

Manifestation and usefulness of Defense Mechanisms during COVID-19 pandemic

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ABSTRACT

Defense mechanisms are important for human lives. They can be constructive as well as destructive, basically based on their use and also, their degree of usage. Everybody uses them in any point of life. It is also true for many psychiatric disorders. These mechanisms, especially used in the time of crisis or in unwanted and undesirable situations. The current situation, the global pandemic, is not only an extremely stressful but the unprecedented one too, warrants for a rise in the use of defense mechanisms. Defense mechanisms broadly divided in two categories; mature defense mechanisms and immature defense mechanisms. Many psychiatric disorders are associated with defense mechanisms in the time of acute stress. It is important to have a look over defense mechanisms used by people with existing psychiatric disorders. And, attribution and usefulness of defense mechanisms in the light of current global pandemic.

Keywords: *Defense Mechanism, COVID-19, Pandemic, Psychiatric Disorders, Psychoanalytic, Mature Defense Mechanisms, Immature Defense Mechanisms*

COVID-19 is transforming our psychology and our immune system of actions to be morally responsible and to prioritize compliance and obedience over eccentricity or rebellion (Robson, 2020). It is understandable, according to the psychoanalytic view, that whenever we face any stressful or demanding situation, we behave in a different way for dealing with arising anxiety. But, dealing with hard times through defense mechanisms, can result in both healthy and unhealthy way. The psychoanalytic viewpoint explains, response to a virus pandemic is not inherently a logical process. For certain cases, such an approach tends to be a retrospective "rationalization" of decisions already unconsciously made by the new scenario (Marbinko et al, 2020)

Defense Mechanism (DM)

Defense mechanism, also known as the mechanism for ego protection, is a basic concept of classic theory in psychoanalysis. We have different ways of handling anxiety, these specific ways of managing pain are called protective mechanisms. Initially Sigmund Freud gave the idea of DM, but his daughter, Anna Freud, did a great deal later. Creation of structures for

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defense, protection mechanisms can be safe or unsafe, depending on the circumstances, and how often a person uses them. The degree to which the defensive mechanism is used is therefore the deciding factor in the assigning it as safe or harmful (Utah Psych, 2020). Overall, healthy people use various defense mechanisms during lifetime.

A defense mechanism is only dysfunctional if its frequent use leads to the maladaptive behaviour which adversely affects a person's physical or mental health. Ego-protection mechanisms have the purpose of protecting the mind / self / ego from fear or social punishments or offering refuge from a condition one cannot cope with at present (Huber, 2011).

Types of Defense Mechanism

Sigmund Freud used the term defense in the process of structuring psychoanalytic theory several times. In the research on "the shield", the idea of defenses appeared first of neuropsychoses " in 1894 and used for some time to combat the ego to painful or unbearable id-driven representations and emotions (Freud, 1937). Anna Freud on the basis of the work of Sigmund Freud, mentioned about these classical defenses i.e. Repression, Regression, Reaction formation, Projection, Sublimation, Displacement, Denial, and Rationalization. (Freud, 1937; Sharf, 2000)

Classification by Vaillant

Psychiatrist George Eman Vaillant established a four-level classification of defense mechanisms, known as Level I which denotes pathological defense mechanisms, Level II which denote immature defense mechanisms, Level III which denotes neurotic defense mechanisms and lastly Level IV which denotes mature defense mechanisms. (Vaillant, 1994; Vaillant, 1986)

Pathological defense mechanism- The processes at this stage are, if they predominate, almost always highly pathologic. In combined with these six defences, external relations can be easily rearranged to delete truthful coping needs. Such systems also tend to be pathological consumers others to be crazy or irrational. This category includes: *Delusional projection* which is supposed delusions of the reality, usually persecutory, *Denial* which is inability to accept objective fact, because it is too threatening; against an anxiety-provoking feeling by pretending it does not exist; which is a gross distortion of outside truth to meet internal needs. (Vaillant, 1986)

Immature defense mechanisms- These processes relieve the anxiety and the anxiety caused by threatened people or stressful circumstances. This category includes: *Acting out, Hypochondriasis, Passive-aggressive behaviour, Projection and Fantasy schizoid*. Excessive use of these defenses is considered socially unacceptable because they are childish, difficult to manage, and completely out of contact with reality, all in all excessive use of immature defences keeps a person away from the reality that is kind of inactive/dysfunctional coping.

Neurotic defense mechanism- For many adults these processes are considered neurotic but fairly regular. These defenses have short-term advantages in coping, even when used as the primary way of dealing with the problems. This category includes: *Displacement, Dissociation, Intellectualization, Reaction formation & Repression*. Excessive uses of such processes may lead to psychopathology.

