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Coping and Defense Mechanisms: What's the Difference? – Second Act

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RUNNING HEAD: COPING AND DEFENSE MECHANISMS – SECOND ACT

Coping and Defense Mechanisms: What's the Difference? – Second Act

## ABSTRACT

**Purpose.** Research into adaptational processes has sometimes been confusing as regards differentiating coping and defense mechanisms. This theoretical discussion is based on Cramer's (1998a) effort to disentangle the two concepts concerning the psychological processes involved, as well as acknowledge their mutual overlapping. Although such an effort is needed, at the same time several issues should be re-addressed and further implications on the differentiation of coping and defense processes discussed, such as consciousness and intentionality, functionality, adaptiveness, and the question of trait v state.

**Methods.** Based on Cramer's (1998a) review, a search was conducted for current models on defense and coping that address the afore-mentioned implications. Only theoretical models that differentiate the defense and coping concepts, without necessarily presenting related empirical evidence, were taken into account.

**Results.** Recent integrative models of defense and coping yield a more differentiated picture with regard to these issues: coping includes conscious and unconscious efforts, coping and defense serve very similar functions, adaptiveness can be defined in qualitative (defenses) and quantitative (coping) terms and the question of stability of defenses and coping needs to be more fully explored empirically. Furthermore, the nature of the underlying fear can be theoretically differentiated and related to the difference between coping and defense. Also, the implication of competence-related aspects of functioning (coping) and of internal determinants of functioning (defense) is discussed.

**Conclusions.** Implications for research perspectives implying defense and coping concepts based on observer-rating methodology are proposed.

**Key-Words:** Coping, Defense Mechanism, Psychotherapy Integration, Adaptational Process

## COPING AND DEFENSE MECHANISMS: WHAT’S THE DIFFERENCE? – SECOND ACT

When P. Cramer (1998a) wrote her paper on coping and defense mechanisms, the author chose an evocative subtitle: “What’s the difference?”. This simple phrase aiming at clarification reflects well the current knowledge about the issue: there are a host of empirical studies, based on a variety of conceptions, more or less theory-driven, leaving researchers and theoreticians somewhat overwhelmed. Confronted with so many ways to deal with adversity – from concrete behavioral strategies to emotion regulation and to intra-psychic counter-cathetic processes –, one might wonder “Does distinction really make a difference?”

The afore-mentioned paper makes it clear that the answer is at the same time yes and no, depending on the conceptual criterion applied. It also becomes evident that Cramer’s (1998a) comparative view was greatly needed and is therefore very helpful for further studies and elaborations. Thus, the present literature review will be based on Cramer’s work. For example, confusion surrounding the topic has been lessened by the introduction of the term of “adaptational process” (Cramer, 1998a, p. 920) encompassing coping and defense, based on the assumption that both serve the individual’s need for adaptation to reality. Within this overarching definition, the following definitions of coping and defense will be used, for the latter in accordance with Cramer’s choice of definition: “Defense mechanisms – i.e., mental mechanisms that alter veridical perception – [are] postulated to function so as to protect the person from excessive anxiety, whether the source of that anxiety be the perception of a disturbing external event or the presence of a disruptive internal psychological state (e.g., a wish, drive or fear)” (A. Freud, 1936, p. 43, cited by Cramer, 1998a, p. 920) and coping as “overt and covert behaviors that are taken to reduce or eliminate psychological distress or stressful conditions” (Fleishman, 1984, p. 229, cited by Holahan & Moos, 1987, p. 946). This

definition was chosen, as it underlines the functionality of coping processes, a characteristic I consider central to Cramer's concept of overarching adaptational processes.

However, several conceptual issues on integration of defense mechanisms and coping addressed by Cramer need to be re-addressed and re-evaluated. At least two recent theoretical models were not discussed in Cramer's review (i.e., the ones by Chabrol and Callahan, 2004, and by Steffens and Kächele, 1988) ; clinical and methodological implications are not sufficiently put forward in Cramer's review. Moreover, more elaboration is needed on the issues of consciousness, the nature of underlying fear, functionality and hierarchies of adaptiveness. Thus, after the first act by Cramer, a second act is needed. This implies that the current review may be understood as extension of the afore-mentioned.

