

Differences in Defense Mechanisms between Depressive Patients and Non-Depressive Individuals

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The present study aimed to explore the defense mechanisms used by depressive patients and non-depressive individuals. A sample of 60 individuals consisting of two groups was taken. One group was of 30 diagnosed patients with depression having an equal number of men (n=15) and women (n=15) and the other was of 30 non-depressive individuals (15 men, 15 women). Seven cards were selected from the Thematic Apperception Test (TAT) and administered on both depressive patients and non-depressive individuals. Results revealed that depressive patients used more immature defense mechanisms, i.e. projection, isolation, denial, displacement, rationalization, somatization, dissociation and passive aggression than non-depressive individuals, who used more mature defense mechanisms i.e. sublimation, humor, anticipation and suppression than clinical patients. No gender differences were observed in both non-depressive individuals and depressive patients on mature and immature defense mechanisms.

Keywords: Mature defense mechanisms, immature defense mechanisms, depressive patients, non-depressive individuals

The complexity of human personality has attracted the interest of personality and clinical psychologists throughout the history of psychology. Personality is relatively established and predictable but it is not inflexible and unchanging; rather it can vary with the situation (Wright, Pincus, & Lenzenweger, 2011). The defensive style is considered as an important dimension of the personality structure of an individual (Blaya, et al., 2003). It relates to maturity, fitness, well-being and life adaptiveness. Vaillant (1986) has used clinical vignettes acquired from dialogues and survey questionnaires in a clinical research on the styles of defense mechanisms. After that, the defense mechanisms are given along a variety scale, ranging from immature to mature defenses, and are used by all individuals in spite of their psychopathology. Ego defense mechanisms are assumed to work at an unconscious point to maintain the balance by avoiding painful thoughts, feelings and drives from forcing them into consciousness. All defenses are considered as to guard the individual from apprehension; mature defenses do not endanger relationships and associations or deform the real world as neurotic and immature defenses carry out. All defenses can be accessible in the form of hierarchy of defense patterns, ranging from mature to immature defense styles (Carvalho et al., 2013).

Defense mechanisms can be explored through projective techniques. Projective techniques are used for investigation, analysis and judgment, using unclear or meaningless stimuli to bring out reactions that are likely to disclose concealed personality areas in an individual through the projection of internal state onto the outside stimulus (Catterall & Ibbotson, 2000). According to Bond and Ramsey (2010), answers to projective methods tell needs, intention, understanding, and thought processes, which is identified as projective hypothesis. Projective technique is the clarification of chore and helps in to sort out the reactions (Teglasi, 2001). These

reactions, answers or responses can be in the form of sentences, associations, explanations or stories (Anastasi, 1988). The Thematic Apperception Test (TAT) is a popular personality test that is used for enlightening existing drives, feelings, reactions, complexes, and disagreements of a personality. Special focus is to understand the causal tendencies which the subject is not prepared to confess because s/he is not aware of them. It is found to be valuable in any wide-ranging research of personality, and in the clarification of behavioral problems, psychosomatic illnesses, neurosis and psychosis (Watkins, Campbell, Nieberding, & Hallmark, 1995).

Some defense mechanisms have an adaptive significance and are thus recognized as mature mechanisms. They are used by "healthy" individuals in usual conditions or situations. But immature defense mechanisms are distrustful commonly and are feature of high level of distress. Andrews (1993) has recognized some defense mechanisms as mature defense mechanisms, including sublimation, humor, anticipation and suppression, and other as immature defense mechanisms like projection, isolation, denial, displacement, rationalization, somatization, dissociation and passive aggression.

Cramer (2007) has given a model according to which, in normal human development, defense mechanisms appear in a sequential process. Different defenses appear at different times of development. Denial is an immature defense mechanism, which is known as the initial defenses to develop, becoming prominent in the childhood but decreasing afterwards. Projection starts to develop in childhood and continues to be prominent during adolescence. Same is the case with defense mechanism of "identification" (Cramer, 2007; Cramer & Gual, 1988; Smith & Danielssen, 1982; Smith & Ressler, 1986). The Cramer Defense Mechanism Manual (Cramer, 2007) provides coding of these three types of defenses.

