



DEFENSE STYLES OF MALE AND FEMALE HOMEOPATHIC STUDENTS

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Abstract

Background: *Ego defense mechanisms defined by Freud are unconscious resources and they are the reflection of how students deal with conflict and stress. The purpose of the study was to assess various ego defense mechanisms employed by male and female students of Vinayaka Mission Homeopathic College.*

Method: *In the cross sectional survey, Defense Style Questionnaire (DSQ-40) was administered to forty male and forty female students to assess the ego defense mechanisms which covered the classification of Mature, Neurotic, Immature and Narcissistic defense styles.*

Results: *t -test was used for analyzing the obtained data of the male and the female students. Neurotic and mature mechanisms were more prevalent and the defense mechanisms were significantly employed by the females than the males. The males differed significantly in immature defense, though they also scored more on mature defense mechanism. There was no significant difference in narcissistic defense style.*

Conclusion: *Immature & mature defense mechanisms and Neurotic & mature mechanisms were commonly employed among the male and the female homeopathic students respectively. The greater employment of neurotic defenses could reflect greater coping of stress levels in the females. Immature defense in some areas reflected less adaptive functioning of the males. The findings indicated that mature defense mechanisms might associate with better adaptive functioning and health, as opposed to immature defense which indicated less adaptive adult functioning. Gender differences were noticed in the employment of these mechanisms in the homeopathic students. Defense mechanisms help to relieve from their suffering like anxiety, inner hurt and de- evaluation, even suicide attempt and to save their psychic energy.*

Key Words: *Ego Defense Mechanisms, Homeopathic Students.*

Introduction

Ego defense mechanisms have been hypothesized to act as one set of mediators in the stress-illness relationship (Flannery, 1987). The 20 defense mechanisms identified by the Diagnostic and Statistical Manual (DSM) have been classified by Andrews(1993) into: (a) four mature: sublimation, humor, anticipation and suppression; (b) four neurotic: undoing, pseudo-altruism, idealization, and reaction formation; (c) twelve immature: passive aggression, acting out, isolation, devaluation, autistic fantasy, displacement, dissociation, splitting, rationalization, somatization, projection, and denial.

Vaillants' proposed Hierarchy of Defenses states that mature defense mechanisms are associated with better adaptive functioning and health, as opposed to immature defense which are correlated negatively with measures of adaptive adult functioning. Interestingly, neurotic defense mechanisms, despite being correlated with high levels of distress and impairment, have been seen to be protective in cognitive and affective awareness of conflicts, when compared to immature defenses (Vaillant, & Battista 1982). Several studies have determined the association between individual defense mechanisms arising as a result of anxiety, and levels of adult functioning (Freud, 1937; Jacobsen et al, 1986; Vaillant, 1976; Vaillant, Bond, & Vaillant, 1986; Vaillant, & Drake, 1985).

Their findings have been remarkably consistent in supporting the hierarchy of defenses, suggesting that instruments which could readily yield an accurate assessment of defensive functioning would prove clinically useful in identifying personality traits. It is already widely accepted that medical students and physicians exhibit unique personality characteristics, which Shaw et al, (2001) suggest the interaction of inherent personality patterns and specific environmental influences and stresses of medical school. Perceived medical school stress has been linked to clinically significant mental distress, which subsequently leads to mental health concerns such as anxiety and depression (Dyrbye, Thomas, & Shanafelt, 2006).

The data collected would aid in identifying the subset of medical students more likely to employ immature and neurotic defense mechanisms, which would then serve as a target for medical practitioners for teaching interventions, mental health-promoting strategies, and various awareness programs. The goal of these interventional programs would be to assist individuals in acquiring greater insight by bringing their unconscious behavior to consciousness and assisting them in understanding the cause of the behavior. This could eventually encourage adoption of mature defense mechanisms, and



hence, a better quality of life in coalition with social support systems, or psychotherapy.

Objectives

They were i) to prevalence of defense styles of the male and the female homeopathic students and iii) to compare the defense styles of the male and the female homeopathic students

Method

Design: In the cross sectional study, defense style questionnaire was used to assess different defense styles of coping of the students.

Sample: Forty male and forty female students studying homeopathic medicine (I&II years) served a sample of the study. Purposive sampling technique was used in this study. They belonged to the age group of 18-21 years, their parents had the income of Rs. 10000 to Rs.50000 and most of the mothers were house wives and had mostly two children. Most of the fathers had different occupations like doing business, agriculture, and working as homeo-doctor, teacher and bank employee.

Measures: The DSQ-40 (Parekh et al, 2010) comprised 40 items (slightly modified), used to derive scores on 20 defense mechanisms with two items for each defense mechanism, in a 9-point Likert format of 1 (completely disagree) – 9 (fully agree). The defense mechanisms were further grouped under four factors: a) Mature, b) Neurotic, c) Immature and d) Narcissistic styles suggesting that instruments which could readily yield an accurate assessment of defensive functioning would prove clinically useful in identifying characteristic personality traits.

