



Review Article

Is Defense a Way of Coping?

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ABSTRACT

Over the years, the concept of psychological adaptability has stirred the field of psychology. Researchers from personality psychology, clinical psychology, and other interrelated areas of psychology have taken a special interest in understanding the adaptive functioning within the individual that may help in healthy adjustment. One of such adaptive mechanisms was first described by Sigmund Freud under the label of defense, which had been through a lot of revisions over the years. Another concept, though stemming from a different conceptual framework, could be equally important to understand the adjustment process, which was labeled as coping. The present article aims to shed light on the various similarities and differences between both concepts despite their conceptual distancing.

Keywords: Defense mechanism, Coping, Psychoanalysis, Maladaptive, Adaptive

INTRODUCTION

The earliest conceptualization of defense was outlined by Sigmund Freud who exclusively documented defense mechanisms as repression. According to Freud,^[1] repression could be due to a sense of unhappiness, the contradiction between the notion that has to be suppressed and predominate mass of ideas that make up the ego, but the suppressed notion exacts its retribution by turning pathogenic. The more refined and systematic version of defense was presented by Anna Freud^[2] as “defense against painful feelings and affects and defense against the drive which are based on the same motives and serve the same purpose”.^[3] Freud^[2] defined defenses as the different procedures used by the ego to avoid danger, anxiety, and unpleasure, and he called these procedures “Mechanisms of defense”. Diagnostic and Statistical Manual of Mental Disorders, Fifth edition^[4] defines defenses as: “Mechanisms that mediate the individual’s reaction to emotional conflicts and to external stressors. Some defense mechanisms (e.g., Projection, Splitting, and Acting Out) are almost invariably maladaptive. Others (e.g., Suppression, Denial) may be either maladaptive or adaptive, depending on their severity, their inflexibility, and the context in which they occur”.

The purely psychoanalytical concept has been through laboratory experiments back in the 1930s where psychologists have mainly studied repression and projection through memory or perceptual experiments. However, critics who disputed the results of failure to perceive the taboo words attributed to the attentional processes rather than due to the defense itself, which led to the disappearance of the experimental studies of defense by the late 1970s.^[5] However, various scholars continued to show their interest in defense and continued to document it systematically and gave various classifications of the defenses. However, defense is not the only mechanism through which individual deals with conflict. The concept of coping though differently conceptualized

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than defense, has a similar function. The history of coping research has its roots in psychoanalysis but the idea became widespread with the publication of Lazarus and Folkman's book "Psychological Stress and the Coping Process" where the focus was on the maximization of the immune system.^[6] Later on, other researchers carved the field through the systematic description of the concept. In the late 1970s, Pearlin and Schooler^[7] described coping as "by coping we refer to the things that people do to avoid being harmed by life-strains. The concept of "strains" bears the same meaning as a stressor which has a potential to arise threat". Later, Lazarus and Folkman's definition of coping as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" became the most cited definition of coping.^[6] Thus, their definition has broadened the scope of coping research further.

DESCRIPTION

Types of defense and coping

Many psychoanalysts have presented different classifications of defenses, but it is Vaillant who is one of the most important contributors in this regard. He suggested a developmental hierarchy for defense that goes from mature techniques like sublimation, humor, and altruism to psychotic processes like denial and distortion.^[8] Vaillant's^[9] classification includes pathological defenses (psychotic denial and delusional projection), immature defenses (fantasy, projection, passive aggression, and acting out), neurotic defenses (intellectualization, reaction formation, dissociation, displacement, and repression) and mature defenses (humor, sublimation, suppression, altruism, and anticipation). He added that the lowest-level defenses distort reality, the intermediate ones helps to alter the subjective distress but could seem to be odd and inappropriate from an outsider's perspective, and the highest-order defenses help to bring integrity to interpersonal relationships with feelings.^[9-11] Other psychoanalysts have also tried quantifying the defenses such as 22 major and 26 minor mental mechanisms proposed by Laughlin,^[12] 39 by Bibring *et al.*,^[13] and 44 by Suppes and Warren^[14] and so on.