This article aims at maintaining, as far as possible, clear-cut definitions of defense mechanisms on the one hand and coping on the other and preparing hypotheses which can be empirically tested. I will first extend Cramer's review of models of defense and coping – both historical and recent – which will be evaluated according to their empirical and clinical usefulness, their integrative tendency, as well as regarding issues of conceptual overlappings, sequential links between defense and coping, and their inherent limitations. Finally, several issues raised by Cramer will be discussed – consciousness, intentionality, adaptiveness and trait v state -, based on the models presented.

### *Historical Models of Defense and Coping*

Two historical models were documented by Cramer (1998a), Haan's and Plutchik's. I will re-examine them from a modern vantage point, in order to learn more about shortcomings and strengths of research in the field.

Haan's (1977) three-fold model is based on three levels of Ego functioning: (a) optimal functioning described by coping strategies, (b) non-optimal functioning by defense mechanisms and (c) Ego failure. Ten basic Ego processes have been defined: discrimination,

detachment, means-end-symbolization, delayed response, sensitivity, time reversion, selective awareness, diversion, transformation and restraint. Associated to these processes are ten specific processes nested within the levels. The author suggests that a given Ego process in an individual is potentially pervasive on all three levels; facing adversity, the individual deploys a specific coping; if this is insufficient, the person uses the corresponding defense and, if necessary, the corresponding Ego failure process. Thus, Haan formulates a model of psychopathology close to the Freudian conception of a continuum between normal and pathological states.

In this model, coping and defense are clearly differentiated (Haan, 1977; 1982), coping being defined as mechanisms eliciting secondary processes of thought allowing the individual deliberate and flexible choice and efficient affect modulation and expression; defense being defined as mechanisms referring to primary processes of thought deforming reality and putting the individual in a situation of non-voluntary and rigid functioning. No conceptual overlap is considered in Haan's model. The temporal sequence of coping preceding defense - emerging when coping fails - is postulated by the model.

The principal limitation of the three-fold theory is its definition of coping as optimal and defense as non-optimal processes (Parker & Endler, 1996; Perry, 1990), reflecting the state-of-the-art definition of the time when N. Haan wrote her books. Later, the concept of defense encompasses adaptive, along with maladaptive, mechanisms, inasmuch as the concept of coping describes maladaptive, along with adaptive, processes. Thus, the 30 processes described perfectly reflect the three-fold model, but account for neither current psychoanalytic conceptions nor cognitive-behavioral theories.

Only very little empirical research has been conducted to test the model (see Haan, 1977 for an overview), all categories of coping and defense are theory-driven. The clinical relevance of the model is important, especially for diagnostic purposes of psychopathology.

With his psycho-evolutionary theory of emotion studying adaptation of organisms to emergency, Plutchik (1995) developed another integrative model of basic adaptational processes. According to this theory, ego defenses and coping styles are derivatives of eight basic emotions (depicted in subjective terms: fear, anger, joy, sadness, acceptance, disgust, expectation and surprise) in conflict with anxiety yielding in the individual a defensive stance. A correspondence is established between each basic emotion and a specific defense mechanism and a specific coping style. Factor-analytic methodology (Plutchik, Kellerman, & Conte, 1979) has confirmed these eight basic defenses; however, so far, no full replicative validation study confirming the complete model is known (Grebot, Paty, & Girard Dephanix, 2006 for a partial replication). Included as defenses are: repression, displacement, reaction formation, compensation, denial, projection, intellectualization and regression; and as coping: avoidance, substitution, reversal, replacement, minimization, fault finding, mapping and help seeking. Each pair of corresponding category serves a specific function of survival, postulated as important for both humans and higher-order animals. In this model, defense and coping are clearly distinguished, ego defense being defined as “*unconscious*, rigid [processes] of limited adaptive value to an immature Ego” and coping styles as “*conscious* methods of solving problems, flexible and generally adaptive”. (Plutchik, 1995, p. 30, italics by the author). No overlapping, but a clear correspondence between each defense and coping style in terms of a derivative is postulated. The main force – at the same time a limitation - of Plutchik’s model is to simplify the list of defenses and coping. For the researcher on the one hand, this might be a welcome variable reduction. For the therapists on the other hand, it seems difficult to accept this reduced version of highly-developed theories of defense or coping; its implementation in clinical practice seems therefore limited. The question of consciousness of the processes, as defined by Plutchik (1995), will be addressed in the Discussion section.

