Defense mechanism of Freud

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Defining Defense Mechanism

Freud proposed the structural hypothesis, which divides the mind into three forces – id, ego, and superego. He believed that both normal and abnormal behavior result from interactions among the id, ego, and super ego, among which the ego tends to distort or simply deny a reality that would arouse unbearable anxiety. Freud called this tactic a defense mechanism, and as long as it works, the anxiety will be experienced unconsciously.

Freud's assumption about human behavior

Freudian theory assumes that abnormal behavior stems from events in the individual's past and that it occurs in response to unconscious and uncontrollable impulses.

Is defense mechanism indispensible to human life?

Freud believed that both normal and abnormal behavior result from interactions among the id, ego, and superego. At times, either the id or the superego will threaten to overwhelm the ego's control, resulting in unacceptable feelings or behavior. In response to this threat, the person experiences anxiety. Most anxiety is not experienced consciously but is held in check by defense mechanism. Though often adaptive, overuse of defense mechanism may interfere with thought processes and everyday functioning.

A healthy adult has the ego strength to balance conflicting demands by the id, and the superego. When the ego experiences too much conflict, it is weakened. This produces rigid behavior patterns, called neurosis. In extreme cases, the ego collapses and adaptive functioning ceases, a condition known as psychosis. Accordingly, defense mechanism is indispensible for people to prevent such psychosis.

Types of defense mechanism and examples

1. primary defense mechanism

repression ; unacceptable id impulses are pushed down into the unconscious and thereby robbed of their power to disturb us consciously. (e.g., a girl who is sexually attracted to her father will simply remove this intolerable thought from her consciousness. It may come up in her dreams, but in disguised form; and once she wakes up, the dreams, too, are likely to be repressed).

denial; Whereas repression is the refusal to recognize an internal reality or source of anxiety, such as a taboo impulse, denial is the refusal to acknowledge an external source of anxiety. (e.g., a woman who has

been diagnosed as terminally ill may go on planning a lengthy trip to be taken when she is well again). It is usually resorted to by children or by people facing a very serious threat (e.g., terminal illness or the death of a loved one)

2. secondary defense mechanism

projection ; unacceptable impulses are first repressed, then attributed to others. thus, an internal threat is converted into an external threat. (e.g., a man whose self-esteem is threatened by his own preoccupation with money may accuse others of being money-hungry). This relieves his own moral anxiety and simultaneously enables him to throw the guilt onto others.

displacement : It involves a transfer of emotion. However, what is switched is not the source but the object of the emotion. Afraid to display or even to experience certain feelings against whoever has aroused them, the person repress the feelings. Then, when the opportunity arises, he or she transfers them to a safer object and releases them. (e.g., a man may spend the day suffering humiliations at work for which he cannot retaliate; then he goes home, discovers that his son has failed to take out the trash, and on that pretext gives the boy a terrible dressing down).

rationalization : proving one's behavior is justifiable, rational and thus worthy of self and social approval. (e.g., we need t make ourselves "looks good.")

reaction formation : a person who engages in reaction formation represses the feelings that are arousing anxiety and then vehemently professes exactly the opposite. (e.g., someone who claims to be disgusted by sexual promiscuity may be demonstrating a reaction formation against his or her own sexual impulses).

sublimation : the transformation and expression of sexual or aggressive energy into more socially acceptable forms, differs from all other defense mechanism in that it can be truly constructive. (e.g., The skill of a great surgeon may represent a sublimation of aggressive impulses).

regression : Unable to deal with its anxiety, the ego simply abandons the scene of the conflict, reverting to an earlier, less threatening stage. (e.g, a regressed adult may be reduced to a babbling, helpless creature who has to be fed and toileted like a baby).

A healthy adult has the ego strength to balance conflicting demands by the id, and the superego. When the ego experiences too much conflict, it is weakened. This produces rigid behavior pattern, called neurosis. And, in extreme cases the ego collapses and adaptive functioning ceases, a condition known as psychosis, and thus becomes an abnormal behavior. Freud's daughter, Anna, defined many of the defense mechanism

such as repression, denial, displacement, rationalization, isolation, reaction formation and so forth.

What's wrong with 'abnormal' person?

It has been found to be quite difficult to distinguish between a normal and abnormal person. In this direction a number of view points have been advanced. However, in contemporary psychology, the standard for distinguishing between 'normal' and 'abnormal' runs as follows;

(1) Subjective standard

- Social norms(value): A person violating his social norms is seen as abnormal. But they can differ widely between cultures.
- Statistical Rarity(fact): Abnormality is any substantial deviation from statistically calculated average(e.g., Stanford-Binet IQ test). But, in this case, a person whose I.Q. is above or below this average is to be considered as abnormal.
- Personal discomfort(fact): If people are content or feel comfort with his lives, they are normal, while people distressed over them are abnormal. But it makes people the judges of their own normality, rather than subjecting them to the judgment of the society or diagnostician.
- Maladaptive Behavior(fact or value): If people are able to meet the demands of their everyday lives (e.g., hold down a job, deal with friends and family, pay the bills on time, and the like.), they are normal, if not, abnormal. But adaptation depends on time and surroundings. If a person with the fear of flying has a job that requires long-distance travel, his behavior could be considered maladaptive unlike ordinary people.

(2) Objective standard - A combined standard(facts and values)

However much dispute surrounds the definition of abnormal behavior, it should be rest on a combined standard, putting *facts and values* together that most societies identify the same categories of behavior as indicative of mental disorder(abnormality). Maher and Maher point out there are four basic categories.

- 1. Behavior that is harmful to the self or that is harmful to others without serving the interests of the self.
- 2. Poor reality contact for example, beliefs that most people do not hold or sensory perceptions of things that most people do not perceive.
- 3. Emotional reactions inappropriate to the person's situation.
- 4. Erratic behavior that is, behavior that shifts unpredictably.