

Secondary Defensive Processes

Virtually any psychological process can be used defensively, and so no summary of the defenses can be complete. In analysis, even free association can be used defensively, to avoid certain topics. Anna Freud's seminal—*The Ego and the Mechanisms of Defense* (1936) covers denial, repression, reaction formation, displacement, rationalization, intellectualization, regression, reversal, turning against the self, identification with the aggressor, and sublimation. Laughlin (1970) delineated 22 major and 26 minor defense mechanisms, Vaillant and Vaillant (e.g., 1992) named 18, which they grouped according to inferred maturity, and the DSM-IV enumerates 31, also grouped by level. Cramer (2006) contrasts defense mechanism with deliberate coping strategies by noting the unconscious, automatic, nonintentional quality of defenses.

I describe here a selection of operations that is more extensive than Anna Freud's but less comprehensive than Laughlin's and Vaillant's lists. I have chosen the "mature," or "higher-order," defenses to be covered according to two criteria: (1) the frequency with which they are mentioned in psychoanalytic clinical literature and by practicing therapists, and (2) their relevance to particular character patterns. Anyone else's list would probably be different, would emphasize other aspects of defense, and would reflect another writer's distinctive take on analytic theory and practice.

REPRESSION

Repression was one of the first defenses to fascinate Freud, and it has enjoyed a long history of clinical and empirical investigation. The essence of repression is motivated forgetting or ignoring. Its implicit metaphor recalls the early drive model with its idea that impulses and affects press for release and have to be held in check by a dynamic force. Freud (1915b) wrote that "the essence of repression lies simply in turning something away, and keeping it at a distance, from the conscious" (p. 146). If either an internal disposition or an external circumstance is sufficiently upsetting or confusing, it may be deliberately consigned to unconsciousness. This process may apply to a total experience, to the affect connected with an experience, or to one's fantasies and wishes associated with it.

Not all difficulty in paying attention or remembering constitutes repression. Only when there is evidence that an idea or emotion or perception has become consciously inaccessible because of its power to upset are there grounds for assuming the operation of this defense. Other attentional and memory deficits may result from toxic or organic conditions, or simply from the ordinary mental sifting of the important from the trivial. (Now that I am in my sixties and regularly forgetting what I came upstairs for, it occurs to me that the Freudian theory that memory lapses are always dynamically provoked could only have been developed by a relatively young man.)

Freud saw the operation of repression in traumatic experiences such as rape or torture that the victim later cannot recall. Instances of what were once called the “war neuroses,” now known as posttraumatic stress reactions, have been psychoanalytically explained by reference to the concept of repression. In such cases, a person is unable to remember at will certain horrifying, life-threatening events but may be troubled by intrusive flashbacks of them, a phenomenon to which Freud would have attached the colorful label “the return of the repressed.” Our current knowledge of brain processes suggests that repression is not an accurate concept for such traumatic memory problems. We now know that under extreme stress, the functioning of the hippocampus, which stores episodic memory (the sense of “it happened to me; I was there”), is shut down by the glucocorticoids secreted during trauma. Thus, the episodic memory *is not laid down in the first place*. After a trauma there may be semantic memory (third-person facts after the event), procedural memory (physical experience of the event, or “body memory”), and emotional memory (feeling the emotions that were activated in the event when something, such as being in the place it happened, reminds one of it), but there may never be episodic memory (Solms & Turnbull, 2002). I say more about the clinical implications of these facts in [Chapter 15](#).

Later analytic theory applied the term “repression” more to internally generated ideas than to trauma. This is the version of repression that has remained most useful to therapists. Repression is seen as the means by which children deal with developmentally normal but unrealizable and frightening strivings, such as the oedipal wish to destroy one parent and possess the other: They eventually relegate them to unconsciousness. One must have attained a sense of the wholeness and continuity of the self before one is capable of handling disturbing impulses by repression. For people whose early experiences did not foster identity integration, troublesome feelings tend to be handled with more primitive defenses, such as denial, projection, and splitting (Myerson, 1991).

A clinically inconsequential example of repression, the kind that Freud (1901) saw as part of the “psychopathology of everyday life,” would be a speaker’s momentarily forgetting the name of someone he or she is introducing, when there is evidence for the speaker’s unconscious negative feeling toward that person. In the developmentally normal repressive processes that allow children to reject infantile love objects and seek partners outside the family, and in trivial (and often entertaining) instances of repression, one can see the adaptive nature of the process. If we were constantly aware of the whole panoply of our impulses, feelings, memories, images, and conflicts, we would be chronically overwhelmed. Like other defenses, repression becomes problematic only

when it (1) fails to do its job of keeping disturbing ideas out of consciousness so that we can go about the business of accommodating to reality, or (2) gets in the way of certain positive aspects of living, or (3) operates to the exclusion of other more successful ways of coping. Overreliance upon repression, along with certain other defensive processes that often coexist with it, has classically been considered the hallmark of the hysterical personality.

Freud's early efforts to get hysterical patients to bring into consciousness both the traumatic events of their histories and the urges and feelings they had been raised to consider unacceptable yielded fascinating information (Breuer & Freud, 1893–1895). From working with this population Freud originally concluded, as I mentioned in [Chapter 2](#), that repression causes anxiety. According to his original mechanistic model, the anxiety that is such a frequent concomitant of hysteria is caused by a repressive bottling up of drives and affects. These feelings press for discharge and hence cause a chronic state of tension (some irreverent commentators have called this the “coitus interruptus” theory of the relationship of repression to anxiety). Later, as Freud revised his theory in light of accumulating clinical observations, he reversed his version of cause and effect, regarding repression and other defense mechanisms as the result rather than the cause of anxiety. In other words, preexisting irrational fear created the need to forget.

This later formulation of repression as an elemental defense of the ego, the automatic suppressor of countless anxieties that are simply inherent in living one's life, became standard psychoanalytic theory in the ego psychology era. Nevertheless, Freud's original postulation of repression as the *instigator* of anxiety is not without some intuitive appeal, in that excessive repression may ultimately cause as many problems as it solves. This process, labeled by Mowrer (1950) the “neurotic paradox,” whereby attempts to quell one anxiety only generate others, is the core characteristic of what was once (in a much more comprehensive use of the term than is typical now) called neurosis. Along these lines, Theodor Reik used to contrast the emotionally healthy person, who can stand in front of the window at Tiffany's admiring the jewelry and tolerating a passing fantasy of stealing it, with the neurotic person, who looks in the window and runs in the opposite direction. When psychoanalysis first captured the imagination of the educated public, such popularized examples of the pathological operation of repressive defenses contributed to a widespread overvaluation of the goals of removing repression and shedding inhibitions, and also to the misunderstanding that these processes constitute the essence of all psychoanalytic therapies.

