

Defense Mechanism

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As we are well aware of the fact that Sigmund Freud has been under severe criticisms because many of his theories were not scientifically verified. Nonetheless, still, his theories have been considered very unique and practical from certain perspectives as well.

In particular, his research on defense mechanism, which is today's supplementary topic today, has made a marvellous milestone. Human mind consists of three elements, according to Sigmund Freud: Super Ego, Ego and Id. Once the balance between Super Ego, Ego and Id gives away, our minds are supposed to produce some defenses against causing factors. I will show how it arises in more details later on. Suppose you lost your mother. Although it is an irreversible fact, you keep denying the reality so that you can protect yourself from severe sorrow and self-criticism. If you don't employ denial or any other defense measures, you might continue falling into deep depression and not be able to come to the reality at all, or worse, you could just die.

The core of this presentation is kind of already given: we rely upon defense mechanism in order to maintain our existence extremely speaking.

Furthermore, I tried to draw a picture by imagining that this mechanism could be used by power holders or the governed. I will touch upon those as well at the end of my presentation. Accordingly, today, I will discuss as follows:

First, Superego, Ego and Id,

Second, A History of the Concept of defense

Third, Types of defense mechanism and examples,

Fourth, Why this mechanism is indispensable to human life,

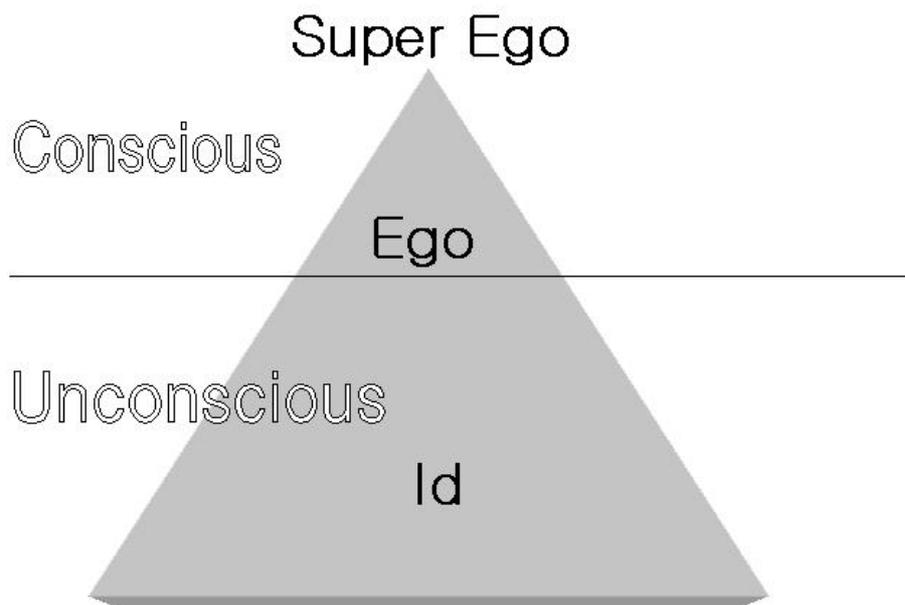
Fifth, What is wrong with 'abnormal' persons?,

Lastly, In contemporary psychology, what is the standard to distinguish between 'normal' and 'abnormal'? (Objective standard, Subjective standard)

1. Superego, Ego and Id

First and foremost, what we need to understand is the concept of Super Ego, Ego and Id that Sigmund Freud coined at first.

If you take a look at the diagram below, it will help you have some understanding of the concept very clearly.



The basic postulate of psychoanalysis, the concept of a dynamic unconscious mind, discovered out of Freud's observation that the physical symptoms of hysterical patients tended to disappear after apparently forgotten material was made conscious. He saw the unconscious as an area of great psychic activity, which affected personality and behavior but operated with material not subject to recall through normal mental processes. Freud postulated that there were a number of defense mechanisms including repression, reaction-formation, regression, displacement, and rationalization that protect the conscious mind from those aspects of reality it may find difficult to accept. The major defense mechanism is "repression", which induced a "forgetfulness" for harsh realities. (For example, when you don't want to meet someone, you conveniently may forget the appointment.) Observing the relationship between psychoneurosis and repressed memories, Freud made conscious recognition of these forgotten experiences the foundation of psychoanalytic therapy. Hypnosis was the earliest method used to probe the

unconscious, but because of its limited effectiveness, it was soon abandoned in favor of free association dream, which Freud interpreted as symbolic wish fulfillments, were considered a primary key to the unconscious, and their analysis was an important part of Freudian therapy.

