Undoing* behavior is to assess the action that James believes needs *Undoing*. That behavior needs to be investigated to determine the guilt factor associated with the behavior that needs to be undone.

If James has validly assessed that the behavior is maladaptive, then the therapist must aid him in stopping the behavior, rather than continually fixing the behavior with *Undoing*. On the other hand, if James has wrongly assessed the behavior as a bad behavior, the therapist should adjust his understanding of the behavior.

The final aspect to resolving this maladaptive defense mechanism is to instruct James regarding its use. The therapist should explain the maladaptive nature of the mechanism and teach him how to use more appropriate means of dealing with stressing events.
Specific Level Three Maladaptive Defense Mechanisms

**Mechanism Name:** Devaluation (3:1)

**Summary:** James attributes grossly exaggerated negative qualities to self or others.

**Extended Narrative:** James attributes exaggerated negative qualities to himself or to other people. James is likely grossly condemning to himself and/or to others. James's negativity is obviously beyond reality.

**Devaluation Treatment Discussion**

The therapist can easily identify this maladaptive defense mechanism. This maladaptive defense mechanism involves some minor image distortion on the part of James. That image distortion, however, is far from failure of reality testing.

This defense mechanism is likely an effort on the part of James to regulate or influence his self-esteem. There is some need for James to devalue himself or to devalue others. Usually, this action is done for the same reason, although that might not initially appear to be the case.

The Devaluation of self is a passive attempt to gain the acceptance and approval of others. This may be an indication that James does not value himself. The Devaluation of others is usually the result of the same issue -- that James feels inferior to others. Rather than bringing himself down he brings others down to where he perceives that he is.

The therapist should determine what self-esteem issues are driving James to devalue himself. The therapist should also be aware that James could decompensate into a more severe maladaptive defensive state by using the mechanism of Splitting. When a person uses Splitting, they perceive something or someone as all good or all bad.

A good homework assignment would be for James to list both the good and bad qualities of anyone or anything that he seems to devalue.

~~~~~~~~~~~~~~~~~~~~

**Mechanism Name:** Idealization (3:2)

**Summary:** James attributes grossly exaggerated positive qualities to others.

**Extended Narrative:** James attributes exaggerated positive qualities to other people. He grossly idealizes at least one other person. James's Idealization of another person is obviously beyond reality. It is not unusual for the focus of the Idealization to be on a religious or political figure.
**Idealization Treatment Discussion**

The therapist will recognize this maladaptive defense mechanism rather quickly. James will consistently speak very highly of another person (or other people). The praises given to the subject of *Idealization* will seem a bit unrealistic to the therapist.

The therapist should be aware that James may switch from *Idealization* to *Devaluation*. If the therapist notes that switch then there is a possibility that James is *Splitting*, rather than *Idealizing*.

A few personality types or personality disorders might be associated with *Idealization*. They include the *Histrionic Personality Type/Disorder* and the *Borderline Personality Type/Disorder*. The *Dependent Personality Type/Disorder* might be associated with *Idealization* by itself.

*Idealization* is usually a defense mechanism that prevents James from fairly assessing both positive and negative aspects of another person. The reason that James *needs* to *idealize* another person is probably associated with his fear of abandonment or negative appraisal due to the negatives associated with the other person.

The therapist needs to explore the deeper issues associated with this maladaptive defense mechanism. It is important to assess the personality structure using the *Personality Spectrum Analysis*. It is also important to determine if James is simply using *Idealization*, a combination of *Idealization* and *Devaluation*, or if he is actually *Splitting*. The analysis of personality may be key to understanding what is going on with James.

Minimally, self-esteem issues will be paramount in any counseling efforts associated with this maladaptive defense mechanism.

~~~~~~~~~~~~~~~~~

**Mechanism Name:** *Omnipotence (3:3)*

**Summary:** James projects the image that he possesses special powers or abilities. James projects the image that he is superior to others.

**Extended Narrative:** James behaves or speaks in such a manner that he projects the image to others that he possesses special powers or special abilities. There is a distinct projection that he is in some way superior to others. It is not uncommon for this mechanism to be attached to religious beliefs and practices as a methodology for justification. Such religious attachment may significantly exacerbate the use of *Omnipotence*.