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Mature defense mechanisms- These are usually seen in adults who are emotionally stable and are considered mature, while many have their origins in adolescent stage of development. They are processes conscious, developed through the years to optimize the efficiency of human society and its relationships. Use of these defenses improves feelings of pleasure and power. Mature defences include: *Altruism, Anticipation, Humor, Sublimation and Suppression*. Such defences, while staying successful, help incorporate competing thoughts and emotions. Those who make use of such processes are usually considered virtuous (Vaillant et al, 1986).

DEFENSE MECHANISMS DURING CRISES SITUATION

Because of huge mental health risks, the number of people in need of psychiatric help will continue to rise due to fear of uncertainty, death, job loss, drastic lifestyle changes, stigmatization, isolation, separation from family and loved ones, etc. Wang et al. (2020) found that during the initial phase of the COVID-19 outbreak in China more than half of the general population participants rated the psychological impact as moderate to extreme, and around one-third registered moderate to severe anxieties (Wang, et al, 2020).

It is understood that stressful and traumatic events, such as the current COVID-19 pandemic, can lead to various acute stress reactions among people accompanied by immature defense mechanisms that temporarily ease anxiety about a virus outbreak through severe alteration of painful mental content and/or radical distortion of external reality. Additionally, the extent of the psychological symptoms tends to be associated with the amount of neurotic and immature defenses used (Santana et al. 2017). It is advisable to reduce the frequency of using immature defenses during a public health crisis, since prevalent use of immature defences is a risk factor for the development of various types of adult psychopathology like BPD (Bond & Perry 2004, Zanarini et al. 2009) and psychological wellbeing is dependent upon the ability to use a range of DM effectively in a stressful situations.

Children and young adults those having any kind of temperamental issues during pandemic time, their psychodynamic angle should also be addressed, taking into account the imbalance uses of immature/mature defences; which can have a detrimental effect on personality development (Granieri et al, 2017). An essential psychodynamic concept referring to psychological resilience is narcissistic weakness. Narcissistic injuries are commonly documented in a pandemic crisis which means narcissistic vulnerability is one of the main factors in the resilience context (Marbinko, et al, 2020).

Gender may be a determinant for using and adapting the defense mechanisms. As observed in a few studies, in these globally stressful times, women are likely to use more internalizing defense mechanisms (such as somatization) while men will use more externalizing defenses (such as acting out), a notion consistent with early psychoanalytic and psychiatric encounters (Erikson 1964; Furnham, 2012).

DEFENSE MECHANISM USED IN PSYCHIATRIC DISORDERS

Obsessive and Compulsive Disorder (OCD): Isolation is the organizing defense of primarily obsessed people (Fenichel, 1928); in compulsive people the principal defense mechanism is undoing. Persons who are obsessive and compulsive use both solitude and undoing. Obsessive higher-skilled people generally do not use insulation in its most severe forms; alternatively, they prefer more mature ways of action-sharing from cognition: rationalization, moralization and compartmentalization. Mentality and cognition are idealised by compulsive individuals. People seem to consign much of their feelings to a

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depreciated domain linked to childhood, vulnerability, powerlessness, disorganization and garbage. So, in circumstances in which sensations, physical sensations and imagination play a strong and true part, they are at a great advantage. People with obsessive characters are often productive out of their experience in private, domestic roles, in formal, public roles. Undoing is the defensive mechanism which describes the kind of compulsiveness characterizes addictive and compulsive symptoms, and personality characteristics. Compulsive individuals undo acts which have the unconscious meaning of atonement and/or magical security. compulsiveness varies in this way from impulsiveness, in a stylised and a single behaviour is often repeatedly replicated in increasing manner. Compulsive acts, strictly speaking, often vary from "acting out," in that they are not so centrally guided by the desire to overcome unprocessed past experiences by recreating them. Compulsive behaviour is familiar to us all.

Depression: Introjection is not always the most efficient and organized solution employed by people who are introjectively suicidal. Clinically understanding for decreasing their suffering and the most important thing is to reduce their suicidal behaviours. Psychoanalytic psychological theory advanced, simpler concepts of energy (aggression-in vs aggression-out) gave rise to thoughts on Freud's processes of internalization. It began to identify in "Mourning and Melancholia" (1917a) which Abraham (1911) had recognized when the suicidal "identified with the missing object of love" person. When researchers started to stress the value of incorporative mechanisms in depression (Bibring, 1953; Blatt, 1974; Jacobson, 1971; Klein, 1940; Rado, 1928), in the face of depressive suffering they contributed enormously to our therapeutic strength. Turning to self (A. Freud, 1936; Laughlin, 1967), a protection linked to it a less archaic result of this is the process in people with introjective depression. Introjection as a concept celebrates the most pure feeling without the object, feeling incomplete and getting the object into one's sense of self in order to feel complete, even if that means the sense of rage that comes from uncomfortable experiences with one's self-representation object. Turning against one's self gains a reduction in anxiety, particularly anxiety about separation.