Depression is linked theoretically and clinically with maladaptive defenses. Numerous researches have investigated the association between defense mechanisms and depression and (Azibo, 2007; Flett, Besser, & Hewitt, 2005). Ihilevich and Gleser (1991) have found that depression is correlated with "turning against self" type of defense mechanism. According to them, individuals with a high turning against self and problematic profile are having more depression. Cramer, Blatt, and Ford (1988) have investigated the defense styles in psychiatric patients diagnosed

with depression, especially the use of denial, projection, and identification. It was concluded that depressive patients use more immature defense mechanisms like denial and projection than non-depressed individuals. These findings propose that immature defenses may aggravate the susceptibility to depression in patients (Cramer, 1991). Flett, Besser and Hewitt (2005) have compared the defensive styles among depressed psychiatric inpatients and non-depressed normative groups. Non-depressed men and women are used to bias their perceptions in an excessively joyful and optimistic dimension than depressed patients. Gender differences are also examined. Depressed men are more likely to use internalizing defenses and depressed women are more likely to use externalizing defenses than their respective non-depressed comparison groups. Use of specific defense mechanisms such as compensation, displacement and regression is significantly associated with meeting the criteria for a depressive disorder. These findings are in accordance with previous findings (Blatt, 2004).

Zuroff, Moskowitz, Wielgus, Powers, and Franko (1983) have used the Defense Mechanism Inventory to examine the personality styles in a non-clinical sample in terms of defense mechanisms. They have reported that as the Self-criticism in women increases, an expression of negative feelings is also high. Female individuals are found to have higher levels of depression and a higher score on neurotic defense style than their male counterparts. Higher depression among females is well documented in the general population (Azibo, 2007; Besser, Priel, Flett, & Wiznitzer, 2007). This finding may be explainable in part by biological, genetic, and social differences between the two genders (Besser, Guez, & Priel, 2008).

An inverse relationship has been observed between the defensive functioning and the severity of the depression (Bond & Perry, 2004). Patients with a major depressive disorder use mature defense mechanisms in fewer circumstances, although after treatment they are likely to use mature defenses more and immature defenses less often (Akkerman, Levin, & Carr, 1999; Muris & Merckelbach, 1996). The present study is undertaken to explore whether there is any difference between the defense mechanisms used by non-depressive individuals and depressive patients. The study also aims to investigate whether there is any particular defense mechanism (Mature/ Immature) used by the depressive and non-depressive individuals.

Hypothesis 1: There will be difference in defense mechanisms used by non-depressive and depressive individuals.

Hypothesis 2: Women will use more defense mechanisms than men in both non-depressive individuals and depressive patients.

Method

Sample

A sample of 60 individuals was selected which consisted of two groups. One group was of 30 depressive patients (15 male, 15 female) taken from different hospitals of Islamabad and Rawalpindi including Pakistan Institute of Medical Sciences (PIMS), Capital Hospital, Federal Government Services Hospital Islamabad, and Rawalpindi General Hospital (RGH). All of them were having minimum five years of education (primary education), so they could easily understand the instructions and followed the directions given to them. These patients were from wards of Psychiatry department. Diagnosis of Major Depressive Disorder was considered as an

inclusion criteria for this research. The other comparative group of 30 non-depressive individuals (15 male, 15 female) was taken from the community living in Islamabad and Rawalpindi. Minimum qualification was five years of education. Age ranged from 20-40 years ($M=32.75$, $SD=5.29$) for both groups.

Instrument

Thematic Apperception Test (TAT)

The TAT, developed by Morgan and Murray (1935), consists of 31 cards. Eleven cards are neutral for both gender, 7 are BM (Boy Male), 6 are GF (Girl Female), 1 is M (Male), 1 is F (Female), 1 is B (Boy), 1 is G (Girl), 1 is BG (Boy Girl), 1 is MF (Male Female) and 1 is Blank card. Card number 1, 2, 3, 4, 8 BM, 13 MF and Blank card are selected for the present study. Aronow, Weiss and Reznikoff (2001) indicate that depending on time in hand; specific cards can be administered without compromising the validity of the test. Psychologists often choose to administer cards that are related to their hypothesis about the subject's problems (Rosenwald, 1968). Andrew's (1993) Defense Mechanism classification is used to identify the defense mechanisms. He has identified some defense mechanisms as mature defense mechanisms, including sublimation, humor, anticipation and suppression, and others as immature defense mechanisms such as projection, isolation, denial, displacement, rationalization, somatization, dissociation and passive aggression.

Procedure

After getting permission from the Psychiatry Department of the hospitals, patients were approached. Patients were seen in a one-on-one setting for the entire process of testing. Before initiating actual testing, an effort was made to establish rapport with the patient. Ethical issues of debriefing and confidentiality were considered. A general idea was given to the participants as what the researcher was investigating and why, and their part in the research was explained. Participants were also assured that the data gained from them would be kept confidential and anonymous unless they gave their full consent. After this they were shown each card one by one. As subjects were confronted with the first card they were provided with the instructions to describe what they could see on the card and what they feel or think about the image. They were also requested to illustrate what was happening in the scene, what might have led to this happen and what would be the outcome of this situation. Participants' responses were transcribed and then coded for defenses using the Andrew's Defense Mechanism classification. (1993). In this way all cards were administered and responses of the subject were noted down. The same procedure was followed with the sample of non-depressive individuals.

