

# Coping and Stress Responses: Making sense of what looks unreasonable.

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Given most of our clients present during times of high stress in their lives, and may want to develop better coping strategies, I thought it was useful to think about four areas related to this topic. The list is not exhaustive (e.g. other factors to consider when looking at coping and resilience are, history of trauma, attachment, biological factors and cognitive performance). However I have chosen to focus on Unconscious Defence Mechanisms and the Role of Personality in Coping, along with some ways to approach this area in a therapeutic context.

## The Role of Unconscious Defence Mechanisms in Coping

The ability to make sense of the concerns a client brings to therapy is an important part of clinical assessment. So too is understanding why clients react to stress in a particular way. For this reason, considering the client's **defensive style** can assist the therapist to understand what may appear "unreasonable" or "maladaptive" and to appreciate what is adaptive.

This is a complex area with many different contributors to this area (eg. Sigmund Freud, Anna Freud, Otto Kernberg, Robert Plutchik) - For brevity I am referring to the work of George Vaillant.

Unconscious Defence Mechanisms can be defined as **reactions and behavioural strategies that a person uses to provide relief from a stressful situation** (George Vaillant 2011).

***Keep in mind - It's normal to use different defences throughout life - It's only a problem when persistent use leads us to engage in things that aren't good for us and others in the long term....***

George Vaillant's 4 levels of classifications are listed below. I have added how they may present in therapy (or what we may find ourselves saying at times).

I am also referring to the The Defence Style Questionnaire (Andrews et.al 1993) developed to assist in identifying Defence Style. [Defence Style Questionnaire: \(DSQ\)](#)

### Pathological Defences

**Eliminating external experiences in order to cope with reality. When predominately used the person appears irrational or psychotic. For Example:**

- **Conversion** - expressing an intrapsychic conflict as a physical symptom (deafness, blindness).
- **Psychotic denial** - blatant refusal to accept reality.
- **Distortion** - gross reshaping of reality



- **Delusional projection** - "Sometimes I think I'm an angel and other times I'm the devil"....Persecutory beliefs.
- **Splitting** - Experiences people as all good or all bad... there is no ambiguity.

### Some Examples of Immature Defences:

- **Fantasy** ...Retreating into fantasy to resolve conflicts ...*"I get more satisfaction from my fantasies than from real life"....*
- **Projection**...Experiencing an unacceptable feeling and seeing it in the actions of other people (instead of in oneself).
- **Passive aggression**...expressing aggression indirectly e.g. procrastination.
- **Acting out**... direct expression of a wish/impulse without awareness of what drives the behaviour... *"I get openly aggressive when I feel hurt"*.



### Some Examples of Neurotic Defences:

- **Intellectualisation**... a form of isolation- concentrating on the intellectual components of a problem in order to distance from anxiety. Making excuses, rationalisation.
- **Reaction formation**..."If I have a negative thought I feel I have to compensate for it"..."I often find myself being nice to people I feel angry at".
- **Dissociation**...temporary drastic modification of ones identity or character to avoid distress
- **Displacement**...Shifting aggressive impulses to a less threatening target... Expressing an emotion at a different source e.g. at a child instead of a partner
- **Repression**...repelling desires towards pleasurable instincts
- **Regression**...Reverting to an earlier stage of development e.g. whining



### Some Examples of Mature Defences

- **Humour**..."I can laugh at myself"
- **Sublimation**...  
*"I can turn a negative situation into something more positive"*.
- **Suppression**..."I can turn my mind to other things until I have time to think about it properly"...
- **Altruism**...Contributing to others that brings personal satisfaction
- **Anticipation**...Realistic planning for future discomfort.



## The Role of Personality in Coping

Considering and understanding personality characteristics is another area that provides insight into a person's response to stress.

Perhaps one of the most well-known personality assessment tools is the **Five Factor Model** (McRae and Costa 1996).

This model has had promising results with reliability and measures 5 dimensions of personality:

- Openness to experience (*vs cautious*) - seeking adventure,
- Conscientiousness (*vs easy going*) - self-discipline
- Extraversion (*vs solitary*) - seeking positive emotion
- Agreeableness (*vs analytical/detached*), compassionate, cooperative
- Neuroticism (*vs secure/confident*) tendency to experience unpleasant emotions easily.

The relevance to coping may be for example:

- Individuals high on agreeableness and extraversion may have a stronger social support and likewise greater accessibility to build on positive social networks during times of change.

