

ASSOCIATION BETWEEN PATHOLOGICAL PERSONALITY TRAITS AND DEFENSE MECHANISMS IN HEALTHY SAMPLE: A PILOT STUDY RESULTS

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Abstract. *This article aims to define what kind of relationship exists between pathological traits and defense mechanisms. Primary data, collected from 14th until 30th of March in 2017, was used in this research. Thirty participants (57 % males) in the age of early adulthood (from 25 to 39 years, $M = 29.9$, $SD = 3.33$) filled in two questionnaires: The Multidimensional Clinical Personality Inventory (Perepjolkina, Koļesņikova, Mārtinsons, & Stepens, 2017) and Defense mechanisms questionnaire (Subbotina, 2017).*

Six of eight analyzed defense mechanisms (repression, regression, rationalization, displacement, denial and psychological projection) showed statistically significant correlation with at least one pathological personality trait both on facet and on domain level. Some weak ($p > .05$) correlations were found between some personality traits and two left defense mechanisms: reaction formation and sublimation. Most of correlations were with neurotic defenses according to Vaillant (1992) classification, in particular with repression and displacement. All together 26 traits correlated with neurotic defenses. With other defenses, just a few traits correlated – three traits with mature defenses, two traits with immature defenses and two with psychotic defenses. Received results need to be validated in the future studies and may be useful for clinical psychologists for better understanding of their clients.

Keywords: *defense mechanisms, pathological personality traits, personality disorders.*

Introduction

Personality disorder – is contiguous area between psychiatry and psychology. Psychiatrists officially recognised concepts of enduring personality disturbances in the first Diagnostic and Statistical Manual of Mental Disorders in the 1950s (Hoermann, Zupanick, & Dombeck, 2011). Since that time, psychologists and psychiatrists had major changes in their understanding of personality disorders.

Only a few researchers attempted to study correlation between personality disorders and defense mechanisms (e.g. Presniak, Olson, & Macgregor, 2010),

but in those studies, none of them considered personality disorders through dimensional (trait-specified) approach, where personality disorders considered as a combination of pathological traits. This research is an attempt to approach personality disorders through the modern, dimensional approach. It will be the first study on relationship between pathological traits and defense mechanisms based on this approach conducted in Latvia. By defining relationship between pathological traits and defense mechanisms, ways in which defense mechanisms relate to different pathological traits will be demonstrated.

Normal range and pathological personality traits

During the existence of personality psychology, several personality models have been developed, but today the most popular are five-factor model (FFM) or Big Five and six-dimensional human personality model (HEXACO).

The Revised NEO Personality Inventory (Costa & McCrae, 1992b, quoted from Morey et al., 2002) is an inventory designed to assess the five dimensions of personality as described by the Five-factor model. The five trait dimensions that have emerged from factor analyses of numerous trait terms and various personality inventories have been described as Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness (Morey et al., 2002).

Beside the Revised NEO Personality Inventory, Ashton Michael C. and Lee Kibeom (2007) have created an alternative structure of personality traits, which was recently named the HEXACO model, and consists of six rather than five dimensions. Three of these dimensions are interpretable as Extraversion, Conscientiousness, and Intellect / Imagination / Unconventionality and are very similar to the English lexical Big Five factors of these names. An important strength of the HEXACO model is its derivation from cross-culturally replicated findings based on analyses of variable sets that are culturally indigenous and representative of the personality domain. But in addition to the close correspondence of the HEXACO framework to the empirically observed structure of personality variation, an advantage of this model is its theoretical interpretability (Ashton & Kibeom, 2007).

In the course of the last decades there was an on-going discussion between the psychologists regarding the definition of normal and abnormal personality. They are trying to establish whether pathological traits are the specific formation, which is part of the personality or they are common for all individuals, but become highly manifested in some individuals under certain conditions.

Lately there was an increasing consensus that normal and abnormal personality variation can be treated within a single, unified structural framework (Eysenck, 1994; O'Connor, 2002; Widiger & Costa, 1994). A variety of studies have indicated, for example, that personality structure is essentially the same in

clinical and nonclinical samples (O'Connor, 2002), that normal and abnormal personality are strongly related at the etiologic level (Jang & Livesley, 1999; Markon, Krueger, Bouchard, & Gottesman, 2002, quoted from Markon & Krueger, 2005), and that abnormal personality can be modeled as extremes of normal personality variation (O'Connor & Dyce, 2001). Despite consensus about the possibility of describing normal and abnormal personality within a single structural framework, however, there is less consensus about what this structural framework might be. Although there is emerging consensus about the superordinate structure of normal personality (Goldberg, 1993), less consensus exists about a similar structure of abnormal personality (Livesley, 2001). Delineating a unified superordinate structure across normal and abnormal domains of personality has been even more challenging. Empirical results of Jang and Livesley (1999), Markon et al. (2002) and O'Connor (2002) have supported a variety of conclusions, and validity has been demonstrated for multiple structural models (Markon & Krueger, 2005).