Results

Table 1 indicates immature and mature defense mechanisms used by non-depressive individuals and depressive patients in terms of frequencies and percentages. The results show that among immature defense mechanisms, displacement is used by 13% depressive patients and 2% non-depressive individuals. Denial is used by 14% depressive patients and 1% non-depressive individuals. Projection is used by 12% depressive patients and 2% non-depressive individuals. Somatization is used by 10% depressive patients and 3% by non-depressive individuals. Ratio of differences is same like

Table 1
Defense Mechanisms Used by Non-depressive Individuals and Depressive Patients on TAT Cards (N=60)

Immature Mechanisms	Defense	Non-depressive Individuals (n=30)		Depressive Patients (n=30)	
		f	%	F	%
	Projection	5	2	27	12
	Isolation	7	3	19	8
	Denial	2	1	32	14
	Displacement	5	2	29	13
	Rationalization	9	4	16	7
	Somatization	7	3	22	10
	Dissociation	3	1	18	8
	Passive aggression	8	4	17	8
Mature Mechanisms	Defense				
	Sublimation	46	24	8	4
	Humor	39	20	7	3
	Anticipation	37	19	6	3
	Suppression	42	22	9	5

these on other defense mechanisms. So it can be concluded that depressive patients use immature defense mechanisms more frequently than non-depressive individuals. Among mature defense mechanisms, Sublimation is used by 24% non-depressive individuals and 4% depressive patients. Humor is used by 20% non-depressive individuals and 3% depressive patients. Anticipation is used by 19% non-depressive individuals and 3% depressive patients. Suppression is used by 22% non-depressive individuals and 5% depressive patients. So it may be concluded that non-depressive individuals use mature defense mechanisms more frequently than depressive patients.

Table 2 indicates immature and mature defense mechanisms used by depressive men and women in terms of frequencies and

Table 2
Defense Mechanisms Used by Depressive Patients on TAT Cards (N=30)

Immature Mechanisms	Defense	Men (n=15)		Women (n=15)	
		f	Percentage%	f	Percentage%
	Projection	9	5	10	5
	Isolation	10	5	11	6
	Denial	13	7	13	7
	Displacement	13	7	13	7
	Rationalization	10	5	10	5
	Somatization	11	6	10	5
	Dissociation	13	7	14	9
	Passive- aggression	12	7	13	7
Mature - Mechanisms	Defense				
	Sublimation	4	16	3	12
	Humor	3	12	3	12
	Anticipation	5	20	4	16
	Suppression	2	8	1	4

percentages. Among immature defense mechanisms, projection is used by 5% men and 5% women. Isolation is used by 5% men and

6% women. Denial is used by 7% men and 7% women. Displacement is used by 7% men and 7% women. Among mature defense mechanisms, sublimation is used by 16% men and 12% women. Humor is used by 12% men and 12% women. So it may be concluded that there are not big gender differences observed among depressive men and women on mature and immature defense mechanisms.

Table 3
Defense Mechanisms Used by Non-depressive Individuals on TAT Cards (N=30)

Immature Mechanisms	Defense	Men (n=15)		Women (n=15)	
		f	%	F	%
	Projection	2	4	2	4
	Isolation	3	5	2	4
	Denial	1	2	2	4
	Displacement	5	10	5	10
	Rationalization	6	12	6	12
	Somatization	1	2	1	2
	Dissociation	6	12	7	13
	Passive aggression	1	2	1	2
Mature- Mechanisms	Defense				
	Sublimation	22	14	21	13
	Humor	18	11	17	11
	Anticipation	27	17	28	18
	Suppression	13	8	13	8

Table 3 indicates immature and mature defense mechanisms used by non-depressive men and women in terms of frequencies and percentages. Among immature defense mechanisms, projection is used by 4% men and 4% women. Isolation is used by 5% men and 4% women. Displacement is used by 10% men and 10% women. Rationalization is used by 12% men and 12% women. Among mature defense mechanisms, sublimation is used by 14% men and 13% women. Humor is used by 11% men and 11% women. Anticipation is used by 17% men and 18% women. Suppression is used by 8% men and 8% women. So it can be concluded that there are not big gender differences observed among non-depressive men and women on mature and immature defense mechanisms.

