

Limits of methods used in analysing the psychological defense: psychological defense mechanisms and coping mechanisms

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Abstract

Lately, and even now, the study of adaptive psychological processes, psychological defense mechanisms and coping mechanisms, was made from different theoretical and methodological perspectives. This is also evident in terms of the number of assessment instruments for psychological defense mechanisms and coping mechanisms, most assessment instruments for psychological defense being developed for psychological defense mechanisms. Despite the diversity and the considerable number, assessment instruments for psychological defense mechanisms and coping mechanisms have a number of limitations. The limitations of the assessment instruments for psychological defense mechanisms and coping mechanisms are determined by: the particularities of these psychological processes, primarily by their predominant unconscious character; the diversity and complexity of adaptive psychological processes of the human subject; the difficulty of capturing in good time the observable and measurable indicators of functioning of the defense mechanisms and coping mechanisms. Other limitations of psychological instruments for assessing psychological defense mechanisms and coping mechanisms are determined by the type and the particular methodological instruments used for this purpose.

Keywords: self-report measures; observer-report measures; projective measures; psychological defense mechanisms; coping mechanisms

1. Introduction

„Perhaps the greatest problem faced by the academic social sciences is that what is measurable is often irrelevant, and what is truly relevant often cannot be measured”.
(Vaillant, 2012).

Perhaps the best introduction to this study is the very words of Vaillant (2012), which are taken as a motto for this article, referring to the difficulty of measuring in the academic social sciences, where what is easy to measure is frequently irrelevant and what is relevant is difficult to measure, the evaluation of psychological defense and adaptive methods being one of the appropriate examples.

Despite the difficulties mentioned above, nowadays, the analysis of psychological defense as an assessment method, diagnostic method, clinical evaluation (see: Blackman, 2009; Bond, 2004; Cramer, 1987, 1988, 1991 a, 1991 b, 1997, 2000, 2006; Cramer & Blatt, 1992; Cramer & Gaul, 1988), prediction method (see: Kronström, Salminen, Hietala, Kajander, Vahlberg, Markkula, & Karlsson, 2009; Johnson, Bornstein, & Krukoni, 1992; Malone, Cohen, Liu, Vaillant, & Waldinger, 2013;

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Manavipour, Dakhili, & Golshani. 2013; Sinha & Watson. 1999; Sinha & Watson. 2004; Vaillant, 1993; Van, Dekker, Peen, Abraham, & Schoevers. 2009; Watson. 2002) and intervention psychotherapy technique (Bond, 2004; Kronström et.al., 2009; Van et al., 2009) has been validated in a number of clinical trials and validate, in this regard a specific methodology being developed (Crașovan, 2011a).

After the difficulties encountered in introducing the analysis of psychological defense in Diagnostic and Statistical Manual of Mental Disorders (Ionescu, Jacquet, & Lhote, 2002; Vaillant, 2012) were overcome through the acceptance and introduction of psychological defense mechanisms in DSM III R (APA, 1987 R) and development of Defensive Functioning Scale (DFS) in DSM IV (APA, 1994) and DSM IV R (APA, 2000/2003), the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 2013) eliminates the analysis of mental defense due to the lack of consensus regarding the number and hierarchy mechanisms of psychological defenses (Vaillant, 2012).

Although up to DSM IV (APA, 1994) and DSM IV R (APA, 2000/2003), there is a clear distinction in terms of meaning between psychological defense mechanisms, mostly considered as unconscious processes whereby the human subject fails to deal with real or imaginary dangers of internal and external reality, and coping mechanisms considered as „*the active process by which the individual, thanks to the self-esteem of his/her own activities, motivations, copes with a stressful situation and manages to control it*” (Bloch, Chemana, Depret, Gallo, Leconte, Le Ny, Postel, & Reuchlin, 2006, page 273), Diagnostic and Statistical Manual of Mental Disorders unifies the two mental adaptations in terms of significance, becoming “*automatic psychological processes which protect the individual against anxiety and against awareness of danger or internal and external stressors*” (APA, 2003, page 807). However, the most complex and complete definition of psychological defense mechanisms is given by Ionescu, Jacquet and Lhote (2002) who see the mental defenses as „*unconscious mental processes, aiming to reduce or cancel the unpleasant effects of real or imaginary dangers, reshuffling internal and/or external reality, and whose manifestations - behaviors, ideas and emotions can be conscious or unconscious*” (Ionescu, Jacquet, & Lhote, 2002, page 35), having as defining characteristic immature, retrospective, largely unconscious and with low or absent adaptive level.

