

Relationship between Pathological Personality Traits and Defense Mechanisms in the Community Sample of Russian-Speaking Adult Inhabitants of Latvia

Igors Ivzāns and Sandra Mihailova*

Department of Sociology and Psychology,
Riga Stradins University, Latvia

*Corresponding author:

Sandra Mihailova

✉ Sandra.Mihailova@rsu.lv

Department of Sociology and Psychology,
Riga Stradins University, Latvia.

Tel: +371 67 409 105

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Abstract

This article aims to define what kind of relationship exists between pathological traits and defense mechanisms. Primary data was used in this research, which has been collected from 14th until 30th of March in 2017. Research participants were 57% male and 43% female in the age of early adulthood 25-39 years (M = 29.9, SD = 3.33).

Two measures were used “*Multidimensional Clinical Personality Inventory*” (V. Perepjolkina, J. Koļesņikova, K. Mārtinsone, A. Stepens 2017), “*Defense mechanisms questionnaire*” (L. Subbotina 2017).

Results showed that many relationships exist between pathological traits and defense mechanisms. Received results may be used for clinical psychologists or any other health services workers who deal with personality disorders.

Keywords: Personality traits; Pathological traits; Personality disorders; Defense mechanisms

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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.

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, but in those studies, none of them considered personality disorders through trait-specified approach.

This research is an attempt to approach personality disorders through the modern, trait-specified approach. It will be the first study on relationship between pathological traits and defense mechanisms based on this approach conducted in Latvia.

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 (precisely).

Besides that, by defining relationship between pathological traits and defense mechanisms, ways in which defense mechanisms relate to different pathological traits will be demonstrated.

Relationship between Pathological Traits and Defense Mechanisms

In 1884, Sir Francis Galton was the first person who have investigated the hypothesis that it is possible to derive a comprehensive taxonomy of human personality traits by sampling language: the lexical hypothesis [1].

In 1936, Gordon Allport and S. Odbert put Sir Francis Galton's hypothesis into practice by extracting 4,504 adjectives which they believed were descriptive of observable and relatively permanent traits from the dictionaries at that time [2].

In 1940, Raymond Cattell retained the adjectives, and eliminated synonyms to reduce the total to 171 [3]. He constructed a self-report instrument for the clusters of personality traits he found from the adjectives, which he called the Sixteen Personality Factor Questionnaire [4].

A psychologist named Donald W. Fiske reported in 1949 that he was notable to replicate Cattell's 16 factors when he performed factor analysis on data he had collected; rather, he found that a five-factor model provided the most parsimonious solution. Although Fiske's paper did not make an immediate impact on the field of personality psychology, other researchers in the 1960s were also reporting a five-factor pattern when subjecting trait data to factor analysis [5].

The Revised NEO Personality Inventory [6,7] 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 [7].

Another attempt to study personality trait model was done by Ashton Michael C. and Lee Kibeom [8]. They 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 [8].

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 are they 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 [9-11]. A variety of studies have indicated, for example, that personality structure is essentially the same in clinical and nonclinical samples [10], that normal and abnormal personality are strongly related at the etiologic level [12-14], and that abnormal personality can be modeled as extremes of normal personality variation [15]. 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 [16], less consensus exists about a similar structure of abnormal personality [17]. Delineating a unified superordinate structure across normal and abnormal domains of personality has been even more challenging. Empirical results of Jang and Livesle, Markon et al. and O'Connor [10,12,13] have supported a variety of conclusions, and validity has been demonstrated for multiple structural models [14].

Samuel and Widiger [18], who tried to figure out what kind of traits are characteristic for 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 [19] 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 personality traits.

This approach has been utilized in previous studies concerning the relations between the five-factor model of personality [20] and the personality disorder constructs [18,21,22]. For example, Lynam and Widiger [22] 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 [23].

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, Livesley and Widiger. 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 [23,24]. Additionally, such a model holds the promise of improving diagnostic stability as traits have demonstrated greater temporal consistency than diagnostic categories [23,25].

