

Conflict, frustration and defense mechanisms

Definitions:

١. Conflict: It is a clash between different parts of the personality (e.g. between morals and sex).

Any conflict produces a state of tension or anxiety or pain. Which tries to find an outlet to release this tension?

٢. Frustration: It is the perception of an actual or impending interference with gratification of a motive.

٣. Defense mechanisms: These are psychological unconscious tools or processes, through which the person attempts to, resolve conflicts between his different parts or states of personality and between oneself and external world.

The main two aims are to:

A - Minimize pain

B -Helps adaptation

they are normal processes.

They become abnormal if:

a. Cause symptoms

b. Cause handicap, (psychic blindness), and used in excess.

Classification of conflicts: There are three basic types of conflicts:

1. Approach-approach conflict:

The person wants two or more desirable but incompatible goals, e.g. study play conflict.

The source of tension is limitation in time or energy.

2. approach-avoidance conflict:

This conflict arises when one has to choose between losing a desired object and accepting an undesired one.

In order to approach a desired goal, the individual is required to approach object which he likes to avoid, e.g.

- a) Friend with good and bad characters.**
- b) Chocolate conflict (deliciousness -vs weight gain).**

3. Avoidance-Avoidance conflict:

Here the person wants to avoid two undesirable objects but in order to avoid one he has to face the other one.

e.g.

In war situation, in order to avoid endangering his life a combat soldier has either to desert (against his patriotism) or to exhibit a cowardly behavior (against his self-esteem).

This type is most severe type.

Defense mechanisms

1. Repression

It is the involuntary, automatic transformation of ideas, and impulses from conscious awareness into the unconscious where they are not available to voluntary recall.

It is the basic and mother mechanism which precedes all other mechanisms.

It is essential for every person to resolve conflicts and escape intolerable psychic pains.

Repression is directed mainly to the event itself i.e. the situation, the need or the frustrating object, but the tension remains without its known cause.

Repression is active and significant in the early years of life and plays its role with other mechanisms in building the personality.

Repression is of two types, primary and secondary.

Primary repression, in this type impulses or experiences pass directly to the framework of the unconscious.

Secondary repression, the person perceives the painful experience, and then represses it.

Certain amount of energy is required to maintain the repressed material in its state.

If this energy reaches a certain potential, repression alone may not be sufficient.

When this happens other mechanism are called into play.

What is suppression?

For some authors it is not a defense mechanism.

It is active voluntary control of wishes, impulses, for other authors, it is defense mechanism, because it is partly unconscious.

۲. Sublimation

It means that the consciously unacceptable instincts find an expression in socially acceptable forms.

It is considered by Freud as the most healthy rechanneling and outward expression of libido, otherwise denied.

It may occur from the start in response to certain motive or it may occur after frustration of certain motive following successful repression.

Sublimation is not usually accomplished until the individual has reached a sufficiently mature stage of development.

The ability of the individual to develop successful

sublimation may be one possible index of his ability to make a mature adaptation to his life. e.g.: Sex -> sublimation -> poetry, novels.

Aggression - sports.

३. Identification

The individual enhances his self-esteem through feeling and behaving in fantasy or in actual life as if he is another person, i.e. the one with whom he identifies himself.

It is very essential mechanism for our growth because we grow through identification with our parents and significant figures in our life.

Sometimes it is handicapping leading to stunted growth if the identified figure rather replaces the identity of the growing youngster (fixed identification).

It is behind pleasures we feel in reading novels and watching movies the person identifies with the heroes.

In psychosis: the patient may identify with significant known figure and becomes deluded that he is that person e.g. a prophet.

Questions? What is the difference between imitations, identification? :

Imitation is conscious voluntary process.

४. Introjections and incorporation

Introjections are the mechanism by which loved or hated external object is symbolically taken within oneself.

It is the reverse of projection.

Incorporation is same as introjections but more massive.

It differs from identification in that it is not a whole person but a symbolic internal aspect of the object that is introjected. e.g. in depression, the patient introjects the bad aspect of significant figure and hence feels guilty and commits suicide.

6. Compensation

It is the mechanism by which one attempts to cover or balance a defect in him by excessive effort to excel in either different or similar activity.

