

Defense Mechanisms

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Defense mechanisms are a concept born out of Freudian psychology. Recall that the Freudian psyche consists of:

- a. Id: animalistic, instinctive urges, sex, aggression, and other primary processes
- b. Ego: rational and language-based executors linking to reality
- c. Super-ego: the conscience, the moral compass insisting on socially acceptable behavior, sometimes to the point of individual deprivation begins to develop at age 5–9 (punitive).

Defenses are the primary tools of the ego, used to manage the internal conflicts between the primitive id and the punitive super-ego. They are the means by which the ego wards off anxiety and controls instinctive urges and unpleasant aspects (emotions).

- a. All defenses are unconscious, with one exception: suppression
- b. Defenses change over time. We are only aware of our defenses in retrospect.
- c. Defenses are adaptive as well as pathologic. We all use defenses all the time. They are how we cope.
- d. Psychopathology is an issue of intensity and extent. Psychopathology = too much all at once, or for too extended a period of time. The key issue in psychopathology is the degree to which the use of defense mechanisms is disruptive of a person's ability to deal with the world around him or her. Unlike behaviorism, defenses are identified by what the person does in conjunction with his or her internal (unconscious) thought processes.

FOUR CLUSTERS OF DEFENSES

1. Narcissistic Defenses
2. Anxiety Defenses
3. Immature Defenses
4. Mature Defenses

Narcissistic Defenses

The boundary between self and others is highly permeable. One's sense of self is very weak and vulnerable.

- a. **Projection:** person attributes his or her own wishes, desires, thoughts, or emotions to someone else.
- b. Internal states are perceived as a part of someone else or of the world in general.
 - i. Examples:
 - A man who has committed adultery becomes convinced that his wife is having an affair even though there is no evidence of it.
 - A girl talks about her doll as having certain feelings, which are really what the girl feels.
 - A physician believes that the nursing staff is uncomfortable talking to him, when in fact, he is uncomfortable talking with them.
 - ii. Paranoia results from the use of projection.

Narcissistic Defenses

b. **Denial:** not allowing reality to penetrate. Asserting that some clear feature of external reality just is not true.

Used to avoid becoming aware of a painful aspect of reality

i. Examples:

- After surviving a heart attack, a patient insists on continuing his lifestyle as if nothing had happened.
- A child who is abused insists that she has been treated well.
- A woman prepares dinner for her husband expecting him to come home, even though he died a month earlier.

ii. Often the first response to bad news, such as the impending death of a loved one or oneself.

Substance users are often “in denial,” claiming that they are not addicted and do not have a problem in the face of clearly dysfunctional or dangerous behavior.

Narcissistic Defenses

c. **Splitting:** people and things in the world are perceived as all bad or all good (God or the Devil). The world is pictured in extreme terms rather than a more realistic blend of good and bad qualities.

i. Examples:

- “This doctor is a miracle worker, but that doctor is totally incompetent.”
- “He’s just so perfect and wonderful,” says a teenage girl in love.
- “No one from that family will ever amount to anything; they are all just plain no good.”

ii. Borderline personality disorders use splitting and vacillate between seeing individuals in the world as all good or all bad. Prejudice and stereotypes are often the result of splitting.

Immature Defenses

a. **Blocking**: temporary or transient block in thinking, or an inability to remember

i. Examples:

- “Mr. Jones, you are suffering from... gee, I just can’t remember what it is called”
- A student is unable to recall the fact needed to answer the exam question, although he recalls it as he walks out of the exam.
- In the middle of a conversation, a woman pauses, looks confused, and asks, “What was I just talking about?”

ii. Blocking is disruptive and can be embarrassing.

