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Original article

Link between early maladaptive schemas and defense mechanisms



Lien entre schémas précoces inadaptés et mécanismes de défenses

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ABSTRACT

Introduction. – Defense mechanism and early maladaptive schemas are two concepts distorting the perception of reality.

Objective. – The aim of this study was to explore the link between two reality-distorting concepts from two theoretical models: early maladaptive schemas from the cognitive and behavioral model and defense mechanisms based on the psychoanalytic model.

Method. – Two hundred thirty-two non-clinical participants completed the Defense Style Questionnaire and the Young Schema Questionnaire (short version). Then a Bravais Pearson correlation analysis connecting these two concepts, and a multiple regressions analysis using early maladaptive schemas as predictors for defense style mechanisms levels were conducted.

Results. – The results indicate that 2 early maladaptive schema domains (i.e. other-directedness as well as over-vigilance and inhibition) predict the frequency of use of the neurotic defense mechanism, and 3 schema domains (i.e. disconnection and rejection, impaired autonomy and performances as well as impaired limits) predict the frequency of use of the immature defense mechanism.

Conclusion. – To conclude, two psychological concepts based on two different theoretical models (psychoanalytic and cognitive and behavioral therapy) seem to share an important link justifying the use of integrative therapies such as schema therapy.

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R É S U M É

Introduction. – Les mécanismes de défenses et les schémas précoces inadaptés sont deux concepts distordant la perception de la réalité.

Objectif. – Le but de cette étude était d'explorer le lien entre deux concepts distordant la réalité issus de deux modèles théoriques distincts : à savoir, les schémas précoces inadaptés appartenant au modèle cognitif et comportemental, d'une part, et les mécanismes de défenses provenant du modèle psychanalytique, d'autre part.

Méthode. – Deux cent trente-deux participants non cliniques ont complété le questionnaire de style défensif (DSQ-40) et le questionnaire des schémas précoces inadaptés (version courte). Ensuite, une analyse de corrélation de Bravais Pearson analysant le lien entre ces deux concepts, et une analyse de régression multiple impliquant des schémas précoces inadaptés comme prédicteurs du style défensif ont été menées.

Résultats. – Les résultats indiquent que deux domaines des schémas précoces inadaptés (centration sur autrui ainsi que vigilance à outrance et de l'inhibition) sont liés à l'utilisation de mécanismes de défense névrotiques, et trois domaines (séparation et du rejet, autonomie et des performances altérées ainsi que des limites déficientes) prédisent l'utilisation de mécanismes de défense immatures.

Conclusion. – Pour conclure, il semble que ces deux concepts psychologiques, provenant de deux modèles théoriques différents (thérapies comportementales et cognitives et psychanalytiques) semble partager un lien important, indiquant qu'une prise en charge par des thérapies intégratives telle que la thérapie des schémas pourrait également améliorer les capacités défensives internes des patients.

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1. Introduction

People have to deal with stressful situations in their daily lives, and those stressors are described as daily hassles, which have an impact on adults' mental health (Chamberlain & Zika, 1990). According to the transactional model of stress, while people are confronted with daily hassles, an evaluation comparing the strain of the situation and the available resources is made (Lazarus & Folkman, 1984). Those resources could be external, such as social support and coping strategies, or internal, such as defense mechanisms. The use of defense mechanisms permits to cope more or less efficiently with such daily stress (Chabrol & Callahan, 2004). However, it is not yet entirely clear what predicts the use of a certain type of defense mechanism over another, or whether internal predispositions such as early maladaptive schemas (EMS) predispose to the use of a specific type of defense mechanism. Moreover, the study conducted by Serido, Almeida, and Wethington (2004) has shown that chronic stressors and daily hassles are predictors of psychological distress. Besides, exposure to daily hassles can lead to mental and mood disorders, particularly in those with low psychosocial resources and a low self-esteem (DeLongis, Lazarus, & Folkman, 1988). Hence, the present study focuses on the role of EMS in the use and establishment of specific defense mechanisms, which in turn offer more or less efficient and adapted internal resources to deal with daily hassles.

1.1. Defense mechanisms

Defense mechanism is a psychological concept outcome from the psychoanalytic theoretical model and was first described by Sigmund Freud, followed by Anna Freud (1946). Defense mechanisms are described as unconscious mental processes whose role is to protect people from intra-psychic conflicts and their unpleasant affects (Chabrol & Callahan, 2004). According to Cramer (1998), defense mechanisms are used unconsciously and protect individuals against external and internal stressful situations, helping them to deal with those situations by emotional self-regulation and adjustment. However, they rather distort the perception of reality than the external reality per se.