An element of repression is present in the operation of most of the higher-order defenses (although it is arguable that denial rather than repression is operating in instances in which it is unclear whether or not the person was originally aware of something before losing that knowledge). For example, in reaction formation, the turning of an attitude into its opposite, such as hate into love or idealization into contempt, the original emotion can be seen as repressed (or denied, depending on whether it was ever consciously felt). In isolation, the affect connected with an idea is repressed (or denied, as above). In reversal, there is a repression of the original scenario that is now being turned around. And so forth. Freud's original belief that repression was a sort of

grandparent of all other defenses can be seen sympathetically in this light, despite current evidence that the processes described in [Chapter 5](#) predate repression in the child by at least a year and a half. In [Chapter 15](#) I discuss current analytic views that dissociation is a more basic defense than repression, but for purposes of this chapter, I am giving the more classical account.

REGRESSION

Regression is a relatively uncomplicated defense mechanism, familiar to every parent who has watched a child slide backward into the habits of a prior maturational stage when tired or hungry. Social and emotional development does not progress in a straight line; there is a fluctuation to personal growth that becomes less dramatic as we age, but never entirely goes away. Almost anyone, if tired enough, will begin to whine. The “rapprochement subphase” of the separation–individuation process that Mahler (1972a, 1972b) described as a universal feature of the last part of every child’s second year, when the toddler who has just declared independence from the mother goes back and hides under her skirt, is only one example of the tendency of human beings to cling to the familiar right after having achieved some new level of competence.

In long-term psychotherapy and psychoanalysis, this tendency is easy to observe. The patient who has finally summoned up the courage to try out a new way of behaving, especially if it involves new behavior toward the therapist (e.g., expressing criticism or anger, confiding masturbation fantasies, asking for a break on fees, or scheduling with more self-assertion than was permitted in childhood), will frequently revert to old habits of thought, feeling, and behavior in subsequent sessions. The therapist who does not appreciate the ebb and flow inherent in developmental change may be dismayed by this phenomenon (the countertransference may resemble the normal exasperation of a parent who finally succeeds in getting a young child to sleep through the night, and then gets a week of bedroom visits at 3:00 A.M.) until it becomes clear that despite the regressive dimension of the client’s struggle, the overall direction of change is forward.

Strictly speaking, it is not regression when a person is aware of needing some extra comfort and asks to be held or reassured, nor is it regression when one deliberately seeks out a means—through competitive sports, for instance—of discharging primordial levels of drive. To qualify as a defense mechanism, the process must be unconscious. Thus, the woman who lapses unwittingly into compliant, little-girlish ways of relating right after realizing some ambition or the man who thoughtlessly lashes out at his wife just after attaining some new level of intimacy with her are regressing in the psychoanalytic meaning of the term, as their respective actions have not been consciously chosen. Somatization has often been seen as a type of regression, and it belongs there *if* the person has attained the capacity to put words to feelings and then backslides into a preverbal, somatizing state.

Some hypochondriacal people, those who drive physicians to distraction with a litany of vague and changing complaints that never respond to treatment, use regression to the sick role as a

primary means of coping with upsetting aspects of their lives. By the time they are persuaded to consult a therapist, they have usually built up an additional and virtually impenetrable wall of defensiveness deriving from having repeatedly been treated like a spoiled child or willful attention seeker. They expect clinicians to try to expose them as malingerers. Consequently, the therapist whose client uses regression to the sick role as a favored defense must have almost superhuman reserves of tact and patience—all the more so if the patient's pattern of taking to the sickbed has been reinforced by other rewards of that position ("secondary gain").

Although one sometimes sees a client with both, hypochondriasis should not be confused with somatization. In the former, there is no disease process, despite the patient's worry or even conviction of illness. In the latter, there are diagnosable ailments related to stresses that the person somehow cannot process emotionally. Sometimes, of course, doctors are sure they are dealing with a hypochondriacal patient and eventually learn that the person has been suffering from an obscure, undiagnosed illness. Therapists have to take care to leave open a mental space for the possibility that a difficult client who seems clearly either hypochondriacal or somatizing may be ill with a systemic problem that has not been identified.

Hypochondria and other kinds of regression into relatively helpless and childlike modes of dealing with life can be a kind of cornerstone of a person's character. Where regression, with or without hypochondria, constitutes someone's core strategy for dealing with the challenges of living, he or she may be characterized as having an infantile personality. This category did not survive after the second edition of the DSM, but some analysts have lamented its disappearance.

ISOLATION OF AFFECT

One way in which people may deal with anxieties and other painful states of mind is by isolating feeling from knowing. More technically, the affective aspect of an experience or idea can be sequestered from its cognitive dimension. Isolation of affect can be of great value: Surgeons could not work effectively if they were constantly attuned to the physical agony of patients or to their own revulsion, distress, or sadism when cutting into someone's flesh; generals could not plan battle strategy if they were in continual touch with the graphic horrors of war; police officers could not investigate violent crimes without becoming unglued.

The "psychic numbing" that Lifton (1968) has described as a consequence of catastrophe exemplifies the operation of isolation of affect on a social level. Therapists who have worked with survivors of the Holocaust have been struck by their wooden descriptions of atrocities that defy the ordinary imagination. The political scientist Herman Kahn (1962) wrote an influential book on the probable outcome of a nuclear conflagration, in which the most horrific consequences of atomic disaster were detailed in an almost jovial tone of detachment. With respect to its adaptive utility in extreme situations, isolation is a degree more discriminative than dissociation: The experience is not totally obliterated from conscious experience, but its emotional meaning is cut off.