Similar to defense mechanisms, many researchers have provided different classifications of coping. One of the most widely discussed classifications of coping is based on the dimensions, which include emotion-focused and problem-focused.^[15] Emotion-focused coping deals with altering the emotional and subjective distress, while problem-focused coping deals with altering the distressing situation itself.^[16] Other researchers have also added other dimensions of coping. Krohne^[17] discussed avoidance coping, which includes both behavioral and psychological disengagement from a stressful

situation. Roth & Cohen^[18] discussed approach coping which includes confrontation and deliberate attempts to reduce situational stress. Another dimension "appraisal focused coping" has been discussed by Cox and Ferguson^[19] which is re-evaluating the situation to alter its importance. Further, Folkman and Lazarus have divided the coping strategies between active and passive in their coping assessment scale. The active coping strategies include confrontive coping, social support, problem-solving, and positive reappraisal. And the passive strategies are distancing, self-control, accepting responsibility, and escape/avoidance.^[20]

Defense and coping: similarities and differences

The concept of coping is a similar one that overlaps with the concept of defense and both of the concepts have been confused with each other frequently.^[21] The confusion stems from the contributions of various researchers such as Haan^[22], who has included sublimation as a coping strategy which has previously been included in the list of defense^[13] Vaillant^[9] has also included suppression as a defense, which was previously defined as a conscious and purposeful act.^[21] Even though both coping and defense seem to have the primary function to deal with stress^[21] there seems to be a conceptual difference between the two. While defenses are mainly deployed to reduce the subjective sense of distress, coping is the organization of a person's available resources which may or may not bring the desired outcomes.^[23]

The differentiation between coping and defense can be drawn based on various domains, such as coping being the conscious and unconscious process. According to Cramer^[5,21], coping tends to be the conscious process and is typically related to an individual's plan and goal, thus signaling the intentionality of the process. While defense being the unconscious process does not revolve around the anticipated outcome in some explicit objective. Another domain that can differentiate coping and defenses is the developmental hierarchy. As stated earlier, according to Vaillant, the defense usually follows a developmental hierarchy, this similar concept does not apply to coping.^[21] However, developmental trajectories in coping have been identified in terms of age differences in using particular types of coping and the types of stress one is dealing with at that particular age.^[24] According to Frydenberg,^[6] the neurological, cognitive, social, and attentional changes could explain the difference in coping patterns and abilities between children and adults. The criteria of normality and pathological is another domain to differentiate between defense and coping. It has usually been believed that defenses are part of the pathological process while coping is a part of the normal process. Anna Freud's^[2] work is noteworthy to mention in this regard and suggested that several factors could be considered, such as *balance* (whether different defenses are being used

or whether the individual is limited to only one defense.), *intensity* (how frequently defenses are being used), *age adequateness* (after a particular age with which the defense is linked has passed, the repeated use of any defense mechanism considered to be maladaptive), and *reversibility* (related to the adaptability; once the defense has served its purpose it should not be employed when perceived dangers subside or become non-existent). On the other hand, coping is not associated with these domains. A further distinction was drawn by Hann between defense and coping. According to Haan,^[22] defenses have more negative qualities, which include rigidity, distortion of present reality, pressure, and gratification of subterfuge as compared to the coping mechanisms, which are flexible, oriented to present reality along with future and also focused on realist compromises between wishes and effects. Thus, defense mechanisms are the way through which the negatively charged emotional input can be addressed and emotional homeostasis can be maintained.^[25]

Defense and coping in various psychiatric disorders

Numerous studies have listed the roles that coping and defense play in a range of psychiatric conditions. In their attempt to link defensive mechanisms to the five-factor model of personality, McCrae and Costa discovered that lower conscientiousness and higher neuroticism are associated with immature and neurotic defense mechanisms.^[26] According to Perry et al.^[27] and Cramer,^[28] there is a positive association between depression and anxiety and immature defense mechanisms such as splitting, projection, and denial, as well as personality traits like neurotic dependency and avoidance. Furthermore, it was discovered that mature defenses had a negative correlation with the disease whereas immature defenses predicted depression.^[23,29] Additionally, many researches have demonstrated the connection between coping mechanisms and various diseases. Self-distraction, disengagement, and escape/avoidance coping have all been linked to personality disorders and self-substance use disorders.^[30,31] Many studies on coping strategies used with recent PTSD diagnoses have found a significant correlation between the use of emotion-focused coping and lower use of problem-focused coping.^[32-34] Thus, apart from the distinct qualities of both coping and defense, many researchers have studied the interconnectedness of these two constructs in various psychiatric conditions, described in the next section.