Samuel and Widiger (2004), who tried to figure out what kind of traits characterize each personality disorder brought substantial contribution in resolution of this question. In order to investigate the correlation between personality disorder models and trait models, Samuel, Widiger, Lynam and Ball (2012) created the group of experts and psychologists who were studying personality disorders. In their research, they tried to describe each personality disorder through a number of pathological personality traits. This approach has been utilized in previous studies concerning the relations between the five-factor model of personality (McCrae & Costa, 2008) and the personality disorder constructs (Miller, Lynam, Widiger, & Leukefeld, 2001; Lynam & Widiger, 2001; Samuel & Widiger, 2004). For example, Lynam and Widiger (2001) assembled a comprehensive list of researchers, who had published on respective DSM-IV PDs, and asked them to describe a prototypic case of that PD in terms of the FFM. They then averaged the descriptions across raters to produce a FFM profile for each PD. These profiles were reliable and related highly to profiles derived from other methods (Samuel & Widiger, 2008).

The first aspect of the proposal made by the DSM-5 compilers is the inclusion of a dimensional trait model that attempts to organize the universe of personality pathology into component parts, consistent with the approaches of Clark (1993), Livesley (2003), and Widiger (2005). The transition to a dimensional trait model has the potential to address several limitations of the previous diagnostic system. For example, a dimensional trait system might eliminate the problematic comorbidity across and the heterogeneity within the DSM-IV categories by providing a trait profile that is unique to each individual (Widiger & Trull, 2007, quoted from Samuel & Widiger, 2008). Additionally, such a model holds the promise of improving diagnostic stability as traits have

demonstrated greater temporal consistency than diagnostic categories (Morey et al., 2007, quoted from Samuel & Widiger, 2008).

One of the models of pathological personality traits was developed in Latvia as a theoretical frame for Latvian Clinical Personality Inventory (LCPI-v3). First, based on a review of existing normal-range and pathological trait models, a list of 40 traits – a combination of traits listed in Samuel et al. (2012), Wright et al. (2012), DSM-5 Section III was prepared and operationalized in deductively derived preliminary versions of 40 pathological personality trait scales (Kolesnikova, Perepjolkina, Martinsone & Stepens, 2016).

Relationship between personality disorders and defense mechanisms

In last decades, there has been a growing interest in the study of defense mechanisms in psychotherapy and psychopathology (Cramer, 1998a, quoted from Kramer, Roten, Perry & Despland, 2013). In the context of psychodynamic psychotherapy, it has been emphasized that the accurate in-session assessment by the therapist of a patient's defenses and his or her work with the patient by addressing the patient correctly plays an important role in effective intervention (Despland, de Roten, Despars, Stigler, & Perry, 2001; Hersoug, Bøggwald, & Høglend, 2003; Perry, 1993; Siefert, Hilsenroth, Weinberger, Blagys, & Ackerman, 2006, quoted from Kramer, Roten, Perry & Despland, 2013).

Michelle D. Presniak, Trevor R. Olson, and Michael Wm. MacGregor (2010) made the research which aimed to define the relationship between personality disorders and defense mechanisms. The researchers obtained following results: of the five defenses hypothesized to be higher in the borderline personality disorder group, two were supported (passive aggression and turning against self), one was inconsistently supported (acting out), and two were not supported (idealization and splitting). Of the seven defenses hypothesized to be higher in the antisocial personality disorder group, two were supported (devaluation of others and grandiosity), one was partially supported (denial; all effects in the right direction, but only one of three was significant), one was inconsistently supported (rationalization), and three were not supported (intellectualization, turning against the object, and projection). Consistent with the hypothesis and previous theory and research (Bond, 1990; Cramer, 1999, quoted from Presniak, Olson & Macgregor, 2010), was found partial support that the BPD (Borderline personality disorder) group would use the acting out and passive aggression more than the APD (Antisocial personality disorder) group (Presniak, Olson & Macgregor, 2010).