Defense Mechanisms

In recent years, there has been a growing interest in the study of defense mechanisms in psychotherapy and psychopathology [26,27]. 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 [28-31]. Some effort was spent in delineation of defense mechanisms from neighboring concepts, such as the notion of coping, from a theoretical [32,33] as well as an empirical viewpoint [34-36].

Michelle D. Presniak, Trevor R. Olson, and Michael Wm. MacGregor [37] 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 [37-39], was found partial support that the BPD (Borderline personality disorder) group would use the maladaptive defenses (acting out and passive aggression) more than the APD (Antisocial personality disorder) group [37].

In the study of J. Christopher Perry, Michelle D. Presniak, and Trevor R. Olson [40] it was found that individuals with schizotypal personality disorder used equally high proportion of immature defenses as the individuals with other personality disorder types. 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 action (i.e., passive-aggression & acting out), disavowal (rationalization), or obsessional defenses (i.e., 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 [40].

Along with autistic fantasy, individuals with SPD rely on the group of action defenses (i.e., passive-aggression, help-rejecting complaining, & acting out), 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. While SPD had a high proportion of immature defenses, it is clearly dynamically distinguishable from the other PD types [40].

Gacono, Meloy, and Berg [41] 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 [37,40,41]. The predictors of ASP were the minor image-distorting defenses (i.e., omnipotence, devaluation, and idealization) and disavowal defenses (i.e., denial, rationalization, and projection) [40].

As it was mentioned in previous chapters, trait-specified (dimensional) approach had been recently suggested by the group of researchers who were developing personality disorder classification for DSM-5. This research is an attempt to promote dimensional approach and show that personality disorder can be considered through number of pathological traits. To do so, the data from previous studies on relationship between personality disorders and defense mechanisms was used.

Method

Sample included 30 participants. 17 (57%) male and 13 (43%) female, in the age of middle adulthood. (M = 29.9, SD = 3.33).

9 (30%) participants are married, 9 (30%) live together, but their relations are not registered and 12 (40%) single. 2 (6,7%) participants have master degree, 8 (26,7%) participants have bachelor degree, 5 (16,7%) participants have first level of higher education, 5 (16,7%) participants have secondary education with trade, 3 (10%) participants have secondary education, 1 (3,3%) participant have unfinished secondary education, 1 (3,3%) participant have basic education.

1. *Multidimensional Clinical Personality Inventory* (V. Perepjolkina, J. Koļesņikova, K. Mārtinsone, A. Stepens 2017).
2. *Defense mechanisms questionnaire* [42].

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 (**Tables 1-4**). Demonstrate correlation between pathological traits and defense mechanisms. 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 Tables.

Table 1 Descriptive statistics.

Defense mechanisms	α	M	SD	p	
Repression	0.63	17.43	4.38	0.04	p < .05
Regression	0.51	18.47	4.67	0.20	p > .05
Reaction formation	0.62	20.27	4.23	0.17	p > .05,
Rationalization	0.42	24.33	3.21	0.20	p > .05
Displacement	0.73	14.93	4.20	0.20	p > .05,
Denial	0.37	20.03	3.23	0.20	p > .05,
Psychological projection	0.54	21.37	3.71	0.20	p > .05,
Sublimation	0.54	23.03	4.31	0.05	p > .05,

Note: N = 30, α – Cronbach's alpha, M – Mean, SD – Standart deviation, p – Test distribution.

Table 2 Descriptive statistics.

