7 PSYCHOPATHOLOGY II

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Introduction

The preceding chapter presents the terms used in describing the mental experiences of patients based on their own description or on behaviour changes that the others can observe. Such an approach is based on the paradigm that the clinician (like a scientist) could and should accurately and objectively describe what is presented to his sense organs. It is the dominant approach presently adopted by the psychiatric community.

However, there is an alternative way of appreciating the inner world of patients. It is the approach of explanative psychopathology in which certain theoretical notions are used to explain for the sorts of experience or behaviour that would otherwise appear somewhat irrational or meaningless. A common approach is to borrow ideas from the field of psychoanalysis or analytic psychology. The psychoanalytic or psychodynamic perspective seeks to explain the motivation, which lies behind unusual emotional reactions or behavioural responses in ordinary daily events or in clinical situations as illustrated in the following case examples. Much of pop psychology draws from this tradition.

Case Examples

Mr A had just come home after a bad day at work during which he was backstabbed by his manager who sought to win the favour of his boss. Normally, he would look forward to the welcoming bark of his dog. But on that particular day he kicked the beloved pet without thought. Afterwards, he regretted his unthinking action and on further reflection realized he had referred to his manager who had betrayed him as “a running dog”. Mr A’s impulsive kick may be understood at a displacement of his anger for his manager onto his dog, which was then acted out.

Miss B was referred for psychiatric evaluation after she cut her wrist with a kitchen knife. She had just terminated her pregnancy a few weeks ago after realizing that her boyfriend who was responsible for her pregnancy was not prepared to marry her. He explained that it would not be desirable to get married just because of the pregnancy and indicated that they should have a period of time to cool off. She reported feeling rather depressed and guilty about her decision and became upset with her obstetrician who carried out the abortion. Initially, she felt the psychiatrist was angry at her for having an abortion. After realizing that this was not so and after several sessions with the psychiatrist, she realized that she was furious against her boyfriend and yet feared that he might reject her totally if she openly expressed her anger towards him. This dilemma was dealt with in a way by directing her anger towards herself in acts of self harm (passive aggression) and her obstetrician (displacement). Her initial distorted perception that the psychiatrist was angry at her is an example of the defense mechanism known as projection. In the course of therapy, she came to realize that all of these responses were attempts to keep out of her awareness the intolerable rage towards her boyfriend. Once it became clear that the relationship no longer had a future and Miss B felt safe to express her anger towards her boyfriend in her sessions with her psychiatrist, her depression improved and she stopped harming herself. However, she continued to blame her obstetrician for carrying out the termination of pregnancy and the psychiatrist wondered if it might be too painful for her to accept responsibility for what she regards as “the killing of an innocent life.”

Basic Concepts

The term *psychological conflict* refers to the dilemma that confronts a person who feels pulled in different directions in a given situation. Such conflicts tend to make it difficult for an individual to express the underlying feelings appropriately. There are many ways of describing such conflicts. One simple way of doing so is in terms of his wishes and fears. In the case of Mr A, on one hand there is a wish to confront his manager, but on the other there is a fear of being dismissed from his job.

Freud's structural theory of the mind with the tripartite model of the superego, the ego and the id has also been used as an alternative way of conceptualizing psychic conflicts. According to this scheme, conflicts are due to the opposing demands placed on the ego (akin to the person's self-determining awareness) by the superego (akin to the conscience) and the id (akin to one's instinctual drives for gratification). For Mr A, he feels angry and would have liked to beat up his manager (id). However, as a subordinate he felt that he should be submissive which meant being docile (superego). This conflict intensifies his suppressed anger and led to its expression in a totally different and somewhat inappropriate context, which provided a measure of relief for him.

There are two contrasting ways of coping with stresses. Firstly, there is alloplasty or adaptation by means of altering the external environment. Then there is autoplasty or adaptation by changing one's self. The autoplastic approach may involve making voluntary efforts to change one's way of evaluating a problematic situation or involuntary adaptive mechanisms known as ego defense mechanisms. Both processes may be understood as higher integrated processes of the central nervous system analogous to conditioned and unconditioned reflex actions.

Ego defense mechanisms are unconscious psychological processes that help relieve pent up emotions by providing a disguised channel for its outlet. This distinction between that which is conscious and voluntary and that which is unconscious or involuntary is helpful in understanding certain reactions and behaviours seen in ordinary events or clinical situations. It suggests that we may not be fully aware of why and how we react in certain ways, but that we do so "automatically" when confronted with difficult or painful circumstances. Defense mechanisms in general serve to protect the person against danger arising from his impulses or affects. They are developed as a means to keep within tolerable limits sudden changes in emotional life (e.g. sudden death of a loved one) or of holding in check certain difficult affects such as anxiety, guilt, disgust, and shame. However, certain defense mechanisms (e.g the more primitive ones) may lead to significant interpersonal difficulties while others may lead to psychosocial impairments in the person who have a limited range of coping strategies (e.g. an individual who uses isolation, reaction formation, undoing extensively may be prone to develop Obsessive Compulsive Disorder in face of overwhelming psychosocial stressors).