Isolation can also become, by means of a certain style of child rearing mixing with a child of a certain temperament, a core defense in the absence of obvious trauma. We all know people who claim that they have no emotional responses to things about which the rest of us have powerful feelings; such people sometimes make a virtue out of the defense of isolation and idealize the condition of expressing only rational concerns. Our cultural tendency to admire the capacity to isolate affect from intellect is discernible in the widespread devotion of old *Star Trek* fans to the character of Mr. Spock, the Vulcan. The fact that isolation is appreciated as a defensive rather than a natural position is betrayed by the decision of the writers of that series to give Spock a latent emotional side, the contribution of his Earthling mother.

Many contemporary analysts consider isolation to be a subtype of dissociation. Analysts in the ego psychology tradition considered it the most primitive of the “intellectual defenses” and the basic unit of psychological operation in mechanisms like intellectualization, rationalization, and moralization. I consider these defenses separately in the following sections, but they have in common the relegation to unconsciousness of the personal, gut-level implications of any situation or idea or occurrence. When one’s primary defense is isolation, and the pattern of one’s life reflects the overvaluation of thinking and the underappreciation of feeling, one’s character structure is considered obsessive.

INTELLECTUALIZATION

Intellectualization is the name given to a higher-order version of the isolation of affect from intellect. The person using isolation typically reports that he or she has no feelings, whereas the one who intellectualizes talks about feelings in a way that strikes the listener as emotionless. For example, the comment, “Well, naturally I have some anger about that,” delivered in a casual, detached tone, suggests that while the idea of feeling anger is theoretically acceptable to the person, the actual expression of it is still inhibited. When patients in psychoanalysis are intellectualizing about their treatment, they tend to summarize their experiences on the couch in a tone that sounds more like a weather report on their psyche than a disclosure of something that has moved them. In the 2004 U.S. presidential campaign, Al Gore’s wooden, perseverative lectures contributed to his defeat; the public worries about defensiveness when a candidate seems to lack passion.

Intellectualization handles ordinary emotional overload in the same way that isolation handles traumatic overstimulation. It shows considerable ego strength for a person to be able to think rationally in a situation fraught with emotional meaning, and as long as the affective aspects of that circumstance are eventually processed with more emotional acknowledgment, the defense is operating effectively. Many people feel that they have made a maturational leap when they can intellectualize under stress rather than giving an impulsive, knee-jerk response. When someone seems unable to leave a defensively cognitive, anti-emotional position, however, even when provoked, others tend intuitively to consider him or her emotionally dishonest. Sex, banter, artistic

expression, and other gratifying adult forms of play may be unnecessarily truncated in the person who has learned to depend on intellectualization to cope with life.

RATIONALIZATION

The defense of rationalization is so familiar that I hardly need to explicate it. Not only has this term seeped into common usage with a connotation similar to the one used in psychoanalytic writing, it is also a phenomenon that most of us find naturally entertaining—at least in others. “So convenient a thing it is to be a reasonable Creature,” Benjamin Franklin remarked, “since it enables one to find or make a Reason for everything one has in mind to do” (quoted in K. Silverman, 1986, p. 39). Rationalization may come into play either when we fail to get something we had wanted, and we conclude in retrospect that it was actually not so desirable (sometimes called “sour grapes rationalization” after the Aesop fable of the fox and the grapes), or when something bad happens, and we decide that it was not so bad after all (“sweet lemon rationalization”). An example of the first kind would be the conclusion that the house we could not afford was too big for us anyway; an example of the second would be the popular rationalization of those who value education: “Well, it was a learning experience.”

The more intelligent and creative a person is, the more likely it is that he or she is a good rationalizer. The defense operates benignly when it allows someone to make the best of a difficult situation with minimal resentment, but its drawback as a defensive strategy is that virtually anything can be—and has been—rationalized. People rarely admit to doing something just because it feels good; they prefer to surround their decisions with good reasons. Thus, the parent who hits a child rationalizes aggression by allegedly doing it for the youngster’s “own good”; the therapist who insensitively raises a patient’s fee rationalizes greed by deciding that paying more will benefit the person’s self-esteem; the serial dieter rationalizes vanity with an appeal to health.

MORALIZATION

Moralization is a close relative of rationalization. When one is rationalizing, one unconsciously seeks cognitively acceptable grounds for one’s direction; when one is moralizing, one seeks ways to feel it is one’s *duty* to pursue that course. Rationalization converts what the person already wants into reasonable language; moralization puts it into the realm of the justified or morally obligatory. Where the rationalizer talks about the “learning experience” that some disappointment provided, the moralizer will insist that it “builds character.”

The self-righteous quality of this particular transformation of impulse makes others regard it as either amusing or vaguely unpleasant, although in certain social and political situations, leaders who exploit their constituents’ wish to feel morally superior can produce mass moralization so

effortlessly that the public that has been thus seduced hardly blinks. The belief of the colonialists that they were bringing higher standards of civilization to the people whose resources they were plundering is a good example of moralization. Adolf Hitler was able to indulge his own murderous fantasies by persuading an astounding number of followers that the obliteration of Jews and other devalued groups was necessary for the ethical and spiritual improvement of the human race. In the contemporary United States, abrogation of time-honored protections of human rights has been justified in the name of fighting terrorism.

At a less catastrophic level, most of us have witnessed someone who defended having savagely criticized a subordinate on the grounds that it is a supervisor's duty to be frank about an employee's failings. In doctoral oral defenses, hostile examiners have been known to make comments like "Would we be doing this student any favors by withholding the critique that this study deserves?" One of my friends, an interior decorator, moralized the vanity behind her decision to have an expensive facelift by explaining that alas, it was her obligation to present an appealing appearance to her customers. Bette Davis reported having been in conflict over her wish to continue her acting career during World War II, but she resolved her discomfort by noting, "But then I felt that's what the enemy wanted—to destroy and paralyze America. So I decided to keep on working" (quoted in Sorel, 1991, p. 75).

Moralization may be regarded as a developmentally advanced version of splitting. Although I have not seen it presented that way in the psychoanalytic literature, it makes sense that an inclination to moralize would be the natural later stage of the primitive tendency to make gross good-bad distinctions. While splitting occurs naturally in the child before there is an integrated self capable of ambivalence, moralization resolves, by recourse to principle, mixed feelings that the evolving self has become able to suffer. From moralization one can infer the operation of a superego, albeit usually a rigid and punitive one that requires a contrast group of "others," or "those people" who lack the ethical sensibilities of the moralizer.

