

Defense Mechanisms

Defense mechanisms, also called ego-defense mechanisms or mental mechanisms, are put into play by the ego to protect the personality from anxiety associated with the conflicts of internal drives and desires. All of the defense mechanisms except suppression are unconscious. Defense mechanisms are an important part of the adaptive process, allowing the individual to continue with the daily tasks of living in the face of internal and external conflicts. However obvious another person's methods of coping may appear, they are not that obvious to the individual using them. Everyone uses defense mechanisms to obtain relief from emotional conflict and anxiety. Healthy individuals may use many of them throughout their life in times of stress. For example, many people commonly use rationalization to justify ideas, actions, or feelings; reduce guilt; and maintain respect and social approval. But as long as the individual is growing and progressing emotionally, and is able to solve most problems in a manner congruent with his or her stage of development, then the person is most likely not in danger of maladaptive use of defense mechanisms.

Problems arise when an individual uses the same defense mechanism repeatedly, to the exclusion of reality; this happens probably because the individual perceives most situations as threatening even though they may not be viewed as such by others. For example, the person who constantly projects his or her own negative feelings, attitudes, or beliefs onto another person is demonstrating a rigid, maladaptive use of a defense mechanism. One of the reasons people develop psychiatric problems is because the ego loses its ability to use defense mechanisms in a way that relieves the person's psychic pain. Put another way, their psychic stress is greater than the ego's ability to relieve it through healthy use of defense mechanisms.

A major task for nursing, then, is not to remove the patient's defense mechanisms through exposure and confrontation, but rather to help the patient de-

velop greater ego strength through the development of a strong, therapeutic alliance. As the patient develops trust, builds self-esteem, and learns to accept failure without fear of consequences, he or she may be able to let go of rigid, maladaptive defenses and begin to use healthy, flexible, adaptive defense mechanisms.

DEFENSE MECHANISMS

Repression

A defense mechanism in which unacceptable feelings or thoughts are automatically pushed into one's unconsciousness. They may be painful, traumatic conflicts involving such things as sexual molestation or rape or the feelings experienced during a life-threatening accident or illness. Repression is an operative force in the use of all defense mechanisms and is necessary for the survival of the organism. It is believed, however, that if important conflicts are not resolved during critical stages of growth and development, repressed material can result in disordered or maladaptive behavior later in life.

Introjection

A defense mechanism that begins in infancy and involves the incorporation of characteristic traits, attitudes, and ideas of significant persons. The early introjects are the most important since they are influential in the formation of morals, values, and conscience. Introjection has been called an intense form of identification. In the area of psychiatry and mental health, the patient has opportunities to introject healthy, desirable qualities from nurses and other health care professionals.

Identification

A defense mechanism that involves the desire or wish to emulate or be like another person, and to assume the mannerisms, style, or dress of that individual. Most notable during adolescence when one's identification with peers is a critical part of

dividual intentionally excludes the unwanted material from the conscious mind, but unlike repression, is able to retrieve it at will. Suppression is adaptive when a person is overloaded with stimuli and information and needs to prioritize by postponing less important matters for those that are more urgent. However, suppression can also lead to procrastination and can result in even more anxiety for the individual when he or she ultimately has to deal with the "forgotten" material.

Dissociation

A defense mechanism that protects the self from the awareness of feelings related to an emotionally charged conflict, by separating and detaching the conflict from the consciousness. Dissociation has been noted in persons who have been assaulted or raped and are later found wandering around in public, dazed and disheveled. On questioning by a physician or a police officer, these individuals generally cannot recall the traumatic event.

Rationalization

The most commonly used defense mechanism, in which a person justifies ideas, actions, or feelings with seemingly acceptable reasons or explanations. Rationalization is often used to preserve self-respect, reduce guilt feelings, or obtain social approval or acceptance. An example of rationalization is noted in the student who insists she or he received a poor grade on an exam because the teacher never explained the class content sufficiently, when actually the student was not adequately prepared for the exam. Rationalization is maladaptive when the person uses it continuously, and refuses to take responsibility for actions or feelings.

Intellectualization

A defense mechanism in which an individual transfers emotions and feelings into the intellectual domain. The person uses reasoning and logic, often with sophisticated words or jargon, to distance the self from painful feelings and emotions. Intellectualization is often demonstrated by survivors in the early stages of grief, when they proceed to give funeral instructions in a calm, logical manner, to avoid the devastating pain of reality. Another example is that of a person who has recently been the victim of a broken love relationship and tries to figure out what went wrong through lengthy, intellectual explanations, instead of demonstrating the appropriate emotions of sadness, disappointment, and anger. It may be adaptive if used for a short period of time, but maladaptive if it prevents healthy emotions from being expressed for the better part of one's lifetime.

Sublimation

A defense mechanism that involves the rechanneling of consciously intolerable or socially unacceptable impulses or behaviors into activities that are personally and socially acceptable. For example, an aggressive high-school student joins the football team

and rechannels angry impulses on the football field, or a middle-aged woman who craves love rechannels her emotions by catering to a pet. The most common drives used in sublimation are sexuality and aggression.

Isolation of Affect

A defense mechanism that is characterized by the separation of an unacceptable feeling, idea, or impulse from one's thought processes. For example, a nurse working in a busy emergency department is able to care for seriously injured accident victims by separating or isolating feelings and emotions related to the patients' pain, injuries, or death. The nurse focuses on the care and treatment rather than the pain, suffering, or outcome of the patients. Isolation of affect, also known as emotional isolation, may be adaptive for short periods of time, when people need to perform rather than react. It may become maladaptive, however, if used for long periods of time, without healthy release of emotions.