Discussion

Defense mechanisms are unconscious assets used by the ego to decrease the disagreement between the id and the superego. Defense mechanisms are patterned feelings, thoughts, or behaviors that arise in reaction to perceptions of psychic dangers. They are designed to reduce the conflicts or stresses to control the anxiety symptoms (Freud, 1937; Vaillant, 1986; Wastell, 1999). The primary aim of the present study was to investigate the defense mechanisms among depressive patients and non-depressive individuals by administering some selected cards of the TAT. The study also aimed to assess any gender differences in the measured constructs.

The study hypothesized that there would be difference on mature defense mechanisms used by non-depressive individuals and depressed patients. The results indicated that depressive patient were using more immature defense mechanisms than non-depressive individuals. And non-depressive individuals were using more mature defense mechanisms than depressive patients. . An

earlier research by Chávez-León, Muñoz and Uribe (2006) also showed that clinical patients scored lower on mature defense mechanisms than healthy individuals. Healthy individuals used more sublimation, humor, anticipation and suppression than clinical patients. Clinical patients had higher scores on immature or maladaptive defense mechanisms. Clinical patients used more projection, isolation, denial, displacement, rationalization, somatization, dissociation and passive aggression than normal individuals. There is sufficient support that depression is negatively correlated with Mature Defense Style (Kwon, 2000; Kwon & Lemon, 2000; Oakley, Song, & McQuirter, 2005), and positively correlated with the Image Distorting, Maladaptive (Flannery & Perry, 1990), Neurotic (Flett et al., 2005), Immature (Besser, 2004; Flett, Besser, & Hewitt, 2005; Nishimura, 1998), and Emotion Avoiding Defense Styles on the TAT (Besser, 2004).

Researchers have explored the relationship between defense mechanisms and depression by using Defense-Q (Davidson & MacGregor, 1996), Defense Mechanism Rating Scale (DMRS) (Perry & Henry, 2004; Perry & Kardos, 1995), Defense Style Questionnaire (DSQ) (Cramer, 2006) and Defense Mechanisms Inventory (DMI) (Ihilevich & Gleser, 1986) in a wide variety of samples. It is revealed that depression is negatively related to Mature (Kwon, 2000; Kwon & Lemon, 2000; Oakley et al., 2005) and positively related to the Maladaptive and Immature Defense Styles (Flannery & Perry, 1990)

Symptom Check List – 90 (SCL-90) was used to compare the defenses in outpatients (Holi et al., 1999), patients with neurosis, patients with personality disorders (Sammallahti, Holi, Komulainen, & Aalberg, 1996), patients with any mental health diagnosis and patients without a mental health diagnosis (Spinoven, van Gaalen, & Abraham, 1995), and community control participants (Muris & Merckelbach, 1996). Results have indicated that persons using an Immature Defense Style (Bond, Gardner, Christian, & Sigal, 1983; Bond & Perry, 2004) reported the most severe symptomatology on the sub-scales of SCL-90 scales including Somatization, Obsessive Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, and Psychoticism, than individuals using mature defense style. Most of the researches have conducted on defense mechanisms by using SCL-90 and focuses on the Global Severity Index (GSI) score. Researchers have found the GSI to be negatively related to Mature Defense Style (Spinoven et al., 1995) and positively related to Immature (Sammallahti et al., 1996). Looking at individual defense mechanisms, researchers have found the GSI to be negatively related to Humor and positively related to Passive Aggression, Projection and Somatization (Muris & Merckelbach, 1996).

In regard to the 2nd research hypothesis that women will use more immature defense mechanisms than men in both normal individuals and depressive patients was not supported by the current findings. It was hypothesized based on some researches that showed gender differences on the use of mature and immature defense mechanisms (Blatt, 2004; Flett, Besser, & Hewitt, 2005; Zuroff, Moskowitz, Wielgus, Powers, & Franko, 1983). But the results showed that both depressive and non-depressive men and women were using immature and mature defense mechanisms with almost same frequency respectively (Table 2 & 3). It was supported by a research conducted by Petraglia, Thygesen, Lecours, and Drapeau (2009). Another study explored the relationship between gender and defenses using the Defense Style Questionnaire (DSQ-60; Trijsburg, Bond, & Drapeau, 2003). The results showed no differences between men and women on defensive maturity and use

of defense mechanisms as measured by Overall Defensive Functioning (ODF).

Conclusion

On the basis of the findings obtained in the study it is concluded that depressive patients use immature defense mechanisms more frequently than normal individuals, who use mature defense mechanisms more frequently than depressive patients. In addition, the findings indicate that men and women are not different from each other in use of defense mechanisms.

Limitations and Suggestions

1. Results were formulated on the basis of paper pencil recording of responses. It should be audio-taped to make results more comprehensible.
2. The sample size and area from which sample was taken limits the generalizability of the findings. Studies with large and more heterogeneous sample are required to replicate the current findings.

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