Moralization is the main defense in a personality organization that has been called moral masochism (Reik, 1941). Some obsessive and compulsive people are also wedded to this defense. In psychotherapy, moralizers can create vexing dilemmas for clinicians, who find that when they confront certain self-defeating attitudes or behaviors, their patients regard them as deficient in virtue for not seeing the issue the same way they do. One patient of mine, an obsessive-compulsive man on the neurotic end of the borderline continuum, kept imploring me to make a moral judgment about his compulsive masturbation, with the hope that that would resolve his conflict about it. "How would you feel if I said I thought it was getting in the way of your going out and developing relationships with women?" I asked. "I'd feel criticized, deeply ashamed—I'd want to crawl in a hole," he responded. "How about if I said that given your repressive background, it was an achievement to have found any kind of sexual satisfaction, and your masturbation represents a forward-moving tendency in your sexual development?" I offered. "I'd think you were depraved."

Moralization thus illustrates the caveat that even though a given defense may be considered a

“mature” mechanism, it can still be maddeningly impervious to therapeutic influence. Working with someone in the neurotic range whose character is defined by the chronic, inflexible use of a particular defensive strategy can be as arduous as working with overtly psychotic patients.

COMPARTMENTALIZATION

Compartmentalization is another of the intellectual defenses, probably more closely related to dissociative processes than to rationalization and moralization, although rationalization is often called on to support it. Like isolation of affect, it is on the more primitive side; its function is to permit two conflicting conditions to exist without conscious confusion, guilt, shame, or anxiety. Whereas isolation involves a rift between cognition and emotion, in compartmentalization, there is a rift between incompatible cognitions. When someone compartmentalizes, he or she holds two or more ideas, attitudes, or behaviors that are essentially and definitionally in conflict, without appreciating the contradiction. To an observer, compartmentalization may be indistinguishable from hypocrisy.

Examples of everyday compartmentalization of which most of us are occasionally guilty include such simultaneous attitudes as a professed belief in the Golden Rule and also in the principle of looking out for Number One, espousing the importance of open communication while defending the position of not speaking to somebody, deploring prejudice yet savoring ethnic jokes. When compartmentalization occurs in organizations and cultures, it can be reinforced by group dynamics. In the United States, some politically powerful groups sincerely hold the incompatible beliefs that we can increase our commitment to national defense and yet not increase taxes.

As for individuals on the more pathological end of the compartmentalization continuum, there are people who are great humanitarians in the public sphere yet defend the abuse of their children in the privacy of their homes. Repeatedly, we see exposés of preachers or legislators who rail against sin while enthusiastically committing more than their share of it. More than one crusader against pornography has been found to have an extensive collection of erotica. Sin that is committed with a clear sense of guilt, or in a dissociated state at the time of commission, is not properly regarded as revealing the defense of “compartmentalization”; the term applies only if the discrepant activities or ideas are both accessible to consciousness. Upon confrontation, the person using compartmentalization will rationalize the contradictions away.

UNDOING

Just as moralization can be considered a more grown-up version of splitting, undoing can be regarded as the natural successor to omnipotent control. There is a magical quality about the defense that betrays its archaic origins, even though individuals engaging in defensive undoing can

often be induced, via an appeal to their reflective capacities, to see the meaning of what amounts to superstitious behavior. “Undoing” is a term that means exactly what one would think: the unconscious effort to counterbalance some affect—usually guilt or shame—with an attitude or behavior that will magically erase it. An everyday example would be a spouse’s arriving home with a gift that is intended to compensate for last night’s temper outburst. If that motive is conscious, we cannot technically call it undoing, but when undoers are not aware of their shame or guilt, and therefore cannot consciously own their wish to expiate it, the label applies.

Many religious rituals have an aspect of undoing. The effort to atone for sins, even those committed only in thought, may be a universal human impulse. Around the age when children can cognitively grasp the fact of death, one sees numerous magical rituals that have a component of undoing. The childhood game of avoiding cracks in the sidewalk lest one break mother’s back is psychoanalytically comprehensible as the undoing of unconscious death wishes for the mother, which create more fear than they did before the concept of death had taken on a more mature meaning. Omnipotent fantasies are discernible in the implicit belief expressed in this behavior that one’s hostile feelings are dangerous: The thought is tantamount to the deed.

One of my patients used to give me flowers occasionally. As she was quite disturbed and would have experienced my rejecting such gifts, or even analyzing her disposition to give them, as a profound repudiation of her generous impulses, for a long time I did not attempt to explore with her the meaning of this behavior. Eventually, however, she was able to figure out herself that she tended to bring me bouquets when she had been unusually angry at me the previous session. “I guess they were really for your grave,” she explained, grinning.

People who have a high degree of remorse for their past sins, mistakes, and failures, whether real, exaggerated, or committed only in thought, may make a lifetime project out of undoing. A 79-year-old, middle-class Caucasian woman whom I studied in connection with research on the psychology of characterological altruists (McWilliams, 1984) had for decades dedicated herself to the cause of equal justice for nonwhite people; her background included her having inadvertently insulted a woman of color, whom she had deeply loved, when she was about 9, something over which she was still miserable. Tomkins’s (1964) study of committed abolitionists suggested a similar organization of personality around the defense of undoing.

When undoing is a central defense in a person’s repertoire, and when acts that have the unconscious significance of expiating past crimes comprise the main support to the individual’s self-esteem, we consider his or her personality to be compulsive. I want to stress here, since the terms “compulsion” and “compulsive” are so often associated with undesirable behaviors, that the concept of compulsivity is neutral as to moral content. In other words, one can be a compulsive drinker, but one can also be a compulsive humanitarian. Similarly, “obsessive” and “compulsive” are not necessarily pejorative terms when applied to personality structure, even though those labels derive from attempts to understand pathological states of obsession and compulsion. The sufferer of ego-alien, persistent, unwanted thoughts (obsessions) or persistent, unwanted acts (compulsions) may

be desperate for help. In contrast, a person happily obsessed with writing a novel or pleasurably engaged in compulsive gardening is hardly to be regarded as “sick.” In describing character, which may be highly adaptive and healthy, “obsessive” applies to thinking styles; “compulsive” to acting modes of adaptation.