Defense mechanisms can be divided into six hierarchical levels (Cramer, 2000): high adaptive (altruism, humor, sublimation, suppression); mental inhibition (displacement, dissociation, intellectualization, isolation, undoing); minor image-distortion (devaluation, idealization, omnipotence); disavowal (denial, projection, rationalization); major image-distortion (autistic fantasy, projective identification, splitting); action (acting out, apathetic withdrawal; passive aggression); and defensive dysregulation (delusional projection, psychotic denial, psychotic distortion). Nevertheless, these defense mechanisms can also be classified into three levels, namely mature, neurotic and immature defense levels on a continuum ranging from defenses considered as the most mature to the most immature and distorting ones (Bond, Gardener, & Christian, 1983; Chabrol & Callahan, 2004). In the present study, this last three-level classification was used.

Previous studies cited below have shown that the use of neurotic and immature defense mechanisms is associated with a higher probability of mental health difficulties compared with the use of mature defense mechanisms. As an example, Andrew, Pollock, and Stewart (1989), have shown that patients suffering from agoraphobia have higher scores on the neurotic defense level and patients with social phobia have higher scores for the immature defense level than people reporting no psychiatric condition. Immature defenses have also been reported to be associated with borderline personality disorders (Bond, Paris, & Zweig-Frank, 1994). Also, the study by Kwon (2000) have demonstrated that defense mechanisms were important moderators between hope and dysphoria,

highlighting that participants with a low level of hope and immature defenses had a particularly high level of dysphoria. It is also important to note that defense mechanisms would change across adulthood and thus may be changed through therapy interventions (Diehl et al., 2013). Therefore, the question of whether internal dispositions such as EMS lead to a specific defense style (mature, neurotic or immature) appears pertinent.

1.2. Early maladaptive schemas (EMS)

Referring to Young (1999), EMS are cognitive and emotional self-defeating models established during childhood development through education, and through life experiences which are repeated throughout one's lifetime. In response to this schema, maladaptive behavior and emotional disorders would develop. These schemas are often not only based on childhood traumas (e.g. lack of affection, rejection, and frustration) but also on over-protection. However, they are mainly caused by repeated harmful experiences during childhood and adolescence. In adulthood, the confrontation with a situation identified as similar to the initial traumatic one, may activate the early maladaptive schema associated with this initial situation and then generate intense negative emotions. These negative emotions result from the re-experience of the emotional pain felt during childhood when the schemas were developed, which, in turn, engenders an erroneous perception of reality, and cognitive distortions. EMS are usually described in five domains of schema, namely "disconnection and rejection"; "impaired autonomy and performance"; "impaired limits"; "other-directedness" and "over vigilance and inhibition", and each domain includes several EMS. In addition, previous findings have shown that EMS are associated with attachment style (Masson, Platts, & Tyson, 2005). The study conducted by Roelofs et al. (2011) have highlighted that schema of disconnection and rejection and other-directedness would mediate the relationship between attachment patterns and depression symptoms in a sample of 222 non-clinical adolescents. Moreover, the prior study realized by Price (2007) explored the link between defense mechanisms and early maladaptive schemas in the context of posttraumatic stress disorder (PTSD). This study was conducted among 77 participants and the main aim was to explore the early maladaptive schemas and specific defense mechanisms involved in PTSD. The results showed that 4 early maladaptive schemas (defectiveness, dependency, enmeshment and failure) and 3 defense mechanisms (splitting, rationalization, and projection) were involved in PTSD. However, the potential interaction between defense mechanisms and early maladaptive schemas remained unexplored in this study. According to previous findings, once activated, EMS play an important role in several disorders such as social phobia (Pinto-Gouveia et al., 2006), depression (Abela et al., 2009; Cormier et al., 2011), eating disorders (Cooper, Rose, & Turner, 2005; Sarin & Abela, 2003), anxiety disorders (Delattre et al., 2004), substance abuse (Brotchie et al., 2004; Decouvelaere et al., 2002) and personality disorders (Petrocelli, Glaser, Calhoun, & Campbell, 2001). Moreover, high EMS scores are associated with higher negative mood among injured athletes, especially when associated with avoidance-focused coping (Gallager & Gardner, 2007). EMS belong to the theoretical model of behavioral and cognitive therapies, and can be treated through schema therapy.

Based on EMS, a specific therapeutic approach has been developed called Schema Therapy (ST), which is a psychotherapy approach that has been developed in order to help patients with severe chronic mental disorders, particularly personality disorders, that have resisted classical cognitive and behavioral therapy or had an important relapse rate (Young, Klosko, & Weishaar, 2003). ST is a therapeutic approach focusing on the traumatic events, which are at the origin of the schema development. This approach is particularly interesting in chronic mood and

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