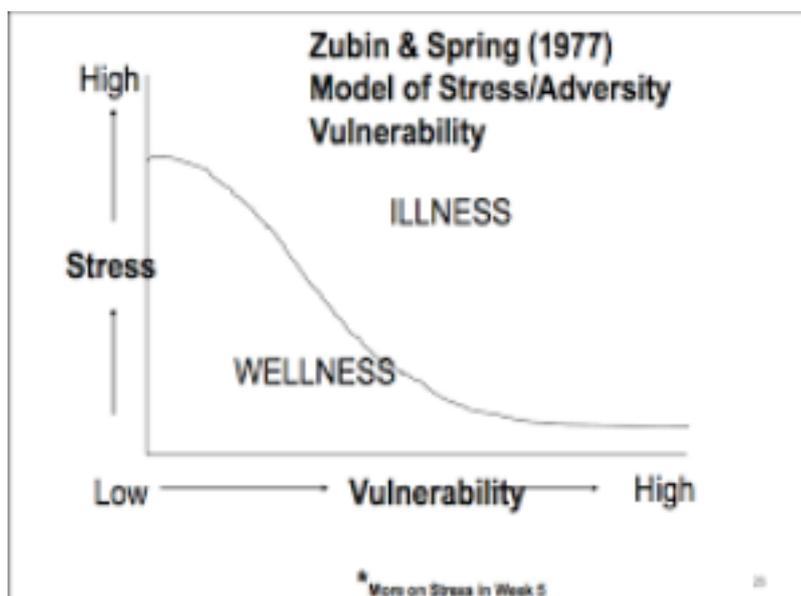
## AND REMEMBER THIS...

In the 1970's The **Stress/Diathesis Model** (Initially used the study of Schizophrenia) aimed to explain why some people react to the same stress with little or no ill-effect i.e. why some people are more vulnerable to physical illness and psychological distress than others. **The model highlighted the greater the underlying vulnerability the less stress is needed to trigger a disorder.**

### QUICK FACT RE: STRESS AND ILLNESS

- The Social Readjustment Rating Scale (Holmes Rahe 1967) was designed to research stress and illness by quantifying stress.
- 500 American sailors were interviewed to measure the approximate relationship between stress and illness.
- This allocates a number from 11-100 representing "life changing units" to 43 common stressful life events over the previous 6 months (both positive and negative). Marriage is allocated 50 points as a basis for comparison, death of a spouse is allocated 100 points, retirement 45 points, moving house 20 points, and so on.

The study found that a score of over 300 carried an increased risk of physical illness.



## Three Ideas for Building Better Coping Skills

### 1. Consider the Importance of Psychological Flexibility in Coping

There has been a growing focus on resilience and the importance of cultivating psychological flexibility. Hayes (2004) defines psychological flexibility as:

“The ability to fully contact the present moment and the thoughts and feelings this contains without needless defense”.

According to Kashban and Rottenberg (2010), psychological flexibility also comprises the ability to:

- Recognize and adapt to situational demands
- Shift mindsets or behaviours when these strategies compromise personal or social functioning
- Maintain balance among important life domains
- Be aware, open, and committed to behaviours that are congruent with deeply held values



**2. Consider models such as Schema Therapy** developed in 1990 by Jeffrey Young is an adjunct to traditional cognitive therapy. A schema is defined as "a broad organising principle for making sense of one's life" (Young 2003:3).

Early Maladaptive Schemas are self defeating emotional and cognitive patterns that begin early in development and repeat throughout life. This model encourages the client to become familiar with the mode used and develop a different approach to managing stress. See Appendix 1.

### 3. Encourage the 7 Crucial C's of Resilience.

Dr Kenneth Ginsberg Professor of Paediatrics has written extensively on these issues and his foundational work on resilience in young people can apply across the age span. Here's a summary:

#### **COMPETENCE**

Noticing what young people are doing well and providing opportunities to develop skills. (Including recovering themselves after a set back).

#### **CONFIDENCE**

Helping young people to recover from challenges enables them to navigate the world and "think outside the square".

#### **CONNECTION**

Positive relationships with schools and communities develops a sense of security and an ability to be independent.

#### **CHARACTER**

Developing a clear sense of right and wrong and a commitment to integrity. Opportunities

to develop "Grit" is an aid to this process.

### **CONTRIBUTION**

People who contribute to the well-being of others will receive gratitude, in turn teaching them that contributing feels good.

