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www.msocialsciences.com**Correlation Between Defense Mechanisms and Readiness to Change Among Relapsing Addicts****Farhana Sabri¹, Zahidah Mustafa¹, Mohd Yahya Mohamed Ariffin¹**¹Universiti Sains Islam Malaysia

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Abstract

The number of relapsing addicts is increasingly worrying from year to year. This study was conducted to examine at the relationship between defense mechanisms and the level of readiness to change in relapsing addicts. Although the drug addicts have been treated at the treatment center, however, repeated cases of drug addicts still occur. Six research questions were developed to see how far the variables consisting of defense mechanisms could correlate with readiness to change among addicts who were undergoing treatment. This study was carried out involving 125 addicts in two separate treatment centers in Melaka and Selangor. The selected sample were addicts who have undergone a relapse phase at least once in drug addiction. Statistical data analysis using Statistical Packages for Social Sciences 20 (SPSS-20) were used to analyze the data. Statistical descriptive is used to view the results of demographic data constructed. T-test and ANOVA are used to see the relationship between the variables. The regression analysis is used to predict the defense mechanisms with the stage of readiness to change among relapsing addicts. The results showed that the defense mechanism had a significant relationship to the stage of readiness to change among samples. The results of this study provide information on treatment services in the drug rehabilitation to improve the treatment method appropriately to the drug addicts in preventing relapse.

Keywords: substance abuse, defense mechanisms, readiness to change, relapsing addicts, addicts

Introduction

In Malaysia, although there have been periods of declining arrests and admissions to rehab centers, the most recently reported statistics in 2013 show significant increases in the number of admissions to rehab centers as well as relapses among reformed substance abusers. The reasons for these changes are not immediately clear (Chie, Tam, Bonn, Hoang & Khairuddin, 2016).

In a very general sense, relapse refers to a breakdown or setback in a person's attempt to change or modify any target behavior. The major goal of relapse prevention is to address the problem of relapse and to generate techniques for preventing or managing its occurrence (Marlatt & Witkiewitz, 2005).

The reason why relapse is so common among addicts is because addiction is a complex process that involves the mental, physical, emotional and behavioral components of an addict. For instance, if the recovering addict does not fully heal from the issues were suffering; their chances of relapsing are high. Failing to manage the use of defense mechanism during the early stage of recovery, would bring them into another relapsing episode (Sabri, 2012). This could be due to the fact that powerful urge to

use drugs can cause the drug addicts to create all sorts of excuses and self-defenses in rationalizing the action.

Drug dependence is tied intimately to an individual's attempt to cope with his or her internal emotional and external social and physical environment. Viewed from a contemporary psychoanalytic perspective, drug dependency can best be understood by examining how such a person's ego organization and sense of self-serve or fail the individual's attempts to cope, and how the specific effects of various substances facilitate or impede such attempts. (Khantzian, 1980).

DiClemente, Schlundt and Gemmell (2004) claimed that understanding the role of personal motivation in addiction treatment changed with the advent of the Trans-Theoretical Model. Understanding the process of change helps ascertain key influences that promote change and increase recruitment, retention, and the successful cessation among substance abusers.

Understanding the mind-set of the drug addiction population, their emotional stability, maturity, as well as related attitudes, researcher found that it is important to evaluate the relationship of defense mechanisms and readiness of change among relapsing addicts. Therefore, what is expected is that the implication of this study will help in contributing to the prevention and treatment team in formulating a comprehensive treatment plan for relapsing addicts and designing government health programs for them.

Literature Review

Defense mechanisms have stood the test of time as important psychodynamic constructs. Despite their importance, there has been little effort directed at consolidating theory, research, and practice for defense mechanisms (Petraglia, Bhatia & Drapeau, 2017).

Paramir (2016) conducted a study to identify which cluster of defense mechanisms mainly used by the substance dependence patients while facing the horrific situation and when dealing with triggered situations. The study also mainly to examine whether there were any differences between substance abuse dependence patients and normal subjects in the use of defense mechanisms. Based on the study, significant differences were seen between the two groups in the following defense mechanisms. Normal controls had significantly higher scores in the sub-domain of fantastic behavior of Principalization defense ($t=4.09, p < 0.05$) and the total scores of the Principalization defense ($t = 9.06, p < 0.01$).

Normal controls had significantly higher scores in the sub-domain of thinking of Turning Against Self Defense ($t = 3.82, p < 0.05$) and total score of the defense mechanism Turning Against Self ($t 2.35, p < .05$). The substance dependents group had significantly higher scores in the sub domain of feelings of reversal defense mechanism ($t = 2.24, < p.05$).

Farhana (2012) conducted a study about defense mechanisms styles of relapsing addicts in Malaysian context. The study was executed by using statistical description research design. Defense Style Questionnaire (DSQ -40) was executed for the research based in maturity level namely Neurotic, Immaturity and Maturity. DSQ-40 derives scores on 20 defense mechanisms with two items for each defense, in a 9-point Likert format. This DSQ-40 has been translated into Malay version through back to back translation procedures which adapted from Parekh et.al (2004) (Farhana, 2012).

A pilot study was conducted in determining the reliability of the instrument involving 30 inmates in phase 2 and 3 of the treatment and rehabilitation process. Cronbach Alpha DSQ in Malay version was .793 which similarly with other language of DSQ that has ranged from .71 to .80 (Farhana, 2012). Based on the study, the result has indicated that the neurotic and maturity defense mechanisms are significantly correlated to all three types of coping styles, while the immaturity defense mechanisms were found to be correlated with emotion-oriented coping style.

