

DEFENSIVE AND ADAPTIVE MECHANISMS AMONG CANCER PATIENTS

By: Margot Phaneuf

INTRODUCTION

People to whom we provide care are experiencing a difficult phase or a genuine crisis in their lives. They suffer physically or emotionally. They are anxious, fearful and sometimes even desperate or suicidal.

We can interact with them at the primary level to respond to their daily needs. However, to provide help, we need basic knowledge about their adaptation potential, about the defense mechanisms that they are likely to erect to face their disease, its repercussions and the anxiety that it generates.



The human body and mind have the particularity, in some cases, of providing us with extraordinary means to face life's pitfalls. By that, we refer to the psychic defense and adaptive mechanisms. We know how to recognize these mechanisms among patients suffering from mental health problems and how to take them into consideration during our interventions. We associate them more commonly with severe psychiatric pathologies in which they take on a more harmful form. We more or less have the habit of trying to identify them among patients suffering from physical ailments or at the very least, using them to help such patients to accept a disease, to become motivated about getting cured and to play an active role in their treatment.

Are they always pathological?

A common misconception is that these mechanisms arise when we face a challenge or a disease. That is not exactly the case. If the mechanisms arise during a moment of suffering, stress or fear, their existence dates back to a much earlier period of our lives. For many, they arise actively or virtually at birth. Some contribute to our emotional development, later on to our adaptation, and in some cases even to our survival. We use these defense mechanisms at a given moment in our lives without necessarily being insane or psychopathic. This use allows us to protect ourselves in difficult or painful situations.

The level of intensity to which we apply these mechanisms, the frequency we resort to them and their impacts on our human and professional relationships can be harmful. They become pathological as the urge to resort to them becomes compulsive. Their effects become especially harmful when the mechanisms cut us off from our emotions and relations with others, prevent us from facing reality or from engaging in normal activities.

How do they work?

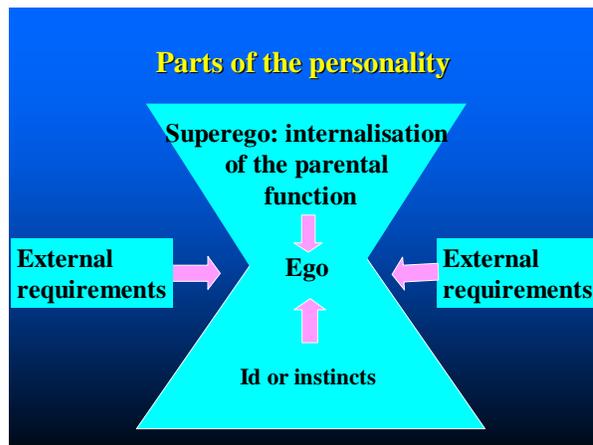
Defense mechanisms, as their name implies, help us defend ourselves against certain tendencies that are considered unacceptable, against the anxieties that they provoke, and against loss of self-esteem and fear caused by some of life's trials. Stress-generated physical needs are sometimes so great that the person cannot deal with them and must consequently build stronger defenses that at times form a deep psychological barrier that is difficult to penetrate.

In order to understand how they work, we must first define them. A defense mechanism is a process developed by the "ego". Freud first identified this personality component as that of reasoning, of logic, and which is in touch with concrete reality.

This component is formed by an equilibrium between self and instinct, while the defense mechanism arises from pressure on the "ego" by external requirements, by our instincts and by the superego. The latter forms the portion of our personality that has integrated taboos and social and parental obligations. It "censors" our actions by substituting for our parents and educators. It is at the origin of the feeling of guilt.

DEFENSE MECHANISM

A defense mechanism is a process developed by the "ego" in order to protect ourselves from a painful situation, both at the physical and psychological levels.



Defense mechanisms act subconsciously or partially consciously to group together all actions and reactions that can reduce or subvert all threats to biopsychological integrity. They protect us against anxiety and suffering by helping us tolerate a reality that is too "aggressive". A person who resorts to defense mechanisms becomes insane, not as a result of their use (which is a normal part of our development and functioning), but rather

because they are inadequate, poorly adapted or excessive.

Who has not sought out a listener to confide in or resorted to the **affiliation** defense mechanism during his lifetime? Who has not turned to **humour** to lighten up a situation or to **projection** to accuse someone else in order to defend himself from questionable behaviour? Who has not failed to demonstrate **compliance**, passive submission, to avoid conflict?

Sigmund Freud first defined defense mechanisms in 1894. As a result, they were for a

WHAT TRIGGERS DEFENSE MECHANISMS?

Tensions within one's personality;
Pressures by the superego and the Id;
External pressures;
Various stresses;
Fear of losing face;
Other people's judgment;
Fear of violence, etc.



long time associated with psychoanalysis. Since then, many psychiatrists have shown interest in the subject and many other mechanisms have been defined. Dominique Friard has stated that depending on the authors, the number of mechanisms ranges anywhere from eight to 45. He adds that nowadays, the study of defense mechanisms goes beyond psychopathology and psychoanalysis. It is becoming common in areas such as prevention, health education and complications associated with various

diseases (http://www.serpsy.org/formation_debat/defense.html).

Some mechanisms are listed in specialized psychiatric glossaries; others are simply behaviours that we adopt to face our problems. Sleep is an example for those who seek to escape reality.

Why do we need to defend ourselves?

Our everyday lives in our perpetually evolving society create all sorts of challenges, requirements, conflicts and contradictions. We must therefore respond to requirements and threats that sometimes overwhelm us. Furthermore, the enemy is from within. Psychologists warn us that we must also defend ourselves against certain subconscious drives, which lead us to develop thoughts or actions deemed unacceptable, and the emotions that are attached to them. These drives can be sexual or violent. These are active processes that provoke a strong outpouring of energy, a pressure that mobilizes the organism towards an ultimate objective. Under such circumstances, the defense mechanism's purpose is to remove tension.

Defense mechanisms are often erected when facing certain fears. One of them is deep, internalised; it is the fear of our own superego, meaning the fear of being judged or censured, that we have assimilated from parental authority. Our superego sometimes acts as a strict and merciless judge that raises within us feelings of guilt against which we must occasionally defend ourselves.

A genuine fear of something in the outside world can also trigger defense mechanisms. Powerful incentives include fear of being judged by others, anxiety caused by violence from a spouse or relative, fear of punishment or of losing face before others.

Defense mechanisms and disease

The patient must deal with pain; an uncertain future; fear of complications; and physical, economic, affective and social losses.

Defense mechanisms mask these painful realities or help the patient accept, tolerate or overcome them.