*Current Models of Defense and Coping*

In Cramer's (1998a) review, at least two recent integrative attempts on defense and coping were not included, due to the fact that at that point in time, no publication in English was available, the models by Chabrol and Callahan (2004) and by Steffens and Kächele (1988).

Chabrol and Callahan (2004) developed a conception describing the functional organisation of defense and coping. They postulate that defense and coping usually occur at adjacent moments, but not simultaneously, in situations of everyday life or in the patient's narrative in psychotherapy. Temporal proximity has already intrigued other theorists, such as Haan (1977) and Vaillant (2000), who postulated a typical sequential order: first the individual tries to solve the problem associated with stress or conflict by engaging in coping processes, second, if they fail, the individual uses defenses which are conceived as less adaptive (see above). Chabrol and Callahan (2004) suggest that this approach is rather simplistic corresponding neither to clinical observations, nor to modern conceptions of coping and defense, and these authors propose a sequential model where defense mechanisms precede coping processes. Thus, defense remains a personality-related concept, very close to its Freudian definition (Freud, 1926), nevertheless dynamic, whereas coping processes are used once the individual's basic unconscious defensive stance (with several levels of adaptiveness) has been established. Within this model, coping processes can still be adaptive, even when preceding defenses are not necessarily adaptive, and inversely, adaptive defenses can also precede dysfunctional coping, but the coping-preceded-by-defense will be based on the altered perception of the reality related to defense. This sequential hypothesis is consistent with the assumptions by Heim, Augustiny and Blaser (1983) and has several interesting clinical implications (see Ihilevich & Gleser, 1991); in particular it elicits potential limitations of coping enhancement training, as well as defense interpretation techniques. It might suggest that clinicians should be attentive to coping resources – in highlighting and activating them –

at the same time formulating a defense interpretation, as the latter may be stressful for the patient. Inversely, working on enhancing coping presumes the related defense for the particular situation must be clarified (see also Grawe, 1998; Sachse, 2003, for the links between clarification and coping enhancement techniques in psychotherapy).

The model refers to the definition of defenses by A. Freud (1936) and the definition of coping by Holahan and Moos (1987). Overlappings between the two concepts seem possible, but are not substantial. An overall conceptual link is postulated in terms of synergetics between defense mechanisms and coping. Defense mechanisms facilitate or impede the realisation of the cognitive- or behavior-oriented coping. Adaptive coping may be restricted by underlying immature defense mechanisms and potentialized by underlying mature defense mechanisms. A recent study realised on 190 psychology graduates yields moderate correlations between immature defenses (using the DSQ-40) and maladaptive coping processes (using the Brief COPE), as well as moderate correlations between mature defenses and adaptive coping (Callahan & Chabrol, 2004). So far, to our knowledge, the sequential link has only partially been confirmed by an unpublished study on 20 psychotherapy sessions using independent observer-rater methodologies applied to session-transcripts. Only 36% of all rated defenses are immediately followed by a coping process, suggesting substantial loss of information on individual defensive and coping profiles, because the remaining 64% of defense mechanisms stood alone, without being immediately followed by a specific coping process (Kramer, 2005b).

Finally, Steffens and Kächele (1988) proposed another model where the individual's need for adaptation to reality represents the missing link between coping and defense; both categories of processes serve this same function (see also Cramer, 1998a). A clear-cut distinction is made with regard to two criteria: the status of fear and the impact of novel situations to be faced by the individual. With reference to Freud (1926), realistic anxiety

(“Realangst”) is differentiated from neurotic fear (based on idiosyncratic conflict constellation; see also Hartmann, 1958); defenses operate in the case of the latter, whereas coping is the answer to the former. Thus, in new situations - which means they are unusual to the individual -, both processes are activated at the same time and have clearly distinctive functions, i.e., sub-functions of adaptation. In a stressful situation, both types of fears (realistic anxiety and neurotic fear) might be activated and these are neutralized by means of defenses and coping. By developing this point, one may assume the signal-anxiety as proximal cause for both defense and coping, whereas the presence of neurotic fear related to inner conflict as distal cause only for defense (see also Sjöbäck, 1973).