Beyond the common definition of the two methods of mental adaptations of the human subject given by Diagnostic and Statistical Manual of Mental Disorders (APA, 2000/2003) there is a common view on separating the two defensive ways (APA, 2000/2003; Blackman, 2009; Bloch et al., 2006; Ionescu, Jacquet, & Lhote, 2002). Therefore, the defense mechanisms are considered unconscious psychological processes, retroactive with low adaptive level, which reduce or cancel unpleasant effects of real or imagined dangers and through which the reality is internal and/or external newly composed, and whose manifestations - behaviors, ideas and emotions may be conscious or unconscious (Ionescu, Jacquet, & Lhote, 2002), while coping mechanisms are considered as a whole cognitive and behavioral efforts aimed at controlling, reducing or tolerating domestic and foreign demands that threaten or exceed an individual's resources (Lazarus & Folkman, 1984 in Ionescu, Jacquet, & Lhote, 2002) are mature, largely aware and with high adaptive level, proactive.

As it can be seen, coping mechanisms are flexible, behavioral, oriented towards positive adaptation to external reality, related to mental health and wellbeing while defenses mechanism are oriented towards internal conflicts, associated with psychopathology, although the purpose of two categories of methods is optimal adaptation of the human subject (Crașovan, 2011b). Based on these characteristics of each of the two adaptive methods of human subject, it can be seen that the coping mechanisms, by their own way of operating, have the characteristics of a conscious strategy, a more appropriate definition for them being coping strategies and not coping mechanisms.

From another point of view and one which could cover the common definition given to both ways of mental adaptations in Diagnostic and Statistical Manual of Mental Disorders (APA, 2000/2003), the psychological defense mechanisms and

coping processes have also a complementary character, coexisting at every human subject and providing answers that allow understanding mental functioning for both normality as well as for the pathological condition, suggesting the need to associate and understand the defense mechanisms and coping mechanisms.

The report between psychological defense mechanisms and coping mechanisms also has an impact on the level of the assessment of psychological defense mechanisms and coping mechanisms, influencing the assessment methodology (Crașovan, 2011b).

2. Methods of analysis of psychological defense

Methods of analysis of psychological defense are divided into two categories of methods, self-reporting methods and interview methods. Between the two methods of assessment and diagnosis there is a vague relationship, some studies identifying modest association between them (Perry & Hoglend, 1998) or lack of association (Hersoug, Sexton, & Holglend, 2002). A possible typology categorization of these tools could be:

