

Defense Mechanisms Styles of Relapsing Addicts in Malaysian Context

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Abstract

Approaching defense mechanisms from the standpoint of drug addiction, it is proposed that defense mechanisms appear along the process of relapse. This study aims to determine the defense mechanism styles of relapsing addicts. A statistical description research design and cluster area sampling method was applied in sample selection process. 135 respondents were involved in this study, which were randomly selected from seven centers in East Coast and central zone of Peninsular Malaysia. The findings of the study indicate that neurotic defense mechanisms ($M=12.46$, $S.D=2.14$) are the most prominent amongst relapsing addicts, which undoing defense became a major defense style. These findings demonstrate that relapsing addicts employ multiple defense mechanisms styles and all these styles confirm the existence and nature of sub-culture in addiction. The use of defense mechanisms as emotional homeostasis amongst relapsing addicts indicates to incorporate the components of defense mechanisms in relapse prevention counseling. © 2012 Published by International Journal of Humanities and Social Science

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1. Introduction

Substance abuse disorders have long been recognized as chronic brain relapsing disease and return to drug use after undergoing treatment program is considerably expected amongst recovering addicts (National Institute of Drug Abuse, NIDA 2008; Larimer, Palmer, & Marlatt, 1999). Relapse is seen as part of the recovery journey in terms of episodes rather than a signal of failure in the treatment (Abd. Halim, Rafidi, Lasimon, 2008). In Malaysia, as of December 2010, 983 cases of relapse were reported, a figure that is higher than the 774 cases in 2009 (National Anti Drugs Agency, NADA 2010). From this description, it is believed that relapse management is a crucial component in post drug treatment to achieve long term sobriety.

As a relapse is an expected episode, it indicates that relapse does not occur suddenly and there are early warning signs take place before the actual behavior of taking drug occur. According to Gorski (1989), the common warning signs witnessed in recovering addicts are denial, avoidance, and defensiveness that they are not aware of it existence as it occurs unconsciously, but yet influence their present behavior. In Malaysia, the phenomenon of temperamental attitude of denial is well seen amongst drug addicts as acknowledged by Yunus Pathi (2004). In drug addiction, defense mechanisms are understood to protect the addictive lifestyle. The consistence and excessive use of defense mechanisms create a vicious cycle that later develops the sub-culture of addiction.

The operation of defense mechanisms emerges to continuously develop in understanding its manifestation through psychopathology condition or in normal functioning of individuals. The defense mechanisms are studied to be significant with personality disorders: borderline and antisocial personality disorders (Presniak, Olson, & MacGregor, 2010) and emotional problems: depression and anxiety (Blaya, Dornelles, Blaya, Kipper, Heldt, Isolan, Bond, & Manfro, 2006). Research on defense mechanisms has extended to enhance the focus of psychotherapy in drug addiction treatment. The components of defense mechanisms were studied among cannabis drug addicts of young adults (Grebot & Dardard, 2010), substance abusers with psychotic symptoms (Aleman, 2007), and outpatient drug addicts (Redick, 2002). The research development illustrates the significance of studying the component of defense mechanisms in the process of relapse episode.

However, as far as can be ascertained, only a few researches have been conducted to specifically identify the styles of defense mechanisms that take place in the process of relapse. With that lack in mind, this study attempts to determine the styles of defense mechanisms of relapsing addicts with regard to their sub-culture of addiction. By understanding and indentifying the defense mechanisms of addict clients, a customized relapse prevention planning can be developed as they are different upon individuals. According to Hyphantis (2010) asserted that no mental status or clinical formulation should be considered complete without an effort to identify the patient's dominant defense mechanism.

2. Methodology

This study utilizes a statistical description research design meet the objectives of the study. A booklet of instrument was prepared which consisted of Part A (background information) and Part B (the Defense Style Questionnaire-40) was used for data collection. The information background including the respondents' demographic characteristics and their treatment experiences prior to receiving treatment in the centre.

2.1 The Defense Style Questionnaire-40

The DSQ-40 was specifically designed to draw out people styles in dealing with internal conflicts based on the idea that people can accurately remark on their temperamental behavior (Hyphantis, 2010). According to Mehlman and Slane (1994), although defense mechanisms operate unconsciously, but their use must not necessarily remain unconscious. Individuals are able to report their feelings and behavior that reflects their ego defenses even though they cannot interpret the dynamic meanings of such behavior. Hence, the DSQ-40 self-report instrument was potentially feasible to measure individuals' defenses.