In Alfred Adler School, the whole human behavior is explained as a compensation for his inferiority complex.

In psychosis, Grandeur delusion can be considered as compensation.

Informal life: backward student tries to become eminent in sport activity.

7. Rationalization

The real explanation of the motive, feeling or action which is painful is concealed and a false rational

explanation is given.

The rationalizer is able to go on a long discussion which is logic and is unable of understanding the opposite view which may cause a psychic trauma to him.

Failure in the exam is explained by prejudice from the examiner.

√. Intellectualization

It refers to a more conscious process implying an intellectual approach to emotional reaction.

It is some sort of replacing genuine reactions as well as affective response into some sort of intellectual thoughts or insights.

It differs from rationalization in that it gives the real aspect of unconscious but in intellectual rather than volitional or affective experience.

In other words inert intellect replaces the actual living experience.

^. Projection

It is the mechanism in which the person ascribes his undesirable intolerable traits, desires or emotions to somebody else.

This is a very bad mechanism which makes the person unable to see himself.

It distorts his picture of outside world.

**However it alleviates pains of "bad me", e.g.
Normally, the person who says that every man has his price.**

In psychosis, all delusions and hallucinations are projected inner experiences in disguised forms.

Escape goating phenomenon:

This is a group mechanism where all group members ascribe (project) their weakness, or wishes or bad traits to only one person (weakest one).

9. Generalization

It is the mechanism by which a certain response to a particular stimulus extends to adjacent or similar stimuli.

It is very bad mechanism as it disables the person to know the good from bad aspects of life.

10. Reaction formation

It is the mechanism by which one exhibits the opposite attitudes and feelings to those of which one disapproves and possesses at the unconscious level .

Examples: Parents with unwanted child, may show excessive love and affection because they are afraid of their real feelings.

In mania, the high mood may be a reaction formation

to depressed mood.

In Obsessive compulsive neurosis a woman who is obsessively clean may be reacting to unconscious feelings of dirtiness.

١١. Undoing

It is the mechanism by which something already done is simply undone. e.g.:

A child when hits his younger sibling, and soon kisses him.

In apologizing of automatic non genuine way.

In obsessive person who feels dirty, then immediately cleans himself.

١٢- Denial

It is the mechanism by which the individual denies one of the important elements of the conflict.

This element is disowned by the unconscious, e.g.:

The common saying "To bury his head in the sand" to spare pain and apprehension of impending danger.

Nihilistic Delusion, a person denies whole world or one of his organs or himself.

In a woman with illegal pregnancy and does not feel signs of pregnancy.

١٣. Regression

It is an attempt to escape from a stress to a stage

which is considered unconsciously as more protected dependent stage.

**Examples: child who is jealous of his younger sibling
my get nocturnal enuresis (regression to infancy stage).**

In hysteria, the patient regresses to dependent stage with excessive need for care and affection.

In schizophrenia marked regressive behavior occurs.

14. Fixation

It is repetition of same behavior in a stereotypy when a person is frustrated or upset, and does not contribute to the solution of the situation.

It has another meaning in psychoanalysis; it means arrest of the personality development.

15. Fantasy

It is an imaginary sequence of events which act to resolve emotional conflict by affording unreal substitute (in imagination).

Normally, this occurs in day dreaming which is emotionally significant to the individual.

16. Displacement & Substitution

It is a mechanism by which an emotional feeling is transferred from its actual object to another object, e.g.

A teacher who hates his wife may deal with his students harshly instead of dealing with his wife harshly.

١٧. Dissociation

It is the mechanism by which a portion of the personality which is intolerable is eliminated.

E-g: fugue states, double personality and sleep walking. The person is divided longitudinally into more than one portion.

Each portion looks as a whole person (externally).

١٨. Idealization

It is the mechanism by which a person or an object is overvalued and emotionally aggrandized.

The unaccepted aspects of the idealized object are eliminated.

e.g.: in love affairs and in patient-therapist relationship (the patient aggrandizes his doctor).

١٩. Symbolization

It is the mechanism by which one object usually external is made to represent another internal hidden object which is usually emotionally charged.

e.g.: Mannerisms are symbolic representation of unconscious wishes.