To clarify the operation of the human psyche, Freud and his followers introduced a vast body of psychoanalytic theory. In considering the human personality as a whole, Freud divided it into three functional parts: id, ego, and superego. He saw the id as the deepest level of the unconscious, dominated by the pleasure principle, with its object the immediate gratification of instinctual drives.

The superego, originating in the child through an identification with parents, and in response to social pressures, functions as an internal censor to repress the urges of the id.

The ego is seen as a part of the id modified by contact with the external world. It is a mental agent mediating among three contending forces: the outside demands of social pressure or reality, libidinal demands for immediate satisfaction arising from the id, and the moral demands of the superego. Although considered only partly conscious, the ego constitutes the major part of what is commonly referred to as consciousness.

The function of **the id** center around the basic needs of humankind that compel gratification, in particular the pressures arising from the sexual and aggressive drives. These drives were considered to be always fused to some degrees. If the drives did not evoke displeasure, they could be gratified with the assistance of the ego either in reality or in fantasy. If the wishes evoked by the drives caused too much displeasure, they were warded off by certain functions of the ego in accordance with the pleasure principle: the tendency of the mind to seek pleasure and avoid displeasure.

Freud insisted that conflicts between these often-opposing components of the human mind render defense mechanism surface.

11. A History of the Concept of defense

Freud first introduced the term in "The neuro-psychoses of defense"(1894). In this paper, he wrote that in order to ward off unacceptable ideas or feelings that would cause

"distressing affect," a person unconsciously resorts to certain mental processes that oppose these ideas or feelings and render them less disturbing. These mental processes, which take place outside the person's awareness, he called "defenses." This was one of Freud's earliest statements about conflict within the mind, wherein one part has wishes or feelings that another part finds objectionable, opposing their continued presence in consciousness. In opposing them, the part of the mind later known as the ego institutes defenses against the awareness of these unacceptable thoughts or feelings.

Previously, anxiety was considered to be the result of repression. Now, repression was seen to be initiated by anxiety rather than causing it.

"Defense" now came to be a general form for describing the way the ego protected itself against the dangers or calamities that Freud had enumerated.

In 1936, Anna Freud published *The Ego and the Mechanisms of Defense*. She elaborated upon, refined, and clarified the concept of defense, in relation not only to the theory of psychic conflict but also to the technique of psychoanalysis. She also noted that the unvarying use of a special method of defense, when confronted with a particular instinctual demand"

She was the one who constructed a list of these "special methods of defense," which by now were called "defense mechanisms." What she suggested in relation of defense mechanisms was many: repression, regression, reaction formation, displacement, projection, isolation, undoing, denial, turning against the self, and reversal.

Another important aspect of the concept of defense which was introduced by Wilhelm was that an individual's defensive operations become embedded in his or her personality or character and that these traits of character must be analyzed along with the content of the person's associations, memories, feelings, and dreams. He stressed that they function like a "character armor," which is very difficult to alter or to analyze. Reich also pointed out that these same traits of character functioned as powerful resistances to change and to analytic treatment. More defensive operations were added or reconstructed by Melanie Klein and the British school of psychoanalysis. They were the defenses of splitting of the object and the impulses, splitting of the ego, idealization, denial of inner and outer reality, the stifling of emotions, projection, introjection, omnipotence, and projective identification.

III. Types of defense mechanism and examples

What needs to be understood is that, even though there are a number of mechanisms of defense, they don't come singly but rather in association with other defenses. I am going to explain 16 mechanisms.

1. Denial

A person does not take in, acknowledge, or believe some aspect of reality. Suppose you felt very vulnerable. In order to ward off feelings of helplessness, you start fantasizing or acting as if you were strong and powerful. For instance, you wear a Batman costume and believe yourself to be indestructible. It is reserved for blocking out external reality. For example, The dying patient denies the fact of his illness. Or your wife died last night, but, you believe that your wife is alive.