Pathological traits	α	M	SD	p	
Aggression	0.79	5.70	4.74	0.00	$p < 0.05$,
Irresponsibility	0.84	5.10	4.33	0.02	$p < 0.05$,
Rashness	0.80	10.43	5.05	0.02	$p < 0.05$,
Risk taking	0.91	14.83	7.46	0.20	$p > 0.05$,
Dominance	0.85	8.70	4.67	0.20	$p > 0.05$,
Arrogance	0.82	5.67	4.46	0.20	$p > 0.05$,
Attention seeking	0.83	10.30	5.11	0.20	$p > 0.05$,
Manipulativeness	0.62	7.07	2.88	0.01	$p < 0.05$,
Harshness	0.87	14.47	8.43	0.10	$p > 0.05$,
Deceitfulness	0.75	5.00	3.43	0.01	$p < 0.05$,
Intemperance	0.89	8.57	6.08	0.20	$p > 0.05$,
Emotional Stability	0.88	11.23	4.59	0.19	$p > 0.05$,
Emotional Lability	0.87	11.13	6.15	0.20	$p > 0.05$,
Depressivity	0.91	17.63	10.26	0.02	$p < 0.05$,
Anxiousness	0.94	23.73	13.71	0.20	$p > 0.05$,
Impersistence	0.82	9.13	5.06	0.20	$p > 0.05$,
Distrustfulness	0.79	4.87	3.16	0.20	$p > 0.05$,
Evaluation Apprehension	0.91	12.17	7.25	0.12	$p > 0.05$,
Submissiveness	0.89	6.93	5.11	0.00	$p < 0.05$,
Indecisiveness	0.91	8.53	5.46	0.19	$p > 0.05$,
Separation Insecurity	0.54	11.40	3.39	0.20	$p > 0.05$,
Restricted Affectivity	0.80	8.00	4.39	0.20	$p > 0.05$,
Social Withdrawal/ Detachment	0.83	20.97	8.14	0.19	$p > 0.05$,
Close Relationship Avoidance	0.70	6.97	4.03	0.20	$p > 0.05$,
Cognitive Dysregulation	0.81	4.57	4.75	0.03	$p < 0.05$,
Dissociation Proneness	0.90	5.07	4.59	0.09	$p > 0.05$,
Eccentricity	0.87	9.13	5.20	0.20	$p > 0.05$,
Suspiciousness	0.69	5.10	3.84	0.13	$p > 0.05$,
Unusual Beliefs	0.78	4.87	3.51	0.20	$p > 0.05$,
Self Harm	0.84	1.40	2.65	0.00	$p < 0.05$,
Pedantry	0.68	15.43	4.51	0.20	$p > 0.05$,
Perseveration	0.57	5.53	2.22	0.03	$p < 0.05$,
Perfectionism	0.88	21.17	8.27	0.18	$p > 0.05$,

Note: $N = 30$, α – Cronbach’s alpha, M – Mean, SD – Standart deviation, p – Test distribution.

Discussion

Received results are partially confirming results from the study of J. Christopher Perry, Michelle D. Presniak, and Trevor R. Olson [40]. Repression correlates with anxiousness and depressivity,

traits that relate to borderline personality disorder. Projection correlates with manipulativeness 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 impulsivity factor, in particular

Table 3 Correlation between pathological traits and defense mechanisms.

Factors	Pathological traits	Repression	Regression	Reaction formation	Rationalization	Displacement	Denial	Psychological projection	Sublimation
Impulsivity	Aggression	0.52**	0.32	-0.22	-0.17	0.64**	-0.36*	0.06	-0.36
	Irresponsibility	0.67**	0.44*	0.05	-0.11	0.53**	-0.03	-0.22	-0.13
	Rashness	0.51**	0.60**	-0.08	-0.30	0.46*	-0.06	-0.21	-0.26
	Risk taking	0.26	0.18	0.06	0.11	0.21	-0.45*	-0.43*	0.14
Narcissism	Dominance	-0.15	-0.04	0.19	0.15	0.25	0.16	0.21	-0.04
	Arrogance	0.08	-0.01	0.15	-0.12	0.28	0.10	0.12	0.06
	Attention seeking	0.08	0.24	0.18	0.10	0.45*	-0.07	0.09	-0.12
	Manipulativeness	-0.07	0.01	-0.00	0.09	0.42*	0.30	0.37*	0.01
	Harshness	0.33	0.25	-0.27	-0.02	0.44*	-0.20	0.10	-0.12
	Deceitfulness	0.44*	0.48**	-0.01	-0.32	0.43*	-0.08	-0.09	-0.26
Negative emotionality	Intemperance	0.38*	0.33	-0.08	-0.31	0.62**	-0.31	0.16	-0.50**
	Emotional Stability	-0.23	-0.36*	-0.12	0.39*	-0.48*	0.31	-0.03	0.47**
	Emotional Lability	0.35	0.53**	-0.02	-0.36	0.42**	-0.13	-0.09	-0.26
	Depressivity	0.43*	0.40*	-0.05	-0.14	0.51**	-0.45*	-0.02	-0.28
	Anxiousness	0.48**	0.39*	0.01	-0.08	0.46*	-0.30	-0.06	-0.38*
	Impersistence	0.70**	0.65**	-0.07	-0.32	0.33	-0.08	-0.14	-0.23
	Distrustfulness	0.20	-0.22	0.00	0.02	0.01	-0.25	0.15	-0.09