Defense mechanisms and disease

Dealing with patients often puts us in contact with their defense mechanisms. However, depending upon the patient's personality, history, age and the degree of seriousness of his situation, these mechanisms will appear under a different light.

We must first understand that the patient views disease as an attack on his physical integrity that puts limitations upon his lifestyle. This leads to a schism in his physical, psychological and social balance to which he must adapt to the best of his ability. This adaptation requires considerable energy, triggering protective defense mechanisms (that are sometimes harmful) or sometimes healthier adaptation mechanisms.

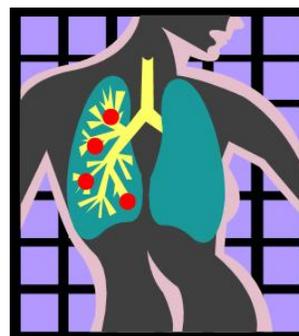
It must be remembered that a disease can also be a source of primary benefits that can often trigger it. It can thus become a response to certain problems. For example, it forces patients to leave economical, spousal, social or professional problems unanswered. Secondary benefits resulting from the disease can also lead to its extension. Examples include: attention from others, sick leaves or an agreeable and a temporary regression-dependence mechanism.

When we experience a bout of disease, depending on our personality and the gravity of the case, we mobilize certain defense mechanisms. Suffering, which modifies our perceptions of what we are experiencing or feeling, is sometimes a brutal reminder of the body's reality. In itself, it modifies our defensive reactions. External realities become less important; we focus on our painful existence, which our defense mechanisms help us confront.

The example of cancer

A specific example of how patients show that they are using their defense mechanisms is illustrated by the case of a person who learns that he is suffering from cancer who will have to deal with the subsequent anguish and treatment. What do we notice about that person? What can we do to help him?

The following example allows us to cover many relevant defense mechanisms in a given situation, but not every kind catalogued in the annals of psychiatry.



Mr. X, 54, suffers from lung cancer. He is a strong, cheerful man who is also a chain smoker. He also works as a welder in a contaminated environment. He has been a heavy drinker for 15 years. He is the eldest of four children and sort of a patriarch. He is married and the devoted father of three teenagers. He and his wife, at her request, are undergoing divorce proceedings. The couple's financial situation is teetering. Mr. X just got the results and must now face the disease and undergo treatment.

Such news is a significant emotional blow to Mr. X. The term cancer terrifies him, but that is not all. He is worried about suffering, interrupting his professional and social activities, the financial and economic pressures resulting from a prolonged disease. In his eyes, cancer is synonymous with death. Under such circumstances, he finds himself without support and overwhelmed. He must find solace in the defense mechanisms that will comfort him. Like those of all humans facing a challenge, the mechanisms that he will adopt can be either adaptive or harmful.

It must be recognized that a person's way of handling disruptions arising from such a disease is dependent upon a number of existential factors such as his personal values system, his psychological stability before the event, the degree of support from his support network and the presence of other existential problems such as divorce or unemployment.

Denial

Denial is one of the first defense mechanisms

demonstrated by Mr. X. Obviously, like any person who is informed about such a tragedy, he cannot assimilate it in his cognitive field and denies it. The result is that despite such obvious symptoms such as coughing, thoracic pain and sputum, he refuses to undergo treatment. In his mind, the

disease doesn't exist. He has therefore been able for a while to live as if nothing had changed and to continue drinking and smoking. This mechanism allows him to "put on a mask" and to minimize the seriousness of the disease, thereby making it more tolerable.

Defense mechanisms

Defense mechanisms	Goal	Signs
Denial	Protecting oneself from a disagreeable reality by refusing to acknowledge its existence.	Acting as if the disease's symptoms do not exist.
Avoidance	Hiding from reality by forcing oneself not to speak or think about a problem.	The person takes measures to avoid coming into contact with people, books or shows that remind him of his disease.

He is not yet ready to deal with such a pitfall. It obviously takes time to accept the words: “You’ve got cancer.” We must understand the patient and respect his denial, because it gives him time to build up his energy to face adversity.

(Model inspired by: <http://intranet.clafleche.qc.ca/prof/lblanchette/ppt/chapitre5.pps>).

At some point, the gravity of his situation will have to dawn on him so that he starts following his treatment’s guidelines. Awareness must be gained progressively and be properly managed because the person in denial faces a twin challenge: the threat of a deadly disease combined with the loss of self-image (strength and vigor). That’s a lot to deal with. Gaining awareness isn’t always a definitive process. The person sometimes shifts from acceptance to denial. Although he has expressed acceptance of reality, he occasionally slides back into a reassuring mode of denial.

The nurse accompanying Mr. X must be on the lookout for his bouts of realism and listen to him to reinforce them, to support him, to answer his questions, to raise hope and to show empathy. Those are painful episodes for him in which he needs a helping hand.

Avoidance

Avoidance is another mechanism adopted by Mr. X. This reaction resembles denial, because the cancer victim tries not to think about it or to discuss the matter with his loved ones. The single greatest risk is that he might be tempted to do nothing at all. He will seek all kinds of diversions, distancing himself or avoiding anything that reminds him of the disease such as meeting people suffering from the same problem or TV shows and books that address the it.

This mechanism is more conscious than denial, but it is just as unrealistic. It is sometimes necessary to delicately bring the patient back on track, without forcing him to delve deeply into his trial. The nurse can tell him not to forget that his treatment is important, highlight his inner strength so that he will take care of himself, find the necessary energy to focus on his problem and to make relevant and necessary decisions.

It must be understood that the disease puts everything back into question. The person who never thought that he would die must now develop a new outlook on life and become aware of the values that keep him alive. This process is not instantaneous.

Projection

Mr. X uses *projection* as a defense mechanism to free himself from the regrets provoked by his disease. He will complain: “If I hadn’t worked for that rotten company, I wouldn’t be sick today. The welding products made me sick.” It’s probably partially true, but not demonizing other potential factors such as alcohol and cigarettes allows him to vent against other causes, thus avoiding a responsibility that he doesn’t wish to acknowledge.

Defense mechanisms		
Defense mechanisms	Goal	Signs
Projection	Attributing to others one’s own intentions, actions or pulsions that are deemed unacceptable.	Accusing another person of lying to us while we are the ones who are not being honest.
Isolation	Separating an event or a situation from potentially disturbing emotions.	Talking about a loved one’s death without demonstrating any emotion.

