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| **Perrotta Affective Dependence Questionnaire**  **(PAD-Q)** |

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| The Perrotta Affective Dependence Questionnaire (PAD-Q) aims to study the phenomenon of "affective dependence", defined as a maladaptive model of the affective-sentimental relationship of a couple that involves the establishment or persistence of a clinically significant bond, lasting at least six months and characterized by a functional impairment of the relational, emotional and somatic areas.  In particular, the passive subject of the relationship, affected by emotional dependence, experiences the following symptomatological picture:  1) "relational area": relational dependence/codependence, assumption of other people's responsibility with significant delegation, excessive justification of the partner's injurious, offensive or disparaging conduct, dynamics of psychophysical submission or subordinate relationship, excessive need for reassurance, attention or relational certainty, unfounded fear of abandonment.  2) "somatic area": emotional, relational, affective, sentimental and physical malaise, excessive tolerance in relation to the damaging, offensive or denigrating episodes of the partner, masochistic dynamics.  3) "Emotional area": inability to manage anxiety, low tolerance to frustration, emotional instability, need for control, unmotivated fears, low self-esteem, verbal and/or physical denigration, obsessive and/or delusional episodes.  Affective addiction, not being a well-identified psychopathological label in the international nosographic framework, except in the general framework of behavioral addictions, in this context is identified as a maladaptive behavioral model that describes a series of personality traits afferent to several nosographically recognized psychopathological disorders.  Specifically, according to this excellent, the patient who presents with the following total overall scores will receive the following diagnoses:  1) Behavior in the normal range: 0 - 35.  2) Dysfunctional behavior: 36 - 50.  3) Dysfunctional attitude: 51 - 65.  4) Dysfunctional Inclination: 66 - 80.  5) Dysfunctional predisposition: 81 - 95.  6) Clinically relevant condition:  a) moderate level: 96 - 115,  b) significant level: 116 - 135,  c) severe level: 136 - 155.  d) very severe level: 156 - 175.  On the basis of the summation of the individual categories it is possible to identify the pathological subtypes, provided that the overall total score is equal to or greater than 96/175.  The subtype that obtains the highest score represents the most representative type of the patient:  a) Type I: *Affective neurotic*: the person with the highest cumulative score in the type I items (items 10, 11, 13, 19, 22) describes him/herself with a tendency to frequently use neurotic defence mechanisms to obtain secondary benefits, preoccupation when having to meet the partner's expectations, brooding and disturbing fantasies related to the relationship, catastrophic ideas and negative and pessimistic ideations.  b) Type II: *Dependent*: the person with the highest cumulative score in the type II items (items 2, 3, 8, 25, 26) describes him/herself with a tendency to lose contact with his/her own emotions by putting his/her partner's needs and expectations first, seeking approval and reassurance from his/her partner, generalised anxiety, unfounded fear that his/her partner might prefer another person and the use of cognitive distortions and self-deception to justify his/her behaviour.  c) Type III: *Histrionic*: the person with the highest cumulative score in the type III items (items 15, 17, 18, 21, 24) describes him/herself as having a tendency to fear stability in relationships (even though he/she seems to be looking for it very hard), theatricality in the manifestation of his/her emotions, dramatic and excessive reactions, looking for complex emotional situations or with complicated people and the use of complaining.  d) Type IV: *Masochistic*: the person with the highest cumulative score in the type IV items (items 1, 7, 14, 29, 30) describes him/herself with a tendency to excessively tolerate and justify his/her partner's behaviour, even if disrespectful or inadequate, excessive attention in the relationship and towards the romantic relationship with relative excessive emotional investment, putting his/her own rights and needs first and delegitimising actions in favour of the partner.  e) Type V: *Borderline*: the person with the highest cumulative score in the type V items (items 5, 6, 9, 12, 28) describes him/herself with a tendency to feel empty or bored, an impelling need for an affective, sentimental or sexual relationship even with people one has only just met, fear of abandonment and loneliness, use of idealisation/devaluation in the relationship.  f) Type VI: *Covert Narcissist*: the person with the highest cumulative score in the type VI items (items 4, 16, 20, 23, 27) describes him/herself as having a tendency to prefer complicated, troubled or dramatic relationships even if he/she declares him/herself to be unhappy, an unfounded fear that the partner does not love him/her enough, a need to conquer people who initially show little interest or disinterest, passive-aggressive manipulation of the relationship and difficulty in maintaining distance and boundaries with the partner.  g) Type VII: *Psychotic*: the person with the highest cumulative score in the type VII items (items 31, 32, 33, 34, 35) describes him/herself as having a solitary tendency, a preference for closure, a very controlled emotionality, frequent masturbatory activity with limited sexual intercourse in pairs, obsessions, delusions and an excessive concentration on the partner's pleasure as a priority to the detriment of his/her own body and needs.  The compilation of the questionnaire must be done by the therapist, after the clinical interview and serves to better define the general picture based on the symptoms reported and possibly found. The above mentioned psychopathological types do not recall the possible international nosographics of mental disorders also named but simply recall, for personality traits, such disorders, which to be diagnosed in their complexity need further psychometric investigations. The therapist, following the clinical interview, initials the answers of each item, entering a value from 0 to 5 where 5 is equivalent to "absolutely agree" and 0 is equivalent to "not at all agree". Once the answers have been initialed, the therapist proceeds to the summation of the results, obtaining any relevant values, initialing the groups of items of the psychopathological subtypes only if the final summation gives a result equal to or greater than 96/175. |