TURNING AGAINST THE SELF

Anna Freud (1936) tended to use simple, everyday language, as in her use of the term “turning against the self.” The concept means what it sounds like: the redirecting of some negative affect or attitude from an external object toward the self. If one is critical of an authority whose goodwill seems essential to one’s security, and if one thinks that person cannot tolerate criticism, one feels safer aiming the critical ideas inward. For children, who have no choice about where they live and who may pay a high price for offending a touchy caregiver, the defense of turning against the self can distract them from the much more upsetting fact that their well-being depends on an undependable adult (Fairbairn, 1954). However unpleasant it is to feel self-critical, it is emotionally preferable to acknowledging a realistic threat to one’s survival under conditions in which one has no power to change things.

One of my patients spent her formative years living in the care of a suicidal mother and an on-again-off-again, self-centered father. Her family’s security was so precarious that even at the subsistence level they were in trouble: Some of this woman’s earliest memories concern her parents’ being thrown out of their apartments for nonpayment of rent. Rather than feel chronic terror that her mother would kill herself and her father would disappear on some self-indulgent project—both of which were serious possibilities—she became adept at believing that if only she were a better person, her parents would give her their love and protection. This conviction, which had been adaptive in childhood, caused her continual suffering as an adult when she reacted to any unhappy circumstance with self-attack rather than with creative efforts to improve her situation. It took years of therapy for her to realize at an emotional level that she was no longer a powerless child in a dysfunctional family, whose only hope for a sense of efficacy lay in the project of improving herself internally.

Most of us retain some tendency to turn negative affects, attitudes, and perceptions against the self because of the illusion that the process gives of our being more in control of upsetting situations than we may be. Turning against the self can be considered a more mature version of introjection. The external critic is not swallowed whole, as in introjection, but one identifies with the critical attitude to some degree. It is a popular defense among some healthier people who are aware of, and resistant to, temptations to deny or project unpleasant qualities. They prefer to err in the direction of considering that a problem is their fault rather than someone else’s. Automatic and compulsive use of this defense is common in people with depressive personalities and in the relational version of characterological masochism.

DISPLACEMENT

Displacement is another defense that is popularly appreciated without much distortion of its technical psychoanalytic meaning. At the age of 11 one of my daughters, observing our dog attack its pull toy right after being scolded for misbehavior, commented, “Look at that! She’s taking her anger out on the toy—just like people!” The term “displacement” refers to the redirection of a drive, emotion, preoccupation, or behavior from its initial or natural object to another because its original direction is for some reason anxiety ridden.

The classic cartoon about the man bawled out by his boss, who goes home and yells at his wife, who in turn scolds the kids, who kick the dog is a study in displacement. The “triangulation” emphasized by family therapists in the tradition of Murray Bowen (e.g., 1993) is a displacement phenomenon. I have noticed that in couples in which one partner is unfaithful, the other partner directs most of his or her reactive hatred not to the mate who has strayed but to the “other” woman or man. Tirades about “that home wrecker,” implying that the partner was an innocent victim of a cynical seduction, seem to protect an already anguished person from risking any further threat to the relationship that might be created if the betrayed party’s rage were aimed directly at the adulterous mate.

Lust can also be displaced; sexual fetishes seem explicable as the reorientation of erotic interest from a human being’s genitals to some unconsciously related area, such as feet or even shoes. If events in a man’s history have made vaginas seem dangerous, some other female-associated object may be substituted. Anxiety may itself be displaced; Freud’s famous patient the “Wolf Man” was treated in his later years by Ruth Mack Brunswick for a morbid preoccupation with his nose that came to be understood as the displacement of frightening, mutilatory fantasies about his penis (Gardiner, 1971). When someone uses displacement of anxiety from a fraught area to a specific object that symbolizes the dreaded phenomenon (e.g., a terror of spiders, which to that person have the unconscious significance of maternal engulfment, or a horror of knives, which the individual unconsciously equates with phallic penetration), he or she has a phobia (Nemiah, 1973).

When people have patterns of displaced, fearful preoccupations in many aspects of their lives, we consider their character to be phobic. Many people have one phobia, but therapists occasionally see patients who have agoraphobia, multiple other phobias, and a general phobic attitude. Phobic psychology differs from fears whose origins lie in trauma: If I avoid bridges because I once had a horrible accident on a bridge, my avoidance is a posttraumatic phenomenon. But if I steer clear of bridges because I am unconsciously symbolizing and displacing a normal fear (seeing a bridge as a symbol of major life transitions, of which the ultimate is the transition to the grave), and magically hoping that will protect me from aging and dying, I am phobic.

Certain lamentable cultural trends such as racism, sexism, heterosexism, and the general blaming of societal problems on disenfranchised groups that have little power to fight back contain a large element of displacement. So does the tendency toward scapegoating that one finds in most

organizations and subcultures. Transference, in clinical as well as the extra-clinical manifestations of transference that Sullivan called “parataxic distortions,” contains displacement (of feelings toward important early objects) as well as projection (of internal features of the self). Benign forms of displacement include the diverting of aggressive energy into creative activity—a great deal of housework gets done when people are in a snit about something—and the redirecting of erotic impulses from impossible or forbidden sexual objects toward an appropriate partner.

REACTION FORMATION

The defense of reaction formation is an intriguing phenomenon. Evidently, the human organism is capable of turning something into its polar opposite in order to render it less threatening. The traditional definition of reaction formation involves this conversion of a negative into a positive affect or vice versa. The transformation of hatred into love, or longing into contempt, or envy into attraction, for example, can be inferred from many common transactions.

Perhaps the earliest age at which the process is easily discernible is in a child’s third or fourth year; by this time, if a new baby arrives, the displaced older sibling is likely to have enough ego strength to handle its anger and jealousy by converting them into a conscious feeling of love toward the newborn. It is typical of reaction formation that some of the disowned affect “leaks through” the defense, such that observers can sense there is something a bit excessive or false in the conscious emotional disposition. With a preschool girl who has been displaced by a younger brother, for instance, there may be a distinct flavor of her “loving the baby to death”: hugging him too hard, singing to him too loudly, bouncing him too aggressively, and so on. Most adult older siblings have been told a story about their pinching the new baby’s cheeks until the child screamed, or offering some delicacy that was actually poisonous, or committing some similar transgression that was allegedly motivated by love.