In the study of J. Christopher Perry, Michelle D. Presniak, and Trevor R. Olson (2013) several highly prevalent defenses were consistent with the inclusion of SPD (Schizotypal personality disorder) within Kernberg's

borderline personality organization construct: projection, devaluation, splitting of others-images, splitting of self-images and denial. Most other prevalent defenses were either passive-aggression and acting out, rationalization, or isolation & intellectualization. Repression was also prevalent, contrary to the hypothesis, albeit with a lower mean prevalence than splitting, consistent with the predominance of the latter (Perry, Presniak & Olson, 2013).

Along with autistic fantasy, individuals with SPD rely on such defenses as the passive-aggression, help-rejecting complaining & acting, similar to those with BPD. Overall, many of the most prevalent defenses in SPD are those within Kernberg's broad categorization of BPD, although the defenses most uniquely related to SPD are not related to BPD. (Perry, Presniak & Olson, 2013).

Gacono, Meloy, and Berg (1992) proposed that individuals with ASP and/or psychopathy, have a split-off self-image, as in narcissistic personality disorder, wherein the negative image is denied. They strongly fear their true defense mechanisms self-state of feeling worthless or devalued, and the use of denial and omnipotence/grandiosity helps keep this experience of the self from awareness. They tend to disavow any negative experience by denying the effects of their behaviors on others, rationalizing their criminal and/or aggressive actions, and projecting their negative experiences onto others (Gacono et al., 1992; Presniak et al., 2010, quoted from Perry, Presniak & Olson, 2013). The predictors of ASP were the minor omnipotence, devaluation, idealization, denial, rationalization and projection (Perry, Presniak & Olson, 2013).

In this study used George E. Vaillant classification of defenses (1992). In his model 18 different defenses were arranged hierarchically into four levels: narcissistic (e.g., denial of external reality; distortion of external reality); immature (e.g., denial/dissociation, projection), neurotic (e.g., rationalization, reaction formation), and mature (e.g., altruism, sublimation) (Cramer & College, 2015).

As it was mentioned in previous chapter, dimensional approach had been recently suggested by the group of researchers (Samuel, Lynam, Widiger, & Ball, 2012) who were developing personality disorder classification for DSM-5. Based on their study Hopwood et al., (2012) tried to define which pathological traits belong to each personality disorder (see Table 1).

Respectively study of Hopwood et al., (2012) and other studies in this chapter give a chance to have hypothesis on relationship between pathological personality traits and defense mechanisms.

Table 1 Correlations between DSM-5 traits and DSM-IV PD (Hopwood et al., 2012)

Personality disorders	Pathological personality traits
Avoidant	Anxiousness, Social withdrawal, Intimacy Avoidance, Anhedonia
Borderline	Separation insecurity, Anxiousness, Emotional lability, Hostility, Depressivity, Impulsivity, Risk taking
Schizotypal	Restricted Affectivity, Suspiciousness, Withdrawal, Eccentricity, Perceptual dysregulation, Unusual beliefs
Antisocial/Psychopathic	Hostility, Manipulativeness, Deceitfulness, Callousness, Irresponsibility, Impulsivity, Risk taking
Obsessive Compulsive	Perseveration, Rigid perfectionism

Method

Participants. Sample included 30 participants: 17 (57 %) male and 13 (43 %) female ($M = 29.9$, $SD = 3.33$). Nine (30 %) participants are married, nine (30 %) live together, but their relations are not registered and 12 (40 %) single, two (6,7 %) participants have master degree, eight (26,7 %) participants have bachelor degree, five (16,7 %) participants have first level of higher education, five (16,7 %) participants have secondary education with trade, three (10 %) participants have secondary education, one (3,3 %) participant have unfinished secondary education, and one (3,3 %) participant have basic education. Participants were selected using snowball sampling method.

Measures. Two questionnaires were used in this research.

1. *Multidimensional Clinical Personality Inventory* (Perepjolkina, Koļeņņikova, Mārtinsons, & Stepens, 2017). Items were answered on a 4-point response format: from 0 – ‘totally disagree’ to 3 – ‘totally agree’. Inventory consists of 500 items, which could be scored in 9 clinical scales (e.g. Depression Symptoms, PTSD, etc.), 33 facet-level scales representing pathological personality traits (e.g. Depressivity etc.) and seven domain-level traits (e.g. Negative Affectivity), five functioning scales (e.g. Sleep problems) and five additional scales (e.g. Self-esteem, Suicidal Ideation, Perceived social support etc.). Only personality trait scales were scored in this study (see Table 2).