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| ITEMS | ANSWERS |
| 1. ***Tendency to overly tolerate partner's behaviors, even when they are disrespectful, offensive and/or inappropriate to the emotional and affective relationship*** |  |
| 1. ***Tendency to lose contact with one's own emotions, needs and requirements in favor of those of the partner, but feeling discomfort and frustration as a result of this behavioral choice*** |  |
| 1. ***Tendency to frequently seek approval and reassurance from the partner at least 3 times a week, due to insecurity, in the absence of obvious needs or necessities*** |  |
| 1. ***Tendency to prefer complicated relationships*** *(e.g., with partners who are confused or committed to other people)* ***or partners with unresolved internal conflict dynamics*** *(e.g., unreworked trauma or obvious character differences that make the relationship difficult to harmonize)* ***or even psychopathology*** |  |
| 1. ***Tendency to frequently experience subjective perceptions of emptiness or boredom at least 3 times a week*** |  |
| 1. ***Tendency to seek at any cost to establish an emotional, sentimental or intimate relationship with people of whom you have inadequate or insufficient knowledge*** |  |
| 1. ***Tendency to be too demanding, stifling or focused on the relationship, generating anxiety, anger and frustration or risking self-isolation from family and/or friend relationships*** |  |
| 1. ***Tendency to feel anxiety when having to meet partner's expectations*** |  |
| 1. ***Tendency to prefer a relational situation of communion for fear of loneliness*** |  |
| 1. ***Tendency to use the relationship to obtain secondary benefits, thus sublimating dysfunctional inner instances*** |  |
| 1. ***Tendency to feel concern when having to meet partner's expectations*** |  |
| 1. ***Tendency to frequently experience imaginary fears of abandonment by partner at least 3 times a week*** |  |
| 1. ***Tendency to ruminate and use disturbing negative fantasies about the relationship and relationship with partner*** |  |
| 1. ***Tendency to invest heavily in the relationship, becoming overly sensitive and/or frustrated, receiving less than one's expectations*** |  |
| 1. ***Tendency to fear a full emotional and sexual relationship, despite constantly seeking a partner or maintaining a perceived unsatisfactory or dysfunctional relationship*** |  |
| 1. ***Tendency to try frequently at least 3 times a week fearing that the partner does not love her enough or has stopped loving her*** |  |
| 1. ***Theatrical tendency to express emotions, even with striking or dramatic gestures, during discussions with the partner*** |  |
| 1. ***Tendency to overreact dramatically when partner's behavior does not reflect their expectations*** |  |
| 1. ***Tendency to feel fear when circumstances require a stance other than the partner's or a demand on them*** |  |
| 1. ***Tendency to prefer sentimental conquest of partners who show little interest or disinterest*** |  |
| 1. ***Tendency to prefer unstable and swinging relationships, despite wanting the opposite*** |  |
| 1. ***Tendency to feel sorry when circumstances require a different stance than the partner's or a demand on them*** |  |
| 1. ***Tendency to passively manipulate your partner, through guilt, shame, anger, and other emotions, to get what you want*** |  |
| 1. ***Tendency to use complaint without actively and positively intervening to change the negative situation*** |  |
| 1. ***Tendency to feel an unfounded fear that the partner will find someone better or more capable of satisfying him or her*** |  |
| 1. ***Tendency to manifest cognitive distortions in reference to their own and their partner's behavior, justifying it in order to maintain the relationship even if it causes unhappiness and frustration*** |  |
| 1. ***Tendency to have difficulty in maintaining and establishing balanced and individual limits and boundaries with respect to the partner and the relationship*** (as the partner's tendency is to centralize in relation to his or her needs and expectations, favoring the false centering of one's individuality) ***or difficulty in allowing the partner to end the relationship*** |  |
| 1. ***Tendency to idealize and/or devalue people, circumstances and events in a short period of time (less than a month), in the absence of valid, concrete and objective reasons*** |  |
| 1. ***Tendency to disrespect oneself or be disrespected in one's values and integrity, to avoid abandonment, loneliness or emotional-affective loss condition*** |  |
| 1. ***Tendency to nullify or delegitimize oneself when there is a direct confrontation with the partner, even if one is right or the discussion could produce a relational conflict or the need for behavioral change*** |  |
| 1. ***Tendency to prefer solitary actions and to close themselves in the relationship, self-isolating or favoring only the external relations of the partner*** |  |
| 1. ***Tendency to feel a very controlled emotionality, almost detached or flattened, even though they consider themselves emotionally and/or sentimentally attached to their partner*** |  |
| 1. ***Tendency to have limited sexual activity and in any case always with the partner and rarely with herself (masturbation)*** |  |
| 1. ***Tendency to fantasize with the presence of delusions or morbid obsessions completely divorced from reality*** |  |
| 1. ***Tendency to focus on partner's pleasure as it is considered a priority, while one's own pleasure is useless, superfluous or even a burden*** |  |