Blaming other factors but himself relieves the patient from his feelings of guilt and anxiety. Projecting releases tension and, in his opinion, diminishes his role in the onset of his disease. Reinforcing his feeling of guilt should be avoided. Instead, one should make him realize tactfully the need to change his dependence.

Isolation

Some time later, Mr. X seems more realistic. However, this is just an illusion. In order not to feel anxious about his disease, he turns to *isolation*. This defense mechanism involves separating a thought or behaviour from one’s emotional nature and severing all connections with other disruptive thoughts or life experiences that are related to them. Mr. X’s affects are blocked; he nonetheless remains aware of what is happening to him, but he doesn’t suffer from it. For example, he can talk about his cancer or treatment with friends without being emotional. Isolation is but a mechanism that masks reality and which requires a lot of affective energy.

In order to help Mr. X, one should attempt to help him express himself to get him in touch with his feelings, concerns and fears. The way to do so is by making him understand that what isn’t expressed is impressed, such that he must alleviate the pressure created by his difficult situation. Expressing emotions doesn’t come easy to a man like Mr. X. He always identified himself as the strong man in the family and a hard worker. The accompanying nurse must demonstrate solid communications and helpful relations abilities to get him to talk (Margot Phaneuf, 2002).

The isolation of affects can also lead to social isolation. As the person emotionally shuts down, he is also shutting himself from warm relationships. He nonetheless has a great need to maintain bonds with his support network and loved ones. Mr. X, normally an extrovert, needs these people. It is possible to help him by explaining to him that his fight against cancer is a battle that must include every available soldier, meaning brothers and sisters, children and friends. Repetition reinforces the psyche. Providing support is also a way of reinforcing physical defenses through the intimate reactions between body and mind (Jean-Charles Crombez, 1994).

Rationalisation

Mr. X, an experienced worker, realizes that even if he recovers, he will have to give up his job as a welder because it is hazardous for his respiratory system. The thought is painful because of his age and also because he doesn't know how to do much else. To avoid anxiety and loss of self-esteem, he resorts to **rationalisation**. It is a search for a logical exit strategy in the wake of his problems and disease in order to make them acceptable and to alleviate his suffering. He attempts to give new meaning to his experience.

Defense mechanisms		
Defense mechanisms	Goal	Signs
Rationalisation	Finding socially acceptable reasons to justify thoughts or actions deemed unacceptable.	Losing a job and then saying that we hated it.
Regression	Returning to an earlier stage in one's development and acting in a childlike manner to make a situation acceptable.	Letting oneself become dependent and egocentric.

He might say: "Anyway, I was sick of that job", or "I hate my boss, so it'll be great to do something else." Referring to his knowledge, he might also say: "I've gotta give up, but at least my children are grown up." This mechanism cuts him off from his true feelings about abandoning his job for a more reassuring rationalization. Listening to him, mildly confronting his attitude or stimulating him to express his true feelings can help him.

Magical thinking is another mechanism that masks anxiety in a difficult situation whose outcome is uncertain. In what could be interpreted as optimism, Mr. X might say: "I'll get another job in a few weeks, after my treatment is completed, and find a



new wife.” Magical thoughts allow him to take desires for reality and to interpret his perceptions according to his wishes rather than according to a realistic assessment of the situation. One mustn’t abruptly remove hope. This magical thought masks his underlying suffering and vulnerability. We must avoid letting ourselves be duped. Over time, we can remind him not to forget that he will require a period of convalescence and adapted care. Reality must be injected in homeopathic doses.

Regression

Mr. X has problems with the treatment. He takes pity on himself, relies on caregivers for everything and becomes both dependant and demanding. He is irritable and egocentric. He does not appear to realize what his children and brothers are doing for him. He deresponsibilises himself and turns to *regression*. This childish defense mechanism expressed by passivity, abandonment and dependence upon others is common when dealing with an illness.

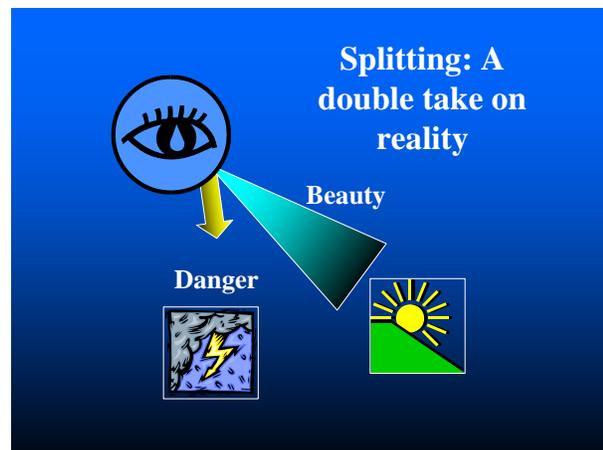
The patient tends to transfer his need for attention and comfort on the nurse. He finds it agreeable to get visits, flowers, chocolates and sweets from his family. The regression mechanism provides him with comfort in his relations with employees and loved ones as well as a feeling of security and happiness. It’s almost tantamount to wanting to be sick.

In his role of cancer patient, Mr. X will have low self-esteem, feel diminished and lack energy. The presence of someone nurturing him sends the signal that he is worthy enough for someone to take care of him.

Regression is also useful for treatment, because it helps the patient accept care. It must be used with the best of intentions to encourage him to be faithful to his treatment, to raise the hope of a recovery while avoiding making him imagine an unattainable horizon.

We should also be cautious. This mechanism can become harmful if it hinders the patient’s active participation in his treatment. We must remain aware that the patient seeks secondary benefits through this mechanism. Maintaining this situation can prolong his condition of depressive apathy.

In a way, regression is also an adaptive mechanism that allows the patient to gain time and to give himself some respite before becoming fully committed to the responsibilities required by his treatment. We can therefore tolerate regression for some time, using it in a positive manner. Then, in order to help the person regain more autonomy, we stimulate him to make decisions, and to take on small responsibilities that are within his abilities.



Splitting

Splitting is another defense mechanism adopted by Mr. X. Instead of becoming anxious by focusing on the negative aspects of his condition when the situation becomes intolerable, he also sees positive aspects. He will say: “I’ve got lung cancer. It’s serious, but the doctor says that I’m reacting well to the treatment,” or “My health is damned, but at least my wife decided to abandon the divorce proceedings.”

Defense mechanisms		
Defense mechanisms	Goal	Signs
Splitting	Overcoming anguish by splitting one’s outlook on reality and simultaneously reacting in two different, even opposite, ways.	Saying that something is good but adding a negative comment such as “I don’t sleep well” or “I don’t have an appetite.”
Sublimation	Transforming one’s unfulfilled desires, unacceptable pulsions or revolt against suffering into constructive activities or a courageous attitude.	Channeling the energy of one’s sexual or aggressive desires towards humanitarian work or art, or remaining stoic in the face of adverse pain.

