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The relation between defense use and adaptive behavior[☆]

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Abstract

In two studies we examine the association between a person's pattern of defense use, assessed by a new measure called the Defense-Q, and their adaptive behavior. We compare each person's Defense-Q profile to a theoretical Adaptive Defense Profile (ADP) to obtain an ADP similarity score. In Study 1 we show in a student sample that ADP similarity scores are positively related to observed empathy and competence and negatively to hostility. In Study 2 we demonstrate in a population-based community sample that ADP similarity scores are positively related to nurse's ratings of competence and nutritional based weight control programs and negatively related to hostility, depression, alcohol use, and weight control through the use of pills. These results suggest that defense use is related to adaptive behavior in a theoretically consistent manner, and that the Defense-Q shows promise as an observer-based instrument to assess defenses.

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1. Introduction

The role that defense mechanisms play in protecting against anxiety is integral to understanding many psychodynamic theories of personality and psychopathology (Freud, 1962; Sjoback, 1993). Despite the centrality of the concept of defenses to psychodynamic theory, empirical research on this topic has been slow to progress because of measurement difficulties including the reliable assessment of defenses and questionable construct validity of self-reported defenses (Cooper, 1989; Cramer, 1991; Sjoback, 1993; Vaillant, 1992a, 1992c, 1992d). Moreover, much research on defenses has been on overall amount of defensiveness (e.g., Helmers & Krantz, 1996), or on the use of one particular defense (e.g., Denial; Croog, Shapiro, & Levine, 1971; Trijsburg, Erdman, Duivendoorn, Thiel, & Verhage, 1987), and this is inconsistent with S. Freud's original emphasis on the pattern of a person's defense use (i.e., which defenses are used most and least frequently relative to each other) as the crucial element for understanding pathology and adjustment (Vaillant, 1993). We present findings from two studies using the Defense-Q, an observer-based instrument designed to facilitate the description of a person's pattern of defense use. In each of these studies we assess the validity of a recently developed measure of adaptive defense pattern use in relation to psychosocial and physical indexes of adaptive behavior.

1.1. *What are defense mechanisms?*

Defense mechanisms are conceptualized as automatic regulatory processes that function to reduce cognitive dissonance and minimize sudden changes in internal and external reality by altering how threatening events are perceived (Vaillant, 1985, 1992b, 1994). Defenses are thought to alter perceptions of the self, others, ideas, and feelings. There is accumulating evidence suggesting that defenses provide a unique way of describing and understanding personality. For example, depressed persons differ from non-depressed persons in their use of internalizing and externalizing defenses (e.g., Turning Against Self; Bloch, Shear, Markowitz, Leon, & Perry, 1993; Margo, Greenberg, Fisher, & Dewan, 1993), and borderline personality disordered persons differ from controls in their use of maladaptive and image distorting defenses (e.g., Splitting; Bond, Paris, & Zweig-Frank, 1994; Perry & Cooper, 1986). There is also increasing empirical evidence that suggests that defenses and defense styles (or the grouping together of a number of defenses, such as Intellectualization and Rationalization) can be placed into a hierarchy of adaptiveness, where adaptiveness is defined in terms of positive mental and physical health outcomes (Vaillant, 1977, 1994, 1998). Adaptive defenses (such as Humor and Altruism) and adaptive defense styles have been related to health outcomes such as positive physical health functioning and to psychosocial adjustment such as life satisfaction and quality of friendships (Vaillant, 1998, 2000). Maladaptive defenses (such as Dissociation and Projection) and maladaptive defense styles have been found to be associated with many negative health indices such as personality disorders, depression, and drug use (Cramer, 1999; Perry & Cooper, 1992; Vaillant & Drake, 1985). It has even been

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