Immature Defenses

- b. **Regression:** returning to an earlier stage of development. “Acting childish” or at least younger than is typical for that individual
- i. Examples:
- i. An older patient giggles uncontrollably or breaks down crying when told bad news.
 - ii. A patient lies in bed curled up in a fetal position.
 - iii. Play is regressive, i.e., a more free, simpler expression from a earlier age.
- Regression is common when people are tired, ill, or uncomfortable.
- iv. Enuresis that develops in a child who previously had been continent following the birth of a new sibling is the result of regression.
- Similarly, when a new child is born, older children who have been weaned may demand to go back to breast-feeding.

Immature Defenses

c. **Somatization**: psychic derivatives are converted into bodily symptoms. Feelings are manifest as physical symptoms rather than psychologic distress.

i. Examples:

- Getting a headache while taking an exam
- Feeling queasy and nauseated before performing on stage
- Developing a ringing in the ears while making a presentation for Grand Rounds

ii. Extreme forms of somatization are diagnosed as somatic symptom disorders .

iii. Symptoms created are physically real, not merely imagined

Immature Defenses

d. **Introjection** (Identification): features of external world or persons are taken in and made part of the self. The opposite of projection.

i. Examples:

- A resident dresses and acts like the attending physician.
- A child scolds herself out loud in the same manner that her mother scolded her the day before.
- A teenager adopts the style and mannerisms of a rock star.

ii. When identifying with others is done consciously, it is labeled “imitation”.

iii. The super ego is formed, in part, by the introjection of the same-gender parent as a resolution to the Oedipal crisis.

iv. Introjection is why children act like their parents. “I always swore that I would treat my children differently, yet there I was saying the same things to my children that my mother always used to say to me!”

v. Being a sports fan or a soap opera fan involves introjection.

vi. Patients in psychotherapy gain a different (hopefully healthier) sense of self, in part, by introjecting their therapist.

Anxiety Defenses

You have a fairly strong and robust sense of self and ego. These defenses serve to address the unpleasant discomforts of anxiety.

a. **Displacement:** changing the target of an emotion or drive, while the person having the feeling remains the same.

i. Examples:

- A man who is angry at his boss pounds on his desk rather than telling his boss what he really thinks.
- An attending physician scolds a resident who later expresses his anger by yelling at a medical student.

ii. In family therapy, one child in the family is often singled out and blamed for all the family's problems, i.e., is treated as a scapegoat by others displacing their symptoms onto this child.

iii. Displacement often "runs downhill," i.e., from higher to lower in a power hierarchy.

iv. Phobias are the result of displacement.

Anxiety Defenses

b. **Repression**: an idea or feeling is eliminated from consciousness. Note that the content may once have been known, but now has become inaccessible.

i. Examples:

- A child who was abused by her mother and was treated for the abuse, now has no memory of any mistreatment by her mother.
- A man who survived 6 months in a concentration camp cannot recall anything about his life during that time period.

ii. You forget ,and then forget that you forgot.

iii. Content usually not recoverable without some trauma or psychoanalysis

iv. Differentiated from denial in that the reality was once accepted, but is now discarded

v. One of the most basic defense mechanisms

Anxiety Defenses

c. **Isolation of affect:** reality is accepted, but without the expected human emotional response to that reality. Separation of an idea from the affect that accompanies it

i. Examples:

- A child who has been beaten discusses the beatings without any display of emotions.
- A physician informs a patient of his poor prognosis in bland, matter-of-fact tones.
- A patient who has had a finger severed in an accident describes the incident to his physician without any emotional reaction.

ii. **Facts without feelings**

iii. The bland affect of schizophrenics, la belle indifference, that often accompanies conversion disorder is a manifestation of this defense mechanism.

Anxiety Defenses

d. **Intellectualization:** affect is stripped away and replaced by an excessive use of intellectual processes. Cognition replaces affect. The intellectual content is academically, but not humanly, relevant.

i. Examples:

- “Notice how the bone is protruding from my leg. It is interesting to contemplate the physics that allows such an event to happen.”
- A physician tells a patient about his poor prognosis and talks a great deal about the technical aspects by which the prognosis was derived.