Splitting, especially “object splitting”, is a defense mechanism that allows the patient under the influence of anxiety to accept both the positive and negative aspects of a given situation, while both aspects coexist in his mind. It is one of the most important mechanisms for personality development. “Present at the onset of psychic life, it makes it

possible to organize emotions, sensations and thoughts, which are prerequisites for any integration and socialization process.” [TRANSLATION] (See: Pédiapsy, defense mechanisms, <http://membres.lycos.fr/vdc/patholo.htm>).

Friard notes that it is our most primitive weapon against anxiety. Quoting Freud, he explains that it is a process in which the “ego” can split to face a dangerous situation. The author also reports Mélanie Klein’s writings, namely that it originates from the child’s relation with his mother. Everything surrounding him is split into a “good object”, source of gratification, and “bad object”, source of frustration. (See: <http://membres.lycos.fr/vdc/patholo.htm>).

This mechanism makes it possible to control anguish by splitting our focus on reality. It allows us to simultaneously react in two different and sometimes opposite manners. One takes into consideration the positive aspects, the other the negative ones. For example, if you ask a patient about his health, he might answer: “I’m well, but I’ve got a concern...” or “I’m feeling well, but I can’t sleep.” This mechanism helps us attain balance between our perceptions of what is reassuring and what is threatening.

It would therefore be useful for a person to accept a situation along with its negative aspects. This defense mechanism is extremely efficient because it allows us to face

extremely painful and anguishing situations. The caregiver can help Mr. X face his problem by letting him use the splitting mechanism, by listening to him when he speaks about opposing perceptions, and by reinforcing the positive aspects that are evoked.

Sublimation

SUBLIMATION

Sublimation is common during a serious illness. The person is often stoic when facing suffering.

Spirituality often gives the patient hope and energy.



Mr. X has deep resentment against life and God, whom he accuses of giving him a poisoned apple. He wants to take vengeance upon his employer and his wife, whom he blames for his condition. He is filled with aggressiveness, complains a lot and is unbearable with staff.

The gravity of Mr. X's condition makes him seriously consider his end of life and its consequences. He always was a pillar for his family, replacing his own father

who died prematurely. Moreover, he thinks about his children, about the image that is being given to them. He decides to act reasonably, courageously when facing adverse pain and an uncertain future. He “sublimates” his problem.

Sublimation is another defense mechanism that is often present in cancerous pathologies as a result of the disease's seriousness and deadly connotation. Cancer, whose etymology dates back to Antiquity, is almost inevitably associated with death and images of pain and anxiety. It is perceived as an illness that bites and tears one apart, as represented by the crab symbol used to describe the disease. It is not surprising that the patient turns to superior and more reassuring values.

Sublimation favours the substitution of a drive or pulsion that is deemed socially unacceptable. In some cases, it arises from a desire for sexual gratification or as in this case, the expression of resentment and aggressiveness by means that are deemed more acceptable morally or value-wise.

Defense mechanisms		
Defense mechanism	Goal	Signs
Reaction-formation	Masking one's desires, thoughts, intentions and weaknesses by adopting contrary behaviour.	Acting dominant and bragging when we feel inferior or have low self-esteem.
Anticipatory anxiety	Foreseeing painful events in order to prepare oneself to live through the emotions.	Seeing catastrophes in all sorts of trivial matters.

For example, Mr. X can remain stoic when battling pain, elevating himself in his own eyes and in the eyes of others, through sublimation, instead of remaining in the framework of complaining and resentment. This mechanism is adaptive; it gives the person the strength to confront his disease and suffering.

Sublimation can generate admiration from caregivers, but it must nonetheless be monitored in order to avoid overzealous courage and insufficient pain management.

Reaction-formation

Cancer is a difficult experience for anyone. The victim, with reason, often allows himself to fall prey to discouragement and depression. Some patients adopt opposite reactions.

Mr. X is one of them. He has always shown strength as a result of his family obligations; yet deep down inside, he knows just how vulnerable he is and unknowingly adopts *reaction-formation* behaviours. The person who demonstrates to others manners that are contrary to what he feels is resorting to this mechanism. For example, the person who belittles himself easily and who lacks self-confidence can, through reaction-formation, demonstrate extraordinary assurance and even brag about some of his qualities.

The cancer patient, like many people facing potentially deadly illnesses, often resorts to this mechanism in order not to frighten his loved ones. That way, he avoids talking about suffering, avoids becoming aware of his unfulfilled desires, of his uncertain aspirations, of his overflowing emotions, which he considers unacceptable. By acting out and adopting attitudes that are contrary to his current internal emotions, Mr. X can continue to show strength. He is building a shell to protect himself against himself.

To help him, one can show him that it isn't necessary to become a superhero, that he can express his fears and anguish without shame, and that he can show his vulnerability and even cry. The nurse must listen and show empathy in order to identify the patient's real elements of suffering and provide support. Listening and empathy are valuable tools.

Anticipatory anxiety

Anticipatory anxiety is one of the most common and visible mechanisms in acute pathologies in which an individual takes the slightest signal as a sign of an impending threat or complication. He then reacts by expressing alarm and anxiety.

Anticipating means imagining a future by experiencing in advance emotions that are connected to a situation by predicting what might happen and identifying possible solutions. This mechanism becomes harmful when the person only anticipates negative or bad aspects, which then translates into intense anxiety.

Mr. X cannot escape it. His treatment makes him imagine everything that might go wrong such as pain, discomfort, nausea and so on. Obviously, some of these problems arise. He anticipates the final outcome of his treatment and as a result becomes extremely anxious.

The caregiver can help him use this mechanism in a positive manner by warning him against pessimism and by suggesting that he visualize positive outcomes.

Beck's Table: Anticipatory Anxiety

Date/hour	Situation	Concomitant thought	Substitution thought
12/05/1p.m.	The doctor is in a rush and speaks very little to him.	Fear of telling him bad news (8).	He is either tired or expected elsewhere.
12/05/7p.m.	The nurse informs him that she is unaware of his results.	Fear that they are bad and therefore hidden (5).	The results are late or she didn't have time to look at them. * Emotional intensity

Going over Beck's table with him can help him become aware of the importance and frequency of this problem as well as its impact on his life and recovery. It also allows him to develop other ways of thinking when anxious anticipation makes him see negative outcomes.