The DSQ consists of 40 items and the defenses are hierarchically grouped based on maturity level (neurotic, immaturity, and maturity), that will be used to derive scores on 20 defense mechanisms with two items for each defense, in a 9-point Likert format. The English version of the DSQ-40 was translated and adapted to Malay version through Back Translation Procedure adapted from Parekh et al., (2004). A pilot study was carried out on inmates at Karak Drug Rehabilitation Centre to examine whether the DSQ items were comprehensible and determine the reliability of the instrument. Samples who participated in the pilot study were inmates in phase two and three of the treatment and rehabilitation process. 30 subjects were selected to participate and considered to be sufficient in a pilot-test study (Malhotra, 2004).

The overall Cronbach alpha value of the DSQ-40 Malay language version was .793 which is considerably similar with other language of DSQ that has ranged from .71 to .80 (Yilmaz, Gencoz, & Ak, 2007; Blaya, Blaya, Kipper, Heldt, Isolan, Manfro, & Bond, 2007; Bond & Perry, 2004; Trijsburg, Vant, Van, Hesselink, & Duivenvoorden, 2000; Andrews *et al.*, 1993).

2.2 Population and sampling

The target population of this study is relapsing addicts who are undergoing drug treatments and recovery at the Non-Governmental Organizations (NGOs) in Malaysia. A cluster area sampling method was employed whereby the Central and East Cost zone were randomly selected as a sampling frame out of six zones in Malaysia. 135 respondents out of 200 total populations, were randomly picked from seven centres represent both zones. The respondents were characterized as drug addicts that have returned to drug use (at least once) after they had stayed in a sober state for not less than six months and have gone through the detoxification process to stabilize their withdrawal symptoms while undergoing treatment.

2.3 Data collection

Data collection process observed the ethical standard of human subject. A consent letter and a letter of approval were first gained before the survey was conducted at the centres. The instruments were administered simultaneously at every centre by the researchers. The instruction for each instrument was read clearly by the researcher to ensure that the respondents could understand and response to the items in the questionnaires appropriately. The subjects were allocated forty five minutes to complete the questionnaires and any inquiries were allowed during the session for any difficulties in responding to the items.

3. Results

3.1 Demographic information

Table 1. Distribution of respondent

	Respondents (n=120)	
	<i>f</i>	Percent (%)
<i>Age</i>		
20 to 30	90	66.7
31 to 40	41	30.4
41 to 60	4	2.9
<i>Experience of receiving treatment</i>		
One time	16	11.9
Two times	90	66.7
Three times	19	14.1
Four times and more	10	7.3
<i>Number of Relapsing Episodes</i>		
Once	101	74.8
Twice	24	17.8
Three times and more	10	7.4
<i>Experience of being Sober</i>		
0 to 6 months	86	63.7
7 to 12 months	14	10.3
13 to 18 months	9	6.7
19 to 24 months	4	3.0
25 months and above	22	16.3
<i>Support Groups Involvement</i>		
Yes	61	45.1
No	74	54.9
	135	100

Analysis indicates that the mean age of respondents was 31 years old. From the aspect of treatment experiences, the majority of respondents (66.7%) had experience of receiving drug treatment for two times and another 19 respondents (14.1%) had experience for three times. 101 respondents (74.8%) had experience relapse episode at least once, while respondents who had gone through three times and more relapse episodes smaller than that (7.4%). Majority of the relapsing addicts (63.7%) used to live in sobriety for a maximum period six months and other 14 respondents (10.3%) had experienced of being sober for 7 to 12 months. The longest period of sobriety that the relapsing addicts had managed to stay was 25 months and above which comprised of 22 respondents (16.3%). The analysis also shows that 54.9% of the respondents were never involved in support groups while they are undergoing treatment in the centre or off centre.

3.2 Defense mechanism styles

The neurotic defense mechanisms are prominent amongst relapsing addicts ($M=12.46$, $S.D=2.14$) as compared to the immaturity defense mechanisms ($M=9.49$, $S.D=1.92$). The neurotic defense of undoing became the major defense style ($M=13.08$, $S.D=3.07$), while the mean score for the neurotic defense of reaction formation and idealization show little different with $M= 11.99$, $S.D= 3.47$ and $M=11.93$, $S.D= 3.70$ respectively. The maturity defense of sublimation is most used by relapsing addicts ($M=13.57$, $S.D=3.14$) whereas the maturity defense of suppression is lesser used by addicts with relapse ($M=10.53$, $S. D=3.05$). Under the immaturity defense mechanisms, rationalization defense becomes a prominent style among addicts with relapse ($M=12.90$, $S.D=3.60$) while devaluation style is lesser used by addicts with relapse ($M=6.90$, $S.D=3.14$).