Intellect in place of emotion

- ii. Physicians who are too concerned with the technical aspects of the profession and not enough with the patient may well be using this defense mechanism.
- iii. In obsessive–compulsive anxiety disorder, rumination can result from this defense mechanism.

Anxiety Defenses

e. **Acting out** :massive emotional or behavioral outburst to coverup underlying feeling or idea. Strong action or emotions to cover up unacceptable emotions. Note: The real emotion is covered, not expressed.

i. Examples:

- Temper tantrum is thrown by an abandoned child to cover the depression he really feels
- “Whistling in the dark” hides the real underlying fear.
- For adolescents, substance-related disorder, overeating, or getting into fights are “strong” actions that coverup underlying feelings of vulnerability.

ii. Differentiated from displacement in that the emotion is covered up, not redirected

iii. Common in borderline and antisocial personality disorders

Anxiety Defenses

f. **Rationalization:** rational explanations are used to justify attitudes, beliefs, or behaviors that are unacceptable.

i. Examples:

- “Yes, I believe killing is wrong, but I killed him because he really deserved it.”
- A man who is unfaithful to his wife tells himself that this liaison will actually make him appreciate his wife more.

ii. Look for the “string of reasons”

iii. Note that this is not a reasoned action, but a search for reasons to allow an unacceptable action already selected.

iv. Used to relieve guilt and shame

v. Often accompanies obsessive–compulsive behavior

Anxiety Defenses

g. **Reaction formation:** an unacceptable impulse is transformed into its opposite. A global reversal in which love is expressed as hate, for example

i. Examples:

- A student who always wanted to be a physician expresses relief and says, “This is the best news I’ve ever heard,” after not being accepted into medical school.
- Two coworkers fight all the time because they are actually very attracted to each other.

ii. Found in many anxiety disorders

Anxiety Defenses

h. **Undoing**: acting out the reverse of unacceptable behavior. Repairs or fixes the impulse

i. Examples:

- Superstitions such as “knock on wood” after wishing someone well
- A man repeatedly checks the burners on the stove to make sure that they are turned off before leaving the house.

ii. Many religions offer a type of institutionally sanctioned undoing: the penance after confession or making the sign of the cross to ward off anxiety.

iii. Obsessive–compulsive behavior (e.g., repeated hand- washing) is undoing.

Anxiety Defenses

i. **Passive-aggressive:** nonperformance or poor performance after setting up the expectation of performance. Regarded as a passive (indirect) expression of hostility

i. Examples:

- “I could give you a good example of this, but I’m not going to.”
- A student agrees to share class notes but goes home without sharing them.
- A physician ignores and does not answer the direct questions of a patient whom he finds annoying.

ii. The feelings of hostility are unconscious, and the person using the defense is generally unaware of them.

iii. If you consciously set someone up, it is not a defense, but simply being mean.

iv. Often used by borderline personality disorders and young children

Anxiety Defenses

j. **Dissociation:** separates self from one's experience. Third-person rather than first-person experience. The facts of the events are accepted, but the self is protected from the full impact of the experience.

i. Examples:

- The survivor of an automobile accident tells of the feeling that everything happened in slow motion. .

ii. Increasingly common in clinical settings

iii. In extreme forms, this becomes a dissociative disorder, e.g., fugue states, amnesia, identity (multiple personality) disorder.

Mature Defenses

These defenses distort reality less than the other defenses and are thus considered more mature

a. **Humor**: permits the overt expression of feelings and thoughts without personal discomfort

i. Examples:

- A man laughs when told he is going to be fired.
- A terminally ill cancer patient makes fun of his condition.

ii. Laughter covers the pain and anxiety.

iii. We laugh the easiest at the things that make us most anxious.