2. Displacement

Ideas and feelings that a person may have toward an important object or thing are repressed and then experienced in relation to another animate or inanimate object which represents the former. For example, a student may repress his hatred of his father but be angry and defiant toward another authority figure in his life. This is also commonly found to be present in the manifest content of dreams.

3. Identification

This uses the fantasy of being like another person or adopts behavior and character traits derived from another person. For example, a little boy who feels painfully small and weak may copy his father's behavior in order to feel big and strong. In a particular form of identification known as "identification with the aggressor," a person attempts to avoid a passive, frightened state by becoming like the person who frightened him. For instance, a boy may angrily scold his younger brother in exactly the same way in which his father has just scolded him.

4. Intellectualization

This is a process which psychologically binds the instinctual drives in intellectual activities, especially as a measure of control. It is exemplified by typical adolescent preoccupations with philosophy and religion to ward off the tumultuous sexual and aggressive feelings of that period.

5. Isolation

This mechanism, which is the one most used by obsessive-compulsive personalities, consists of the separation of ideas from the emotions that usually accompany them. For example, a person may have the thought that his father will die, yet he experiences no emotion along with the thought; or a patient may tell his analyst that he has angry thoughts about him, but he does not feel angry. If isolation is severe, it can result in a general blunting of emotion. Sometimes a person's thoughts seem unbidden, alien, or

unconnected; hence anxiety and guilt are diminished even though the thoughts are conscious.

6. Projection

In this process an unacceptable feeling, impulse, or idea is attributed to another person or thing. The person who is projecting has no awareness that the impulse or idea is his own. While projection is a ubiquitous and at times normal mental process, it is frequently predominant in sicker individuals, so is often accompanied by a diminution in reality testing. It is the major defense their own hateful thoughts and attribute their thoughts to a person or a group that they feel will harm them. However, all kinds of impulses can be projected, such as love, greed, envy, and sexual desire.

7. Rationalization

A more logical, reasoned explanation for behavior, thoughts, or feelings is given by a person in order to conceal unconscious meanings or motives that would arouse anxiety or guilt in that person. The person who is rationalizing is usually unaware of these repressed meanings or motives.

8. Reaction formation

This is a mechanism whereby an attitude is repressed and kept unconscious and its replaced in consciousness or behavior by its opposite. For example, hateful thoughts and feelings are repressed, and the individual is aware only of loving ones. Or sloppiness and pleasure in a mess are replaced by excessive neatness and cleanliness, stubbornness by compliance, selfishness by altruism. Many reaction formations get to be so rigid and global that they become an intrinsic part of a person's character. Such major reaction formations are sometimes considered to be discrete defense mechanisms themselves.

9. Regression

This complex behavior pattern or psychic phenomenon is a fundamental characteristics of mental life. When the term is used to designate a defensive process, it can refer to drive, ego, or super ego functioning. In the first of these, it refers to a return to the wishes and aims of the earlier oral and anal phases, in an effort to avoid the anxieties of the phallic phase. Thus, a woman might express intense longings to sit in her male friend's lap and be taken care of, while her unconscious wishes for intercourse with him and a baby are repressed. An example of the regression of ego functioning for the purpose

of defense would be a five-year-old boy who reverts to sucking his thumb and wanting a bottle when his sister is born.

10. Repression

This is the commonest and most prominent defensive operation used in mental life, and it frequently operates in conjunction with other defenses. It occupies a singular place in the history of psychoanalysis concepts. It refers to the barring from consciousness of ideas, feelings, thoughts, fantasies, and memories.

Ideas, fantasies, and memories associated with the instinctual drives are constantly pressing for discharge and entry into consciousness, where they can lead to action and gratification. The defense of repression keeps these thoughts in the unconscious part of the mind. But various repressed ideas, fantasies, and memories may overcome what is keeping them repressed and become conscious in dreams, slips of the tongue, daydreams, and symptoms.

Although repression can occur at any time during life, it regularly arises concerning memories in childhood. The repression of memories from this period is known as infantile amnesia. In adult life, repression is particularly apparent in amnesia, fugue states, and in patients who tend to have symptoms and character traits associated with hysteria.