Compensation

Defense mechanisms

Defense mechanisms	Goal	Signs
Compensation	Trying to find substitutes for losses and real or imaginary limitations. Examples are: lack of love, activities or sadness.	Bulemia among some people suffering from depression who compensate for their lack of affection.
Activism	Replacing reflection and emotion by action and agitation.	Ceaseless movements, activities that mask emotions.

Mr. X is experiencing many frustrating moments. He is attempting through **compensation** to find substitutes for his losses and real or imaginary limitations (he has lost weight, his hair is salt-and-pepper coloured, his features are drawn, he no longer sees his friends, he must give up his work, his wife wanted to leave him and so on). Between treatments, he feels that

his psychic energy is low. He reacts in a bulimic manner, eating everything he can get his hands on.

Under such circumstances, it is often said that a person is eating his emotions. If he is happy, he eats to celebrate; if he is sad or tense, he eats to forget. The latter aspect stimulates Mr. X to eat food. Negative emotions are often characterized by triggering this compensation mechanism. However, one shouldn't think that only food is involved; other problems might also be present. For example, Mr. X might have someone buy many lottery tickets for him every week. This elusive hope to win compensates his fear of losing everything.

An open discussion with him might help him find his "lost paradise". The mechanism that he is developing might compensate for its loss. This call for realism must always be carried out with empathic comprehension.

Activism

Activism is an adaptive mechanism in situations of conflicts or dramatic trauma. It is a means to manage situations through action and to some extent, agitation rather than reflection. This mechanism ends up substituting for thoughtful reflection and emotional displays.

Mr. X's wife decided to negotiate the withdrawal of divorce proceedings with him. He then became perturbed by the situation. His reaction consisted of pacing about the room, making grand gestures, talking on the phone, going back to bed and being incapable of containing himself. He was demonstrating *activism*.

The nurse can help him by asking him to sit down and by taking time with him to allow him to express his fears, his resentment, his hopes and aspirations. She helps him voice his reflections without judging him; she is simply an echo for him. She leads him instead to resort to the mechanism of *self-affirmation* by allowing him to express his feelings and emotions.

Facing an outside anxiety-producing event, the person who resorts to this adaptive mechanism directly expresses his thoughts in a non-aggressive, non-manipulative manner. It is like an antidote for passivity and activism. Naming one's problems, describing them and expressing one's opinions moves the patient into a more constructive role than that of victim. This role raises within him a clearer idea of what is happening to him and leads him to foresee solutions that are better adapted.

Displacement

Mr. X always asks his doctor for explanations when he consults him, as if he expects good news. Unfortunately, the doctor is occasionally in a hurry or has nothing to say. Mr. X then becomes frustrated and vents his anger upon his wife or nurses that have come to see him. This mechanism is called *displacement*, and is common in our interactions.

Defense mechanisms		
Defense mechanism	Goal	Signs
Displacement	Channeling emotions and anger created by another person or event towards people who are not impressive or threatening and who are outsiders to the situation.	Being frustrated by a patient, saying nothing to him and then yelling at a caregiver.
Apathetic withdrawal	Severing relations with others, ceasing activities and withdrawing to protect oneself against anxiety, emotions or responsibilities.	Not seeing friends for fear of being disappointed.

It involves projecting our emotions, aggressiveness or anger upon persons who are less impressive or threatening than those who provoked the feelings. For example, you might reprimand a child because your spouse made you angry. The classical example is that of the boss who yells at an employee after being irritated by a client. The employee then goes home and yells at his wife, who in turn yells at her son, who in turn kicks the cat.

This is a common mechanism that helps blow off steam. The nurse might resort to humour or soft confrontation to make Mr. X realize what he is doing.

Apathetic withdrawal

On especially difficult days, Mr. X is sad and appears to lack energy. He then withdraws into a state of apathy, a protective distancing marked by emotional indifference and a reduction in social interactions and outside activities. He shows unusually passive submission to events and to caregivers. This is called apathetic withdrawal. It allows him to make his life more bearable.

DEFENSE MECHANISMS TO LOOK OUT FOR

- Apathetic withdrawal, devaluation and self-depreciation are often major signs of depression that must be detected, for cancer and depression are a hazardous blend. Having both does not help foster a favourable outcome.



The nurse can decide whether to tolerate this defense mechanism. However, it is vital that the patient not feel abandoned. The nurse can lend an ear and establish communications. If he needs such support, it is because he is experiencing a moment of particular vulnerability that requires empathy and emotional stimulation.

Self-depreciation

When he feels depressed, Mr. X tends to devalue himself and to consider himself worthless. He says that his life is finished, and that even if he were cured, he could no longer work; moreover, who would want to hire him?

Devaluation/self-depreciation is a mechanism that is typical in depressions. It is in the same line as the affect in which the person sees only negativity in himself, others and the future. By devaluing himself, the patient generates pity and help from others, which are secondary benefits.

Devaluation can also be directed towards others. Devaluing others can raise one's self-image. Mr. X's friend, whom he liked but who forgot and neglected him, suddenly becomes stupid. The trip that he has been talking about taking with his children for many years suddenly becomes uninteresting. It is like LaFontaine's fable that the grapes are sour.

As with other defense mechanisms, devaluation helps the patient accept a difficult situation and better adapt to his frustrations without generating anxiety, deception, envy or rage.

Defense mechanisms		
Defense mechanisms	Goal	Signs
Devaluation	Diminishing oneself in the eyes of others or diminishing others to raise one's self-worth.	Saying that a friend's appearance is terrible in order to raise one's self-worth and way of being.
Turning against the self	Unconscious refusal of one's aggressiveness towards others and transferring it against oneself.	Self-mutilation.

To provide Mr. X with the emotional support that he needs, the nurse can raise his self-esteem by highlighting his qualities and abilities. She should also help him become aware of his defeatist attitude by suggesting that he keep a daily log with a small table of his self-deprecating ideas. He might then become aware of their frequency and give himself a range of alternative thoughts that are more realistic and

rewarding.

Turning against the self

Turning against the self is a mechanism that is typical of a depressive state. Mr. X occasionally shows signs of sadness and lack of energy. On the one hand, he self-deprecates himself as he considers himself worthless because of his previous “addictive” behaviour and also because of his disease. On the other, he feels an overwhelming aggressiveness towards life, others and himself. If one speaks to him, Mr. X denies this aggressiveness; however, he subconsciously turns it against himself by blaming and diminishing himself and by maintaining a sentiment of guilt.