A more accurate way to depict reaction formation than as the turning of an emotion into its opposite might be to note that it functions to deny ambivalence. It is a basic psychoanalytic premise that no disposition is totally unmixed. We can hate the person we love or resent the person to whom we feel grateful; our emotional situation does not reduce to one or the other position. (Freud felt that there is one exception to universal ambivalence—the love of a mother for a male baby—but one suspects his narcissism distorted his perception.) It is a common fear that analysts delight in exposing the fact that one *seems* to feel *x* but *really* feels *y*; in fact, we take the view that while one may feel *x*, one *also* (unconsciously, perhaps) feels *y*. In reaction formation, one persuades the self that all that is felt is one polarity of a complex emotional response.

From the example of the displaced sibling who finds a way to avoid feeling negative affects and to experience only positive ones, at an age when finer discriminations between shades of feeling and (more important) between feelings and actions are not yet maturationally possible, one can see how valuable such a defense can be. Other situations in which its operation is mostly benevolent

include circumstances in which competitive feelings, which include both murderous and admiring components, lead a child to emulate a competent friend rather than to reject him or her. In adults one sees reaction formation, but ordinarily we assume that grown people would be better off acknowledging all aspects of their emotional reactions to any given situation and applying their inhibition to the domain of behavior rather than that of feeling.

Reaction formation is a favored defense in those psychopathologies in which hostile feelings and aggressive strivings are of paramount concern and are experienced as in danger of getting out of hand. Paranoid people, for instance, often feel only hatred and suspicion when the external observer suspects that they also feel longing and dependency; obsessive and compulsive people frequently believe that they have only respect and appreciation for the authorities that others suspect them of simultaneously resenting.

REVERSAL

Another way that one can cope with feelings that present a psychological threat to the self is by enacting a scenario that switches one's position from subject to object or vice versa. For example, if one feels that the yearning to be cared for by someone else is shameful or dangerous, one can vicariously satisfy one's own dependency needs by taking care of another person and unconsciously identifying with that person's gratification in being nurtured. This version of reversal is a time-honored device of therapists, who are often uncomfortable with their own dependency but happy to be depended upon.

As soon as children are old enough to play with dolls or "action figures" (as boys' dolls are currently marketed), they can be said to be using reversal. An advantage of reversal is that one can shift the power aspects of a transaction so that one is in the initiating rather than the responding role. Control-mastery theorists call this "passive-into-active transformation" (Silberschatz, 2005). The defense operates constructively when the scenario being reversed is a benign one and destructively when the reversed situation is intrinsically negative. In fraternity hazing and other abusive rites of passage, for instance, one's experience of persecution during one's own initiation is transformed later into a situation that is felt as positive by virtue of its being a switch from passive to active, from victim to victimizer.

Sometimes in clinical practice one encounters reversal being used in a way that challenges one's therapeutic resourcefulness. I worked for a long time with a man who had had a deeply depressed and alcoholic mother. Every morning as a boy, he would come into the kitchen to see her drooping over a cup of coffee, cigarette in hand, looking exhausted and miserable. His presenting problem was a vulnerability to depression that had originated in his unsatisfactory relationship with this miserable, potentially suicidal woman. When he would come in for a session, he would often scan my face and announce, "You sure look tired today" or "You certainly seem to be down in the dumps about something." Occasionally he was right, but more commonly I was in a good mood

and struck by the inaccuracy of his observation. As time went on, I increasingly challenged his assumption about my fatigue or despondency, saying that I was not aware of feeling tired or depressed. Instead of finding this interesting, and using my comment as a springboard to understand what he was displacing or projecting, he would reverse roles with me psychologically, announcing that while I might think I was okay, I obviously was not; that he was an unusually sensitive observer of people, and he knew a depressed person when he saw one.

This man had essentially made himself the therapist and me the patient, thus reversing a situation that was very difficult for him. His childhood experience of unreliable maternal authority had not given him grounds for any emotional security in a role that invited him to depend, especially on a female object. In this case, although his use of reversal protected him from acknowledging some deeply disturbing feelings, it had had the unfortunate side effect of making it hard for him to be in relationships that were emotionally reciprocal. Part of the stimulus for his depressive symptoms was a series of failed friendships and love affairs in which his tendency to recreate the scenario of a needy child and empathically limited parent, with himself in the latter position, eventually rankled potential intimates.

One subject in my research on altruism (McWilliams, 1984) was an attractive, successful man in his 40s whose greatest satisfactions in life lay in his activity as a volunteer for an international agency that arranged for the adoption of hard-to-place children (some were of stigmatized ethnic origin, some had physical handicaps or deformities, and some suffered congenital diseases). In his words, "I can't describe the high I get when I hand the baby to the adoptive mother and know that a new life is beginning for that kid." His history included the sudden, shattering death of his mother when he was 2, followed by a short period of great distress, followed by his informal adoption by a housekeeper, who later married his father and became in every psychological sense his mother. Whenever he successfully arranged an adoption, he felt the elation of rescuing someone as he had been rescued (although until I worked with him, he had never made a conscious connection between his own background and his humanitarian concerns) and the relief that this time the situation was reversed: He was the rescuer, the one with the power, and it was the other party who was the helpless, needy child.

The reader may be noticing that as I discuss these higher-order defensive processes, there are no single personality types that reflect an overdependence on them. Psychologically healthier people tend not only to use more mature defenses, such as reversal, they also handle anxiety and other difficult emotional states by recourse to varying defensive modes. Consequently, they are less readily typed by one label.

IDENTIFICATION

It may seem odd for identification to be included in a list of defense mechanisms, since most of us consider the capacity to identify with another person, or with some aspect of another person, as a

benign and nondefensive tendency. That some kinds of identification have very few if any defensive components (e.g., the kind that psychologists with a social learning orientation have called “modeling” and that we currently attribute to mirror neurons) is well established, but psychoanalytic thinkers continue to regard many instances of identification as motivated by needs to avoid anxiety, grief, shame, or other painful affects; or to restore a threatened sense of self-cohesion and self-esteem. Like the other mature defensive processes, identification is a normal aspect of psychological development that becomes problematic only under certain circumstances.

