

Defense Mechanisms among Our Students

By Margot Phaneuf, RN, Ph.D.

Introduction

We often believe that only psychiatric patients, especially psychotics, use defense mechanisms. This idea is widespread, but it is interesting to note how defense mechanisms function in the lives of rather *sane* people like you and me. We are also led to wonder which factors underlie certain (annoying) behaviours expressed by our students. Why do they wait until the last minute to study and seem unconcerned when they know that exams are just around the corner? Why do students fail to realize that spending too much time on recreational activities and non-academic work leads them straight to failure? The manner in which they express certain defense mechanisms illustrates how they cloud reality to avoid suffering, at least for a while.



Applying a complex theory such as psychoanalysis on a daily basis contains its own set of risks, but its value is undeniable. Psychoanalysis makes it easier to grasp and understand (in itself a difficult task) our behaviour. Analyzing human behaviour through the defense mechanisms expressed by others allows us to acquire a great deal of knowledge about ourselves and to mediate unproductive aspects of our own personality to achieve personal growth.

Dominique Friard defended this approach when he wrote: “The study of defense mechanisms goes beyond that of psychopathology and psychotherapy. The study of defense mechanisms is common in areas such as prevention (including that of aggressive behaviour and violence), health education, medicine for physical disorders or the hiring of human resources.” (Friard, Dominique. *Les mécanismes de défense* : http://www.serpsy.org/formation_debat/defense.html Consulted on February 14, 2007).

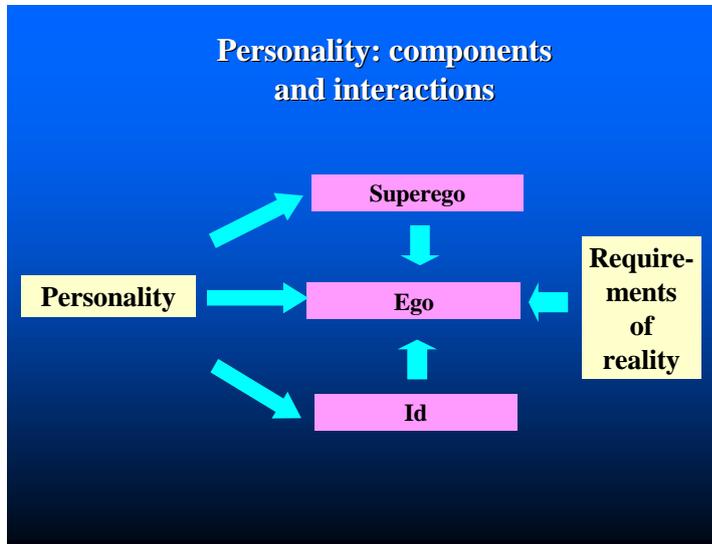
What are defense mechanisms?

Defense mechanisms were first described in 1874 by Sigmund Freud, the father of psychoanalysis and the most illustrious of Austrian psychiatrists. He identified strategies that we use to protect ourselves from suffering. At the time, defense mechanisms were reserved to describing and explaining abnormal behaviour expressed by psychotic patients.

The definition used at the time and which is still in use today is that of "a defensive mechanism developed by the **ego** when under pressure by the **superego** and external reality which enables us to fight anxiety." (*Mécanismes de défense* : <http://psychiatriinfirmiere.free.fr/infirmiere/formation/psychologie/psychologie/mecanisme-defense.htm>).

The human mind in all of its vast complexity elaborates defense mechanisms so that it can function in the face of problems or setbacks in society and life in general.

Development and dynamics of defense mechanisms



It is essential to first understand that defense mechanisms emerge from a conflict between two personality components. First, there is the **superego**, which represents an individual's moral anatomy, the internal psyche wherein the notions of good and evil and punishment and reward lie. The **superego** is inherited from parental authority.

Through the **superego**, the individual is conflicted by social constraints, pressures and subsequent guilt. As a result, the individual may be severely or

unavoidably dragged "upwards" to a level that is considered noble, pure or perfect. The **superego** controls the **id** by putting the two components in conflict with one another.

On the opposite spectrum, the **id** drags an individual "downwards" by overcoming the constraints and taboos of the **superego**. The French term *Ça* is an approximate translation of the German term *Das Es* used by Freud and its English counterpart (**id**). It roughly means something that is undifferentiated, an impulse, and a source of energy that is often associated with a physical desire or the libido which in itself is associated with an individual's sexuality.

The **ego** is an unconscious component which mediates the **id** and **superego**. The **ego** strives to find a balance between the **id's** instinctual requirements and the moral and social prescriptions of the **superego**. Patrick Juignet described this phenomenon when he wrote: "The **ego** acts as a regulator and as a controller." Its main purpose is to manage the individual's various and contradictory necessity such as the conflict between drives and reality (2001, p. 46). The **ego** is not only associated with intelligence, but also with shrewdness and the willingness to possess. The **ego** is in contact with the outside world and has control over reality. The **superego** guides the **ego** and the **id** provides its energy. The **ego** satisfies within certain boundaries the needs of the **id**.

The individual attempts to defend himself in the context of a conflict between the **id** and the **superego**, to meet the requirements of reality, and also when facing an internal or external threat to his bio-psychological integrity. The individual uses the **ego** to erect mechanisms, thoughts, feelings, behaviours (usually unconsciously to forget, minimize, deform or project reality onto another), and so on to protect himself against stress, anxiety, loss of self-image, a conflict or any other threat. These are the defense mechanisms that he erects to protect himself.

What do defense mechanisms defend us from?

Implemented mechanisms

- Afiliation, coping
- Projection, compensation
- Rationalization, denial
- Reaction formation
- Repression, avoidance
- Identification, activism
- Intellectualization
- Omnipotence, regression
- Sublimation, displacement
- Anticipation, conversion
- Altruism, resilience
- Humour, splitting, etc.



Against what are we defending ourselves?

- Anxiety, anguish
- Genuine fears
- Loss of self-esteem
- Negative affects: jealousy, bereavement, hostility, etc.
- Socially unacceptable drives: aggressiveness, sexuality
- The superego's judgments and forbidden impulses.

Clinical importance of defense mechanisms

Defense mechanisms are prevalent in our lives. They are generated by conflicts in our social or family relationships, by existential problems in our evolution towards maturity, and by academic or professional setbacks. Our worries, lack of self-confidence or confidence in others, and feelings of guilt and personal inadequacy are among the main indicators of the use of defense mechanisms.

Identifying and measuring defense mechanisms are important elements in psychotherapy for dealing with personality disorders. The expression of defense mechanisms reflects the hypothesis that they obnubilate significant problems.

Various scales exist to measure defense mechanisms. Perry's Defense Mechanism Rating Scale (DMRS) makes it possible to monitor the evolution of patients undergoing therapy based on the expression and intensity of defense mechanisms. These tools allow for a more thorough clinical assessment.

Each type of mechanism expressed exposes its own set of character features, needs and behaviours. For example, *projection* reveals a suspicious personality expressed through excessive sensitivity, an inability to forgive others' mistakes, negatively interpreting events or other people's behaviour, unjustifiable suspicion towards others, and overemphasizing one's rights and self-importance.