Table 2. Mean score of the defense mechanisms styles

	Mean	S.D
<i>Defense mechanisms</i>		
Neurotic	12.46	2.14
Undoing	13.08	3.07
Pseudo Altruism	12.82	2.92
Reaction Formation	11.99	3.47
Idealization	11.93	3.70
Maturity	12.05	2.10
Sublimation	13.57	3.14
Humor	12.33	3.34
Anticipation	11.75	3.32
Suppression	10.53	3.05
Immaturity	9.49	1.92
Rationalization	12.90	3.60
Splitting	11.92	3.65
Denial	10.36	3.22
Acting Out	10.36	8.64
Isolation	10.27	3.35
Projection	10.04	2.90
Somatization	8.80	3.65
Passive-aggression	8.50	3.02
Displacement	8.48	3.55
Autistic Fantasy	7.90	4.04
Dissociation	7.40	3.47
Devaluation	6.90	3.14

Further analysis was carried out to see the correlation between the styles of defense mechanisms. The results are shown as below:

Table 3. Correlation of defense mechanisms styles

	Neurotic		Immaturity		Maturity	
	r	ρ	r	ρ	r	P
Neurotic			0.481**	0.000	0.667**	0.000
Immaturity	0.481**	0.000			0.380**	0.000
Maturity	0.667**	0.000	0.380**	0.000		

** Correlation is significant at the 0.05 level of significance

Based on the data analysis showed that there is a significant correlation between the styles of defense mechanisms where a moderate correlation was found between neurotic and immaturity defense styles ($r = 0.481^{**}$, $\rho = 0.000$) at sig. 2 tailed value. The finding of the analysis also yielded that there is a significant correlation between neurotic style and maturity styles ($r = 0.667^{**}$, $\rho = 0.000$). A significant correlation also found between immaturity styles and maturity styles ($r = 0.380^{**}$, $\rho = 0.000$).

4. Discussion

The majority of the respondents of this study were youth group who are below the age of 40. With respect to respondents' treatment experiences, it can be summarized that the majority of respondents had experience of receiving drug treatment for two times. Due to the majority of the respondents, this study indicates that the adulthood stage is logically reasonable for them to receive drug treatment for two times based on the period of their involvement in drug addiction. With regard to relapse cases, most of the respondents had gone through a relapse episode at least once, by which they used to live in sobriety to a maximum period of six months.

Concurrently, the information on respondents' treatment experiences also corroborate that relapse is part of the journey to recovery and with that in mind, it is expected that relapse episode should be understood not only by the recovering addicts but also the significant others and the helpers. Although there is an emerging phrasing of relapse is not part of recovery journey, instead of dependency and disease, but it indicates that relapse does occur and it is another episode experienced by the recovering addicts in their efforts towards sobriety. By having this kind of understanding and expectation, it will facilitate their readiness and psychologically prepare themselves to face and deal with relapse episodes (Marlatt & Donovan, 2005; Gorski, 2001). In addition of understanding and expectation, addiction counselors can early identify the warning signs of relapse witnessed among recovering addicts and intervene the vicious cycle to prevent relapse. Furthermore, relapse prevention planning should be discussed between addiction counselor and recovering addict client upon treatment completion.

Most recovering addicts used the neurotic defense mechanisms in comparison to immaturity and maturity defense mechanisms. Meanwhile, an undoing defense was found being a prominent defense style of neurotic defense mechanisms among respondents of the study. As asserted by Cramer (1998) the neurotic defense mechanisms are common among adults to shield from experiencing unacceptable thoughts or feelings. An undoing defense relatively is conceptualized based on the extremity of its use and its consequence. An undoing defense involves a pointless attempt and mental rumination by the individuals to alter the past events by imagining different actions and outcomes would have happened to counteract the original events. In the addiction field, such defenses help relapsing addicts to fulfill their id gratification associated with drug taking pleasure as neurotic defense granting a short-term release but causing a long-term problem in addiction. A neurotic defense of undoing is the major defense style among the respondents, which is delineated as symbolically acting out in reversal to something unacceptable that has already been done or which is disavowed (DSM, 2000).