Steffens and Kächele give the following example: in a person given a diagnosis of chronic illness (e.g., cancer), (1) Defenses are activated in order to contain the resurgence of traumatic memories or fantasies related to death, loss, disintegration or castration and (2) Coping processes are activated to face the novel and threatening situation, in a so-called conflict-free zone of the Ego. Two basic coping processes are proposed: allo-plastic and auto-plastic (Hartmann, 1958; see also Perrez, & Reicherts, 1992, for an elaborated definition). Thus, the conflict-free zone of the Ego is only created, if the defensive process is sufficiently effective. We should note that this definition of conflict-free zone in the dynamics of the interplay between defense and coping does not completely overlap with Hartmann’s (1958) definition of “conflict-free sphere”, elaborated strictly on the basis of psychoanalytic theory.

Nevertheless, Steffens and Kächele’s assumption is consistent with the traditional psychoanalytic definition of defenses (Freud, 1894; A. Freud, 1936; Hartmann, 1958; Moser, 1964) underlining the primacy of *internal* stressors, mainly traumatic memories and fantasies, as main triggers of defenses. Steffens and Kächele’s (1988) conception is also consistent with the transactional theory by Lazarus (1991; Lazarus, & Folkman, 1984) emphasizing situation-dependency of coping. The assumption of simultaneity contradicts Chabrol and Callahan

(2004), but is an argument in favor of parallel processing in facing adversity, underlined also by appraisal research (Scherer, 1984). The model does not exclude a dynamical shift from defenses to coping and vice-versa, thus partially undermining clear-cut boundaries between the two concepts. Hence, defenses, if induced by a situation, might be used as direct adaptation and thus, become coping for a given situation. On the other hand, if adaptational processes (defenses or coping) are used in a pervasive manner – the same process being implacably overused in many different situations -, one must assume the existence of an underlying internal conflict eliciting defensive manoeuvres (and not coping). This seems to contradict certain definitions of defense and coping trying to maintain a clear independence (see Bouchard & Thériault, 2003). It may be argued that if overused coping characterized by stability across different situations is called coping or defense, this is a theoretical question which should be resolved for a particular clinical situation (with limited generalizability), based on empirical data available as to the presence of an internal conflict associated with the process.

In conclusion, according to the basic assumption by Steffens and Kächele, defense and coping are clearly distinguished. However, the authors do not exclude the dynamical transition, under specific conditions, between the two. This transition might account for what in other – more static – conceptions is called conceptual overlap between defense and coping. In Steffens et al.'s conception, the overlap phenomenon is clinically and theoretically accounted for, with a rationale of pervasiveness of adaptational processes related to internal conflicts being provided. The model postulates an overall link between defense and coping, where the creation of a conflict-free zone in the Ego is central, as well as different types of fears elicited by novel situations. So far, no empirical evidence supports the model, although, Küchenhoff and Manz (1993) have corroborated part of a derived model. From a clinical vantage point, however, this integrative conception is consistent with several clinical theories,

above all Freud's defense theory and Lazarus' stress-coping model and therefore, thus both its clinical implementation and its empirical exploration seem promising.

## DISCUSSION

As shown by the presentation of models of defense and coping, Cramer's (1998a) discussion of the question lacks several current references and thus, needs to be reviewed taking into account these modern conceptions of defense and coping. This is the aim of the present second act. I will review the issues of consciousness and intentionality, instrumentality, adaptiveness and trait-state discussion, among others raised by Cramer. Finally, argument will be put forward in favor of theory-consistent methodology for assessment of defense and coping.