There were (a) Four mature: sublimation, humor, anticipation and suppression; (b) four neurotic: undoing, pseudo-altruism, idealization, and reaction formation; (c) ten immature: passive aggression, acting out, isolation, devaluation, autistic fantasy, displacement, dissociation, splitting, rationalization and somatization and d) two narcissistic: projection, and denial. Defenses stated that mature defense mechanisms were associated with better adaptive functioning and health, as opposed to immature defense which were correlated negatively with measures of adaptive adult functioning.

Statistical analysis: SPSS (16 version) package was used for analyzing the data of the two groups of students. Percentage and t-test- were done to interpret the scores obtained by these groups.

Results

Table 1: shows the prevalence of different ego defense mechanisms, and mean, S.D. and t-value of defense style of the male and the female homeopathic students.

Scale	Types	N	Males		Females		t-value	
			Mean	SD	N	Mean		SD
Defense styles	Mature	40	33.96	3.72	40	36.52	6.23	2.02**
	Neurotic	40	35.52	4.64	40	39.52	6.21	3.52*
	Immature	40	58.92	8.55	40	53.32	8.06	3.30*
	Narcissistic	40	9.82	2.45	40	9.61	2.52	0.37

*p < 0.01; **p < 0.05

Mean and standard deviation were calculated for each of the groups of male and female students to facilitate the comparison of defense styles. The main analysis of the data was to determine the significance of mean difference of the two groups of students. The male and female students significantly differed in the mature, the neurotic, and the immature styles but they did not differ in the narcissistic style. The scores for each defense were calculated by taking the mean of the all items representing the particular defense mechanism.

Discussion

Defense Style Questionnaire (DSQ) is the most widely used self-report instrument for defense measurement with validated versions in numerous languages, including Chinese, Dutch, Arabic, Finnish, French, German, Italian, Japanese, and Norwegian (Bond, & Perry, 2004). This might be the first study of its kind from Tamilnadu investigating the prevalence of ego defense mechanisms employed by the medical students. Two major studies with similar objectives employing the DSQ-40 have been previously published (La Cour, 2002; Watson, Sinha, & Gender, 1998). The four main themes, reflecting the most prevalent mechanisms, representative of the characteristics of the homeopathic medical students were: a) (Mature defenses) *Sublimation*: it redirects 'wrong' urges into socially acceptable actions; *Humor*: it deals with emotional conflict or



external stressors by emphasizing the amusing or ironic aspects of the conflict or stressors; *Anticipation*: it anticipates consequences of possible future events and considering realistic, alternative responses or solutions; *Suppression*: it is an intentional exclusion of material from consciousness; b) (Neurotic defenses) *Undoing*: it is an act or communication which partially negates a previous one; *Pseudo-altruism*: it deals with emotional conflict or internal or external stressors by dedication to meeting the needs of others; *Idealization*: it overestimates desirability & underestimates the limitations of desired object; *Reaction Formation*: it overacts in the opposite way to the fear; c) (Immature defenses) *Passive Aggression*: it deals with emotional conflict or internal or external stressors by indirectly and unassertively expressing aggression toward others; *Acting out*: it deals with emotional conflict or internal or external stressors by actions rather than reflections or feelings; *Isolation*: it splits-off of the emotional components from a thought; *Devaluation*: it deals with emotional conflict or internal or external stressors by attributing exaggerated negative qualities to self or others; *Autistic fantasy*: it deals with emotional conflict or internal or external stressors by excessive daydreaming as a substitute for human relationships, more effective action, or problem solving; *Displacement*: it redirects emotions to a substitute target; *Dissociation*: it splits-off a group of thoughts or activities from the main portion of consciousness; compartmentalization; *Splitting*: other individuals or the self is perceived as all good or all bad; *Rationalization*: it offers a socially acceptable and apparently more or less logical explanation for an act or decision actually produced by unconscious impulses; *Somatization*: Conflicts are represented by physical symptoms involving parts of the body innervated by the sympathetic and parasympathetic system; d) (Narcissistic defenses) *Projection*: it attributes uncomfortable feelings to others; *Denial*: it claims/believes that what is true to be actually false. The present study supports the findings of the previous studies of Levitt (1991); Parekh et al, (2010); Shaikh et al, (2004).

Conclusions

The first psychoanalytical concept of the DSM based on Ego Defense Mechanisms, described by Sigmund Freud provided a reflection of how an individual dealt with conflict and stress. Defense mechanisms help to relieve from their suffering like anxiety, inner hurt and de evaluation, even suicide attempt and to save their psychic energy.

In this article, the authors identify and highlight the lower mean scores of immature defense mechanisms than those for neurotic and mature mechanisms among the medical students. The greater employment of these neurotic defenses could reflect greater stress levels than the general population. In conclusion, female gender, enrollment in a private medical college, and preclinical years to be the strongest factors associated with the employment of neurotic mechanisms amongst the medical students.

Future the findings, as the primary utilization of neurotic mechanisms as the basic style of coping predicted the significant long-term maladaptive functioning, dissatisfaction, and poor quality of life. These factors are a useful resource for medical practitioners and student counselors to identify students who are most in need of interventions to encourage adoption of mature defense mechanisms, and hence, attain a better quality of life.

Acknowledgement: The author thank Dr. Sudhir, M.D. (Homeo) and the students for their co-operation to this study

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