Interconnection of defense and coping

A growing body of researchers has shown interest in connecting both coping and defense mechanisms across life spans.^[11,8,35] Even though a few of these studies have further aided the confusion of the coping-defense debate

due to their inclusion of many previously well-established defenses into coping, it is interesting to see how these researchers have conceptualized the findings. Diehl *et al.*^[36] reported age-related changes in the type of defense used, such as with increasing age sublimation and suppression being used frequently, while there is a decline in the usage of intellectualization, rationalization, isolation, regression, doubt, and displacement. Kramer and colleagues^[37] studied the changes between coping and defense mechanisms over two years in clients under psychotherapeutic conditions and found a similar pattern of changes in coping and defenses in all the groups who received different therapeutic treatments. One similar study by Kramer *et al.*^[38] produced a different result. They explored the link between defense and coping among 32 clients who were undergoing short-term dynamic therapy and found that coping remained unchanged after the completion of the therapeutic course while defenses traded up towards more mature functioning.

A study by Price^[39] shows the relation between cognitive schemas and defense mechanisms for post-traumatic stress disorder and found that four schemas (defectiveness, dependency, enmeshment, and failure) and three defense mechanisms (splitting, rationalization, and projection) have been found to be the significant predictor of Post Traumatic Stress Disorder. A similar study by Walburg and Chiamarello^[40] has shown the link between early cognitive schemas with defense mechanisms and reported that most Early Maladaptive Schema domains are not related to mature defenses, except for the “disconnection and rejection” domain, which significantly reduces the likelihood of the use of a mature defense level, and “other-directedness” which on the other hand significantly increases the usage of a mature defense level.

A group of researchers have investigated the role of defense and coping among personality disorders and according to their findings, higher severity of personality pathology was found to be linked with low scores on adaptive coping, self-blame, and overall maturity level of defensive functioning.^[41] One such study has included problematic internet use with personality, psychopathology, coping, and defense. In a large sample of 786 participants, researchers found that problematic internet use was significantly correlated with cluster B and C personality traits, non-adaptive coping strategies, and immature and autistic defensive style.^[42] The important aspect of this study was the correlation of coping and defense, which seems to have a major impact on behavior.

DISCUSSION

To discuss the link between coping and defense, the extant literature has either focused on one variable exclusively

(either coping or defense), or the studies that have included both coping and defense have typically included other variables such as personality disorders, therapeutic progress, and so on. While these studies have contributed to the enrichment of their independent understanding or their combined effect contributing to the targeted variable, their interrelation remains under the veil. With the overlapping conceptual framework of coping and defense, it becomes important to understand the interrelation between the two, the mechanism of influencing each other, and the situational variance that affects them in both non-clinical and clinical populations. One such study^[43] attempted to understand the similarities and differences between coping and defense. The researchers used self-report measures of coping (Sense of Coherence) and defense and found that in regression analysis, defense explained 68% of the variance in the sense of coherence. More such studies are needed to bridge the gap between defense mechanisms and coping on conceptual as well as practical aspects to see how these constructs overlap each other. Since mature defenses help in more adaptive adjustment with distress, a comparison between clinical and non-clinical groups could provide us the idea regarding the usage of mature defense (following the hierarchical model of Vaillant) and adaptive coping and their interrelations as a protective factor from psychopathology. These explorations regarding the complex interplay between defense and coping bear significant implications for understanding the mechanism of both adaptive and maladaptive behavior and could provide more insight into the management.

CONCLUSION

In the day to day functioning, individuals encounter a variety of situations. Not all encounters are equal in terms of their perceived influence on us. While some encounters are judged to be positive, the not-so-positive encounters at times leave us in a distressing state of mind. Since the credibility of an adaptive adjustment lies in our ability to “fix” our distressing mind (and hurt ego) either through fixing our perception or through changing/modifying the entire situation or a few elements of the situation, we voluntarily or involuntarily employ several strategies to do the same. Though stemming from entirely different conceptual backgrounds, defense and coping help us to restore our psychological homeostasis in the internal as well as external world. So far, both the concepts have evolved in conceptualization and have been used in different contexts. All the above-mentioned studies have broadened the scope of these concepts. However, future studies should focus on exploring the complex interplay of both coping and defense in both non-clinical and clinical populations and could throw more light on their mechanisms.

Ethical approval

Institutional Review Board approval is not required.

Declaration of patient consent

Patient’s consent not required as there are no patients in this study

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Conflicts of interest

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Use of artificial intelligence (AI)-assisted technology for manuscript preparation

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