### *Consciousness*

As suggested by Cramer (1998a), the question of consciousness is related to the question of intentionality, without both concepts being perfectly overlapped by each other. Unconscious processes may have conscious correlates, but the motive - or intention - of the adaptational process is generally concealed from consciousness, as may be the process as a whole. Therefore, we discuss the two questions together (for an opposing view, see Newman's reaction, 2001). Defenses, especially non-adaptive ones, are usually defined as processes with an important unconscious part (Freud, 1926; Perry, 1990). The question is less clear for coping and adaptive defenses. Cramer refers to suppression, traditionally categorized as mature defense (Vaillant, 1977), but implying "a semiconscious decision to defer paying attention" (Vaillant, 1990, p. 262, cited by Cramer, 1998a, p. 925). Based on the argument that suppression thus involves "conscious intention to not allow some thought or event to create psychological disturbance", Cramer would suggest it be categorized as coping (see also Haan, 1977, for the distinction between suppression and repression). This argument needs to be challenged, since it is based on a static conception of adaptational processes. In line with

Steffens and Kächele (1988), it can be argued that suppression might be understood as coping and as defense, depending on the type of fear to be contained in the subject and depending on its functionality in novel situations: the question would be: “does this process aim at direct adaptation to external reality – facing realistic anxiety - or at creating an internal conflict-free zone – facing neurotic fear?”. Depending on the response to this question, suppression in a given situation would be classified as coping or as defense. A similar argument might be advanced in answer to the question as to whether denial is a defense or a coping (Sjöbäck, 1973).

The second argument raised by Cramer is that the conscious status of coping is one of the main distinctive features of coping processes (as opposed to defenses). Paradoxically, Cramer (1998a) herself mentions divergent opinions of coping researchers on this tricky question. Certain do not exclude un- or pre-conscious coping (Erdelyi; 1985, 2001; Lazarus & Folkman, 1984), others claim that coping can only be conscious (Parker, & Endler, 1996; Singer, & Sincoff, 1990; Suls, & Harvey, 1996), but these opposing views are discussed neither with regard to theory nor to empirical data. Cramer (1998a, p. 924) concludes that “the majority of coping researchers see these processes as under the conscious control of the person”. We would argue, along with Steffens and Kächele (1988, p. 41) that “(...) coping processes on the other hand may certainly occur automatically and thus, may be described as being unconscious, however, they are not - as Ego strategies – anchored within unconscious conflicts” [translated by the author]. The latter is reserved for defense mechanisms. Thus, we may have to admit that, at least theoretically, the non-conscious status of an adaptational process alone does not inform us if we are dealing with a defensive or a coping process (see also the discussion of Cramer’s paper by Newman, 2001, Erdelyi, 2001; and Cramer’s reaction, 2001). According to Steffens and Kächele (1988), one needs to be able to identify an internal conflict in the individual in order to talk of a defense; coping does not require this

type of adversity. This theory-driven conception is consistent with most conceptions on coping, as it is generally understood as a strategy against situation-related adversity, whether the strategy is conscious, preconscious or unconscious for the individual (Lazarus & Folkman, 1984; Skinner, Edge, Altman, et al., 2003; Zeidner & Saklofske, 1996).

In conclusion, in order to be able to answer the question of the (un-)conscious status of coping, one needs to compare several methodologies of coping assessment, i.e., self-ratings and observer-ratings (see Kramer, Drapeau, Khazaal, & Bodenmann, 2009; Tschuschke, Pfleiderer, Denzinger, Hertenstein, Kächele, & Arnold, 1994). Consistent and systematic overlap would be an argument in favor of conscious processes, whereas inconsistency in the results would argue in favor of the existence of unconscious coping; research into this question is therefore warranted.