**Omnipotence Treatment Discussion**

This maladaptive defense mechanism involves the distortion of James's own image in front of others. When this defense mechanism is used, it indicates potential self-image and self-esteem issues. James is very likely *externally-focused* and probably doesn't have much security in himself internally. Thus, he must paint a *bigger-than-life* picture of himself to the
important people in his life.

James, however, does not realize that those who view this self-portrait don't usually accept the veracity of the picture. The very thing that James is trying to preserve (i.e., a good self-image) is eroded by the use of Omnipotence.

Therapy should focus on James's self image and self worth.

There are a number of personality types that might favor Omnipotence. The most obvious of those types is the Narcissistic Personality Type. The Antisocial Personality Type might use this defense mechanism, if necessary. In some cases, both the Schizotypal and the Paranoid Personality Types might use Omnipotence. Those two personality types, however, will only be able to use Omnipotence if they are at the higher level of functioning.

Finally, a closing comment is in order regarding Omnipotence and its use to manipulate and control individuals in a group setting. Some individuals who are given positions of visibility and power will use Omnipotence as a tool to build and maintain a group. Those individuals will usually have either a Narcissistic Personality Type or an Antisocial Personality Type.

The therapist must be aware that Omnipotence may be a dangerous tool in the hands of a person who is in charge of a group. With a self-centered focus, significant damage could be done to the balance of power in any organization. Weak individuals are often attracted to people with this defense mechanism when it is used in a group situation.

### Specific Level Four Maladaptive Defense Mechanisms

**Mechanism Name:** Denial (4:1)

**Summary:** James refuses to acknowledge some painful aspect of external reality or subjective experience that is apparent to others.

**Extended Narrative:** James refuses to acknowledge some painful aspect of external relative or subjective experience that is apparent to others. An example is the man whose wife has died. Rather than deal with the reality of her death, he refuses to acknowledge it and continually states that his wife cannot be dead.

**Denial Treatment Discussion**

Denial is a real possibility in cases of a sudden and extreme stressor. For example, it is common for an individual to suffer from Denial when their spouse or child suddenly dies. If there has been a significant loss and the therapist is fairly confident that James is relatively healthy emotionally, then the therapist should be able to move him past Denial rather quickly. Denial will probably just be a passing state -- a temporary buffer -- that might only last a very short period of time.
However, there is a possibility that the therapist will note that James uses *Denial* as more of a regular pattern of coping or that *normal Denial* is lingering way too long.

In this case, the therapist may be dealing with an individual who is much less healthy emotionally. James may be using *Denial* as the means of dismissing the harshness of reality. Thus, if James cannot face a certain stressor, he will *deny* that the event that generated the stressor has occurred.

The therapist should carefully move James toward acceptance of objective reality. The therapist may find that James does not have the skills to deal with the emotional states created by the stressors. That is the core reason that he is using *Denial*. He may be overwhelmed emotionally by other real circumstances.

There is a possibility that the stressors that the client is experiencing are *connected* in some way to more significant events in James’s past. These events may have been childhood issues. However, the events may also be other significant traumas that the present stressor subconsciously reminds him of. Individuals who have experienced *Posttraumatic Stress Disorder* may choose *Denial* as a coping skill, no matter how inadequate that might seem.

It should be the therapist's objective to determine why James is unable to adequately process negative emotions. The therapist may have to deal with the events that inhibit normal emotional processing. These efforts will allow James to process objective reality correctly.