2. *Defense mechanisms questionnaire* (Субботина, 2017). The original LSI is a 97-item true–false, self-report questionnaire developed by Plutchik et al. (1979) to assess eight ego defense mechanisms: compensation, denial, displacement, intellectualization, projection, reaction formation, regression, and repression (Plutchik & Conte, 1989). Defense mechanisms questionnaire consist of 63 questions and 9 scales (Repression, Regression, Reaction formation,

Rationalization, Displacement, Denial, Psychological projection, Compensation, Sublimation).

Procedure. Questionnaires were uploaded to the online surveys website <http://www.visidati.lv>. 30 participants had filled up questionnaires in period from 14.03.17 until 30.03.17.

Table 2 Spearman Correlation and Descriptive Statistics for Personality Traits and Defense Mechanisms

Pathological traits	Repression	Regression	Reaction formation	Rationalization	Displacement	Denial	Psychological projection	Sublimation	α	M	SD
Agression	.52**	.32	-.22	-.17	.64**	-.36*	.06	-.36	.79	5.70	4.74
Irresponsibility	.67**	.44*	.05	-.11	.53**	-.03	-.22	-.13	.84	5.10	4.33
Rashness	.51**	.60**	-.08	-.30	.46*	-.06	-.21	-.26	.80	10.43	5.05
Risk taking	.26	.18	.06	.11	.21	-.45*	-.43*	.14	.91	14.83	7.46
Dominance	-.15	-.04	.19	.15	.25	.16	.21	-.04	.85	8.70	4.67
Arrogance	.08	-.01	.15	-.12	.28	.10	.12	.06	.82	5.67	4.46
Attention seeking	.08	.24	.18	.10	.45*	-.07	.09	-.12	.83	10.30	5.11
Manipulativeness	-.07	.01	-.00	.09	.42*	.30	.37*	.01	.62	7.07	2.88
Harshness	.33	.25	-.27	-.02	.44*	-.20	.10	-.12	.87	14.47	8.43
Deceitfulness	.44*	.48**	-.01	-.32	.43*	-.08	-.09	-.26	.75	5.00	3.43
Intemperance	.38*	.33	-.08	-.31	.62**	-.31	.16	-.50**	.89	8.57	6.08
Emotional Stability	-.23	-.36*	-.12	.39*	-.48*	.31	-.03	.47**	.88	11.23	4.59
Emotional Lability	.35	.53**	-.02	-.36	.42**	-.13	-.09	-.26	.87	11.13	6.15
Depressivity	.43*	.40*	-.05	-.14	.51**	-.45*	-.02	-.28	.91	17.63	10.26
Anxiousness	.48**	.39*	.01	-.08	.46*	-.30	-.06	-.38*	.94	23.73	13.71
Impersistence	.70**	.65**	-.07	-.32	.33	-.08	-.14	-.23	.82	9.13	5.06
Distrustfulness	.20	-.22	.00	.02	.01	-.25	.15	-.09	.79	4.87	3.16
Evaluation Apprehension	.05	.37*	.12	-.26	.22	-.05	.36*	-.09	.91	12.17	7.25
Submissiveness	.46*	.51**	.19	-.27	.31	.02	-.03	-.18	.89	6.93	5.11
Indecisiveness	.33	.60**	.09	-.35	.32	-.38*	-.02	0.29	.91	8.53	5.46
Separation Insecurity	-.05	.07	-.00	.11	.08	.21	.46**	.20	.54	11.40	3.39

Note. $N = 30$, * $p < .05$, ** $p < .01$, α – Cronbach’s alpha, M – Mean, SD – Standart deviation.