### *Functionality*

As suggested by Cramer (1998a), there is consistent overlap – or maybe even no difference - between the two main functions of coping and defense: (1) To reduce negative affect/ward off disruptive negative affect, and (2) Return to baseline functioning/restore a comfortable level of functioning. Thus, functions of defense and coping can be described as (1) Affect regulating, and (2) Maintaining homeostasis of the system. In this sense, the functionality of defense and coping may be paralleled to the concept of “Plan” in the Plan Analysis approach (Caspar, 1996), which we draw on to illustrate the afore-mentioned consistent overlap between defense and coping on an individualized level. Plan Analysis differentiates between interactive and intra-psychic goals – motives – and means, the latter being instrumentally related to these goals. For instance, a patient with traumatic memories of his childhood tends to “forget” these in a given current stressful situation and might use a repression. This defense, which might be described as a Plan (Caspar, 1996) “Do everything to forget the painful experience” or “Avoid thinking about the traumatic event”, serves

instrumentally a higher-order plan which might be called “Avoid upsetting emotions”. Thus, the afore-mentioned function (1) of repression aiming at affect regulation is explained.

Moreover, these Plans might also serve another higher-order Plan, such as “Avoid talking in therapy about the trauma” or “Avoid engaging fully in therapy”. Such Plans illustrate the afore-mentioned function (2) of repression as defense, which is the maintenance of homeostasis of the system. Moreover, the hierarchy of Plans illustrates the means-end relationships and thus, overlaps with the functionality being inherent in defense and coping concepts.

Even if the Plan Analysis approach overlaps partially with defense and coping concepts, there are substantial differences, where Plan Analysis clearly surpasses the defense-coping concepts, such as the tailor-made description of Plans aiming at individualized case conceptualizations, the differentiation between intra-psychic and interpersonal regulation processes as Plans, the explicit instrumental links between behaviors, Plans and motives, as well as the instrumental function of emotions in relation with Plans (Caspar, 2007).

To sum up, functionality allows consistent overlap between defense and coping, and might even be the Achilles heel of adaptational processes – thus, the necessary condition for adaptiveness to be produced; without functionality of a process, the studied process ought not be adaptational, but embedded in a momentary adversity-free context requiring no adaptation. We therefore agree with Cramer (1998a): coping and defense cannot be differentiated on the sole criterion of functionality. Empirical evidence for the conclusion of non-differentiation of defense and coping with regard to their functionality is provided by studies on marital adjustment (Bouchard, & Thériault, 2003), on adjustment in normal adolescents (Erickson, Feldmann, & Steiner, 1997), on sports performance in professional kayakers (Nicolas, & Jebrane, 2008) and on adjustment after lumbar discectomy (Fulde, Junge & Ahrens, 1995).

*Adaptiveness*

The question of hierarchy of defenses or coping, according to the criterion of adaptiveness, has been discussed (Cramer, 1998a). Adaptiveness might depend on at least three criteria, initially developed for the concept of coping, but certainly valid for all kinds of adaptational processes (Skinner, Edge, Altman, et al., 2003): the long-term developmental consequences of the process (a question being “What are the long-term costs?”), its subjective experience (“What does it feel like to practice this process?”) and the current qualities (“How can this process be described?”).

For defense mechanisms, a hierarchical organisation ranging from maladaptive defenses to mature defenses is widely accepted in psychoanalytic thinking (Cramer, 1991; Perry, 1990, 1993; Vaillant, 1977, 1993). However, in coping research, coping processes are rarely ranked according to their degree of adaptiveness. Some researchers describe good news versus bad news coping (Aldwin, & Revenson, 1987), but critics of this dichotomic conception are frequent (Kramer, 2005a, Lazarus, 2000; Skinner, Edge, Altman, et al., 2003). Cramer (1998a) does not exclude a “horizontal hierarchy” describing coping processes as they unfold across a specific and limited period of time (sequential model: Aspinwall, & Taylor; 1997; Carver, & Scheier, 1981; Folkman & Lazarus, 1985; Rothbaum, Weisz, Snyder, 1982; Tennen, & Affleck, 1997). There are also several attempts to classify coping along a more complex hierarchy; for instance, within a three-level-model (Leventhal, Suls, & Leventhal, 1993). With some exceptions, it can be concluded that vertical hierarchy is associated to defense, whereas horizontal (sequential) hierarchy is linked to coping.