### **COPING**

Developing a variety of ways to cope will reduce the likelihood of turning to a quick fix when stressed.

### **CONTROL**

By demonstrating responsibility which earns privileges and respect, a sense of control over choices can be developed.

### **In Summary:**

- **Understanding the defences** a client is "dropping into" can lead to early identification and encouragement to experiment with different responses.
- Understanding **personality style** can also play a role in formulating a plan.
- Encouraging **Psychological Flexibility** shows promising results in the work of coping and resilience.
- Models such as **Schema Therapy** (Jeffrey Young) have been useful in working with underlying coping modes.
- Specific **characteristics** such as competence, character and coping, can be encouraged to build resilience.

### **Further Reading and References**

Ginsberg K with Jablow, Martha (2015) 3rd Edition. Building Resilience in Children and Teens Giving Children Roots and Wings. American Academy of Paediatrics.

Kashdan, T and Rottenberg, J (2010). Psychological flexibility as a fundamental aspect of health. In *Clinical Psychology Review*. 30(7):865-78.

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Vaillant, G (1994) Ego mechanisms of Defense and Personality Psychopathology. In *Journal of Abnormal Psychology*, Vol 103(1), Feb 1994, 44-50.

Young, Jeffrey et.al (2003) *Schema Therapy: A Practitioners Guide*. Guilford Press, New York.

Zubin, J and Spring, B (1977) Vulnerability: A new view of schizophrenia. In *Journal of Abnormal Psychology*, Vol 86(2).

## **schema modes**

**child modes:** in the 'schema mode' model it is assumed that every human being is born with the capacity to express all four of these child modes, but temperament and childhood experience may suppress or enhance certain modes.

<i>child modes</i>	<i>description</i>	<i>common associated schemas</i>
<b>vulnerable child</b>	experiences unhappy or anxious emotions, especially fear, sadness, and helplessness, when "in touch" with associated schemas	abandonment, mistrust/abuse, emotional deprivation, defectiveness, social isolation, dependence/incompetence, vulnerability to harm or illness, entrapment/undeveloped self, negativity/pessimism
<b>angry child</b>	vents anger directly in response to perceived unmet core needs or unfair treatment related to core schemas	abandonment, mistrust/abuse, emotional deprivation, subjugation (or, at times, any of the schemas associated with the vulnerable child).
<b>impulsive/undisciplined child</b>	impulsively acts according to immediate desires for pleasure without regard to limits or others' needs or feelings (not linked to core needs)	entitlement, insufficient self-control/ self-discipline.
<b>happy child</b>	feels loved, connected, content, satisfied	none. absence of activated schemas

**maladaptive coping modes:** these modes represent the child's attempts to adapt to living with unmet emotional needs in a harmful environment. These coping modes may well have been adaptive in childhood, but they are likely to be maladaptive and self-defeating in the wider adult world.

<i>maladaptive coping modes</i>	<i>description</i>
<b>compliant surrenderer</b>	adopts a coping style of compliance and dependence
<b>detached protector</b>	adopts a coping style of emotional withdrawal, disconnection, isolation, and behavioural avoidance
<b>overcompensator</b>	adopts a coping style of counterattack and control, may overcompensate through semiadaptive means, such as workaholicism

**dysfunctional parent modes:** these modes are internalizations of parents or other important adults from one's early life. In these modes, one often takes on the voice of the parent/other adult in one's 'self-talk' - thinking, feeling and acting as the adult did towards oneself when one was a child.

<i>dysfunctional parent modes</i>	<i>description</i>	<i>common associated schemas</i>
<b>punitive/critical parent</b>	restricts, criticizes, or punishes the self or others.	subjugation, punitiveness, defectiveness, mistrust/abuse (as abuser).
<b>demanding parent</b>	sets high expectations and high level of responsibility toward others; pressures the self or others to achieve them.	unrelenting standards, self sacrifice.

**healthy adult mode:** this mode is the healthy, adult part of the self that 1.) nurtures, affirms and protects the 'vulnerable child'. 2.) sets limits for the 'angry child' and the 'impulsive/undisciplined child' in accord with principles of fairness and self-discipline. 3.) battles or moderates the 'maladaptive coping' and 'dysfunctional parent modes'.

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Young J E, Klosko J S & Weishear M E. *Schema therapy: a practitioner's guide*. New York: Guilford, 2003.

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