Freud (1923) was the first to suggest a distinction between nondefensive and defensive identification by differentiating what he called “anaclitic” identification (from the Greek word meaning “to lean on”) from “identification with the aggressor.” The first type he considered to be motivated by an uncomplicated wish to be like a valued person (“Mommy is generous and comforting, and I want to be just like her”). The second he regarded as an equally automatic but defensively motivated solution to the problem of feeling threatened by the power of another person (“I’m afraid of Mommy’s punishment for my hostile impulses; if I *become* her, her power will be inside rather than outside me”). Freud assumed that many acts of identification contain elements of both a straightforward taking in of what is loved and a defensive becoming like what is feared.

Analysts use the word “identification” to connote a mature level of deliberately, yet at least partly unconsciously, becoming like another person. This capacity evolves in a developmental line from the earliest infantile forms of introjection (or “incorporation”), which have the quality of swallowing the other person whole, to more subtle, discriminating, and subjectively voluntary processes of selectively taking on another person’s characteristics (Cramer, 2006; Schafer, 1968). Identificatory potential is assumed to evolve and modify throughout life and to be the emotional basis of psychological growth and change. In fact, the opportunity that close relationships provide for mutually enriching identifications accounts for the value that analysts have traditionally placed on emotional intimacy. In a way that parallels how primitive projection transforms itself over the lifespan of an emotionally healthy person into a greater and greater capacity for empathy, archaic forms of identification gradually transmute to more and more discerning and nuanced ways to enrich the self by accumulating the qualities of admired others.

Freud’s most familiar paradigm of defensive identification was the oedipal situation. In this famous scenario, the young child reaches an age, usually around 3, in which his wishes for exclusive possession of the mother run into the harsh fact of the father’s claim on her love and physical availability (I am using the masculine pronoun because Freud’s depiction of this process was based on his understanding of heterosexual male children—something many analysts have critiqued). He fears that his father, whose superior power is obvious, will kill or maim him in retaliation for his own wishes to kill or maim his father, whom he views as a rival, and the child resolves the anxiety connected with such fantasies by identification (“Maybe I can’t get rid of Father—whom I love anyway and don’t really want to dispose of—or get Mother all to myself—which would also have its downside, but I could be like Father and grow up to have someone like

Mother as my exclusive partner”). Freud felt that this fantasy, which he considered normal and universal, was the prototype for identification with the aggressor—in this case an imagined aggressor.

Identification is inherently a neutral process; it can have positive or negative effects depending on who is the object of the identification. A major part of the process of psychotherapy is the rethinking of old and now problematic identifications that were entered into automatically, resolved a conflict for the child at the time, and are now causing conflict in adulthood. For example, a minister that I worked with had survived the ordeal of having an abusive, alcoholic father and an ineffectual, phobic mother by emulating his tough Uncle Harry, a man who solved all interpersonal problems with his fists. This resolution was highly adaptive for my patient throughout his adolescence in a chaotic family in a series of hostile urban neighborhoods; he could deck anybody who got in his way, and as a result, nobody messed with him. This was how he relieved anxiety, discharged troubling feelings that were unwelcome in his home, restored his self-esteem, and guaranteed others’ respect. In his later professional life, however, when he threatened to beat up several obnoxious church elders, he lost the respect of many in his congregation, who did not regard his behavior as consistent with a Christian sensibility. He presented himself for therapy knowing that he had to develop new ways of coping with stress, and as he came to understand the nature of his early identifications and the current price he paid for them, he did.

Because identification can seem to be a remedy for all the complexities of life, it may be used more frequently as a defense when a person is under emotional stress, especially of the sort that puts a strain on older subjective versions of who one is. Death or loss will predictably instigate identification, both with the absent love object and then with those who come to replace that person in the survivor’s emotional world. The yearning of adolescents to find icons to emulate in their effort to address the complex demands of looming adulthood has been noted for centuries; in fact, the dissatisfaction of contemporary teenagers with the heroes now offered by Western culture has been connected by some psychoanalytic observers with the alarming increase in adolescent suicides over recent decades (e.g., Hendin, 1975).

Some people seem to identify more easily and reflexively than others, as if they are blotters for whatever psychological ink comes in their direction. Those who suffer from basic confusions of identity, of whatever severity, are at risk here, as anyone who has studied cult behavior can attest. Conversion experiences contain a heavy component of defensive identification. Even quite healthy people with some area of identity disturbance, such as a hysterically organized woman with unconscious feelings that her gender is a problem, can be more than usually subject to identifying with someone who gives the impression of having a better handle on life’s difficulties.

The capacity of human beings to identify with new love objects is probably the main vehicle through which people recover from emotional suffering, and the main means by which psychotherapy of any kind achieves change. Repeatedly, research on the treatment process finds the emotional quality of the relationship between patient and therapist to be more highly correlated

with outcome than any other specifiable factors (Norcross, 2002; Strupp, 1989; Wampold, 2001, 2010). In some recent analytic writing on the therapy process, relationship is stressed to such an extent that interpretation, once seen as the mainstay of psychological healing, may hardly be mentioned at all (e.g., Buechler, 2008; Fosha, 2005; Maroda, 2010; Safran, in press).

In psychoanalytic treatment, the patient's propensity to make identifications with the therapist is cherished for its reparative potential and is also safeguarded as far as possible from abuse. Practitioners, even those who recommend disclosing countertransference feelings under some circumstances, may try to avoid exploiting the patient's readiness to identify by exemplifying general qualities of human virtue (such as compassion, curiosity, tolerance of difference, and a sense of ultimate responsibility for one's behavior) while being reserved about showing specifics of their personal attributes, giving advice, or sharing particular opinions. Freud's (e.g., 1938) repeated warning to analysts to avoid falling into the temptation to present themselves in a grandiose way as saviors, healers, or prophets to their patients remains a guiding maxim in the field; narcissistic misuse of a patient's wish to identify remains a professional taboo—albeit one that, like other taboos, is probably broken much more frequently than most of us would admit.

SUBLIMATION

At one time, the concept of sublimation was widely understood among the educated public and represented a trendy way of looking at many different individual proclivities. Contemporarily, with the receding centrality of drive theory in psychoanalytic thinking and the reduced familiarity with psychoanalytic theory generally, it is referred to less in psychoanalytic literature, and it is less appreciated popularly as a concept. The original idea was that sublimation was the “good” defense, the one that by definition represented a creative, healthful, socially acceptable or beneficial resolution of internal conflicts between primitive urges and inhibiting forces.