Along with Costa, Somerfield and McCrae (1996) and Cramer (1998a), qualitative differences in defenses account for adaptiveness (see also A. Freud. 1936, for a discussion) – meaning that some defenses are more mature than others -, whereas quantitative criteria might apply to the degree of adaptiveness of coping – meaning that any given coping is maladaptive if practiced in a highly frequent manner (“overused”). Therefore, for optimal adaptation, an

individual should engage in mature – high-level – defense mechanisms and at the same time avoid practicing any coping too frequently (Skinner, Edge, Altman, et al., 2003). This hypothesis is theory-driven and needs to be tested empirically. Recent models of defense and coping (Steffens & Kächele, 1988) suggest an overused coping be called defense, due to the underlying internal conflict postulated. We would argue that as long as the underlying internal conflict has not been reliably assessed in the given clinical situation, coping may be used recurrently, without it becoming a defense. Only empirical research might answer the question of internal conflict being associated with frequent use of a specific coping.

### *Trait v State*

The question of trait v state of defense and coping has been tackled by several researchers (Cramer, 1998a). Underlying this distinction is the empirical question of stability over time of an adaptational process in a given individual. On a theoretical level, we differentiate between personality-driven processes (defense mechanisms) and situation-induced processes (coping processes) (Chabrol, & Callahan, 2004; Cramer, 1998a; Steffens & Kächele, 1988). In this respect, Cramer (1998a) concludes that one is facing mere tendencies, rather than a criteria yielding clear-cut differentiation between defense and coping. I only partially agree, in view of recent integrative models (Chabrol, & Callahan, 2004; Steffens, & Kächele, 1988) and empirical findings (using self-report questionnaires: Whitty, 2003; using observer-rated methods: Kramer, 2009 and Kramer, de Roten, Michel, & Despland, 2009). A closer look at the question yields the following: it is common to conceive defenses as personality-driven constructs (aspect of trait), elicited by intra-psychic or external conflicts (Bergeret, 1985; Cooper, 1998; Kernberg, 1984; Perry, 1993); this would imply both a trait- and state-aspect of defenses (see also Drapeau, de Roten, Perry, & Despland, 2003, for the question of stability and fluctuation of defenses over psychotherapy). Facing the same unconscious conflict, the individual does not need to defend him-/herself by using the same

defense across situations, but tends to use certain defenses more often than others, yielding a profile of typical defensive patterns, which undergoes only limited fluctuation over time (Cramer, 1998b; Perry, & Cooper, 1989; Perry, 1993; see also Vaillant, 1976, for the long-term developmental course of defenses in adulthood). For coping, on the other hand, the particularities of the situation and its subjective appraisal by the individual (Lazarus & Folkman, 1984) determine the coping process involved, not directly the individual's personality nor the nature of inner conflicts. This implies higher fluctuation for coping over time, compared to defenses. Of course, appraisal research shows links of coping with stable personality-variables (which are aspects of trait; Carver, Scheier, & Weintraub, 1989; Costa, & McCrae, 1990; Hewitt, & Flett, 1996; see also Beutler, Harwood, Alimohamed, & Malik, 2002), but theoretically, coping is conceived as situation-induced, thus rather reflecting the concept of state (Cramer, 1998a; Kramer, 2005a, Lazarus, & Folkman, 1984; Perrez, & Reicherts, 1992). This distinction implies the differentiation of determinants in adaptational processes: coping is essentially externally determined – a concept related to the individual level of competence in adaptation, whereas defenses are essentially internally determined – a concept implying a certain degree of reality-distorted perception. As a result, at least theoretically, clear-cut differentiation can be obtained, as defenses encompass trait- and state-aspects, whereas coping is associated to state. However, it is high time this conception be better understood by being tested empirically (see the conclusions by Whitty, 2003).