The therapist must be aware that *Psychotic Denial* is a remote possibility as well as *Apathetic Withdrawal*. These would likely occur during the decompensation of simple *Denial*.

~~~~~~~~~~~~~~

**Mechanism Name:** *Projection* (4:2)

**Summary:** James falsely attributes to another person unacceptable feelings, impulses, or thoughts.

**Extended Narrative:** James falsely attributes his own unacceptable feelings, impulses, or thoughts onto another person without justification. This is sometimes a guilt-based reaction regarding his own perceived negative aspects. Rather than deal with those aspects in himself, he *Projects* them onto someone for purposes of judgment. There may also be elements of anger associated with *Projection*.

**Projection Treatment Discussion**

This maladaptive defense mechanism is primarily associated with some moral, ethical, cultural, or social conflict in which James is engaged. It is associated with the belief that if he were to reveal his true conflict, he would be judged in some negative way by others. The feeling of judgment may or may not be realistic. And, the judgment itself -- should it be pending -- may or may not be *just* judgment in the eyes of society.
A classic example of Projection follows. John has an internal conflict regarding his sexual orientation. He has never expressed that conflict to anyone -- even to his own wife. Since John was raised in an environment where homosexuality was considered unacceptable, he projects his inner conflict regarding his own desires onto at least one other person. He consistently tells others that he believes Bill (an associate of his) is a homosexual. One clue that he is doing so might be his use of derogatory phrases and words that negatively reflect on homosexuals (although that is not always the case).

This maladaptive defense mechanism may be a means for James to test his closest interpersonal associates to determine the true feelings that his associates have about his inner conflict. Rather than being able to directly state his issue, James is waiting to see what his associates say about the conflicting issue, especially when he makes negative Projective comments.

In our example, John may be so convinced that his inner conflict is in fact wrong that he is not testing his associates at all. He is acting in a manner that can be construed as an indirect form of self-condemnation. Judging others for the conflict that he cannot resolve or face is more acceptable to him than dealing with his own inner conflict. For John, there appears to be no resolution to his conflict. This prospect exerts a significant amount of guilt on the individual.

Although James may have significant moral, ethical, cultural or social conflict that crosses acceptable social norms, the therapist must be careful not to convey a condemning attitude to James. Sometimes it is difficult to deal with Projection without seeming to condemn. That may indeed result in premature termination of the counseling relationship.

The skilled therapist will investigate the entire lifestyle of James looking for the root of his Projection. His current conflict is only an indicator that something in James's life generated this conflict long ago. Without resolution of that primary issue, James will likely never resolve the consistent guilt that he experiences.

Sometimes Projection is hard to identify. The therapist may have some indication that James is using Projection if he engages in overboarding. Overboarding is indicated when James very strongly condemns a specific moral, ethical, cultural or social issue. This may also include racial or sexual name-calling.

When James reacts with strong emotion regarding any issue, the therapist may have located Projection. Rather than confront the obvious the therapist should not address the attack (e.g., by confronting racial or sexual slurs) but the therapist should begin an exploration process to find the reason that James is engaging in the overboarding behavior. The therapist may find this to be a particularly difficult practice since the therapist may wish to curb racial or sexual slurs immediately.

The therapist will find that getting James to recognize and admit to his Projection can be very difficult. The more aversion there is on the part of James to the conflict, the more he will protect himself from revealing his inner conflict.
Mechanism Name: *Rationalization* (4:3)

**Summary:** James conceals the true motivations for thoughts, actions, or feelings through incorrect, elaborate, reassuring, and self-serving but incorrect explanations.

**Extended Narrative:** James uses elaborate and incorrect but reassuring, coherent, self-assuring explanations or whole narratives to conceal the true motivations of his thoughts, actions, or emotions. James's tactics are used to avoid emotional conflict or to cope with internal or external stressors.

**Rationalization Treatment Discussion**

The *classic* statement that a therapist might hear associated with *Rationalization* would be: *It will be OK*. How many times has a therapist heard that statement in light of a significant outward stressor when it is all too apparent to the therapist that *it* will not be OK.

*Rationalization* indicates that James is not willing or able to deal with the external stressor to the point that James is willing to dismiss the event altogether. The rational explanations that he may use can be quite elaborate. He may construct a whole cohesive *logical* argumentation in order to *rationalize* away some real stressor that he is not willing to face. The issues might be relational. They might be financial. They might be health-related.

A classic example might be the person who is having chest pains. They may formulate a whole argumentation why the chest pains are no big deal. The real issue is that they are not willing to confront the emotional issues associated with a serious physical issue.

The best way for a therapist to deal with *Rationalization* is to intensively *take apart* the *rational* and cohesive argumentation of James piece-by-piece. He will likely not wish to engage this process. However, it is essential for the therapist to disrupt his illogical logic.

The therapist should understand that the decompensation of this maladaptive defense mechanism will likely result in James using some other maladaptive defense mechanisms. The likelihood of *Axis I Disorders* is also elevated, especially anxiety states.

With great care, the therapist should be able to get James to face whatever it is that he is attempting to *rationalize* away.

**Specific Level Five Maladaptive Defense Mechanisms**

**Mechanism Name: Autistic Fantasy (5:1)**

**Summary:** James engages in excessive daydreaming as a substitute for human
relationships, more effective action, or problem solving.

Extended Narrative: James uses excessive daydreaming as a substitute for human relationships. He may fantasize about effectively dealing with problems or resolving stressors. This daydreaming behavior is a replacement and a substitute for actually performing in real life.

Autistic Fantasy Treatment Discussion

When James is using Autistic Fantasy, the therapist may have a hard time determining that it is being used. This is evident since Autistic Fantasy involves daydreaming and as such is not an overt and outward behavior. James can use this defense mechanism without anyone really knowing that he are using it.

The first cue to the therapist that James may be using Autistic Fantasy is that he seems to procrastinate in his performance of both real life duties and homework assignments. The therapist will need to interview James to determine the reason for procrastination. At that point, the therapist may uncover Autistic Fantasy as a defense mechanism.

The use of Autistic Fantasy will impede the progress of therapy. It will also negatively effect James's life and work. The therapist should give James small tasks to perform, rather than larger tasks. It is likely that James will resort to Autistic Fantasy more readily when larger tasks are given.

There may very well be some emotional state that is causing James to freeze regarding progress in life and performance of tasks. The therapist should help James encounter those emotional issues. James may be overloaded with emotion and he may not be able to think clearly. Thus, investigation of emotional states is very important. Reduction of negative emotional states will likely help reduce the use of Autistic Fantasy.

The therapist should understand that if there are significant emotional issues present, James could decompensate into Apathetic Withdrawal rather easily. Autistic Fantasy itself might be a decompensation of some Level #2 defense mechanisms that were designed to ignore emotional states.