The recovering addicts would try to undo their action of taking drug by regretting it and demonstrating the sense of regret such as destroying drug taking gadgets or paraphernalia that magnifies an opposite action of their real action. The opposite action counteracts the feeling of guilty either towards self or significant others resulted from their action of taking drug. The opposite action somehow produce such a relief feeling for drug addicts and this feeling permit them to continuously taking drug because the feeling of guilty and regret would be nullified with their opposite action. Such defenses were used by drug addicts particularly when they experience common trigger namely hungry, angry, lonely and tired (HALT) along the journey to their recovery. Woody (1977) asserted that undoing defense style enable individuals to consistently perform a certain action because the individual are unaware of what is taking place and by some means may result in a distortion of some aspect of reality.

This finding however is contradicting the finding of a research conducted by Redick (2002) which found that substance abusers were more likely to use maturity defense mechanisms marked on sublimation defense style. Grebot and Dardard (2010) also found that there is a significance association between the intensity of cannabis addiction and mature defense of sublimation. Besides the above contradicting findings, this research again contradict the findings of a research conducted by Redick (2002) where he strongly pointed out that immature defense mechanisms of denial and dissociation become temperamental characteristics of drug abusers in comparison to this study that reveal immaturity defense mechanisms of rationalization style.

Although the findings of this study indicated that the respondents had lower tendency towards denial immature defense mechanisms, the defense such as denial creates rationalization about their action of taking drug. As according to Narcotic Anonymous or also popularly known as NA (1993) pointed out that denial is a part of addiction problem and drug addicts are always skillful at defending their action of taking drug and distort the reality. This is critical as noticed by Marsden (2012) that many of the thought patterns in addiction are defensive and designed to protect their addiction behavior. These rationalizations are then used by the relapsing addicts to justify their actions of taking drug. This means, the immaturity defense mechanisms of denial and rationalization are sequence of psychological asset in an ascending pattern of defense style that were used by the relapsing addicts to sustain in addiction without realizing the action of denial and thus rationalization could trigger maladaptive behavior associated with drug abuse. From the psychoanalytical perspective, the role of ego and superego of relapsing addicts are also present in recovery process as to confront the id desires and impulses related to drug abuse. Actions that allow denial defense and rationalization defense to happen may defect the process of ego and the superego in becoming practically functioning.

Fundamentally, maturity defense of sublimation is a constructive defense employed to deal with unacceptable thoughts or emotions because those thoughts are channeled into a more socially acceptable behavior. In drug addiction, the sublimation defense enables drug addicts to continuously using drug as this action is acceptable in the subculture of addicts to reduce their unacceptable thoughts or emotions. The maturity defense mechanisms of sublimation permit drug addicts to function normally due to the fact that using drugs is an acceptable way to reduce emotional problems.

4.1 Limitations and Recommendations for Future Research

An issue that has always to be considered when using the DSQ is the nature of the factors scale as recommended by Cramer (2006). Defense factors are defined in different ways and the factor analysis could be varied across different samples characteristics. The differences have not only in DSQ-40, but have been found in studies used DSQ-81 and DSQ-88. As example, previous research done by Muris, Winands, & Horselenberg (2003) discovered that acting out and dissociation defense was loaded on the Mature factor, while anticipation defense was included on neurotic factor. These factor analysis was dissimilar in the Andrews et al., (1993) study, by which those defense were loaded on Immature factor and Mature factor respectively. Considering the existence of subculture of drug addictive lifestyle, the factor scale might vary in relapsing addicts subjects. Denial defense could be loaded on neurotic defense factor as denial was regard as survival mechanisms to allow them sustain in their world of addiction.

The DSQ in this study was tested among individuals with drug addiction problems and had experienced relapsing episode for at least once in their life. Their ups and downs in achieving sobriety exemplify the struggle, emotional painful, and inconsistent psychological equilibrium including personality disorders and emotional problems faced by the relapsing addicts. Hence, it is recommended for future researcher to obtain their baseline data regarding their psychiatry status that could explain the multiple use of defense mechanisms and see the pattern of its use during remission period.

In conclusion, defense mechanisms amongst relapsing addicts are fragile element of psychological assets which can be one of the factors leading to relapsing episodes. From the psychoanalytical perspectives, the mental apparatus of psychic energy namely superego and id are weak and with that situation the psychic energy of ego is unable to mediate between id drive associated with drug and external reality (ego).

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