Turning against the self can lead to desires of self-punishment and even of self-destruction. Mr. X demonstrates this behaviour when he feels sad. For example, he might say: “It would be better if I just ended it” or “It would be easier on my family if I weren’t here.” It should not be forgotten that he belongs to the male age category that has a high suicide rate. Allowing him to express his inner thoughts that free him from his emotions is critical. However, his self-esteem should be maintained by nurturing hope of better well-being, though not necessarily of a recovery.

Affiliation

In the wake of his problems, Mr. X might feel the need to vent and to meet someone who can understand and support him. He found a childhood friend who visits him and to whom he can express his suffering in a context of heartfelt understanding. After he has gotten back with his wife, the couple continues to have conversations that make Mr. X feel good. He is thereby using the *affiliation* mechanism, which is adaptive and useful when facing life’s trials. *Affiliation* is in line with mechanisms that relate to *disengagement* and *coping*. *Affiliation* allows a person to find comfort in his support network without becoming dependent upon it.

Defense mechanisms

Defense mechanisms	Goal	Signs
Affiliation	Confiding one’s fears to someone trusted in order to free oneself from anxiety.	Discussing one’s fears and pain that haven’t been told to anyone else.
Humour	Putting painful situations into perspective, creating a distraction to sadness and pain.	Not taking oneself seriously; making jokes about oneself and one’s condition; telling funny stories.

However, it is with his nurse that the patient can talk without shame or restraint about his hopes and worries. He can tell her what a strong and proud man cannot say, namely that he is apprehensive, afraid of death. That is something that he wouldn’t even mention to his wife and children for fear of disturbing them.

Through attentive listening and rephrasing questions, the caregiver can bring him to confide in her about the anxiety that is overwhelming him. The caregiver demonstrates empathy and Mr. X can then feel better. He realizes that there is a person who is there for a while to help him live through his ordeal.

Humour

Humour is another valuable defense mechanism against disease. Cancer carries an emotionally burdening and dark weight that we must occasionally put into perspective. **Humour** allows Mr. X to accomplish this. His spirit is licentious and he humorously plays the part. His nurse jokes with him in order to lighten things up. For a few moments, he is no longer disease-ridden and pain-afflicted.

However, the nurse is responsive to Mr. X's suggestions, which are occasionally cynical about his disease and treatment. She redirects the conversation towards a funnier and more constructive topic when the cynicism resembles pent-up frustration that could lead to negativity and pessimism. She explains that laughter is therapeutic because it relieves stress and anxiety. It also helps the body secrete endorphins, interesting neurological derivatives, which alleviate discomfort. She also knows that Melzack's gate control theory of pain postulates that when many stimuli are driven simultaneously towards a gate, some manage to block painful stimuli. Hence lies the therapeutic power of distraction.

All these mechanisms have a specific use. One should not forget that they are often obstacles to human relations; they can often be used in an excessive or inappropriate manner. As they draw on the patient's energy, they can become really useful strengths, just as the fighter's brute force can be turned dynamically against him in certain martial arts strategies. We must learn to cope with these defense mechanisms and to use them to help the patient. It is in his battle against disease that these mechanisms most directly affect us.

USEFUL MECHANISMS

We have seen how some defense mechanisms can become dysfunctional backups to face existential problems. Some mechanisms have beneficial adaptive functions because they foster the patient's psychic homeopathy within his environment. These adaptive defenses have some features. First, they are more conscious and aim

USEFUL MECHANISMS (1)

- **Splitting, which helps to accept the positive and negative sides of one's disease and treatment.**
- **Regression, which leads to dependance, thereby allowing the nurse to exercise positive influence.**
- **Anticipation, which, if properly used, fosters the willingness to be cured.**

not only to make harmful emotions disappear, but also to channel them in the long run towards something more constructive and efficient. An example would be allowing the patient to develop better self-control, reflection and tolerance rather than acting out thoughtlessly.

USEFUL MECHANISMS (2)

- Negation for a while.
- Humour, which relativises dramatic situations.
- Avoidance, which prevents a collision with ideas or a painful reality.
- Sublimation, which transforms a painful reality into something almost noble.

We have seen how Mr. X reacted by resorting to defense mechanisms. Some of them featured adaptive characteristics and became the caregivers' allies. For example, *regression* can be used to establish trust that can be used to influence the patient. We can lead him to have greater acceptance of the treatment, to become more motivated, to feel more secure, and support him in his path towards well-being.

Anticipation also has this quality. It can be used to project the patient into the future, to see hope and to give himself objectives to act upon and to take charge. Properly used, *anticipation* can channel energy in a positive manner. For example, having someone who has successfully undergone the same intervention visit the patient is a judicious use of anticipation. It helps spark hope within the person who is to undergo surgery.

There are mechanisms that are strictly for adaptation. They are coping, resilience and psychological liberation strategies.

Coping

Mr. X is a rather well-balanced man who wants to be cured for his own and his family's sake. *Coping* is the primary mechanism that he uses to fight the disease. According to the Dicopsy dictionary, *coping* is a process by which the individual seeks to adapt to a problematic situation. (See: <http://www.dicopsy.com/coping.htm>).

As noted by R.S. Lazarus and S. Folkman (1984, p. 141), this mechanism covers the full spectrum of cognitive and behavioural efforts used by a person to respond to the internal needs of his personality or to external requirements that are too great and which are beyond the scope of his adaptive resources. This term "refers to the full spectrum of processes that a person interposes between himself and a difficult event in order to overcome or alleviate its effect on his physical and psychological well-being." (See: Jacques Nimier <http://perso.wanadoo.fr/jacques.nimier/coping.htm>).

The etymology of this term comes from Old French meaning a hit or a blow. Its origin indicates the active, dynamic nature of this process implemented through other mechanisms. In particular, these are a person's awareness of his personal resources, of the help that he receives from his loved ones, and of his gaining a realistic understanding

Margot Phaneuf, RN PhD, C.M. *Defensive and Adaptive Mechanisms Among Cancer Patients.* 19
Prepared for Université d'Évora and École Universitaire Bissaya-Baretto, Coimbra, Portugal. ©

of his motivations. Coping would be inefficient without the person taking into consideration his problem-solving abilities that help him find the means to face a stressful situation and manage to accept and adapt to it.

A person who is coping also resorts to adaptive mechanisms such as *disengagement*, *avoidance*, *sublimation*, *humour* and *affiliation* as well as developing a positive attitude towards life. Coping is basically behaviour to face stress and anxiety, a deal between a person and his environment when he believes that a given situation might put his safety and well-being in jeopardy.