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| ***TOTAL SCORE*** | \_\_\_\_\_ / 175 |

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| ***SCORE TYPE I: AFFECTIVE NEUROTIC*** | |  |  | | --- | --- | | ITEM 10  ITEM 11  ITEM 13  ITEM 19  ITEM 22 |  | |  |  | | \_\_\_\_\_ / 25 |

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| ***SCORE TYPE II: DEPENDENT*** | |  |  | | --- | --- | | ITEM 2  ITEM 3  ITEM 8  ITEM 25  ITEM 26 |  | |  |  | | \_\_\_\_\_ / 25 |

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| ***SCORE TYPE III: HISTRIONIC*** | |  |  | | --- | --- | | ITEM 15  ITEM 17  ITEM 18  ITEM 21  ITEM 24 |  | |  |  | | \_\_\_\_\_ / 25 |

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| ***SCORE TYPE IV: MASOCHIST*** | |  |  | | --- | --- | | ITEM 1  ITEM 7  ITEM 14  ITEM 29  ITEM 30 |  | |  |  | | \_\_\_\_\_ / 25 |

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| ***SCORE TYPE V: BORDERLINE*** | |  |  | | --- | --- | | ITEM 5  ITEM 6  ITEM 9  ITEM 12  ITEM 28 |  | |  |  | | \_\_\_\_\_ / 25 |

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| ***SCORE TYPE VI: NARCISSISTIC COVERT*** | |  |  | | --- | --- | | ITEM 4  ITEM 16  ITEM 20  ITEM 23  ITEM 27 |  | |  |  | | \_\_\_\_\_ / 25 |

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| ***SCORE TYPE VII: PSYCHOTIC*** | |  |  | | --- | --- | | ITEM 31  ITEM 32  ITEM 33  ITEM 34  ITEM 35 |  | |  |  | | \_\_\_\_\_ / 25 |