~~~~~~~~~~~~~~

Mechanism Name: Projective Identification (5:2)

Summary: James engages in initial projection of feelings, impulses, or thoughts onto another person (simple Projection). Eventually, those feelings, impulses or thoughts are fulfilled by the person upon whom they have been Projected - Identification with the Projection.

Extended Narrative: James engages in Projection upon another person. Eventually, the Projection that was placed upon the other person is fulfilled. For example, a person says that someone hates them (when it isn’t true). Eventually, because the Projection continues, the individual does indeed develop hatred toward the one Projecting the hatred. They have now
identified with the *Projection*.

**Projective Identification Treatment Discussion**

*Projective Identification* differs from simple *Projection* by matter of degree and the resulting outcome. In fact, sometimes *Projective Identification* is the result of prolonged *Projection*.

*Projective Identification* may be the end of a long road of structured internal *Denial* on the part of James. It may have started initially with *Reaction Formation* wherein James reacted outwardly in opposition to internal emotional states that he could not face.

For example, a person who has internal homosexual feelings that they cannot face nor accept may have started by *reacting* to their internal cues with outward *formation* of a condemning attitude toward homosexuality.

Oftentimes, when *Reaction Formation* doesn't sufficiently quell the internal conflicts of an individual, they will engage in *Projection*. They will project their negative conflicts on another person without justification.

When *Projective Identification* occurs the individual on whom the *Projection* has been made will eventually become what the individual says they are.

As another example, a married client may have started the process by having internal desires for other women. Believing that an affair is immoral, the client openly and publicly denounces adultery. As the internal conflict continues, the client openly begins to *project* unfaithfulness onto his wife. He accuses her of having inappropriate relationships with others, looking at men in the wrong way, etc. After she has heard is constant complaining about having inappropriate relations with other men (his *Projection*), she does indeed have an affair. At this point, *Projective Identification* has occurred.

For *Projective Identification* to transpire, it takes time. The person doing the *projecting* continues their *Projection* slowly convincing their victim that they are indeed what is being *Projected*. *Projective Identification* can be good or bad -- it doesn't have to be transformation of a person into something evil. For example, a person who believes that they are ugly can be convinced that they are indeed beautiful.

In short, *Projective Identification* is the manipulation of another person by subtle and relatively unconscious methods by the individual who is doing the *Projection*. This is an effort to control one or more people in their environment for their benefit.