Sublimation was the label Freud (1905) originally gave to the expression of biologically based impulses (which to him included urges to suck, bite, mess, fight, copulate, look at others and be looked at by them, inflict injury, endure pain, protect the young, etc.) in a socially valuable form. For example, Freud would have said that a periodontist may be sublimating sadism; a performing artist, exhibitionism; a lawyer, the wish to kill one's enemies. Instinctual strivings, according to him, become influenced by the circumstances of one's individual childhood; certain drives or conflicts take on special salience and may be creatively directed into useful activities.

This defense was considered to be the healthiest means of resolving psychological predicaments for two reasons: first, it fosters behavior beneficial to the species; and second, it discharges the relevant impulse instead of wasting a lot of emotional energy either transforming it into something different (e.g., as reaction formation would do) or counteracting it with an opposing force (e.g., denial, repression). Such energy discharge was assumed to be inherently beneficial: it kept the human organism in proper homeostasis (Fenichel, 1945).

Sublimation remains a concept to which one finds references in the analytic literature when a writer is referring to someone's finding a creative and useful way to express problematic impulses and conflicts. In contrast to a common misunderstanding that the object of psychotherapy is to rid oneself of infantile strivings, the psychoanalytic position about health and growth includes the assumption that the infantile parts of our natures remain alive throughout adulthood. We do not have the choice to divest ourselves of them; we can only handle them in better or worse ways.

The goals of analytic therapy include the understanding of all aspects of the self, even the most primitive and disturbing ones, the development of compassion for oneself (and others, as one's need to project and displace one's previously disowned qualities lessens), and the expansion of one's freedom to resolve old conflicts in new ways. They do not include purging the self of its loathed aspects or obliterating primitive desires. That sublimation is considered the apogee of ego development says a great deal about the basic psychoanalytic attitude toward human beings and our inherent potentials and limits, and about the implicit values informing psychoanalytic diagnosis.

HUMOR

I have added humor to this list of more mature defenses because although it could be considered a subtype of sublimation, it is a particularly interesting one. Children start making jokes when very young (an 8-month-old baby I knew, who had just learned the concept of "hot," suddenly pulled her hand away from her mother's breast, yelled "hot!" and burst out laughing—clearly a deliberate witticism). Such jokes seem not defensive at all—some humor has the quality of sheer joy and playfulness. At the other end of the spectrum, the compulsion to be funny can be extremely defensive; most of us know someone who, when invited into a sincere conversation, cannot stop making jokes. A driven need to be constantly funny and to avoid feeling life's inevitable pain is a feature of hypomanic personality, a personality type that is most commonly found at the borderline level of severity.

Some humor clearly maximizes our capacity to tolerate psychological pain. The extreme version of this process is the "gallows humor" that has been noted for centuries as a mechanism for surviving life's grimmest realities. Much humor is defensive in a positive way, performing welcome functions such as holding objects of fear up to ridicule, acknowledging harsh realities with a light touch, transforming pain into pleasure. A sense of humor, especially a capacity to laugh at one's own idiosyncrasies, has long been considered a core element of mental health. The emergence of humor in a previously dour or anguished patient is often the first indication of significant internal change.

CONCLUDING COMMENTS

This concludes my review of defensive operations that are pertinent to understanding the organization of individual character. I should remind the reader here that this book is about personality *structure*, not just personality *disorders*. Even though its focus is on the clinical task of diagnosis, which presumes that the person coming for help is suffering in some way, we should remember that the problem for which help has been sought may not lie in the patient's basic character. It may, for example, be a response to some stress that would tax the reserves of anyone, with any kind of character structure.

But just how a person suffers will reflect his or her personality organization. And how someone else can help mitigate the suffering requires a sensitivity to personality differences. Cactus and ivy will both grow when given light and water, but the gardener who does not appreciate the differences between the two plants will not bring each to full flower. An understanding of variation among people in their basic character is essential to effective psychotherapy whether or not the problem to be addressed is characterological. A therapeutic stance that is helpful to an obsessive person troubled by depression will differ from the one that helps another depressed client whose basic personality is more hysterically organized.

All of us have powerful childhood fears and yearnings, handle them with the best defensive strategies available at the time, and maintain these methods of coping as other demands replace the early scenarios of our lives. The object of a sensitive psychodiagnostic process is not to evaluate how "sick" someone is, or to determine which people are beyond the pale of what is socially defined as normal (McDougall, 1980), but to understand the particularity of a person's suffering and strength so that one can participate in mitigating the former and building on the latter.

In the following section, I describe the major psychodynamically significant personality types. There are many other ways of categorizing individual differences; the one that therapists have inherited originally organized people based on the kind of mental suffering to which they were prone. (It would be a fascinating project to interview people in other roles—hairdressers, bartenders, teachers, musicians, accountants—to learn about their generalizations for dividing up the human pie, as it is my sense that most groups generate lore about personality types relevant to the lens through which they view the human animal.) Each personality category, as I have mentioned, constitutes a characterological reliance on a defense or group of defenses. Each comprises a developmental range from people who are frankly psychotic to those who are mentally healthy exemplars of a particular psychological orientation. In what follows I cover subjective as well as objective aspects of working with someone with each personality type and, where possible, translate psychoanalytic generalities and abstractions into reportable clinical transactions.

SUMMARY

In this chapter I have covered the most common and clinically relevant of the secondary, or "higher-order," defenses: repression, regression, isolation, intellectualization, rationalization,

moralization, compartmentalization, undoing, turning against the self, displacement, reaction formation, reversal, identification, sublimation, and humor. I have given adaptive and maladaptive examples of each and have noted related character types. Finally, in the service of transition to the next chapters, I made some general comments about the relationship of defense to personality.

SUGGESTIONS FOR FURTHER READING

As I mentioned at the end of [Chapter 5](#), commentary on the defenses is usually embedded in other topics and is seldom the subject of a book. Anna Freud's (1936) and H. P. Laughlin's (1970, 1979) writings are the exceptions, and both are relatively easy to read. For the intrepid, Fenichel (1945) covered the topic with his usual thoroughness in Chapters 8 and 9 of *The Psychoanalytic Theory of Neurosis*. For excellent, empirically based overviews of defenses, try Vaillant's edited 1992 book, *Ego Mechanisms of Defense*, or Phoebe Cramer's 1991 and 2006 volumes, *The Development of Defense Mechanisms* and *Protecting the Self*, respectively.