Note: N = 30, * p < 0.05, ** p < 0.01

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 negative emotionality

factor. 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

Table 4 Correlation between pathological traits and defense mechanisms.

Factors	Pathological traits	Repression	Regression	Reaction formation	Rationalization	Displacement	Denial	Psychological projection	Sublimation
Dependency	Evaluation Apprehension	0.05	0.37*	0.12	-0.26	0.22	-0.05	0.36*	-0.09
	Submissiveness	0.46*	0.51**	0.19	-0.27	0.31	0.02	-0.03	-0.18
	Indecisiveness	0.33	0.60**	0.09	-0.35	0.32	-0.38*	-0.02	0.29
	Separation Insecurity	-0.05	0.07	-0.00	0.11	0.08	0.21	0.46**	0.20
Introversion	Restricted Affectivity	-0.08	-0.24	0.10	0.15	-0.47**	-0.10	-0.35	0.12
	Social Withdrawal	0.31	-0.11	0.09	0.01	0.14	-0.27	0.11	-0.11
	Relationship Avoidance	0.07	0.12	0.47**	-0.06	-0.23	-0.10	-0.36	0.16
Psychotism	Cognitive Dysregulation	0.12	0.22	-0.07	0.10	0.34	0.10	0.00	0.16
	Dissociation Proneness	0.46*	0.22	-0.18	0.15	0.44**	-0.06	-0.10	0.12
	Eccentricity	0.18	0.09	-0.14	0.27	0.21	-0.20	-0.14	0.19
	Suspiciousness	0.32	-0.02	0.03	0.19	0.35	-0.00	-0.04	-0.02
	Unusual Beliefs	0.14	0.00	-0.08	0.21	0.37*	0.24	0.17	0.19
	Self Harm	0.59**	0.53**	-0.09	-0.34	0.58**	-0.37*	-0.03	-0.33
Compulsion	Pedantry	-0.43*	-0.32	0.27	0.45*	-0.13	-0.03	0.04	0.11
	Perseveration	-0.03	-0.14	0.41*	0.39*	-0.02	0.02	-0.15	0.32
	Perfectionism	-0.01	-0.13	0.39*	0.46**	-0.03	0.01	0.00	0.23

Note. *N* = 30, **p* < 0.05, ***p* < 0.01

restrain own impulses. Nancy McWilliams [43] in her classification relate repression to the higher level of defenses.

Regression correlates with negative emotionality factor, in particular with 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 [44]. From this point of view, this correlation make sense. Regression also

correlates with dependency factor, in particular with evaluation apprehension, submissiveness, indecisiveness. It could also explain tendency to reversion to early (infantile) patterns of behavior.

Rationalization correlates with all traits containing compulsivity factor (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 impulsivity, narcissism and negative emotionality factor, in particular, 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 Valliant 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. Valliant theory [45].

Conclusion

Research hypothesis was to define what kind of relationship exist between pathological traits and defense mechanisms. Results from **Tables 3 and 4** 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 Valliant [46] classification, in particular with repression and displacement. All together with neurotic defenses correlated 26 traits. With other defenses just a few traits correlated, three traits with mature defenses, two traits with immature defenses and two with psychotic defenses.

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