#### *Measurement of Coping and Defense in Clinical Psychology*

The issue of accurate measurement has been addressed by several scholars and researchers, separately for coping (Carver, Scheier, & Weintraub, 1989; Lazarus, & Folkman, 1984; Endler, & Parker, 1990; Perrez, & Reicherts, 1996) and defenses (Cramer, 1991; Haan, 1977; Perry, 1990). The clinical v research origins of the two concepts are generally reflected by the assessment strategies: clinician-rated evaluation systems of defenses, versus self-report

measures, *i.e.*, questionnaires, self-observational methodologies regarding coping. Whereas the former tend to yield high external – clinical and theoretical – validity (Perry, 1993; Perry, & Henry, 2004), but may suffer from flaws in inter-rater reliability, the latter tend to show high internal validity and reliability - on subscales produced by factor-analytic procedures - but potentially suffer from low external validity, low theory-consistency and limited usefulness for clinical psychology, due to the low level of complexity in the assessable concepts with such methods.

Related to this classical divergence in measurement is the differentiation between defense and coping in unconscious and conscious processes (see Discussion section). Assessment of coping by means of solely self-report measures is prone to distorted perceptions of self, manipulative tendencies or lies, which might be the consequences of unconscious adaptational processes. On the contrary, assessment of defenses and coping by means of clinician- or observer-rater systems would seem unnecessary if postulated that such processes are conscious for the individual; in this case, questionnaires or self-observation methodologies would suffice. Based on the afore-mentioned discussion, one should leave open the query as to whether coping is conscious or not, and thus, should opt for observer-rater methodology, in addition to self-report measures for assessing coping and defenses (Cramer, 2000; Kramer, 2005a; Kramer, 2009; Lazarus, 2000; Perry, 1993; Tschuschke, et al., 1994). Observer-rater methods are also accurate ways of controlling for biases due to social desirability, acquiescing, interpersonally manipulative and self-deceptive tendencies. Such methodology responds optimally to the complexity inherent in clinical psychology.

#### *Research Perspectives into Defense and Coping*

To sum up the research agenda related to adaptational processes, it would be helpful to see the following questions addressed by empirical research (non-exhaustive).

Are defenses and coping based on conscious or non-conscious processes, or both?

Comparison between self-report and observer-rater methodology would shed light on this question.

Is optimal adaptation, as operationalized, for instance, by symptoms or symptom change, associated to mature defenses and low frequencies of any coping? A clinical trial on defense and coping in patients undergoing psychotherapy or other treatment would help answer this question.

Are defenses always related to internal conflicts; does coping always follows realistic anxiety? Concurrent assessment of conflicts, defenses and coping on the same clinical material would be of use.

Are defenses best understood as state- and trait-dependent, whereas coping is after all state-dependent? Research into stability and change of defense and coping over time is needed.

## CONCLUSIONS

This paper aimed to assess Cramer's effort to address confusion in the concepts of defense and coping and proposes further elaborations on several of the related topics. As such, recent integrative models on defense and coping were presented and discussed. At this point, I should acknowledge possible limitations of the reviewing approach. The review heavily draws on the work by Cramer (1998a), and the literature was searched using the lenses adopted by this author in order to complement the first act by a second on the differences between defense and coping. An important literature exists that does not make any difference between the two concepts; as stated in the introduction, I decided not to include this literature; therefore, the conclusions may be biased. Moreover, the conclusions remain tentative, as there is very little empirical evidence, in clinical or general psychology, on the issue. Nevertheless, the review suggests that coping, as well as defense, can be – but need not be - unconscious for

the individual; empirical data point into this direction. The criteria of functionality and adaptiveness do not fundamentally differentiate defenses from coping; empirical data support this claim. However, the nature of the underlying fear theoretically differentiates defenses from coping. More generally, competence-related functioning is reflected by coping, whereas internal determinants of functioning are related to defenses. Stability over time is theoretically related to defenses as a personality-related concept, whereas change is related to the concept of coping, due to the status of the latter as a situation-induced adaptational process; empirical research has tentatively confirmed this claim. Should these conclusions be confirmed, they may have potential impact on clinical theories on adaptational processes. In this case, coping may be relevant when addressing short-term changes in patients undergoing psychotherapy, i.e., in crisis interventions, whereas defenses may be relevant when addressing long-term changes in these patients. The quality of the underlying fear is clinically also a relevant information which may be used in clinical practice and related to the nature of adaptational process. Finally, should empirical findings confirm the claims on defenses and coping, they may both be cogently integrated in various forms of psychotherapy, even if they stem from two different traditions.

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