Symbolization

A defense mechanism in which an object, idea, or act represents another through some common aspect, and carries the emotions and feelings that are associated with it. Common examples of symbols are the flags that represent the different nations of the world. Many symbols are culture-specific, but suffice it to say, every culture has its own unique symbols for love, patriotism, and other ideals. Patients who are experiencing psychosis sometimes use symbolism in an idiosyncratic manner, for example, the color red may represent blood or death, or blue-eyed people may symbolize purity.

Fantasy

A defense mechanism in which imagined events or mental images, such as daydreams, are used to express unconscious conflicts, satisfy desires, or prepare for future events. A person may fantasize to help resolve an emotional conflict or as a means of mental rehearsal. Fantasy may be adaptive and even beneficial at any age as long as developmental tasks are being met and the person functions in a manner that reveals he or she is able to distinguish between fantasy and reality.

Conversion

A defense mechanism in which an individual transfers a mental conflict into a physical symptom to reduce anxiety. For example, an individual experiences sudden blindness after witnessing an accident in which several people were injured, or an elderly person loses function in the lower extremities when told a close friend has died.

Splitting

A defense mechanism in which a person is unable to integrate the good and bad aspects of oneself or of one's image of another individual. The person views self and others as either all good or all bad at

healthy growth and development. It promotes acceptance and security that provide the adolescent with a strong sense of self-esteem necessary for the difficult tasks of adulthood. It actually begins in early childhood (ages 3 to 6) when identification of the parent of the same sex is a critical developmental task.

Projection

A defense mechanism in which an individual projects onto others unwanted or undesirable feelings, thoughts, and attitudes related to self. He or she may blame others for faults, maladaptive behaviors, and other negative qualities that are unacceptable to the self. Projection begins in early childhood when the child realizes that consequences are less threatening if he or she assigns the blame to his or her sibling for spilling a glass of milk or breaking a valued object, for example.

Projection is noted in persons with substance use disorders, who find it easier to blame everyone else for their habit rather than seek help. It is used to a pathologic degree in patients with paranoid disorders, who project toward others their own unhealthy feelings of mistrust, suspiciousness, and hostility. Paranoid and persecutory delusions reflect projective patterns, in that the patient assigns his or her own lack of self-trust to others in the environment.

Displacement

A defense mechanism in which an individual discharges or displaces feelings and emotions (such as frustration, hostility, or anxiety) onto another person, object, or situation that is less threatening than the actual source. Simple, adaptive forms of displacement include slamming a door or kicking the wall after the boss refuses a request for a pay increase. Such innocuous acts release pent-up emotions without fear of negative consequences. An example of a more intense use of displacement is noted, according to psychoanalytic theory, in some forms of phobic behavior. The feared object or event is believed to be a symbol of an early childhood conflict that has been successfully repressed, such as sexual molestation or abuse. The feelings experienced when the person is confronted with the feared object or event are *displaced* from the early conflict (the actual source), which cannot be recalled.

Reaction Formation

A defense mechanism in which an individual expresses toward another person or situation feelings, attitudes, or behaviors that are the opposite of what would normally be expected under the circumstances; while unacceptable feelings are repressed. It begins in early childhood, when a child, for example, may hug and squeeze the new baby in the family just a bit too hard, while smiling and saying, "I love you." Another example is when a person acts cold, aloof, and uncaring toward the spouse of a best friend when there are actually strong sexual feelings for the individual. Reaction formation can be adaptive when

it prevents the person from responding to significant individuals in ways that would be hurtful, inconsiderate, or unacceptable.

Regression

A defense mechanism in which an individual retreats to past levels of behavior and seeks a dependent role in an effort to reduce anxiety. It may be simple, as in an adult who behaves like an adolescent when invited out on a rare date, or it may be complex, as in schizophrenia, when the individual regresses to early stages of growth and development and is unable to care for his or her own basic needs.

Undoing (Restitution)

A defense mechanism in which a previous, consciously intolerable action or experience is negated, generally to relieve feelings of guilt. It may be a simple act, such as when a person sends another person a gift after embarrassing him or her in front of friends. Or, it may be a complex ritual, as in the repetitive handwashing, cleaning, or checking that occurs in patients with obsessive compulsive disorder, who are attempting to "undo" the painful anxiety evoked by their troubling thoughts.

Compensation

A defense mechanism in which an individual attempts to "make-up" for a real or imagined physical or emotional deficit or inability with a specific behavior or skill, to maintain self-respect or self-esteem. A person who is compensating strives to become proficient in another area; for example, the short, thin young man who didn't make the football team becomes the class wizard in mathematics. Or the tall young woman who rarely gets a date because she stands head and shoulders above the young men in her class selects the latest styles in clothes and becomes the class fashion expert. Compensation is most often an adaptive defense mechanism; however, it can divert people from developing talents in other areas as it forces them to focus all their creative energies toward one goal.

Denial

A defense mechanism characterized by avoidance of disagreeable realities and unconscious refusal to face intolerable thoughts, feelings, needs, or desires. Denial may be adaptive when it helps the individual get through a difficult, traumatic experience until he or she is better able to cope with reality (during the early stages of grief or when first diagnosed with a life-threatening illness; for example). It can also be maladaptive when a person persistently denies a serious disorder (e.g., alcoholism or drug abuse or the failure to seek medical attention for a lump in the breast that may be cancer).

Suppression

The only conscious mental mechanism, suppression is characterized by the willful or deliberate refusal to acknowledge a thought, feeling, or event. The in-