If it appears that James uses *Projection* on a regular basis, the therapist should be very aware of his attitudes toward important relationships. If James is using *Projective Identification* he will usually complain about those relationships since no *Projective Identification* event is good enough or complete enough for him. There will always be inadequacies in the person receiving the *Projection*. It is likely that the *Identification* will never be good enough.
If James is using *Projective Identification*, it is also likely that he is also using other maladaptive defense mechanisms. Those mechanisms might include *Splitting, Devaluation* and *Idealization*.

Mechanism Name: *Splitting (5:3)*

**Summary:** James compartmentalizes opposite affects. He is not able to see good and bad in something at the same time.

**Extended Narrative:** James is unable to integrate positive and negative qualities of self or others into a cohesive image. He compartmentalize opposite emotions. Opposite emotions cannot be experienced simultaneously. The image of self, others, and even objects tends to alternate between polar opposites. Something or someone will either be viewed as exclusively loving, powerful, worthy, nurturing and kind or bad, hateful, angry, destructive.

**Splitting Treatment Discussion**

The first hint to you as the therapist that James is engaging in *Splitting* is the presence of what appears to be either *Idealization* and/or *Devaluation*. Splitting is when a person fails to see both good and bad intermixed in any object (whether it's a thing or a person). Something or someone is either completely bad or completely good. Those feelings that an object is all good or all bad may vacillate -- today the object is all good. Tomorrow, the object may be all bad.

In some cases, *Splitting* may exhibit a characteristic called *rapid cycling*. The change from *all good* to *all bad* may happen in a matter of minutes and may vacillate back and forth throughout a conversation. This makes dealing with *Splitting* very difficult.

*Splitting* may be a decompensation of either or both *Idealization* and/or *Devaluation*. The use of *absolutes* regarding any person, thing or event may be a significant cue to the therapist that James is using any one or all of the three defense mechanisms (mentioned in context).

The goal of the therapist should be to help James form a more cohesive image of the *object*, rather than the unrealistic *split* image. The therapist might try helping James make a list of all the good aspects and all the bad aspects of any *object* that involved in the *Splitting* episode.

There are potentially deeper issues associated with *Splitting*. James may be dismissing the negative or positive qualities in the object. *Repression* or other maladaptive mechanisms that allow the client to push emotions out of their conscious mind may be present. Certain personality types or personality disorders may favor the use of *Splitting*. Those personality issues include *Borderline* and *Histrionic Personality Types*. The potential for *rapid cycling* may be enhanced when there is a co-morbid personality disorder or maladaptation.
Specific Level Six Maladaptive Defense Mechanisms

Mechanism Name: *Acting Out (6:1)*

**Summary:** James engages in outward physical action that is taken in response to internal reflections or feelings. The behavior being acted out is a direct response to internal emotional queues.

**Extended Narrative:** James commits outward physical actions directly in response to internal reflections, feelings, or emotional states. These actions may be dangerous actions at times including attempted suicide and acts of violence toward others. He may also commit actions like hiding car keys from a spouse because he is angry with his spouse.

**Acting Out Treatment Discussion**

*Acting Out* is probably the result of a number of internal or external occurrences:

- James has been using a number of Level #2 maladaptive defense mechanisms consistently for a significant period. Those might include *Displacement, Dissociation, Intellectualization, Isolation of Affect*, and *Repression*. Each of these defense mechanisms allows James the liberty not to deal with an emotional state head-on.
- James has now encountered a stressor (probably external) for which the Level #2 maladaptive defense mechanisms no longer functions. He is still unwilling to deal with the emotional state. Essentially, he is in the process of decompensation.
- The therapist has not been cognizant enough regarding James’s uses of Level #2 defenses and has not been successful in the elimination of those defenses.

At this point, James reaches a breaking point and the pent-up emotions must be dealt with and expressed in some way. James, however, is not willing to deal with the internal or the external issues that have caused the emotional state in the first place. Thus, he does something physical in an effort to 1) relieve the internal conflict; and/or, 2) create a new and more acceptable emotional state (even though that emotional state is temporary and manufactured).

The act of physically *Acting Out* in response to internal emotional states gives James some control again over his environment -- even if that control is viewed by him or by others as negative. It's still control. At the same time, there is some refocus on the physical event associated with *Acting Out*. This prevents James from dealing with the reality of his situation and diverts his attention away from it temporarily.