Clothes are considered symbols of some hidden unconscious wishes.

Emotions

Definition

Emotion is a complex phenomenon triggered and aroused by external events.

Components of Emotions

- 1. Affective component (Experience):** This is the subjective experience (feelings) e.g. feeling afraid, angry, depressed, happy etc.
- 2. Cognitive component:** This is knowing, interpretation and recognition of the type of emotion
- 3. Bodily component:** which includes physiological and autonomic reactions? This is called emotional expression
- 4. Behavioral component:** e.g. smiling, crying, running, shouting etc. in response to a feeling.

Emotions can be normal or pathological.

Emotions are important for our wellbeing. However, they can be hazardous.

Anatomical and Biophysiological Basis of Emotions

1- Anatomical Basis (Papez – Maclean theory)

External events stimulate afferent sensory tracts that stimulate the Reticular Activating system which in turn stimulates the psycho-sensory areas of the cerebral cortex.

The cerebral cortex responds via associated fibers that pass to:

A. Neuromuscular system producing motor behavior = emotional expression.

b. Limbic system. Here we have three relay areas

i. Mammillary bodies which project to mammillary thalamic tract to orbitofrontal cortex producing emotional experience.

ii. Hippocampus projecting to the memory stores where the emotional experience is being registered and decoded.

iii. Hypothalamus projecting to the autonomic nervous systems and the neuro-endocrinal system through the hypothalamo-hypophyseal adrenal axis.

Both are responsible for emotional expression.

2 Biochemical Backgrounds of Emotions

Neurotransmitters, neuropeptides and neurohormones are involved in the mediation of emotions.

Application: Antidepressant and anti-anxiety drugs are effective through their action on neurotransmitters.

3. Physiological Changes Associated with Emotions

1. ANS manifestations
2. Neuromuscular manifestations
3. CNS manifestations

1. ANS manifestations

These are either sympathetic, parasympathetic or a

combination of both

a. Emotions and GIT e.g. stomach

When you are angry there is congestion of the mucous membrane, increased secretion and increase mobility.

When you are depressed there is pallor of the mucous membrane, decrease in secretion and decrease in mobility.

b. Emotions and smooth muscles

According to whether the sympathetic or parasympathetic system is stimulated we get either relaxation or contraction.

c. Emotions and cardio vascular system

On exposure to stress there is increase in the cardiac output, blood pressure and heart rate.

d. Emotions and renal functions

- In state of tension there is decrease in water and salt secretion.
- In state of excitement there is increase diuresis associated with increased sodium and potassium ions.
- In state of depression there is retention of water and intracellular sodium.

These effects are mediated through the hypothalamus or posterior pituitary (Antidiuretic hormone) and mineralocorticoids.

e. Emotions and blood changes

In response to fear and anger there is increase in the blood viscosity, and decrease in clotting and prothrombin time.

f. Emotions and endocrine system

In response to stress there is increase in the secretion of ACTH, which stimulates the hypothalamo- hypophyseal adrenal axis and leads to the secretion of hydrocortisone.

This again leads to increase in the secretion of adrenaline via the supra renal medulla.

g. Emotions and respiratory functions

Anxiety leads to increase in respiratory rate which may lead to hyperventilation (air hunger).

Depression leads to decrease in rate of respiration.

Bronchospasm can develop as a result of stress.

h. Others:

Stress leads to increase in sweat gland activity, decrease in salivary secretion and dilation of pupils.

2. Neuromuscular manifestations

Reactions of involuntary muscles: already dealt with under ANS.

a. static for maintenance of posture

b. purposive e.g. running

c. local e.g. facial expression, swallowing, etc.

d. increased motor tension leads to prolonged isometric contraction phase.

This may cause pain, headache etc.