Certain defense mechanisms have an adaptive function and are thus identified as *mature mechanisms*. They are used by "healthy" individuals in normal situations. On the other hand,

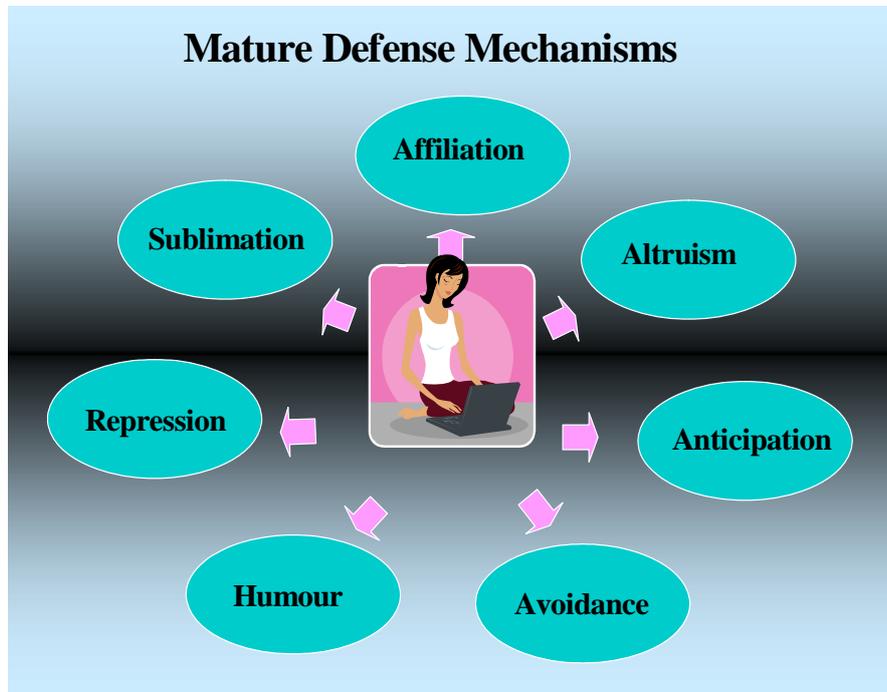
immature defense mechanisms are more defensive in general and are characteristic of higher levels of distress.

Perry's DMRS includes among mature ones, mechanisms such as repression, affiliation, altruism, anticipation, self-assertiveness, avoidance, humour, and sublimation. *Immature mechanisms* include splitting, intellectualization, omnipotence, rationalization, projection, and

so on. Freud initially described 10 defense mechanisms, but the list has expanded over time with advances in psychiatry and psychotherapy.

Among the psychiatrists who added to this list are Freud's daughter Anna, Melanie Klein and a number of authors.

(Cairn : http://www.cairn.info/article.php?ID_REVUE=PSYS&ID_NUMPUBLIE=PSYS_023&ID_ARTICLE=PSYS_023_0161 Consulted on February 15, 2007).



How do defense mechanisms become counter-productive?

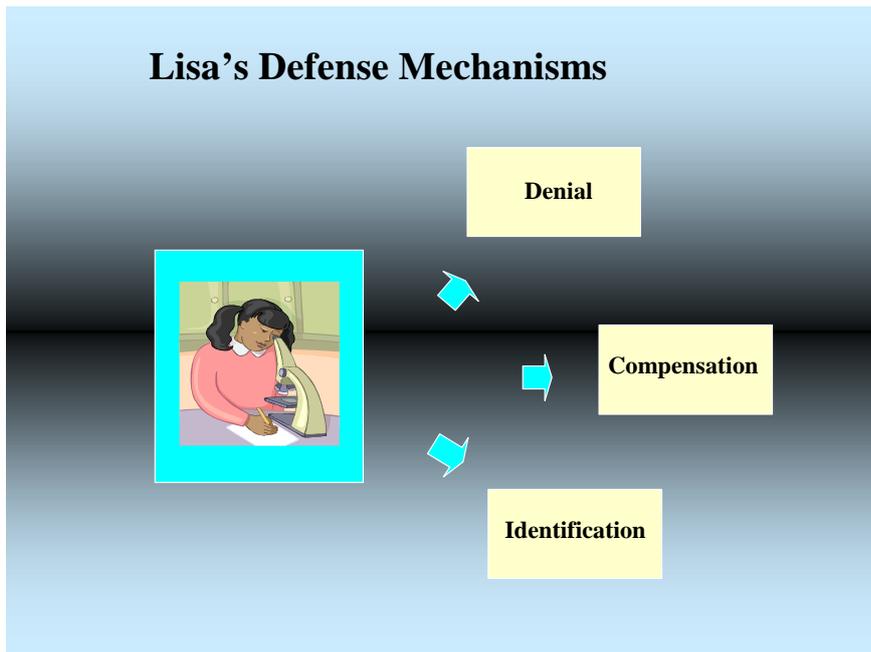
Certain defense mechanisms are effective in controlling anxiety and protecting individuals from suffering, whereas others are inadequate and when used in a repetitive, compulsive manner. They thus become counter-productive. Defense mechanisms are not the cause of a given pathology; the individual's use of the mechanisms is (i.e. frequency, intensity or context). Defense mechanisms are beneficial when they help an individual adapt to or tolerate difficult situations. These mechanisms become counter-productive when they cloud an individual's awareness, cut him off from reality, or undermine his functioning and relationships.

Examples to illustrate how defense mechanisms are used

Observing the use of defense mechanisms in everyday life helps us understand certain behaviours expressed by others and also tells us a lot about ourselves. Listed below are real-life situations which will help the student understand how defense mechanisms are expressed in their world. A broad range of mechanisms is covered, but not all are listed.

Lisa's illusions

Lisa is a young, brilliant student who has always been successful at school. For the past two months, she has been studying in a college away from home. It is also her first time away from her family. She loves her relatives and misses them. She feels *insecure* in her new environment. Lisa enjoys her studies, but has been unsuccessful in making new friends. She initially kept herself busy reading, doing her homework and finding equilibrium with her recreational activities. However, she recently began feeling down and spends long hours in front of the television. In her drive to compensate for her lack of affection, she fails to notice how she is spending her time. Her academic results reflect her new habits.



When her professor points out that her grades are declining and asks her about her recreational activities and the amount of time that she spends watching TV, Lisa replies that she is working and downplays her passive behaviour. She isn't necessarily trying to lie, but she cannot accept or recognize that her failures are her fault. She inevitably expresses *denial*, a

defense mechanism in which an individual subconsciously denies his thoughts, desires, behaviour, needs or some aspects of reality which he deems unacceptable or which desecrate his self-image.

In addition, Lisa has also taken to the habit of munching during her favourite TV shows. That in itself is bad news as she already has a tendency to put on weight. Even worse, Lisa doesn't realize how she is behaving. To compensate for her unfulfilled need for attention and affection, she pigs out in front of the TV set. This is expressed through *compensation*, a defense mechanism which is either a conscious or unconscious attempt to overcome genuine or perceived reality and to compensate for lack of affection and to relieve anxiety. Lisa compensates by overeating, but her over-indulgence could just as easily involve gambling or alcohol abuse. When questioned about her behaviour, she expresses *denial* regarding any problem and immediately discards such thoughts.