Continuation of Table 2

Pathological traits	Repression	Regression	Reaction formation	Rationali-zation	Displacement	Denial	Psychological projection	Sublimation	α	M	SD
Restricted Affectivity	-.08	-.24	.10	.15	-.47**	-.10	-.35	.12	.80	8.00	4.39
Social Withdrawal	.31	-.11	.09	.01	.14	-.27	.11	-.11	.83	20.97	8.14
Relationship Avoidance	.07	.12	.47**	-.06	-.23	-.10	-.36	.16	.70	6.97	4.03
Cognitive Dysregulation	.12	.22	-.07	.10	.34	.10	.00	.16	.81	4.57	4.75
Dissociation Proneness	.46*	.22	-.18	.15	.44**	-.06	-.10	.12	.90	5.07	4.59
Eccentricity	.18	.09	-.14	.27	.21	-.20	-.14	.19	.87	9.13	5.20
Suspiciousness	.32	-.02	.03	.19	.35	-.00	-.04	-.02	.69	5.10	3.84
Unusual Beliefs	.14	.00	-.08	.21	.37*	.24	.17	.19	.78	4.87	3.51
Self Harm	.59**	.53**	-.09	-.34	.58**	-.37*	-.03	-.33	.84	1.40	2.65
Pedantry	-.43*	-.32	.27	.45*	-.13	-.03	.04	.11	.68	15.43	4.51
Perseveration	-.03	-.14	.41*	.39*	-.02	.02	-.15	.32	.57	5.53	2.22
Perfectionism	-.01	-.13	.39*	.46**	-.03	.01	.00	.23	.88	21.17	8.27
α	.63	.51	.62	.42	.73	.37	.54	.54	--	--	--
M	17.43	18.47	20.27	24.33	14.93	23.03	21.37	23.03	--	--	--
SD	4.38	4.67	4.23	3.21	4.20	3.23	3.71	4.31	--	--	--

Note. $N = 30$, * $p < .05$, ** $p < .01$, α – Cronbach's alpha, M – Mean, SD – Standart deviation.

Analysis

Research hypothesis was to define what kind of relationship exist between pathological traits and defense mechanisms. To do so, correlation analysis was performed. Scales did not have normal distribution; therefore, Spearman's correlation analysis was performed. According to the received results, it is seen that many pathological personality traits correlate with defense mechanisms. Some of them have positive and some negative correlation (see Table 2).

Discussion

Received results are partially confirming results from the study of J. Christopher Perry, Michelle D. Presniak, and Trevor R. Olson (2013). Repression correlates with anxiousness and depressivity, traits that relate to borderline personality disorder. Projection correlates with manipulateness and risk taking, traits that relate to antisocial personality disorder.

The rest of the results showed different kind of correlations, for example, repression correlates with such traits as aggression and rashness. Possibly, the person with manifested trait of aggression, especially when it arises towards significant people, can use repression to suppress one's emotions. Repression also correlates with intemperance, depressivity, anxiousness and impersistence. Possibly, the person with dominating repression will have tendency to suppress anxiety and depressive thoughts.

Modern psychoanalysts consider that person have to achieve inner oneness and continuity before one starts using repression to restrain own impulses. Nancy McWilliams (2011) in her classification relate repression to the higher level of defenses.

Regression correlates with negative emotionality such traits as emotional lability and impersistence. Perhaps, the person with dominating regression, when one does reversion to an earlier stage of development, has low level of emotion control and volition, similarly as the infants do (Plutchik, 2000). From this point of view, this correlation makes sense. Regression also correlates with such traits as evaluation apprehension, submissiveness and indecisiveness. It could also explain tendency to reversion to early (infantile) patterns of behavior.

Rationalization correlates with pedantry, perseveration, perfectionism, possibly that tendency of searching rational explanation of undesirable notion, on behavioral level manifests as perfectionism and pedantry. Perhaps that perfectionism and pedantry compensates inferiority. Inferiority also may indicate inability to perceive one's weakness or mistakes, which rationalization interprets in beneficial way.

Displacement correlates with such traits as emotional lability, intemperance, deceitfulness, harshness, and aggression. Possibly, that person with dominating displacement will have low level of emotional intelligence and simultaneously will be driven by strong affects, which one cannot control or realize, and displacement can help to transfer aggression to least significant object.

Sublimation correlates with negative significance, with anxiety and intemperance and correlates with positive signification with emotional stability. According to Vaillant classification of defense mechanisms, defense mechanisms distinguished by level of adaptation. Sublimation relates to mature mechanisms, which has the highest level of adaptation. In this case low level of anxiety and

intemperance and high level of emotional stability proofs G. Vaillant theory (Cramer & College, 2015).

Conclusion

Research objective was to define what kind of relationship exist between pathological traits and defense mechanisms. Results from Table 2 shows that between pathological traits and defense mechanisms exist many correlations. Correlations also exist on factor level, in MCPI all traits united in factors, so there is substantial correlation on factor level too.

Most of correlations on factor level were with neurotic defenses according to Vaillant (1992) classification, in particular with repression and displacement. All together 26 traits correlated with neurotic defenses. With other defenses just a few traits correlated, three traits with mature defenses, two traits with immature defenses and two with psychotic defenses.

This research provides substantial information about the nature of personality disorders and can help to develop flexible approach and help psychologists to assess personality disorders more accurately.

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