These findings demonstrate that relapsing addicts employ multiple defense mechanism styles and all these styles confirm the existence and nature of sub-cultures in addiction. Associations found between these two variables indicate a need to incorporate the elements of defense mechanisms and coping styles in relapse prevention counseling.

Tri Anggun and Muji Sulistyowati (2012) conducted a study titled 'Analysis of Drug Abuse in Adolescents Behavior Based on Transtheoretical Model'. This study was conducted to explain the behavior of adolescents trapped in drug abuse based on Trans-theoretical theory model. The study was conducted at a youth rehabilitation center in Indonesia. The research method used by this researcher is through analytical observation method with cross sectional method. Respondents were chosen by 100 people by random sampling.

The results showed that 70% of respondents had moderate level of knowledge and 84% of respondents had high level of attitude. 37% used drugs for experimental studies. Based on Transtheoretical Model, 13.5% are in pre-consideration (precontemplation), 8.1% in contemplation, 27% in action and majority in 51.4% in maintenance.

This study shows that respondents do not appreciate the knowledge given about drug abuse and healthy behavior. To assist respondents in dealing with drug addiction symptoms, respondents are given knowledge of community skills and create peer support groups amongst them.

Instrumentation

A reduced version of the Defense Style Questionnaire or DSQ-40 by Andrews, Singh & Bond, 1993 was selected over other assessment methods for three reasons.

First, the scale is self-administered and consists of short statements as opposed to the use of vignettes or clinical observation. Second, responses are recorded on an interval scale which provides greater options for statistical analysis as opposed to a nominal scale. Finally, the primary aim of DSQ-40 is to measure and differentiate between impaired and unimpaired defenses and it is regarded as most accurate when discriminating between adaptive and maladaptive defense styles (Andrews, Singh & Bond, 1993).

However, in this study, the researcher uses DSQ-40 Malay Version. The reliability of the DQS obtains acceptably reliable value as reported by the overall Cronbach's alpha value of the DSQ-40 Malay Version was .793 (Sabri, 2012).

Table 1. Defense Mechanisms and Styles

Defense Mechanisms	Defense styles	Item number
Maturity	Sublimation	3,38
	Humour	5,26
	Anticipation	30, 35
	Suppression	2, 25
Neurotic	Undoing	32, 40
	Pseudo-altruism	1, 39
	Idealisation	21, 24
	Reaction Formation	7, 28
Immaturity	Projection	6, 29
	Passive-aggression	23, 36
	Acting out	11, 20
	Isolation	34, 37
	Devaluation	10, 13
	Autistic fantasy	14, 17
	Denial	8, 18
	Displacement	31, 33
	Dissociation	9, 15

Splitting	19, 22
Rationalization	4, 16
Somatization	12, 27

Meanwhile, in examining readiness to change, Stage of Change Scale (SoCS) is used. SoCS is a psychological instrument used to determine the readiness of change among addicts. It has been translated from University of Rhode Island Change Assessment (URICA) into Malay by back translation technique.

This instrument has 32 items in Likert scale from 1-strongly disagree to 5-strongly agree. This instrument consists 4 constructs namely Pre-contemplation, Contemplation, Preparation/Action and Maintenance. The survey divides the score by several stages to see the readiness of change of the respondents. The score levels are as follows:

Table 2. Readiness to Change Score

Stages	Scores
Pre-Contemplation	0-7
Contemplation	8-11
Preparation/Action	12-14
Maintenance	15 and above

To get readiness to change score, the total marks of each stage need to be sum up and divide the total score with the number of items for every stage to get one cumulative score.

Results

A summary of the research objectives is tabulated below to answer the research questions in this study. Based on the results, it can be concluded that the most defense mechanisms styles used by recovering addicts is Neurotic (mean = 3.79, SD = 1.403). Meanwhile, for the stages in readiness to change among recovering addicts, most of the samples are in Contemplation Stage (62.4 %), followed by Preparation / Action Stage (22.4 %), then Pre-Contemplation Stage (15.2 %) and Maintenance Stage (0 %). As for mean differences, there is a significant mean difference in defense mechanisms based on Academic Level with ($p\text{-value} = 0.046 < \alpha = 0.05$) and ($p\text{-value} = 0.488 > \alpha = 0.05$) for Marital Status which is not significant.

On the other hand, this study also examined to see whether there is any significant mean difference of Readiness to Change based on Academic Level and Marital Status. The result indicated that both of the variables (Education Level and Marital Status) are not significant. The analysis showed that Education Level had ($p\text{-value} = 0.058 > \alpha = 0.05$) and Marital Status ($p\text{-value} = 0.965 > \alpha = 0.05$).

In addition, this study was also conducted to examine the relationship between Defense mechanisms and Readiness to Change among recovering addicts. The results indicated that there is a significant relationship between Defense Mechanisms and Readiness to Change with $P\text{-value} = 0.000 < \alpha = 0.05$. Furthermore, simple regression method analysis indicated that there is a weak positive relationship between defense mechanisms and readiness to change ($R = 0.400$). The analysis result showed that 40% of readiness to change in relapsing clients is accounted by defense mechanisms.

Conclusion

This study was conducted to investigate the correlation between defense mechanisms and readiness to change among relapsing addicts in rehabilitation center. Based on the findings, there is a significant relationship between defense mechanism and readiness to change, and defense mechanisms may be able to predict readiness to change. These findings are important in extending the use of defense

mechanisms in treatment plan of recovery in addiction. Addiction counselors have to be aware of defense mechanisms roles played in determining readiness to change among addicts, so that the treatment plan is more individualized for clients.

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