Mr. X is a fighter. When reading the various mechanisms, we saw how he reacted. His adaptation to his condition or his *coping* will be successful as long as he realizes the meaning that his relatives and their support provide him (affiliation). He will manage so long as caregivers are receptive, empathic and supportive of his suffering throughout his evolution towards greater realism. He will also manage if the caregivers' efforts help him turn towards his inner strengths and towards his ability to solve problems, and provide him with a positive outlook on himself and his life.

Disengagement

Mr. X can also resort to disengagement and alter his perception. Bibring described the concept of *disengagement* in the 1940s. It involves managing tension so that it can eventually disappear. While eradicating tension isn't always possible, it can be controlled so that anxiety loses its hold. This management is carried out by changing the

internal conditions that gave rise to the anxiety. (See: Dominique Friard : http://www.serpsy.org/formation_debat/defense.html).

Despina Naziri explains how some techniques defense mechanisms can help disengage a person from the weight of anxiety. Awareness of the difficult situation, non-anxious anticipation of its consequences, predicting how to face it, compensation, recollection, putting things into perspective and sublimation are all means to attaining disengagement (See: <http://revue.psychanalyse.be/40a.html>, http://www.serpsy.org/formation_debat/defense.html).

Disengagement/Liberation Concept

To foster it:

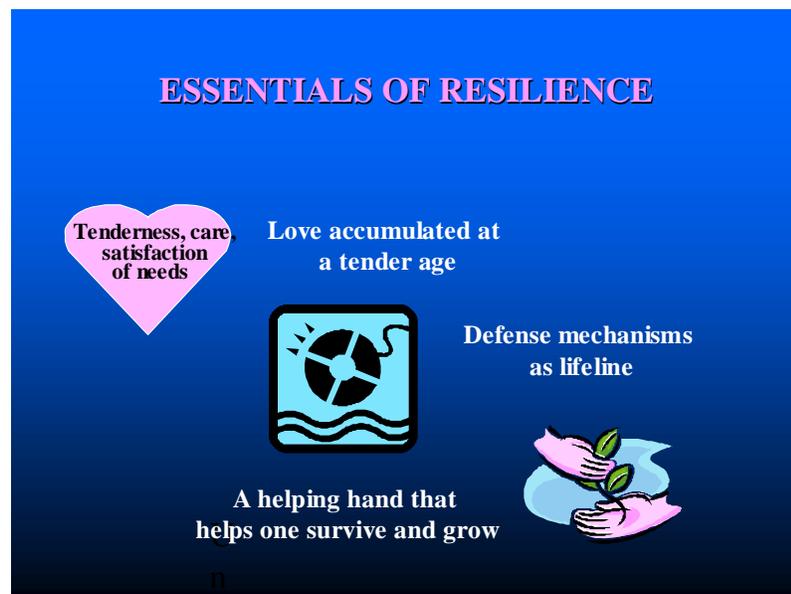
- Give yourself some time.
- Become familiar with the ideas of having problems.
- Anticipate problems without anxiety, but in a manner that prepares you for a fight.
- Maintain an objective judgement in relation with the difficult experience.
- Remember how you once overcame significant problems to gain confidence.
- Overcome routine.

Mr. X can use these mechanisms with the help of caregivers to fight his disease as well as inner demons such as low-self esteem, negation, avoidance, discouragement and pessimism. Time is disengagement's most effective tool. It sets back perceptions of anxiety. A Roman philosopher once noted that things and events don't hurt us; our interpretations of them do. That's what disengagement helps accomplish. This point of view is common in cognitive psychology.

Resilience

Resilience is another adaptive concept. When Mr. X has successfully completed his cancer treatment, he might be considered *resilient*. By then, he will have won a life-and-death struggle against unfavourable odds.

Boris Cyrulnik developed this concept in his books. His analogy is taken from physics. Metal can resist intense pressure and even be shaped back into its initial form after being twisted. Cyrulnik applied this analogy to abused children and adults who have experienced serious despair, tremendous change, painful bereavement, an agonizing disease or an imminent threat. He shows that the child's development and attained balance in adulthood are not necessarily connected to difficult beginnings in life. Even abandoned, mistreated or a victim of aggression, a child can pull through. This concept also shows that a person who is diminished or handicapped can find balance.



Resilience is the ability of an individual, child or adult, to survive and to develop like a "normal" human being in order to become an active and productive member of society. The particularity of this concept is that it is achieved in the face of adversity, despite hazardous situations that might have resulted in a tragic outcome.

Even after suffering trauma, the child or person who uses his interior energy can find the path of resilience. He must draw on the love, ambience and care that he received during the first months of his life or later. The child feels that he has already experienced warmth and love, feelings that give him strength in adversity. But inner strength in itself is insufficient. He must find outside support from well-meaning persons. This is vital because it will prove to him that somebody finally acknowledges that he is worth something. That feeling will then trigger his development.

An educator or therapist can fill this role for a child by offering to get him out of his hazardous position. For the adult, support can come from a loved one, a doctor or a nurse. This shows us that the relationship that we have with the patient is important.

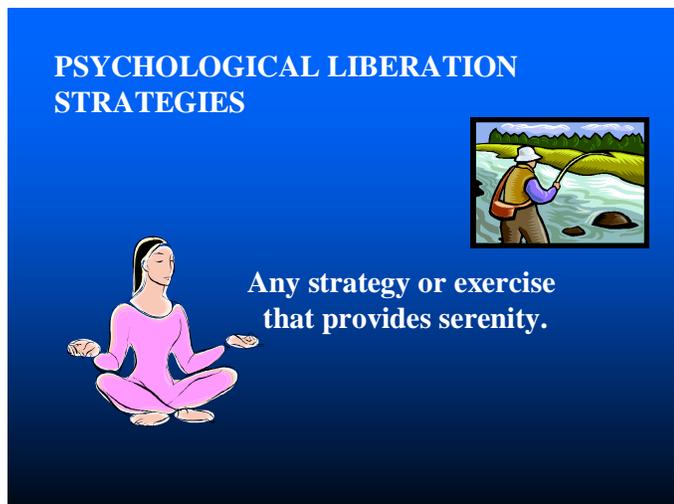
In this rescue operation, the person is also helped by his own defense and adaptive mechanisms. They help the child or adult adopt certain behaviours that can save them. Patients especially resort to *splitting*, which allows them to envision both the positive and negative sides of a given situation; *negation*, which trivializes seriousness; *dreaming*, which makes it possible to escape from reality; *intellectualization*, which avoids confrontations; *humour*, which lightens up difficult situations; and *altruism*, by which a person tries to save himself by saving others.