11. Reversal

This defense, as well as turning against the self, was considered by Freud to come into play quite early in life. It refers mainly to turning love into hate and hate into love for defensive purposes. Suppose there were a woman and a man. The woman is frightened of her unconscious longing to have sex with a man. He knows she drinks and smokes secretly, which he normally hates. The man likes her and has a good friendship with her. He thinks of her as smart and talented. The man doesn't want to sleep with her, but just wants to keep good company with her. She is constantly angry and scornful of him. In this case, reversal into its opposite is similar to reaction formation. Another easier example is Aesop's sour grape.

12. Splitting

Melanie Klein wrote about splitting as a very early defense mechanism utilized by an infant to deal with what she regarded as the death instinct. Kernberg defines it as a primitive defense, seen most often in borderline patients, that keeps separate the good and bad self and object representations. Thus, one person is seen as all good, while

another is all bad; or one experiences oneself as all bad, while the other is seen as all good. The defense is used to protect the object or the self against aggressive impulses.

13. Sublimation

Although the term was originally used to designate a defense mechanism, sublimation is now considered to be a normal aspect of ego functioning and ego maturation. As a defense, it refers to the transformation of an activity gratifying an infantile drive derivative into a more socially acceptable and creative activity. For example, a child who is particularly gratified by smearing and playing with feces may replace this pleasure by enjoyment of painting and sculpting as an adult.

14. Turning against the self

This was one of the first defense mechanisms discussed by Freud, who considered it to be a very early defensive process. It is actually quite a complex operation, in which the object of a drive, usually aggression, is changed from another person to the self. It is therefore seen frequently in depression and masochism. In these conditions, the ego defends itself against the fear of its aggression; the person's conscience also plays a role in turning the aggression away from the object toward the self.

15. Undoing

This is utilized in obsessive acts. It comprises the second stage of a two-stage act which undoes or denies the sexual or aggressive wish expressed in the first stage. It is not uncommon for obsessional people to imagine that their car has run over someone if they hear a noise. They will return to check and retrace the same route, thereby undoing the death wishes expressed in their initial fantasy. A patient had to repetitively turn off a water faucet after he always allowed it to drip. He had to undo his first wish to soil and wet.

IV. Why this mechanism is indispensable to human life

Since people are supposed to act according to social norms, it requires them to regulate themselves. Besides, without defense mechanism, the whole world could be a mess. If people just followed their own instinctual drives without any brake, literally chaos will emerge. In order to live together with others, people should utilize defense mechanism. Defense mechanism helps to protect our whole society as well as ego from some displeasure. If defense mechanism fails to function properly, what will happen?

V. What is wrong with 'abnormal' persons?

Abnormal persons? Who are they? Simply put, abnormal persons have malfunctioning defense mechanism. If someone lets libido satisfied through socially acceptable methods, nobody will place a blame on him. On the other hand, if someone satisfies his sexual drives or solves his anxieties in a socially unacceptable way, that person can be called abnormal. For example, suppose someone found his neighbor really annoying and detestable to him. His id told you to murder the neighbor to solve his anxiety. And he actually did! In that case, you can easily say that the person is abnormal. If defense mechanism malfunctions, it renders people abnormal.

VI. In contemporary psychology, what is the standard to distinguish between 'normal' and 'abnormal'? (Objective standard, Subjective standard)

1. Objective Standard

(1) Various Standards

A. Statistical deviation: The defining characteristic is uncommon behavior – a significant deviation from the average/majority. Many human characteristics are normally distributed. Handout 1-1 illustrates a normal distribution. Basically, we're talking about a nice symmetrical bell-shaped curve along which we can rank people: more people fall around the average; the farther away you get from the average, the fewer the people. Example: Height is a human characteristic. Most people fall around the average height of 5'8" (I just made this value up, I don't know if it is in fact the average human height). In this example, height can be said to be normally distributed.

Characteristics falling beyond a particular distance from the average values are sometimes seen as abnormal. This distance is defined in terms of "standard deviation units" – these are values that tell the scientist how many people fall beyond the average. For example: The percentage of people 1 standard deviation greater than the average is about 34%. A convention selected (arbitrarily) by scientists is to see people falling beyond 2 standard deviations as abnormal (95.4% falls within the 2 sd boundaries). This is perhaps the most straight forward definition: collect data, calculate averages and sd's.

Eg: Intelligence – there is a normal distribution of IQ scores. Those whose scores are 2 sd's below the mean of 100 are, by this definition mentally retarded (ie: abnormal).