Mature Defenses

b. **Sublimation:** impulse gratification is achieved by channeling the unacceptable or unattainable impulse into a socially acceptable direction. The unacceptable/unattainable impulse becomes the motive force for social benefit.

i. Examples:

- Dante wrote the Inferno as an outlet for his adoration of the woman Beatrice.
- A man who got into fights as a teenager becomes a professional prize fighter.

ii. Much art and literature spring from sublimation.

iii. Considered by some to be the most mature defense mechanism

Mature Defenses

c. **Suppression:** conscious decision to postpone attention to an impulse or conflict. Conscious setup and unconscious follow-through. The suppressed content temporarily resides in the unconscious.

i. Examples:

- A student decides to forget about a pending exam to go out and have a good time for an evening.
- A woman who is afraid of heights ignores the drop of the cliff to appreciate the beautiful vista.
- A terminally ill cancer patient puts aside his anxiety and enjoys a family gathering.

ii. Unlike repression, suppressed content is recalled with the right cue or stimulus.

iii. Forget, but remember that you forgot

TRANSFERENCE

TRANSFERENCE

The patient unconsciously transfers thoughts and feelings about a parent or significant other person onto his physician. This is not a defense mechanism. Can be positive (cause you to unaccountably like someone) or negative (cause you to unaccountably dislike someone)

1. Easily established in cases of physical illness, because the patient often undergoes a psychologic regression
2. Not necessarily related to the length of time the patient has known physician
3. Countertransference is transference from the physician to the patient.

Defense Mechanism	Short Definition	Important Associations
Projection	Seeing the inside in the outside	Paranoid behavior
Denial	Saying it is not so	Substance-related disorders, reaction to death
Splitting	The world composed of polar opposites	Borderline personality; good vs evil
Blocking	Transient inability to remember	Momentary lapse
Regression	Returning to an earlier stage of development	Enuresis, primitive behaviors
Somatization	Physical symptoms for psychological reasons	Somatic symptom disorders
Introjection	The outside becomes inside	Superego, being like parents
Displacement	Source stays the same, target changes	Redirected emotion, phobias, scapegoat
Repression	Forgetting so it is nonretrievable	Forget and forget
Isolation of affect	Facts without feeling	Blunted affect, <i>la belle indifférence</i>
Intellectualization	Affect replaced by academic content	Academic, not human, reaction
Acting out	Affect covered up by excessive action or sensation	Substance-related disorders, fighting, gambling
Rationalization	Why the unacceptable is OK in this instance	Justification, string of reasons
Reaction formation	Unacceptable transformed into its opposite	Manifesting the opposite, feel love but show hate
Undoing	Action to symbolically reverse the unacceptable	Fixing or repairing, obsessive–compulsive behaviors
Passive-aggression	Passive nonperformance after promise	Unconscious, indirect hostility
Dissociation	Separating self from one's own experience	Fugue, depersonalization, amnesia, multiple personality
Humor	A pleasant release from anxiety	Laughter hides the pain
Sublimation	Unacceptable impulse into acceptable channel	Art, literature, mentoring
Suppression	Forgetting but it is retrievable	Forget and remember

A female patient who is hospitalized after making a suicide attempt because her doctor did not respond to her offer to friend him on Facebook states that all female doctors are good but all male doctors are incompetent. The best explanation for this statement by the patient is

A 40-year-old man who is angry at his ill wife, but does not consciously acknowledge that anger, shouts at his children as soon as he returns home from work.

A woman, whose parents and teachers complained about how messy she was as a child, grows up to become a famous abstract painter. Her technique involves throwing paint and small objects at large canvases and then using her fingers to mix the colors and textures.

A 21-year-old woman who was physically abused by her father manages to overcome her hostility toward him by baking cookies for him.

A man who has just received a call at work that his child has been seriously injured and is being taken to the hospital arranges for a colleague to do his work before he rushes to the child's side

A 28-year-old medical resident is assigned to tell a patient that her illness is terminal. Prior to seeing the patient, the resident conducts extensive library research on the details and statistics of length of survival of people with this illness. When he speaks to the patient, he cites the journal articles that he has read, including a detailed explanation of the theories of the etiology of her condition. Later that day, the resident tells the attending physician that the patient did not seem to understand what he told her.

The End