Friard wrote that the cost of resilience is an *oxymoron*. Its origin is that of a rhetorical speech in which two antonyms such as a “dark light” or a “fortunate mishap” are combined. Friard describes the concept as “the contrast experienced by the person who has been dealt a sharp blow and who adapts to it through splitting. The part that has received the blow suffers and degenerates while the more discreet unscathed part pools together all the energy of hopelessness to give happiness and meaning to life. The oxymoron does not put the two sensations, manners of being into opposition, but rather associates them to the opposite goal. As in gothic architecture, the opposing arches stand together to support the buttresses of a cathedral. The building holds at the crossing of the ogives, whose two opposing forces are in evident equilibrium.” (See: http://www.serpsy.org/formation_debat/defense.html).

Psychological liberation strategies

Psychological liberation strategies are inevitably evoked when discussing adaptive mechanisms. Particularly effective against stress, these strategies make it possible to gradually reduce tension within a person by changing his internal condition through meditation, sophrology or relaxation.

They originate from cognitive-behavioural and gestaltic theories. Stress, an adaptive reaction by the organism to an internal or external stimulus, depends not only on the difficulty arising from the disease, but also on the patient’s interpretation of it. If he feels that his problems



are beyond his adaptive abilities, potentially harmful stress could arise. We must, to a certain extent, work on this level of interpretation. But it isn't the only one.

We can identify three kinds of activities that favour *coping*, *disengagement* and *resilience*:

1. Those that act on the source of stress, namely the conundrum against which learning a problem-solving strategy can be effective.

2. Those that act cognitively on our interpretation of the situation and the stress that it causes. They require locating cognitive distortions in the person's discourse, awareness of their frequency, their significance for the patient and the implementation of thought and alternative action strategies.

PSYCHOLOGICAL LIBERATION STRATEGIES

The nurse-patient relationship is an important element in providing help against adversity.



3. Activities that directly act upon the stress, such as respiratory techniques, yoga, relaxation, meditation or even certain sports.

The patient-nurse relationship in a helping relations context should be added to these psychological liberation strategies. Listening is a

valuable means to help the other person vent his intense emotions and to give him confidence in himself. If someone takes time to listen to the patient, that means he is somewhat interesting. The moment of attention allows the patient to see his problem more clearly, without overemphasizing or minimizing it. The road to self-knowledge often depends upon others.

Speech should not be neglected in this approach. We can evoke *terpnos logos*, a therapeutic discourse evoked by Homer in Antiquity (ninth century B.C.). *Terpnos logos* are soft words that create an ambience of calm and concentration. These words are expressed smoothly and tenderly. They create a quasi-hypnotic ambience which generates hope and the willingness to be cured.

Another psychological liberation strategy is imaging. It is a powerful and active instrument of physical and psychological reprogramming that can help us relax, free ourselves from stress, prepare an action or fight a disease (Davis, Brigham, Deirdre, 1994). We can illustrate as an example the work of Carl Simonthon, an American oncologist, and his wife Stephanie, a psychologist, who, in the 1980s, developed a different approach to deal with cancer. In their view, one's predisposition for the disease as well as recovery depended not only on the physical condition and genetics, but also on the patient's state of mind, thereby implying a *mind-body relationship*. They developed a cancer treatment model that included, in addition to the usual chemotherapy and

radiotherapy, relaxation techniques and imaging. The result was a surprising increase in survival time compared with that of the control group, and improved quality of life (Simonton C., Matthews-Simonton S. & Creighton J.,1990).(<http://www.simontoncenter.com/>)

The suggestions made under this approach include, for example, the reinforcement of the immune system with an imaginary ray of light, the disappearance of cancerous cells that are blown away by the wind like dead leaves, the fight between our T-cells and our cancer cells or undesirable cells that melt like an iceberg beneath the sun, or symptoms that vanish in a fog.

The action of this process appears to be the result of an activation of the brain's right hemisphere. It then acts upon the autonomous nervous system, which, through the pituitary gland, regulates our hormonal system and controls the secretion of cortisol, a hormone which is associated with stress.

It is the strength of our mental images and the imaging of our health and immunity resources winning the battle against cancer cells and beating down the symptoms of disease, rather than the realism of the scene imagined or the physiological process implied in the visualisation that are important . Imaging techniques now have applications everywhere. One can imagine as many scenarios as there are problems in life (Margot Phaneuf, 2002).

BIBLIOGRAPHY

- Balint Michael (2002) Les voies de la régression. Petite bibliothèque, Paris, Payot.
- Bergeret J. (1996) Psychologie pathologique. Paris, Masson.
- Buxant P, Mertens C. (1977) Importance subjective et organisation affective de concepts corporels après infarctus du myocarde. Acta psychiatria belgica, 1977.
- Crombez, Jean-Charles (1994) La guérison en écho. Montréal, Publications MNH
- Cyrulnik, Boris (2002) Un merveilleux malheur. Paris, Odile Jacob.
- Freud Anna (1985) Le moi et les mécanismes de défense, paris. P.U.F., coll.: Bibliothèque de psychanalyse.
- Davis, Brigham, Deirdre (1994) Imagery for Getting Well. Clinical Applications of Behavioral Medecine. New York, W.W.Norton & Company.
- Dictionnaire : <http://www.dicopsy.com/coping.htm>
- Friard, Dominique : http://www.serpsy.org/formation_debat/defense.html
- Guelfi J.D. (1987) Psychiatrie, Paris, P.U.F.
- Ionescu S., Jacquet M.M. et Lhote C. (1997) Les mécanismes de défense, théorie et clinique. Paris, Nathan.
- L'approche psychanalytique
: <http://intranet.clafleche.qc.ca/prof/lblanchette/ppt/chapitre5.pps>
- Lazarus, R. S., and Folkman, S. (1984). Stress, appraisal and coping. New York: Springer.
- Naziri, Despina : <http://revue.psychanalyse.be/40a.html>
- Nimier, Jacques : <http://perso.wanadoo.fr/jacques.nimier/coping.htm>
- Paul-Cavallier.François J. Visualisation des images pour agir. InterEditions. Dunod, Paris. 2003.
- Pédiapsy, les mécanismes de défense : <http://membres.lycos.fr/vdc/def.htm>
- Phaneuf, Margot (2002). Communication, entretien, relation d'aide et validation. Montréal, Chenelière McGraw-Hill.
- Simonton C., Matthews-Simonton S. & Creighton J. (1990). Guérir envers et contre tout. Le guide quotidien du malade et de ses proches pour surmonter le cancer. Paris, Épi.