



Child Abuse & Neglect 30 (2006) 157-170

## Psychological defense styles, childhood adversities and psychopathology in adulthood

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Received 22 September 2003; received in revised form 19 July 2005; accepted 12 August 2005

#### **Abstract**

**Objective:** The present study explores the link between reported sexual and/or physical abuse and psychological defense styles, as well as the association of both with psychological distress in adulthood. In two patient samples that differ in psychological distress and somatization, we examine whether the adversities reported and immature defense styles are associated with psychopathological symptoms.

**Method:** We examined 266 consecutive inpatients in the psychosomatic department and 109 consecutive inpatients who had been treated for low-back pain in the orthopedic department of a German university hospital. Psychological defense styles were assessed by a two-factor solution of the German modified adaptation of the Defense Mechanism Inventory (DMI), childhood adversities by a structured interview, psychological distress by the SCL-90-R, and somatization by the Screening for Somatoform Disorders (SOMS).

**Results:** Both samples demonstrated a significant link between immature defense styles and the extent of overall psychological distress as well as somatization. Reported sexual and/or physical abuse of patients in both patient samples was directly associated with somatization.

**Conclusion:** Recollections of sexual and/or physical abuse in childhood and immature defense styles have an association with psychopathology in adulthood. This finding suggests that immature defense styles may act, in part, as mediators between the adversities investigated and adult psychopathology. © 2006 Elsevier Ltd. All rights reserved.

Keywords: Defense style; Physical maltreatment; Psychological distress; Sexual abuse; Somatization

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#### Introduction

Previous studies have verified that psychosocial risk factors, especially sexual abuse during childhood and adolescence, increase vulnerability for mental disorders in adulthood (Fergusson, Horwood, & Woodward, 2000; Mullen, Martin, Anderson, Romans, & Herbison, 1996; Werner & Smith, 1992). Child sexual abuse is strongly associated with multiple other forms of adverse childhood experiences (Clemmonsa, DiLillo, Martinez, DeGuea, & Jeffcottc, 2003; Dong, Anda, Dube, Giles, & Felitti, 2003). Indeed, the cumulative effect of psychosocial risk factors during childhood also increases the occurrence of adult adjustment problems (Clemmonsa et al., 2003) as well as frequent somatic diseases, such as heart disease, chronic obstructive pulmonary disease, diabetes, obesity, or sexually transmitted diseases (Felitti et al., 1998). Patients who have experienced abuse are more frequently ill, seek medical help more often (Felitti, 2002), and have a higher incidence of surgery (Kendall-Tackett, Marshall, & Ness, 2000). Women who were treated with outpatient psychotherapy and who reported childhood sexual abuse had significantly more other family background risk factors than comparison groups and an increased risk of posttraumatic stress disorder (Peleikis, Mykletun, & Dahl, 2004).

The mechanisms that lead from childhood adversity to long-term effects in later life have not yet been sufficiently determined. Risk-taking behavior such as substance abuse (Felitti, 2002; Kendall-Tackett et al., 2000; Taussig, 2002) and sexual risk-taking behavior (Fergusson et al., 2000) may play an important role as a developmental path in this context. Additional potential mediating factors are the ability to create and maintain relationships and the quality of current and past social and interpersonal relationships. Recent results support the hypothesis that alexithymia mediates between a history of childhood maltreatment and self-injurious behaviors (Paivio & McCulloch, 2004). Moreover, it has been suggested that adaptive childhood emotional inhibition as a reaction to emotional invalidation is associated with adult psychological distress mediated by a style of inhibiting emotional experience and expression (Krause, Mendelson, & Lynch, 2003). Thus, patients who have experienced sexual and/or physical abuse more frequently report dysfunctional relationships (Becker-Lausen & Mallon-Kraft, 1997). Psychological defense styles are discussed, in particular, as moderators or mediators of early negative relationships and adult psychopathology (Mickelson, Kessler, & Shaver, 1997). Therefore, empirical study of this potentially moderating association of defense styles on adult psychopathology is justified. Tauschke, Helmes, and Merskey (1991) and Tauschke, Merskey, and Helmes (1990) demonstrated a moderate yet significant link between immature defense mechanisms and parental neglect as well as a link between a predominance of more mature defense styles and more empathetic parental behavior. They concluded that the maturity of the defense mechanisms is more strongly determined by childhood experiences and lasting personality traits than by currently perceived anxiety and depression. Other investigators (Flannery & Perry, 1990) also show a close association of immature defense styles with a heightened perception of stress, physical illness, and affective symptoms. An investigation of 490 Chinese adolescents showed immature coping styles to be associated with an increase in general and specific psychopathological symptoms (Chan, 1997).

Vaillant (1998), in the prospective Grant Study, also found a significant link between early childhood experiences and the degree of maturity of defense mechanisms in adulthood. In this study, he examined the lives of a group of Harvard men, 268 members of the classes of 1941 through 1944, who have been studied from their college years all the way to retirement and, in some cases, death. Emotional problems in childhood as well as a poor childhood environment were associated with immature adaptive styles. Moreover, it was apparent that the maturity of an individual's defense mechanisms exerted an influence

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