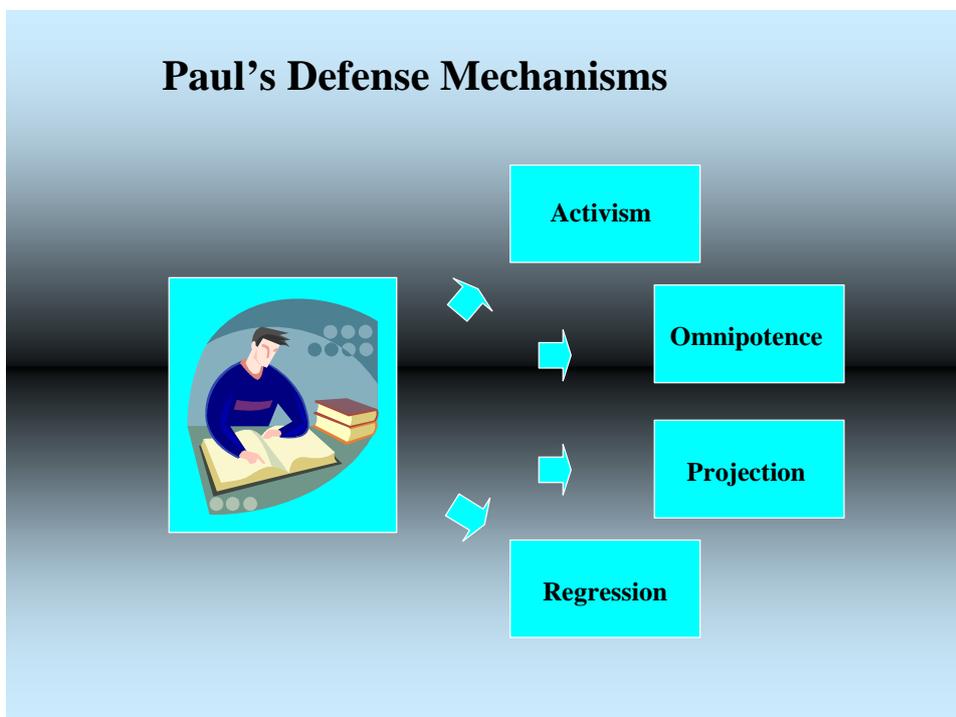
Lisa has also developed profound admiration for a slightly older classmate who has another educational background. This individual is extroverted, speaks loudly and colours her language with broad gestures and vulgar expressions. Lisa believes that such behaviour makes her classmate popular among her peers who find her funny. She therefore subconsciously attempts to imitate her peer to become more interesting. Lisa mimics her classmate's speech and gestures and no longer acts like herself. This phenomenon is referred to as *identification*,

a defense mechanism in which an individual subconsciously adopts the personality traits of someone that he or she admires.

Denial, compensation and **identification** act like a screen, preventing Lisa from seeing her actual behaviour and its consequences. She is cut off from her own reality and does not realize that she is acting in a way that will lead to failure in school, in relationships and in life in general.

Paul's behaviour

Paul is a student just like Lisa, but his problems are different. He lives with his parents, who spoil him and overprotect him despite his 21 years. Overflowing with energy, he plays many sports, obviously paid for by his parents. Sports take up a greater amount of time than studying. By the end of November, he hasn't really begun studying.



That is not his only academic problem. Paul is in love and this sentiment takes up all of his thoughts. He **daydreams** during class hours. His marks are inevitably catastrophic. His latest results have deeply affected him by showing him that he is

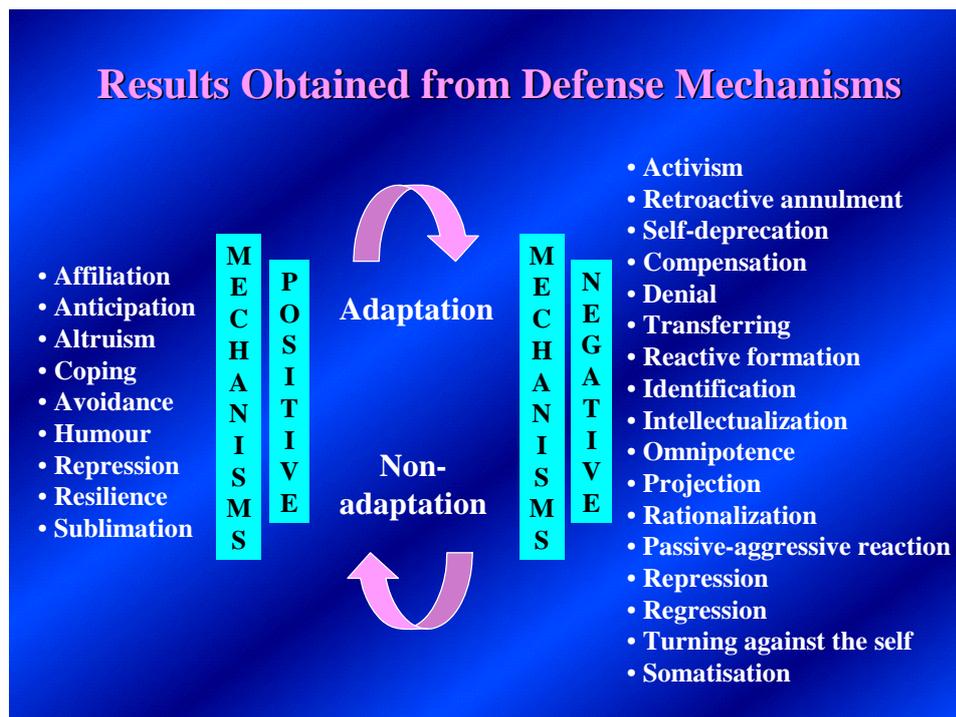
heading straight for failure. He therefore wants to make up for lost time.

He repeatedly visits the library, borrows books, searches for class notes, asks other students for explanations, but yet lacks effectiveness. Paul is expressing **activism**, a defense mechanism which leads a person to emphasize vigorous action instead of adopting practical problem-solving strategies. Paul should review how much time he spends working and stop daydreaming.

Instead, he claims that he is not worried about his academic results. He repeatedly states: "If I want to, I can succeed by catching up time lost and still get good grades." This magical thinking is known as **omnipotence**, a defense mechanism through which Paul can feel and act as if he has supernatural powers or abilities that are superior to others', whom he can even occasionally deride.

Realizing that he is facing a difficult task, Paul experiences anxiety about his anticipated results. He nonetheless fears disappointing his parents. When they ask him about his problems, he responds: “It’s the teacher’s fault. He can’t explain anything and nobody understands what he says. He doesn’t give us enough time to study or to complete our assignments. It’s impossible to cover all that material at such short notice.”

Paul is therefore concealing his laziness from himself by throwing the responsibility of his shortcomings on another individual. This is known as **projection**, a defense mechanism in which an individual projects his own socially unacceptable feelings, intentions or behaviour, as well as responsibilities, on another person. As Paul cannot tolerate the loss of self-esteem arising from a failure, he blames his professor for his shortcomings.