B. Social norm violation: Breaking social "rules". Most of our behavior is shaped by norms – cultural expectations about the right and wrong way to do things.

Examples of norms: proper dress, how/what to eat, behavior on the first date, eye contact with strangers, student/instructor behavior, in fact, all aspects of our lives.

Someone who frequently violates these unwritten rules is seen as abnormal. This is a very powerful and persuasive definition. It is seemingly common-sense. Norms are so deeply ingrained they seem absolute.

C. Maladaptive behavior: Two aspects to this: 1) Maladaptive to one's self – inability to reach goals, to adapt to the demands of life, and 2) maladaptive to society – interferes, disrupts social group functioning.

Eg: John, a 38 male, drinks every day to the point of losing consciousness. He is argumentative with his family and friends, and has gotten into frequent fights at work. Last week he swore at his boss, and as a result has been fired. John does not seem to have any motivation to find further employment. Nevertheless, he spends what little money he has in savings on alcohol and unnecessary items such as candy, video tapes, and what ever else he might want at the moment. John often dwells on how worthless he thinks he is, but also on how others do not treat him properly. When not aggressive, he is frequently depressed.

This is a "practical" definition: it identifies those unable to cope. It is also a "flexible" definition: it takes into account an individual's context, recognizing that maladaptive is a relative term – it depends on the person's life circumstances (Sarason and Sarason, 1984).

D. Personal distress: Put simply, if the person is content with his/her life, then s/he is of no concern to the mental health field. If, on the other hand, the person is distressed (depressed, anxious, etc), then those behaviors and thoughts that the person is unhappy about are abnormal behaviors and thoughts.

E. Deviation from an ideal: This perspective requires specification of what the "ideal" personality is. Falling short of this specified ideal is an indication of mental illness. (Certain Psychological theories attempt this specification, especially the humanistic and existential orientations). Thus a person may be seen as "abnormal" even if they seem to be functioning alright. Indeed, from this

perspective, we are all striving for some ideal (personal or cultural), and many of us will never reach it. We all at some point deviate from or fall short of the ideal. So, in this sense, we are all abnormal to a certain degree, at least until we reach (if ever) the ideal (whatever that may be).

F. Medical disorder: Abnormality exists when there is a physical disease. Abnormal behavior is a symptom of a physical disorder. This is a biogenic definition. The person is qualitatively different from the unafflicted (Weckowicz, 1984). For example: Alzheimer's Disease – The major cause is atrophy of certain regions of the brain, typically occurring during the forties or fifties. The individual suffers from difficulties in concentration, leading to absent-mindedness, irritability and even delusions. Memory continues to deteriorate; and death usually occurs 10–12 years after onset of symptoms.

No one definition is the "correct" or the "best" definition. To a certain extent each one captures a different aspect of the meaning of abnormality. When we talk about Abnormality, or when we study it, or treat those suffering from it, we inevitably invoke one or more of these definitions, either explicitly or implicitly –either we're aware of the definition(s) we're using or we're not. But we do use some definition.

All of you have some definition in your heads about what psychological abnormality is, whether or not you could clearly state it. In any event, it is important, especially as scientists, that we make as explicit as possible the definition(s) we use, and acknowledge any limitations. To operate implicitly hinders our ability to develop as a science – our awareness is limited because as long as our definitions are implicit, they remain unchallengeable, we ignore alternatives, we don't "stretch" ourselves. And each definitional stance can certainly be challenged...

(2) Problems with the definitions of abnormality

There are exceptions with each stance, or in other words "counter-examples". Identifying counter-examples is a useful exercise: it allows you to uncover a definition's logical flaws.

A. Statistical deviation: This definition would mean a genius should be termed abnormal. Reliance on means and deviations implicitly sets up the identity "average person" = "ideal person". Is the average the ideal? Are deviations from the average a sign of abnormality? In many respects, think how boring life would be if we were all

"average" – all basically the same – no dramatic differences. Indeed, many of the wonderful advances made in our history (be it in art, science, culture...) resulted from people who took chances and tried new ways of doing things – people who deviated from what was the average way of doing things. Deviations can lead to flexibility and progress

B. Social norm violation:

a) Social reformers, protestors, etc. This definition would require that we label all social reformers as abnormal, people like Susan B. Anthony, a feminist leader. She wanted social rules changed – she rejected the norms of society.

b) Cultural relativism. As natural and absolute the norms of our society seem to us, Sociology and Anthropology have taught us that there is in fact nothing absolute about them. What's abnormal (read "norm violating") in one society may be perfectly normal ("norm consistent") in another. The raw behavior hasn't changed, but the society has.

eg: Sex and Temperament in New Guinea tribes – research by Margaret Mead (1963): Three tribes, each with very different norms.