The therapist should understand that when James engages in *Acting Out*, he has reached a point of desperation. That desperation includes an internal struggle that will not let him encounter the core issues that are causing emotional discomfort. *Acting Out* is only a temporary fix -- a temporary release of the emotion. The need to act out will probably resurface shortly.
The therapist must understand that this could be a very volatile and a very dangerous situation. There is a possibility that James could further decompensate into even more significant maladaptive behaviors. There is a possibility of Apathetic Withdrawal. There is also a possibility of further Acting Out. Significant Axis I Disorders and psychosis are certainly not out of the question.

**Acting Out** may include rather mundane actions that are merely symbolic of the internal struggles. If the therapist witnesses those types of **Acting Out** episodes the therapist must realize that there is the potential for more significant **Acting Out**. In fact, the probability is very high.

Other more significant forms of **Acting Out** might range from punching things, harming pets, desertion of the family unit, destruction of property, quitting school or a job, domestic violence episodes, homicide or suicide. Sometimes the **Acting Out** behaviors can be extreme and generated very quickly.

Extreme agitation might be the first clue to a therapist that James has reached a breaking point. Each **Acting Out** event must be assessed individually by the therapist. A contract with James may be helpful to prevent further **Acting Out**, in the event that a less severe **Acting Out** event occurs.

Resolution of internalized emotions -- and the cause of those emotions -- is the only means by which **Acting Out** can be prevented again, once it occurs. Further degeneration of the general psychological state of James is very likely.

~~~~~~~~~~~~~~~

**Mechanism Name:** Apathetic Withdrawal (6:2)

**Summary:** James withdraws from any attempts to deal with internal or external stressing events or emotional states. James gives up.

**Extended Narrative:** James Withdraws from any attempts to deal with the internal or external stressing events or the emotional states associated with those stressors. James no longer wishes to discuss the stressor nor does he desire to work toward resolution.

**Apathetic Withdrawal Treatment Discussion**

This is a very serious situation for the therapist. Apathetic Withdrawal is different than James simply leaving therapy and never coming back. Apathetic Withdrawal is the shut down of the desire and/or ability of James to face the internal and/or external issues and events that are occurring.

Significant Axis I Disorders might ensue, including somatic issues. The potential for psychosis is increased and the likelihood of self-destruction is very high. When James shuts down and will no longer deal with life's issues, there is a possibility that life itself will be too painful for him to tolerate. He no longer has a viable release for the issues that trouble him.
The therapist must give James some small hope at this point -- something that he can hang onto during this crisis. There is a real possibility that James will need to be hospitalized if suicide appears to be a possibility or if psychotic symptomology is significant.

If James cannot be recovered from this maladaptive defense mechanism quickly, the therapist should refer them to a Psychiatrist for treatment and possible medication.

Mechanism Name: Help Rejection (6:3)

Summary: James makes repeated requests for help and then rejects help when it is offered.

Extended Narrative: James makes repeated requests for Help. When viable Help is offered, James rejects all suggestions, advice, and/or Help offered by others. Help is often viewed as deficient or inadequate.

Help Rejection Treatment Discussion

This Level of maladaptive defense mechanism is characterized by either action or withdrawal in relation to the stressor. In this case, however, this mechanism is a combination of both action and withdrawal.

Certain personality types favor this maladaptive defense mechanism. The most significant of them is the Antisocial Personality Type. The therapist should understand that there may be some Passive Aggression involved in this type of mechanism.

The therapist should understand that this is a primary method for James to prematurely terminate counseling, if that is his intention. If it is truly the desire of James to leave therapy, there is probably nothing that the therapist can do to prevent it when this defense mechanism is used.

There are two different reasons that James will use Help Rejecting Complaining.

First, James may use this maladaptive defense mechanism as a form of game playing. He may have been forced into therapy by a spouse or by someone else. This is his way of getting out of therapy. James was not serious to begin with. He may have entered therapy to pacify someone else. At the same time, the second reason may also apply to James.

Second, when a therapist begins to make significant headway regarding the deeper issues that James faces, some of those issues may surface fully in James's mind without being fully expressed in therapy. Some of those issues may frighten James. There may be significant apprehension.

There is a possibility that James internally recognizes significant issues and will use this maladaptive defense mechanism as a means of avoiding those issues. Since James does not
wish to seem to be a fault, he will typically blame the therapist for his exit from therapy.

The therapist may never know which of the two reasons caused the Help Rejecting Complaining (or if it was a combination of both). It is very likely that James will not return to therapy.

In the event that the therapist is able to get James to return, the therapist should make every effort to make a treatment contract with James. That contract would be an agreement that James would attend a specified number of sessions. It is best for the therapist to make that as low of a number as possible. The therapist who is successful at getting James to agree to this should work as efficiently as possible during the few sessions that they have. It may be the only shot that they have.