Already uneasy at the psychological level, he is struck by the flu. Paul believes that he is dying. He keeps on barking orders at his mother and imposes all sorts of childish demands on her. She obviously spoils him.

This is **regression**, a mechanism in which an individual returns to a lower

developmental stage that is deemed more appealing and safe at the emotional level. A prolonged illness, even trivial, can easily lead to regression. In psychiatry, **regression** is usually expressed by childlike behaviour.

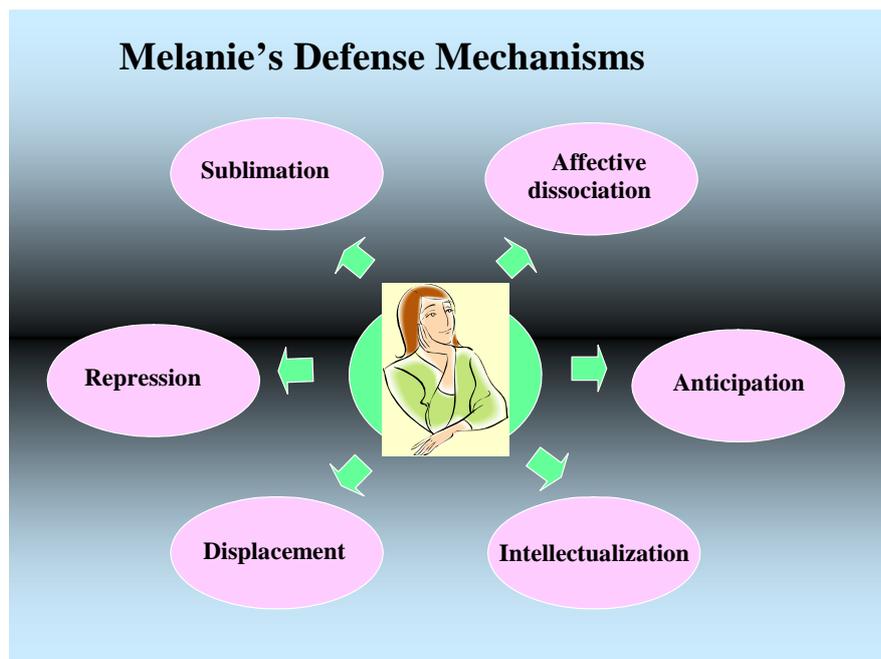
Defense mechanisms such as **activism**, **omnipotence**, **regression** and **projection** mask Paul’s behaviour, laziness and immaturity as they are difficult to accept for his self-esteem. These behaviours are counter-productive as they cloud reality and prevent Paul from functioning at the top of his abilities and succeeding.

Melanie’s problems

Melanie is another student. Her beloved mother suffers from cancer. This affects Melanie’s thoughts and disrupts her studies. She has a hard time concentrating and getting rid of this painful image. Despite her usual emotional state, she responds to her friend Gerta’s questions by detailing her mother's treatments rationally. This defense mechanism is referred to as **intellectualization**, and allows Melanie to express abstract and detached thinking to control or minimize overwhelming emotions.

Melanie would like to go out with her friends to the movies, to exercise with her boyfriend and to go on vacation, but she tells herself that she cannot as she must remain with her mother. She stays by her mother's bedside, diligently attending to her needs and repressing any desire to go out, doing so only under serious circumstances. This defense mechanism is known as **sublimation**. It allows an individual to translate his socially unacceptable drives or feelings into morally and socially acceptable ones. Melanie therefore gets the satisfaction of accomplishing her mission and a feeling of having nobly accomplished her family duty.

Often annoyed by the requests of her mother to whom she refuses nothing, she treats her younger



sister who tries to help her harshly. She constantly criticizes her, accusing her of being stiff and clumsy. Melanie is expressing **displacement**. Unable to tell her mother what she feels, she transfers her exasperation to her younger sister.

She feels overwhelmed by events. The other day, concerned by her mother's condition, her studies and household chores, she completely forgot about her

doctor's appointment. The subconscious fears of the impending results and the emotional overload that she is experiencing have provoked **repression** or **suppression**. **Suppression**: the individual relegates to the unconscious an idea, emotion or experience which in the conscious realm is a source of pain or worry. An example, would be a dental appointment. (PédiaPsy. Les mécanismes de défense : <http://membres.lycos.fr/vdc/def.htm>).

To give herself strength to deal with the situation, Melanie thinks about the moment when her mother will have completed her chemotherapy and will once again be the head of the family. She will no longer have to care for household chores, do grocery shopping, and will be able to enjoy recreational activities with her friends. This adaptive defense mechanism, known as **anticipation**, allows a person to experience in advance the emotions associated with a given situation. This mechanism substitutes current anxiety for a future benefit. **Anticipation** is not always positive, as inevitably expecting negative situations can in itself become a source of anxiety.

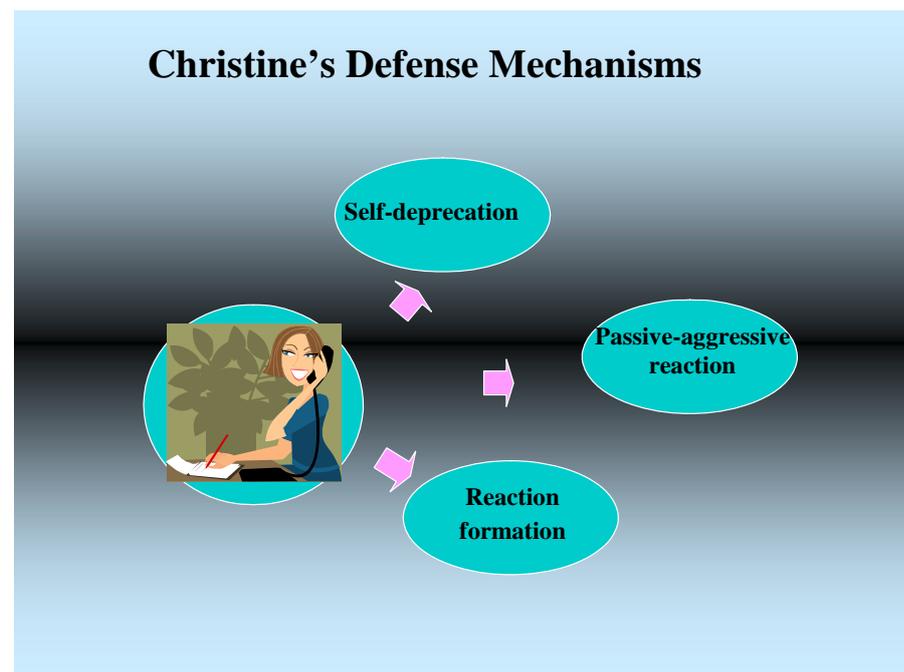
There comes a time when Melanie's mother enters the terminal phase of her illness. Melanie is deeply affected and is panicked by the upcoming math exam. She nonetheless coolly sits in front of her exam and completes it. **Emotional dissociation** allows her to detach herself from the emotional significance of her mother's condition to focus on her exam.