1. Arapesh: Both males and females are mild, parental, and nurturing.
2. Mundugumar: Males and females are fierce, oppressive and cannibalistic.
3. Tchumbuli: Males are catty, wear curls and pretty clothes, love to go shopping. Females are energetic, managerial, unadorned.

Each of these cultures is different from the other. By which culture's standards do we judge a behavior to be abnormal?

In addition, even in a single society such as the U.S., there are a myriad of subcultures. Add to this the fact that norms change through the years so that what's normative in one generation, may not be in another. We are left with a single society where there are no clear norms that apply across all individuals. This definitional stance implies that normality is the same as conformity to the mainstream, when in fact there are many streams. The term abnormality thus loses any firm referent.

C. Maladaptive behavior: This position ignores the possibility that there may be abnormal situations. That is, perhaps there are situations in which it would be abnormal to adapt. Eg: Germans who were unable to adapt to Nazi Germany (Bootzin & Acocella, 1984); A woman unable to cope with a husband who abuses her. The risk here is that we will end up "blaming the victim" (Ryan, 1976).

D. Personal distress: To say that abnormal behavior is behavior that causes a person distress/discomfort is to say that it is normal if there is no discomfort. Thus, it logically follows that someone like Charles Manson, a mass murderer, is normal: he feels no guilt or discomfort about the killings he is responsible for. Similarly, a psychotic patient who hears voices from his dead mother that make him happy.

Conversely, distress may not always be a bad thing. Indeed, perhaps people who can easily express their fear, depression, or other forms of distress end up better dealing with their problems. Or some types of distress may actually be very useful: anxiety, for example, can signal you that danger is afoot and that you better prepare for it!

It seems clear that the definition of abnormality must go beyond the limited confines of "distress" and "discomfort", at least in certain situations.

E. Deviation from an ideal: Whose ideal? The ideal for the individual? the species? the culture? god? (Weckowicz, 1984). What if the ideal is unrealistic or unobtainable?

Ideals, like social norms, are relative across groups and across time, so all the problems discussed above apply here as well. Here's an extreme example of the time-relative nature of ideals:

Pythagoras founded a religion with its own clearly defined ideals, which included: don't pick up what has fallen, don't break bread, don't walk on highways, and abstain from beans (Russell, 1945)!

F. Medical disorder:

a) Historically, some hoped that biological causes would be found for all psychological problems. But as we will see, there is a growing body of evidence that certain abnormal behaviors cannot be fully explained without looking at the psychology of the problem. Eg: Conversion hysteria (symptoms such as paralysis, blindness, deafness, which have no physical causes) results from a person's attempt to unconsciously cope with strong unwanted emotions such as anxiety.

b) Implies "health" = absence of disease. According to the World Health Organization, "health" = "a state of complete physical, mental and social well being and not merely the absence of disease and infirmity" (Zubin, 1961, emphasis added). In other words: The absence of X doesn't necessarily mean the presence of Y.

(3) Conclusions

Using a definition is unavoidable and it is necessary. But choosing one is inherently unscientific – a value judgment in the final moment. When we choose a definition, we do so in part based on feeling, emotion, convenience, custom, appeal, ethics. There is an inherent nonscientific arbitrariness in this choice. The potential result is that psychologist Y and psychologist X could be talking about very different things when using the word "abnormal" Confusion and controversy ensues, especially if the definitions remain implicit. However, as a science, we ideally make our definitions explicit and then attempt to clarify and modify these definitions through scientific/methodological rigor, with an eye always open to the exception and alternative explanations.

It remains a philosophical debate whether the uncertainty of our definition of "abnormality" is surmountable or is an inherent fuzziness of the field.

2. Subjective Standard

There must be a lot of standards to distinguish normal from abnormal. Personally, if someone cannot control himself or herself regarding his or her own desires and let them loose in a socially unacceptable manner, that person should be labeled as abnormal.

Thank you for your time. Thanks.