Stress, Anxiety and Post Traumatic Stress Disorder: For patients diagnosed with Acute Stress Disorder (ASD), better use of undoing and devaluation processes. Certain neurotic and dysfunctional defense aspect types, such as idealization, formation of emotions, projection, passive aggression, autistic imagination, and somatization, were also used more in this study by patients diagnosed with ASD. In comparison, earlier research recorded the use of ill-adapted defenses in war PTSD survivors, for example, isolation, depression, acting out, and imagining, evasion and passive violence. The less the individual adapts to the truth, the more fragile would be the defenses used and the lower would be the conflict resolution degree, may be hypothesized. It also opens the possibility of new, or altered, personality functioning in patients with positive criterion B symptoms. (Santana et al 2007)

More closely connected with this was the use of immature defensive mechanisms. A previous study investigated the relationship between protective mechanisms and the occurrence of various psychiatric symptoms in the 201 refugee population in North Korea and found evidence of a good linkages between PTSD and strategies for controlling anxiety and depression. Supporting statement, the notion that defense mechanisms are considered immature (as well as neurotic) dysfunctional, and correlated with high anxiety levels. The dissociation is another notable defense mechanism in traumatized patients, particularly in those who develop PTSD. (Jun et al, 2015).

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What can be the better coping during crises situation like COVID-19?

The defensive mechanisms should analyse as a measure of psychological adaptation, in the sense of resilience. Mature defense mechanisms like *humour* or *satire*, *altruism*, *anticipation*, *sublimation* and *suppression* can enhance resistance to deal with crises. *Humour* as a DM improves resilience during the crisis. It can be done by highlighting the humorous or funny aspects of the dispute or stressor. *Altruism* is also a DM that operates by fulfilling others' needs, in part as a means of satisfying one's own needs. Hence those is better condition by helping less privileged individuals can get sense of wellbeing. *Anticipation* is a DM that works by exploring alternatives and anticipating emotional responses to possible crises situation, preparation provides readiness for future challenges. In simpler term, it is a way of preparing with accordance to future demands.

It is natural to use protective mechanisms, but so-called "mature defenses" (e.g., sublimation and humor) rather than "immature defenses" (e.g., imagination and hypochondriasis) may make a major difference in mental well-being resistance (Jakovljević et al, 2020).

CONCLUSION

Defense mechanisms play a key role in various psychiatric disorders. It is comprehensible that when even a "so-called" normal people use defenses, then people with psychiatric disorder also use multiple defenses at a time, some on a cognitive level, and some on behavioural level. It can be concluded that when we plan any intervention for these patients, the therapists may consider the operational defense mechanisms. The therapists can use "mature" defenses during intervention, that may lead to better understanding and outcome.

The important intervention to remember in patients experiencing suicide is idealization. since the beginning. The consequences of their encounters have weakened their self-esteem (either by feeling permanently empty or secretly bad), their respect for themselves. If they find others, it is correspondingly heightened. Typical for depressed people are the self-perpetuating loops that hold others in excessive regard, and then feel diminished then, in comparison, consider idealized objects to compensate for the decline, feel inferior to those objects, and so on. This idealization differs from that of narcissistic people in that it constellates around spiritual values, rather than reputation and power.

People can love attachments, they may not be able to articulate their tenderer selves without fear and guilt; thus, they may turn emotionally toned experiences into oppressively cognitive ones. When expressing emotions, they will slip into second-person locutions in therapy and elsewhere. Not all human activity can be addressed through the standpoint of logical thought and problem solving. Obsessional people in the borderline and psychotic categories can so relentlessly utilize isolation that they look schizoid.

The prevalent stereotype of the somewhat isolated person as unfeeling may be based on observations of regressed obsessional individuals who have become wooden and robotic, so deep is the gap between their cognition and emotion. Because of its slightness many depressed obsessed with the distance between extreme obsession and delusion things verge on insanity. It was said that there is a growing way of distinguishing. In the period between an overly rigid, nonpsychotic obsessive-compulsive person and a scarcely guarded schizophrenic paranoid.

Persons in this therapeutic community eventually rely heavily on the development of remarks. Obsessional people at all levels of development can also use displacement,

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particularly of anger, in circumstances where they can possess such a feeling by diverting it from its original source to a "legitimate" target, without shame.

By addressing the above described issues with a strategic manner, the therapist may assist the patient by recognizing the defense strategies used, what they are being used for (in avoiding harmful emotions in the unconscious mind arising from a traumatic experience), and in better communicating and sharing those previously suppressed feelings and thoughts. Defense mechanisms associated with a COVID-19 pandemic should have been more dysfunctional than normal. Many people's anxiety moves to lower functioning level that is assessed by defense mechanisms.

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