~~~~~~~~~~~~~~~~~

Mechanism Name: **Passive Aggression (6:4)**

**Summary:** James engages in indirect and unassertive aggression toward others. His overt and visible compliance masks covert resistance, resentment and hostility.

**Extended Narrative:** James engages in indirect and unassertive Aggression toward at least one other person. Visible compliance masks the covert resistance, resentment, or hostility. Passive Aggression usually occurs in response to demands for independent actions or performance on the part of the individual engaging in its use. It may be attached to a sense of lack of gratification. Passive Aggression is often used by individuals who are or feel subordinate to others and feel that they have no other means of expressing assertiveness.

**Passive Aggression Treatment Discussion**

In a way, Passive Aggression is a form of Acting Out. James is acting out his emotions on his environment. Passive Aggression, however, is different since the action is passive and not intended to be recognized by others as an active display. There are also elements of Repression and potentially Displacement involved with this maladaptive defense mechanism.

This maladaptive defense mechanism is sometimes difficult to locate.

The intended purpose of Passive Aggressive behavior is to hide subtle offensive, controlling anger behind a passive veil. In fact, there is a good possibility that James himself may only remotely perceive that he is using this maladaptive defense mechanism. The longer he uses it, the more it will become an automatic response to internal queues. The purpose is to control threatening people and environmental situations by using passive anger that James has under his control.

Probably the first indicator that Passive Aggression is being used will be during discussions about important interpersonal relationships that James finds to be troubling. These relationships always seem to blow up. When there are consistent blow ups in certain significant relationships, and when James complains about unfair treatment related to those
interpersonal relationships, the therapist should investigate the possibility of Passive Aggression.

The relationships that are most susceptible to Passive Aggression are relationships wherein authority is an issue (e.g. work, children, spouse, and parents). While this is not always the case, Passive Aggression is used on a regular basis with authority relationships.

He may consistently complain that others are out to get him. He may say that others are never satisfied with his behavior or performance. In reality, if Passive Aggression is being used, James is involved in passively blowing up those situations for the purpose of control (even though it might generate a negative response). James often uses Passive Aggression to play the role of the victim.

Passive Aggressive behavior gives James permission to harbor resentments and the anger that are undoubtedly repressed deep under the surface. James perceives that these emotions may be too dangerous or too volatile for him to honestly express and adequately control. He may use Passive Aggression to punish others. In all likelihood, there is some amount of Displacement associated with this maladaptive defense mechanism.

When a therapist locates and verifies the use of Passive Aggression, the therapist should realize that there are probably much deeper issues that need to be uncovered. It is unlikely that James is just encountering the surface environmental issues that become evident. The likelihood is that some maladaptive issue is being suppressed from his childhood that is acting as a template for his maladaptive social interaction.

The therapist must educate James about his use of Passive Aggression. However, when this is done, there is a significant likelihood of decompensation. This is especially true if the purpose for the Passive Aggression is related to significant childhood issues. Those issues will need to be addressed and James will need to resolve the childhood maladaptations prior to being able to stop using the Passive Aggression. Issues of self-esteem and self-assertion should be encountered and resolved.

The therapist should understand that the bottom line regarding Passive Aggression is that it is used to control James's environment -- and, especially to control the authority relationships in that environment. It always involves controlling and manipulative anger against another person. Unless James recognizes that anger, progress cannot be made in therapy. Most of the time, a person is not able to fully understand their own Passive Aggression.

Specific Level Seven Maladaptive Defense Mechanisms

Mechanism Name: Delusional Projection(7:1)

Summary: James uses Projection with the added component of belief that the event or situation being Projected is part of objective reality when in fact it is not.
**Extended Narrative:** James uses *Projection* with the added component of reality distortion. *Projection* places James's own negative behaviors on another person – accusing another person of something that is not true of them but is true of James himself. For example, an individual may *Project* their own fixation for pornography onto another person while the *Projection* is not really true.