Intellectualisation, sublimation and **anticipation** act like analgesics which prevent her pain from expressing itself. **Emotional dissociation** allows her to function by dissociation herself from the event. **Repression** allows Melanie to temporarily forget a painful appointment whereas

displacement allows her to remove her repressed tension by directing it against her sister. These mechanisms allow Melanie to survive an extremely painful situation in relative stability.

Christine's eyeshades

Christine is a brilliant student who fails to achieve academic success. She lacks self-confidence. Instead of seriously putting an effort into her studies, she constantly seeks help from her better-organized and harder-working peers. In order to fall into their good graces and to obtain their class notes or solutions, she belittles herself in front of her classmates or practices *self-deprecation*. She will say: "I'm so inept. I just can't complete this work," or "I'm so dumb. I didn't jot down any notes during the class."



Self-deprecation implies belittling oneself to obtain favours or to avoid responsibility. It is a certain form of manipulation.

As Christine doesn't always feel up to par with her friends, she wants to boost her self-esteem. However, her academic results cannot help her attain this objective. She therefore resorts to different means to belittle others. In order to raise her self-esteem, she secretly backstabs her friends

using extremely personal secrets. This defense mechanism, *passive-aggressive reaction*, allows Christine to pour out her resentment against her classmates without openly confronting them.

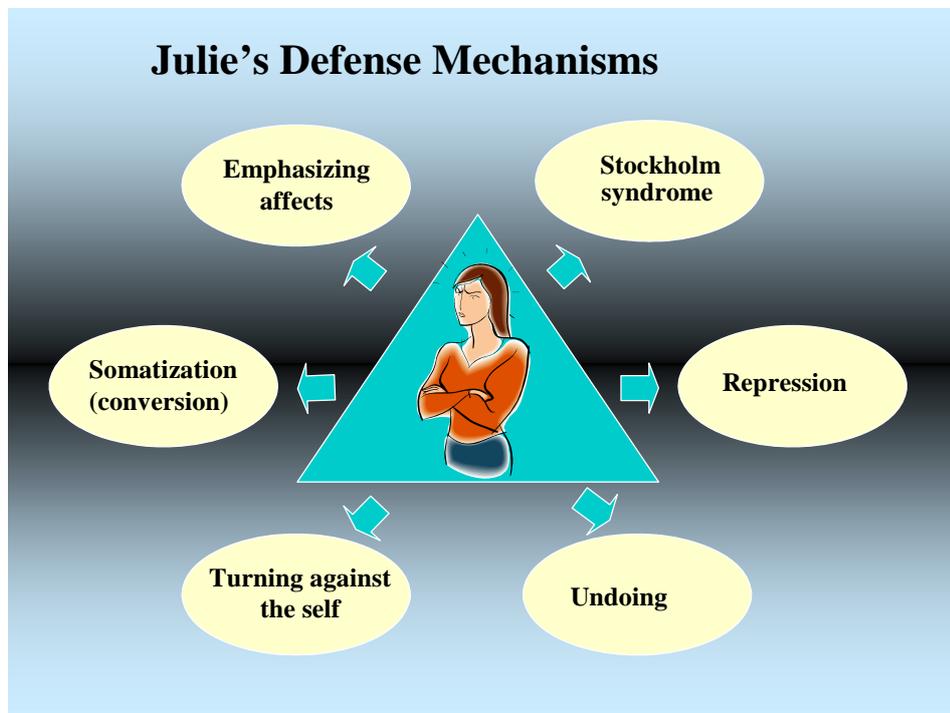
She is jealous of their success and way of being. Nonetheless, she never fails to compliment, express her friendship and forcefully "hug" her peers when meeting them. This *reaction formation* defense mechanism allows Christine to behave in a way that is the exact opposite of her motivations, desires and emotions.

Self-deprecation, *passive-aggressive reaction* and *reaction formation* fail to foster this student's adaptation and personal evolution. Instead, they generate maladapted behaviour.

Julie's behaviour

Julie is a young but difficult student. She has her own way of "behaving" as her friends say. She tends to be theatrical, talks a lot about herself, puts herself in the limelight with her emotions and adventures. This is a personality trait that surprises by its importance. Friard refers to this process as "emphasizing affects". "It is the act of emphasizing the expression of one's affects and using them in an excessive manner to avoid their rational explanation and,

from the onset, their explanation. These feelings are therefore unconsciously magnified for defensive purposes". (Friard, Dominique. Les mécanismes de défense http://www.serpsy.org/formation_debat/defense.html)



Julie experienced many problems during her childhood, beginning when her parents divorced. There were troubling moments as her father was suspected of abusing her. She was six years old at the time, but cannot remember the events evoked by her mother. She has forgotten everything about that period in her life. Julie

represses the traumatic memories into the unconscious. **Repression** is a defense mechanism which allows Julie to push into the unconscious memories, thoughts, and morally or socially unacceptable actions such as those committed by her father.

Julie doesn't really remember her father. She nonetheless has positive feelings for him and finds all kinds of excuses. He is sort of a fascinating figure for her. Julie experiences what is known as **Stockholm syndrome**: The victim identifies with the aggressor. Julie overcomes her sorrow by repeating to herself that a father cannot be all that bad. To her, that is totally unimaginable.

Aggressive by nature, Julie is often hostile to her companions, who do not understand her behaviour. She later regrets her actions, experiences guilt and wishes to fix her mistake because she doesn't wish to lose her friends. She repeatedly calls them and apologizes over and over again. She buys them modest gifts and even flowers. This defense mechanism is known as **undoing**. In response to a feeling of guilt, the individual attempts to undo his words or actions through excuses, flattery or by offering presents.

Julie often complains of various physical ailments that she dramatizes and forcefully repeats to her friends in detail. She is concerned as she believes that she is suffering from a serious ailment. This defense mechanism, in which an individual's emotional anxiety manifests itself in the form of physical symptoms, is known as **somatization** or **conversion**. Julie's body expresses what she doesn't. **Conversion** is generally associated with hysteria and is a manifestation of transformation sensations in the limbs or members, of paresis, or paralysis.