3. Central Nervous System

manifestations

a. Hypothalamus

- It is responsible for emotional -expression since it controls autonomic nervous system through its connection with the pituitary via the hypothalamo-pituitary-adrenal axis.
- Its posterior part is responsible for co-ordination of emotions.
- Lesion of the medial part of the hypothalamus leads to Sham Rage reaction.
- Lesion of the posterior part of the hypothalamus leads to the abolition of emotional reaction.

b. Limbic system

- Regulates emotional behavior.
- Removal of the limbic system from higher control leads to exaggerated pleasure seeking emotional behavior.
- Removal of the amygdala leads to placidity.

c. Frontal lobe:

- Integration of emotional reactions
- Cybernetic modulation of emotion
- Recognition of emotion (experience)
- Memory of emotional experience
- Lesion in the frontal lobe like in dementia or orbito-frontal tumor leads to:
 - Silly behavior
 - Euphoria and emotional incontinence
 - Excessive sexual demands.
 - Loss of feelings of fear and anxiety.

Application in psychiatry: leucotomy

Disturbances of Emotions

A. Pleasant emotions

1. Euphoria

This is a subjective feeling of well-being.

Physical diseases: Syphilis, disseminated sclerosis, frontal lobe tumor.

Psychiatric disorders: Mania, hypomania.

2. Elation

Enjoyment and self-confidence that is radiating and infective. This occurs in mania and hypomania.

3. Exaltation

Intensive elation accompanied by a feeling of grandiosity.
This occurs in mania, hypomania and schizophrenia.

4. Ecstasy

A sense of tranquility and power associated with a sense of internal peace.

It occurs in hysteria, epilepsy, schizophrenia, affective disorders and religious settings.

B. Unpleasant emotions:

1. Grief

This is sadness secondary to loss of a love object.

2. Depression

This is a feeling of unhappiness, hopelessness helplessness associated with guilt feelings, lack of appetite, lack of concentration and insomnia.

It occurs in affective disorders (depression) and some other physical and mental disorders.

3. Anxiety

This is a feeling of apprehension and fear associated with increased activity of the ANS.

It occurs in anxiety disorders, thyrotoxicosis, and hypoglycemia and may be associated with several physical and mental disorders.

C. Inadequate or flat emotions:

Emotional dulling.

Apathy.

Indifference.

The patient does not respond to any emotional arousal and will not seem concerned with any sad or happy event taking place.

It occurs in schizophrenia.

D. Incongruous or inappropriate emotions

This is disharmony in the emotions like laughing in sad situations or crying with no apparent reason.

It occurs in schizophrenia and in some physical diseases.

E. Depersonalization

It is an unpleasant awareness of changes in oneself associated with a sense of change in the environment (derealization).

It occurs in anxiety, hysteria, depression, schizophrenia, physical illness and can be experienced under Hashish or LSD.

Psychosomatic Disorders

If emotional states are exaggerated or prolonged, they may affect various organs and produce true lesions in those organs like gastric ulcer or skin diseases.

Therefore it is important to study the psychology of our patients to treat the somatic disorders produced by emotional stress and prevent its recurrence.

Stress, Emotions and Illness

Stress is an unpleasant, unwelcome stimulus that challenges the power of adaptability of the individual.

Nature of stress:

1. Stress as a stimulus: stress as an environmental event or a set of circumstances that require an unusual response

2. Stress as a perceived threat: when an individual cannot cope with stress or if stress is not associated with a specific stimulus.

3. Stress as a response: Stress is a non specific physiological response of a body to any demand made upon it (Seyle: General Adaptation syndrome)

Stages of General Adaptation syndrome:

1. Alarm reaction (initial)

Shock state

Increased sympathetic activity

Increased catecholamine secretion of the adrenal medulla

2. Resistance stage

a. Functional recovery to pre stress stage

b. Adrenal cortex (ACTH)

c. Coping strategies to deal with the unpleasant situation

-behavioral (overcome the stress)

-palliative (minimize the stress)

-pathological (drug, alcohol etc.)

When coping strategies fail we shall have

1. Psychological Response

Increase in irritability, suspiciousness, worry and

indecisiveness.

Decrease in concentration, memory, performance and socialization.

2. Behavioral response

Disturbed patterns of eating, sleeping, drinking, smoking and sex.

3. Physical (somatic) response.

Headaches, Migraine, Backache, aches and pains, indigestion, nausea, breathlessness, twitches, tremors, etc.