- a. Self-reporting methods. Representative examples of the category of the self-reporting methods for assessing psychological defense mechanisms are methods such as: Defensive Style Questionnaire 60 – DSQ-60 (Thygesen, Drapeau, Trijsburg, Lecours, & de Roten, 2008) translated, adapted and validated for the Romanian population by Crașovan & Maricuțoiu (2012); Defense Mechanism Inventory – DMI (Ihilevich & Gleser, 1986), and Assessment Scale of Cognitive Mechanisms of Defense – SEMCA (Miclea, 1997). For self-reporting methods for assessing coping strategies the COPE Questionnaire is representative (Carver, Scheier, & Weintraub, 1989), recently translated, adapted and validated for Romanian population by Crașovan & Sava (2013).
- b. Assessment methods based on observers, grouped into three subcategories:
 - i. Methods of interview, using observers' assessments, considered standards of defensive styles measurement (Van et al., 2009);
 - ii. Projective tests, class of methods consisting in free associations of the subject, starting from the premise that there is a specific stimulus or with a variable degree of ambiguity. Representative examples of this subcategory are the three general strategies for assessing defenses based on the Rorschach test: Rorschach formal scores (Bahnson & Bahnson, 1966; Haan, 1964), thematic interpretation of responses (Baxter, Becker, & Hooks, 1963) and the combination between Rorschach formal scores and thematic interpretation of responses (Gardner, Holzman, Klein, Linton, & Spence, 1959; Luborsky, Blinder, & Schimek, 1965). This category of methods is very close to psychoanalytic through both free association technique and the central role represented by the unconscious conflict and the history of the subject. Using these methods information can be obtained on the operation of the ego, the infiltration extent of defense mechanisms, the level of maturity of defense, types of defensive mechanisms and, overall, vitality and strength of ego in adapting to reality and the mediation itself, reality and superego (Blackman, 2009);
 - iii. Clinical method, commonly used in Anglo-Saxon countries, is based on clinical evaluation based on explicit definitions on defense mechanisms and a specific methodology (Albon, Carlson, & Goodwin, 1974; Hackett & Cassem, 1974; Vaillant, 1976), combining interview, observation and clinical experience of the evaluators. Representative examples of this subcategory are: Method of clinical vignettes – a sketches of life (see: Perry & Ianni, 1998; Vaillant, 1971, 1976; Vaillant 1993 in Ionescu, Jacquet, & Lhote, 2002), Ego Profile Scale (Semrad, Grinspoon, & Fienberg, 1973), the Overall efficiency of defensive functioning (Bellak, Hurvich, & Gediman, 1973), Denial Scale of Hackett and Cassem (1974), Haan Method of Assessing Defenses and Coping mechanisms (Haan, 1963), Inventory of defense-related behaviors – IDBR (Bauer & Rockland, 1995), Defense Mechanism Rating Scales – DMRS

(Perry & Henry, 2004; Perry & Kardos, 1995), Assessments defense mechanism of ego in adolescents (Jacobson, Beardslee, Hauser, Noam, Powers, Houlihan, & Rider, 1986), Clinical assessment of defense mechanisms – CADM (Ehlers & Czogalik, 1984), Q - sort methods (type Q defense) applied to data from interviews to assess mechanisms of defense (Davidson & MacGregor, 1996; MacGregor & Davidson, 1998; MacGregor & Olson, 2005; MacGregor, Olson, Presniak, & Davidson, 2008).

3. Limits of instruments used in analysis of psychological defense

Currently, the procedure for measuring mental defense mechanisms or coping mechanisms has a number of drawbacks in the form of psychometric deficiencies. For this reason it still remains the object of research despite the fact that the definitions of psychological defense mechanisms and coping mechanisms have been specified and that their diversity makes it difficult to measure (Crașovan, 2014). Moreover, it has been taken into account the diversity of instruments (mostly self-reporting methods) proposed and used to assess psychological defense mechanisms or coping mechanisms, different theoretical orientations and the absence of a link between research on defense mechanisms and clinical research, aspects that do not allow a psychometrically objective assessment.

3.1. *The limits of self-reporting instruments used to assess psychological defense mechanisms.*

The instruments used to assess self-reported psychological defense mechanisms are criticized because they reflect only conscious derivatives of psychological defense mechanisms, losing thus the essence of psychological defense mechanisms considered as mostly unconscious psychological processes (Ionescu, Jacquet, & Lhote, 2002). At the same time, self-reporting is sensitive by the current pathology of the human subject, such as depression and/or anxiety (Bond, 2004).

Self-reporting instruments used to assess coping mechanisms have major problems regarding: methods for assessing coping mechanisms are based solely on self-reporting questionnaires in which participants are asked about various stressors, being difficult to know what kind of stressors have thought (Endler & Parker, 1999) as is the case, for example, the Coping Inventory for Stressful Situations; the period of time between life events and reconstitution time of stressful situation, the impact of the respective event and the way of coping, capturing the process of coping in time became a challenge (Bond, Gardner, Christian, & Sigal, 1983), a frequent monitoring being required, compared with that achieved in the studies; assessment methods for coping mechanisms are being developed to assess the overall strategies of coping and not the way how the participants cope for a particular event.