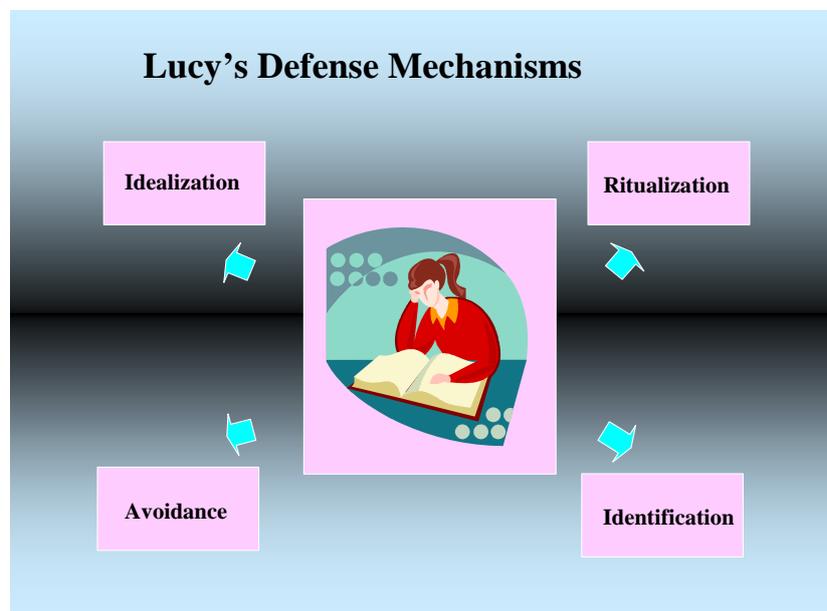
Julie's behaviour also results in her experiencing bouts of depression. In those moments, she sees herself in an extremely negative light, torments herself and feels guilty about her

disruptive behaviour. Julie tells herself that she's not worth anything, that she doesn't know why she is alive and that it would be best if she just disappeared. This is an extremely dangerous milestone in her evolution. This is an example of **turning against the self (devaluation)** wherein the individual is unable to express his aggressiveness towards others or having gone through all methods to express it, he thinks that he is guilty and turns this aggressiveness against himself. He feels anger against himself, blames himself and could potentially commit suicide.

Emphasizing affects, repression, Stockholm syndrome, undoing, somatisation (conversion) and turning against the self (devaluation) are all mechanisms that Julie uses to forget, obnubilate or transform the affects of anxiety, hostility or aggressiveness, which she deems socially unacceptable behaviour and which she converts into guilt.

Lucy's perfectionism

Lucy is also a student. She is bright and successful in everything that she undertakes. She spares no effort as she is a perfectionist. Her room is always tidy, she studies every day and learns her subjects by heart. Lucy is an exemplary student. To guarantee her own success, she methodically follows routines. When she arrives home, she showers, prepares a Spartan meal, reviews her notes and starts doing her homework.



She never sways from her routine as she would then experience anxiety and be gripped by fear of failing. She doesn't allow herself to be swayed. She has few recreational activities and friends. Lucy is engaged in **ritualization**, a defense mechanism that could potentially lead to an obsessive-compulsive disorder. **Ritualization** means establishing an order in which a number of tasks are to be carried out and which in turn take on a magical meaning. Following the ritual overcomes the meaning of the action itself. It becomes predominant and even constrictive in the individual's life. This mechanism protects the individual from anxiety, but it is not always efficient as he risks becoming a slave to his repetitive rituals.

Lucy's role model is her elder sister, an extremely brilliant student in medicine. Lucy attributes real or imaginary qualities which she exaggerates to her sister. She is applying both **idealization** and **identification**. **Idealization** is a defense mechanism in which a person overemphasizes another individual's qualities which he attributes to himself or to another. This mechanism makes Lucy feel stronger. She masks her imperfections and limits by identifying with her supposedly perfect sister. She also **identifies with** or incorporates her sister's values and qualities. This results in poor self-image because Lucy experiences the need to become another individual.

When her acquaintances question her about her unshakable rituals, she practices *avoidance*, a mechanism in which an individual intentionally or unintentionally turns to the unconscious thoughts, desires, or emotionally loaded situations in order to avoid thinking, speaking, justifying or putting them into question. The individual therefore avoids anxiety, fear or other inconveniences.

This avoidance mechanism also has particular characteristics. As she fears death, she avoids walking in front of the rooms of terminally ill patients during her nursing work. People who are extremely anxious or who suffer from phobia or panic disorders often adopt avoidance when dealing with certain situations (contra-phobic behaviour).

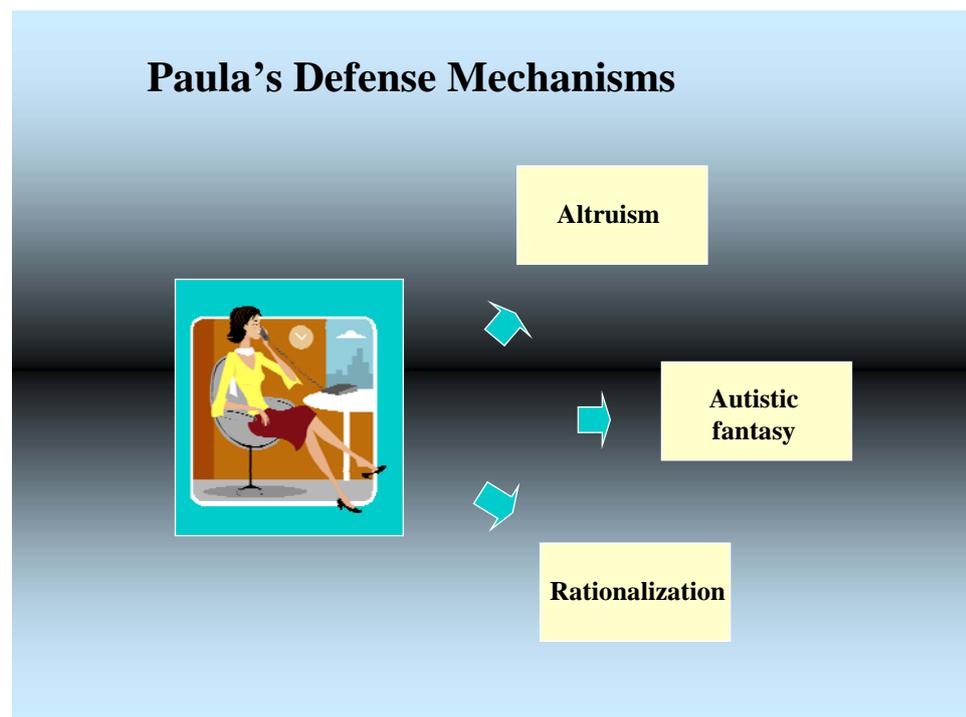
Ritualization, idealization, identification and *avoidance* protect Lucy from anxiety and fear of failure, of not being up to standards. They also manage her self-image and help her rise to her admired sister's level.

Paula's world

Paula is a brilliant student who obtains average results in her studies. She is a *busybody* who carries out all sorts of activities throughout her studies. She manages the student cooperative and belongs to an ecological group, both activities which require lots of time. In addition, she is quite versatile and never refuses to lend a helping hand to friends or relatives. Paula is described as an *altruist*, and uses a defense mechanism in which an individual manages everybody's affairs instead of his or her own.

She would be better off studying, as her academic success is being compromised. Furthermore, there are problems at home which require her presence.

However, her *altruism* allows her to forget this fact. This devotion mechanism towards others allows Paula to avoid her responsibilities by giving herself noble objectives which she deems worthwhile, which others can admire and which justify her lack of commitment to her own affairs.