Ego defense mechanisms

Anna Freud was the first to describe a variety of common defense mechanisms. In recent times attempts have been made to group the various types of defense mechanisms into clusters by relating such to developmental stages as well as their association with the broad categories of psychiatric disorders. They are as follows:

Category	Examples of defense mechanisms	Commonly seen in
"Psychotic"	• *Denial* • *Distortion*	Psychotic disorders Very young children Dreams Acute & sudden losses
"Primitive or Immature"	• *Projection* • *Splitting* • *Passive-aggression* • *Acting out* • *Regression* • *Fantasy*	Personality Disorders Adolescence Immature or insecure adults
"Neurotic"	• *Dissociation* • *Displacement* • *Repression* • *Rationalization* • *Isolation* • *Reaction formation* • *Undoing*	Neurotic disorders Adulthood
"Mature"	• *Suppression* • *Sublimation* • *Altruism* • *Humour*	Well functioning and resilient adults

The following tables provide a brief description of the various defense mechanisms and illustrations of each.

Defense Mechanisms	Description	Illustrations
Denial	Existence of aweful realities is disavowed in order to avoid becoming aware of its painful aspects	• Denial that a loved one is dead after an unexpected accident • Nihilistic delusions
Distortion	External reality is reorganized to satisfy one's inner needs	• Delusions of love in DeClerambault's syndrome • Megalomaniacal beliefs
Projection	Attributing to another feelings, ideas, thoughts & impulses that one finds intolerable or unacceptable	• Miss B's perception that the psychiatrist is angry at her • Delusions of persecution
Splitting	Persons are divided into "all good" and "all bad" accompanied by sudden shifts from one category to the other	• A patient with borderline personality disorder who felt the nurses were all great and the doctors were monsters
Passive-aggression	Anger or hostility towards others is expressed indirectly through passivity and self-inflicted pain or suffering	• Procrastinations • Being late or absent for meetings • Self harm
Acting out	Expressing an unconscious wish through action to avoid becoming aware of the accompanying affect	• Impulsive outbursts • Tantrums in children
Regression	Return to an earlier phase of developmental functioning to avoid the tension and conflict evoked at the present level of development	• Sexual foreplay • Relaxation • Stuporous states
Fantasy	Retreat into one's imaginary world to resolve conflict and to obtain gratification	• Childhood belief in magical powers • Schizoid fantasy

Defense Mechanisms	Explanation	Illustrative examples
Displacement	Transferring the emotional component of an unacceptable idea or object to a more acceptable one	• Mr A kicking his dog
Repression	Keeping out of consciousness unacceptable mental contents	• Ms B's anger towards her boyfriend initially
Rationalization	Unacceptable behaviour, motives or feelings are justified or made consciously more tolerable though plausible explanations	• "I opened your letter because I thought it might be urgent to do so in your absence."
Isolation	Separating of an idea or memory from its accompanying affect which is repressed	• Talking about a recent assault without much emotions
Reaction formation	Transforming an unacceptable impulse into its opposite	• Homophobia in a person with homosexual tendency
Undoing	Symbolically acting out in reverse something unacceptable that has already been done or which is disavowed	• Lady Macbeth's compulsive handwashing after participating in a murder
Suppression	Deciding to postpone attention to a conscious impulse or conflict while its discomfort is acknowledged by minimized	• Deciding not to make a legitimate complaint
Sublimation	Feelings are acknowledged, modified and directed toward a significant goal with modest gratification of the instinctual drive or impulse	• Aggressive ambitions channeled into mountain climbing
Altruism	Vicarious experience by means of constructive and instinctually gratifying service to others	• Starting a self-help group for widowers after loosing one's wife
Humour	Allowing the overt expression of feelings and thoughts through laughter that is focused on what is	• Wit • Jokes or prankish remarks
Anticipation	Planning for future inner discomfort and goal directed responses	• If he picks on me again, I will pretend to wail.
Asceticism	Pleasureable effects of experiences are eliminated and gratification is derived from renunciation	• Fasting and donating the money that would have been spent on food to charity

Clinical Applications

Clinicians need to appreciate that ego defense mechanisms are employed to help a person cope with distressing feelings or a difficult situation. Like fever, swelling or cough, defense mechanisms are as likely to be evidence of sickness as they are evidence of adaptation.

While it may be helpful for clinicians to be able to recognize and identify the sort of defense mechanisms in a particular situation, telling a patient that he is merely projecting his amorous desires or displacing his anger the moment you discern the particular defense mechanism at work in a particular situation is seldom going to be helpful.

Because ego defense mechanisms generally serve protective functions for the patient, we need to be respectful of them. Sometimes it may be necessary to help a patient alter the choice of defense style under stress because that particular defense strategy may be making the situation worse. The best way to do so is by making the patient's social environment more predictable, by being more supportive to the patient psychologically and by attending to their physical needs.

In psychodynamic psychotherapy, there is sometimes a need to breach a patient's defense or to interpret its presence. If this is to achieve its therapeutic intent, we need to seek the patient's agreement to do so in the same way that we would need to ask a patient permission to uncover the patient's body or to administer an injection. A patient whose customary defense mechanisms have been rendered ineffective may feel extremely vulnerable and clinicians need to be aware less they inadvertently increase the patient's suffering. The interpretation of patient's defense mechanisms during psychodynamic psychotherapy has to be done with tactfully, skillfully, sensitively at the right time if it is to achieve therapeutic benefits.

References

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