Thus, it can be seen that the difficulties of most assessment methods for psychological defense mechanisms or self-reporting coping mechanisms is limited to three issues (Stone, Greenberg, Kennedy-Moore, & Newman, 1991): (1) Its context – some psychological defense mechanisms or coping mechanisms are not applicable in all areas, namely items are not applicable in all areas. (2) Period – regarding the scales on which the subject must respond to the precise period, it is not certain that the subject responds referring to immediate reactions or strategies enabled later, after weeks or months. Because of this we have no certainty that the strategies are equally measured without being influenced by the intervention of non - controlled variables, because the period of time can be very long. (3) The key to all responses by which the interpretation is performed – in general, the assessment methods of coping strategies use a Likert scale, so it is not always obvious what the assessed person he meant to say when the answer, for example, is „sometimes” or „often”.

3.2. Limits of assessment methods based on observers in assessing psychological defense mechanisms.

3.2.1. Limits of projective methods for assessing psychological defense mechanisms.

Perry and Ianni (1998) in a comparative analysis of projective methods of psychological defense mechanisms analysis, and research carried out by these methods for assessing psychological defense mechanisms, have highlighted the following limitations of projective methods:

1. Projective methods cannot be applied to other types of data and is unlikely to be used successively in longitudinal studies of change. For example, while interviews can be conducted over the phone, projective tests require that subjects be present, which limits their use to limited samples, such as those living in a hostile;
2. The need for more data on the auxiliary relationship between the results obtained through projective methods and clinical interviews. For example, it is important to demonstrate that the projection, impairment or denial captured after a projective test, are correlated with the means used in the clinical environment;
3. Low probability that psychological defense mechanisms measured in a test situation will anticipate the consequences of adaptation of psychological defense mechanisms of the situations encountered in real life;
4. So far, the projective methods focused more on issues of diagnosis than other aspects of psychological defense functioning, with only a few exceptions: Defense mechanism test – DMT (Kragh, 1969, 1985; Cooper & Kline, 1989); Rorschach defensive scales – RDS (Cooper, Perry, & Arnou, 1988) which show a strong relationship with long lasting overall functioning; experimental studies linking stress and defensive mode of operation by using Defense Mechanisms Manual – DMM (Cramer, 1991a);
5. Ignoring the healthy functioning way, probably because projective tests have been traditionally used to evaluate disorders of reality distortion due to internal pressure, rather than healthy treat stress agents appropriate to the test. The only exception is the series of experimental studies of Cramer (1991 b, 1997) which gathered some evidence through studies on children and adolescents to create a hierarchy based on age of the means of defense used, the study providing also, experimental evidence for a hierarchy based on the stress in a certain age group.

As it can be seen, these psychological defense evaluation methods are most easily applied to studies where a single assessment is sufficient and test administration issues are not a problem. However, more data is needed to verify their validity compared with clinical methods, especially for predicting defensive operation and other external phenomena in clinical situations.

3.2.2. Limits of clinical assessment methods based on interview to assess psychological defense mechanisms.

For both projective methods for assessing psychological defense mechanisms as well as for assessment methods based on psychological defense interview some limitations have been identified (Crașovan, 2011a):

1. The halo effect, due to which psychological defense mechanisms most easily identified at the beginning of meetings influence the identification of other methods/defensive strategies in the rest of the meeting.
2. Continuing training and calibration of assessors to prevent their misleading and to get a constant fidelity of measurements. It was found that after training, it is enough that the assessors attend to a consensual assessment after every fifth interview evaluated to preserve a high degree of trustworthiness.
3. The absence of highly standardized interviewing procedures, so that we do not know yet to what extent variations that exist in operation defensive mode of an individual can be attributed to differences between interviewers, the problem being reduced in case of longitudinal researches or therapies where the individual always sees the same interviewer or therapist.
4. Determining the degree of comparability of assessments obtained in different situations and on different types of data.

In conclusion, as it has been noted, the limits of measuring psychological defense mechanisms and coping mechanisms are related, first, to the peculiarities, diversity and complexity of these adaptive mental processes of the human subject, as well as the type and methodological peculiarities of the methods used for this purpose.

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