Paula still has a childish side. She is jovial and is not too concerned about life. She often spends long periods *daydreaming* during which she sees herself participating in humanitarian endeavours in foreign countries. This is referred to as *autistic fantasy*,

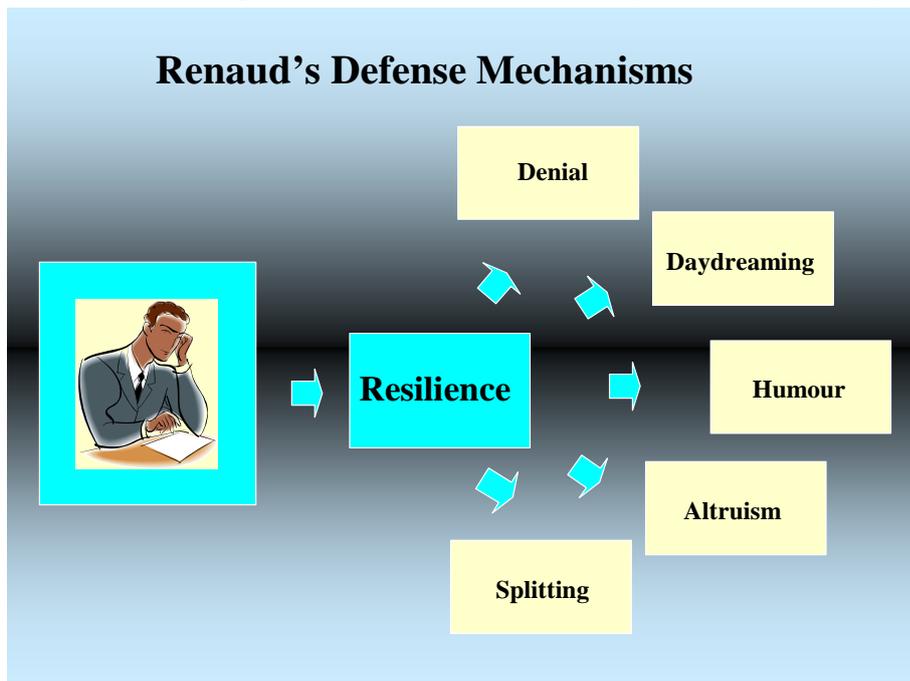
a mechanism through which an individual isolates himself from reality by mind-wandering rather than developing an efficient problem-resolution mechanism. In Paula’s case, this would involve studying and minding her own business.

She has just learned that she has failed an exam. Sad and ashamed at first, she now reacts by saying: “Anyway, that course is useless,” and “I don’t care if I failed because I really hated that subject.” Paula is using *rationalization*, a defense mechanism through which an individual gives himself a more or less logical explanation for an act or decision produced by subconscious impulses. Paula’s decisions might appear logical, but they mask reality and her lack of work and interest. A genuine self-assessment of her feelings might cause her anxiety and tarnish her self-image, which is upheld through the process of rationalization.

Altruism, *autistic fantasy* and *rationalization* allow Paula to hide herself from her difficult reality and somewhat boring studies and family responsibilities while maintaining her self-image.

Renaud the fighter

Renaud has foreign roots and comes from a dysfunctional family. He spent his childhood



going from one foster home to the next. Despite his difficult childhood, he managed to grow up in an acceptable manner. He works evenings and weekends to cover his expenses and his studies. Despite his workload, he manages to obtain good grades. Renaud, in spite of his difficult origins, now aspires to succeed in life. *Resilience* allowed

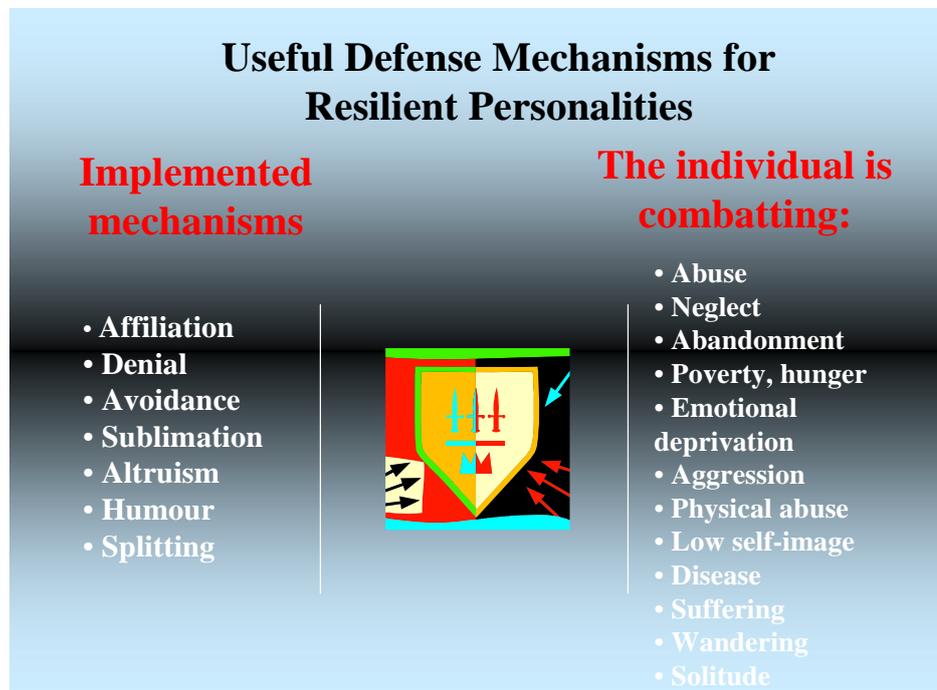
him to adapt to his situation.

Boris Cyrulnik described this concept, illustrating that regardless of a child’s experiences, if he manages to use the affective resources at his disposal during the first few months of his life, he can then take advantage of the possibilities encountered thereafter, even if they are limited, and develop defense mechanisms that favour his adaptation to a hard life. (Boris Cyrulnik, Le Courrier UNESCO « Il y a une vie après l’horreur ». http://www.unesco.org/courier/2001_11/fr/dires.htm).

For Cyrulnik, *splitting* is an adaptive mechanism used by children or resilient individuals whereas for Freud and other psychiatrists: “It is a split between the conscious and unconscious”. (René Des Groseillers, Œuvres de Sigmund Freud

<http://pages.globetrotter.net/desgros/freud/oeuvres/clivage.html>). This mechanism in all of its pathological intensity can be found among psychotics and borderline personalities. Some refer to this process as *dissociation*. (Phebe Cramer, 2006, p. 234; http://www.lfsm.org/IMG/doc/LA_RESILIENCE.doc).

Youth from difficult backgrounds and resilient individuals employ certain defense mechanisms that are typical of their struggle to survive. *Denial* allows these individuals to hide from a reality that is too hard to cope with. *Daydreaming* allows them to separate themselves from everyday reality and desolation. *Humour* helps them put their miserable existence into perspective. *Altruism* leads them to fix others' problems.