*Delusional Projection* takes *Projection* into the arena of psychosis – the accuser believes and builds a case for the *Projection*. For example, John has been having an affair. He accuses Bill of having an affair (simple *Projection*). Through an unrealistic connection of *facts*, John actually and truly believes that Bill is having an affair.

**Delusional Projection Treatment Discussion**

This Level of maladaptive defense indicates a breakdown of defensive regulation. This Level is indicative of a break with objective reality and reveals that James is suffering from some psychotic symptomology.

Medical and psychiatric evaluation is required for an individual suffering from *Delusional Projection*. Medications will likely be required 1) to curb uncontrollable internal impulses and 2) to aid in the diminishing of psychotic symptomology.

It is not reasonable for the therapist to engage in any form of *normal* therapy with James until psychotic symptomology has been significantly reduced. He will be unable to relate to and test reality on a consistent basis making traditional therapy a futile process.

Primary care of James should be conducted through Psychiatric care, which may even include inpatient Psychiatric treatment. All other counseling efforts at this point should be supportive and secondary to the work of the Psychiatrist. Talk therapy should not resume until the Psychiatrist advises the counselor that such care is appropriate and useful.

~~~~~~~~~~~~~~~~~

**Mechanism Name:** *Psychotic Denial* (7:2)

**Summary:** James uses *Denial* with the added component of belief that the event or situation being denied can be verifiably proven to be false.

**Extended Narrative:** James uses *Denial* with the added component of reality distortion. *Denial* is an internal inability to admit that an event has occurred. *Psychotic Denial* builds a defense that *proves* to the individual himself that the event has not occurred.

For example, a man’s wife has died. He immediately engages in *Denial* as a primary defense mechanism regarding her death. Now, however, he has progressed in his *Denial*. Not only is he denying her death, but he now believes that he has seen her and talked with her. His *reality* now contains elements that can be verifiably proven as false.
Psychotic Denial Treatment Discussion

This Level of maladaptive defense indicates a breakdown of defensive regulation. This Level is indicative of a break with objective reality and reveals that James is suffering from some psychotic symptomology.

Medical and psychiatric evaluation is required for an individual suffering from Psychotic Denial. Medications will likely be required 1) to curb uncontrollable internal impulses and 2) to aid in the diminishing of psychotic symptomology.

It is not reasonable for the therapist to engage in any form of normal therapy with James until psychotic symptomology has been significantly reduced. He will be unable to relate to and test reality on a consistent basis making traditional therapy a futile process.

Primary care of James should be conducted through Psychiatric care, which may even include inpatient Psychiatric treatment. All other counseling efforts at this point should be supportive and secondary to the work of the Psychiatrist. Talk therapy should not resume until the Psychiatrist advises the counselor that such care is appropriate and useful.

~~~~~~~~~~~~~~~

Mechanism Name: Psychotic Distortion (7:3)

Summary: James makes internal efforts to reshape the external world with hallucinations and delusions. James creates a new reality.

Extended Narrative: James experiences internal hallucinations (visual and/or auditory) and delusions. These elements reshape James’s view of external reality and create a new reality for James that opposes objective reality as witnessed by others.

Psychotic Distortion Treatment Discussion

This Level of maladaptive defense indicates a breakdown of defensive regulation. This Level is indicative of a break with objective reality and reveals that James is suffering from some psychotic symptomology.

Medical and psychiatric evaluation is required for an individual suffering from Psychotic Distortion. Medications will likely be required 1) to curb uncontrollable internal impulses and 2) to aid in the diminishing of psychotic symptomology.

It is not reasonable for the therapist to engage in any form of normal therapy with James until psychotic symptomology has been significantly reduced. He will be unable to relate to and test reality on a consistent basis making traditional therapy a futile process. Primary care of James should be conducted through Psychiatric care, which may even include inpatient Psychiatric treatment. All other counseling efforts at this point should be supportive and secondary to the work of the Psychiatrist. Talk therapy should not resume until the
Psychiatrist advises the counselor that such care is appropriate and useful.