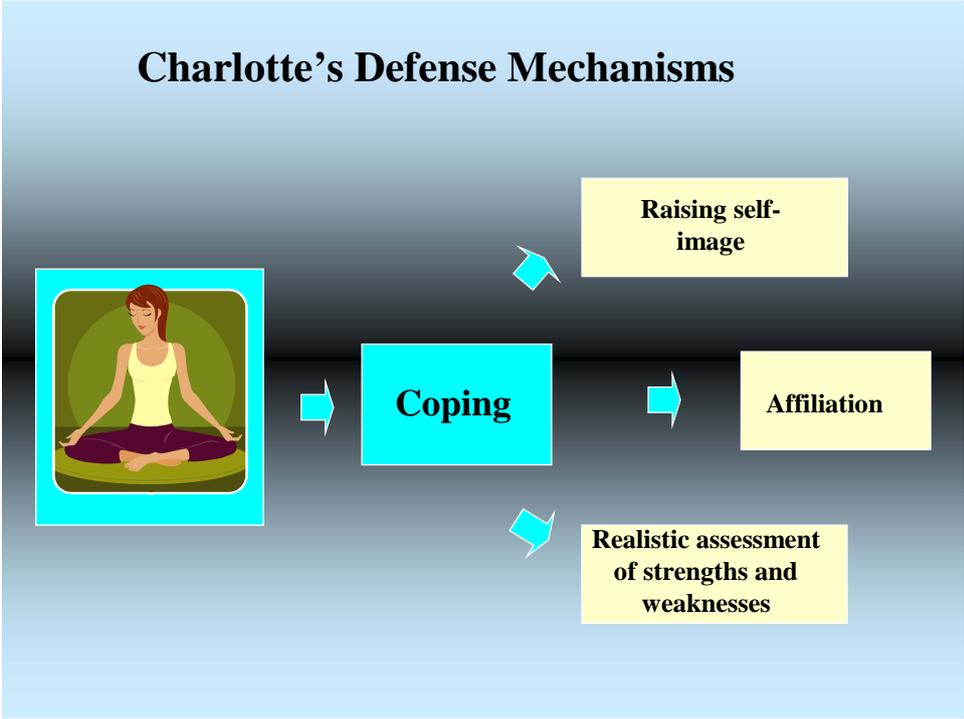
Splitting is a mechanism first described by Melanie Klein. It allows an individual to control his or her anguish by dividing a perception of reality into two entities or visions, reacting at once in two different and even contradictory manners. An individual will perceive at once the positive and negative sides of a situation. For example, Renaud as a child realized that he had nothing, but nonetheless spent pleasant times with his friends.

Resilience along with the other accompanying mechanisms favours adaptation and allows disadvantaged children to move ahead, to develop and to succeed in life.

Charlotte's illness

Charlotte sadly contracted meningitis during an outbreak at her college. She was severely impaired and scarred by the disease. She now has a low attention span and has problems concentrating. Two of her fingers were amputated from her left hand. Discouraged at first and wounded in her self-image, Charlotte has since found the strength to deal with her problem.

Coping is the adaptive mechanism which has made this possible. It is an active process which allows an individual to adapt to a situation that is forced upon him by accepting the problems which underlie his condition and the circumstances of his new life. *Coping* allows an individual to *enhance his self-image and to acquire a realistic appraisal of his strengths and weaknesses*.



The person who experiences a difficult situation assesses his potential for success. Like Charlotte, the individual might repeat to himself that he has the strength to overcome obstacles because he is naturally optimistic, courageous, and has the right drive, endurance and perseverance to succeed.

Trekking in the mountains has repeatedly illustrated this fact to Charlotte.

She nonetheless realizes that there will be difficult moments when she will no longer be able to do much with her hands, such as playing her beloved piano. She is mentally prepared to deal with this fact.

She also relies on her friends and family to support her and to encourage her. When she is demoralized, she confides in her parents and in her best friend. She resorts to *affiliation*, a

Defense Mechanisms Which Underlie Coping

Adaptive Mechanisms

- Affiliation
- Avoidance
- Sublimation
- Altruism
- Humour
- Splitting
- Relaxation strategies

They protect individuals from:

- Sadness
- Bereavement
- Loss of self-esteem
- Loss of status
- Love depression
- Abandonment
- Poverty, hunger
- Disease
- Suffering
- Solitude
- New surroundings, etc.

defense mechanism in which a person overcomes a difficulty by speaking to significant others, be they relatives, friends or caregivers. Confiding in others releases her from anxiety and favours a clearer vision of the challenge ahead. Furthermore, she no longer feels alone.

In addition, Charlotte resorts to other adaptive mechanisms described above such as *humour*, *avoidance*, *anticipation*, and so on. She also has other tools at her disposal to deal with a low morale. She employs relaxation and psychological liberation strategies which allow her to better manage her anxiety. She practices relaxation and meditates on life, tools which serve her extremely well.

CONCLUSION

We have seen in the examples above situations which generate defense mechanisms, some of which are constructive and others which are counterproductive. Those described above do not illustrate truly pathological problems, but rather behaviours and emotions experienced by sane individuals who have trouble functioning. We have described students, but their reactions can be adapted to other environments such as work or family life. Defense mechanisms are present throughout our lives.

BIBLIOGRAPHY

Cramer, Phebe (2006). *Protecting the Self: Defense Mechanisms in Action*. New York, The Guilford Press.

Cyrulnik, Boris (2001). Le Courrier UNESCO « Il y a une vie après l'horreur » : http://www.unesco.org/courier/2001_11/fr/dires.htm. Consulted on February 24, 2007.

Cyrulnik, Boris (1999). La résilience et les mécanismes psychologiques de résistance : <http://www.grep-mp.org/conferences/Parcours-19-20/resilience.htm>. Consulted on March 14, 2007.

Desgroseillers, René. La psychanalyse. *Le clivage du moi dans le processus de défense* : <http://pages.globetrotter.net/desgros/freud/oeuvres/clivage.html>. Consulted on March 14, 2007.

Friard, Dominique. Les mécanismes de défense : http://www.serpsy.org/formation_debat/defense.html. Consulted on February 14, 2007.

Girard-Frésard, Jacqueline. Défends-toi, mon fils. Cairn info : http://www.cairn.info/article.php?ID_REVUE=PSYS&ID_NUMPUBLIE=PSYS_023&ID_ARTICLE=PSYS_023_0161. Consulted on February 15, 2007.

Juignet, Patrick (2001). *Manuel de psychopathologie psychanalytique*. Grenoble, Presses universitaires.

PédiaPsy. Les mécanismes de défense : <http://membres.lycos.fr/vdc/def.htm> .

Phaneuf, Margot (2006). Mécanismes d'adaptation et de défense chez le malade cancéreux. *INFIRESSOURCES*, Carrefour clinique, Section Soins en psychiatrie : http://www.infiressources.ca/fer/depotdocuments/Mecanismes_de_defense_et_cancer.pdf

Phaneuf, Margot (2007). L'observation en psychiatrie : une compétence à développer. [INFIRESSOURCES](http://www.infiressources.ca/fer/depotdocuments/L_observation_en_psychiatrie.pdf), Carrefour clinique, Section Soins en psychiatrie.
http://www.infiressources.ca/fer/depotdocuments/L_observation_en_psychiatrie.pdf

Psychiatrie infirmière. Mécanismes de défense :
<http://psychiatriinfirmiere.free.fr/infirmiere/formation/psychologie/psychologie/mecanisme-defense.htm>. Consulted on February 14, 2007.

Vouche, Pierre (2003). La résilience : http://www.lfsm.org/IMG/doc/LA_RESILIENCE.doc.
Consulted on March 14, 2007.