

THE INTEGRATION OF DEFENCES

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This paper develops an idea that a group of analysts¹ found useful in explaining certain aspects of the therapeutic process. Stated simply, this idea is that during analysis the patient's defences undergo the same kind of integration as his impulses. The patient's defences, such as repression and undoing, like his impulses, are at first unconscious. Though they are part of the ego they act beyond the control of the conscious ego. During analysis, they are brought under the control of the conscious ego, and thus come to act in harmony with the other trends of the ego. They are thereby transformed from unconscious defence mechanisms to ego-syntonic control mechanisms. The ego-syntonic control mechanisms that result from the integration of the defences are used by the ego to regulate the impulses previously warded off by the defences. Thus the integration of the defences contributes to the ego's gaining control of the impulses.

The above conceptualization is consistent with formulations made by Freud (1937) in his paper, 'Analysis Terminable and Interminable'. In that paper, Freud wrote about the importance of the change during analysis from unconscious defence mechanisms to ego-syntonic control mechanisms, and he described the analyst's aim of bringing the unconscious resistances (used by Freud in the sense of defences), which are segregated within the ego, into relation with the rest of the ego by making them conscious.

Freud (1937) stated that the failure of an analysis to effect a 'change in the defensive mechanism' is one explanation for an unfavourable outcome. He accounted for the variable results of an analysis in the following way:

... in endeavouring to replace repressions that are insecure by reliable ego-syntonic controls, [we] do not always achieve our aim to its full extent—that is, do not achieve it thoroughly enough. The transformation is achieved, but often only partially;

portions of the old mechanisms remain untouched by the work of analysis.

In the same paper, 'Analysis Terminable and Interminable', Freud wrote:

The analytic situation consists in our allying ourselves with the ego of the person under treatment, in order to subdue portions of his id which are uncontrolled; that is to say, to include them in the synthesis of his ego.

In a different part of the same paper, he suggested that the analyst has the aim of treating the resistances (used by Freud in the sense of defences) in the same way as the id; that is, to bring them into relation with the rest of the ego by making them conscious. He wrote:

... we have interpreted only for ourselves, not for the patient so long as the ego holds on to its earlier defences and does not give up its resistances. Now these resistances, although they belong to the ego, are nevertheless unconscious and in some sense separated off within the ego. The analyst recognizes them more easily than he does the hidden material in the id. One might suppose that it would be sufficient to treat them like portions of the id and, by making them conscious, bring them into connection with the rest of the ego. In this way, we should suppose, one half of the task of analysis would be accomplished; we should not reckon on meeting with a resistance against the uncovering of resistances.

The concept that the integration of defences is a significant part of the analytic process in no way decreases the importance of what Freud described as essential; that is, the subduing of the id. According to one psycho-analytic model, the defences are between the ego and the unconscious impulses; the patient's insight into both his defences and the impulses which they are warding off enables him to relinquish the defences so that his ego can come into contact with the impulses and thus gain control of them. Our conceptualization is similar to

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the above in that it also indicates that the analysis of the defences helps the ego to gain control of the impulses. We suggest that the patient's insight into the defences and the impulses they are warding off changes the defences into ego-syntonic control mechanisms, and that the ego's use of these control mechanisms is one aspect of its gaining control of the impulses.

The idea that the analysis of defences results in their being completely abolished is no longer widely accepted. However, what does happen to defences during analysis is ordinarily not clearly conceptualized. Thus Loewenstein (1954) writes that:

Little is known about the vicissitudes of the defence mechanisms under the impact of analysis. We know that repression is partly replaced by conscious suppression or by sublimation; we also know that defence mechanisms are not caused to vanish by the treatment, since they are essential to the normal personality; but we do not know enough about their modification as a result of psychoanalytic treatment.

The idea that defences are abolished by analysis, though no longer widely accepted, is not an unreasonable idea in that it is consistent with the usually accepted definition of defences that makes them unconscious and segregated within the ego. For if the defences are unconscious and segregated, then the analysis of defences, which according to our thesis brings them into relation with the rest of the ego by making them conscious, abolishes them by transforming them into ego-syntonic control mechanisms. Nonetheless, the concept that defences are abolished is unsatisfying, because it does not aid us in picturing a continuous analytic process; nor does it suggest the importance of something like a defence, some sort of countercathetic organization, for normal functioning.

The concept that defences become integrated, while containing by implication the idea of the abolishment of the unconscious and segregated defences, adds to the concept of abolition by indicating what happens to the psychic organization that was the defence; it indicates that the conscious ego acquires control of this organization. The concept that defences are integrated during analysis implies a process of change from a 'segregated' organization to an 'integrated' one, a process of change that may be perceived if one studies a case carefully from session to session.

The contrast between a segregated defence and an ego-syntonic control mechanism is of course a contrast between two opposite poles. In between is a complementary series. At the segregated end of the series, the defences work independently, beyond the control of the conscious ego. At the integrated end, the ego-syntonic control mechanisms work in harmony with the other trends in the ego. What should the in-between members of the series be called? Gill (1962), by dispensing with the definition that makes defences unconscious, proposes that 'Defensive functioning takes place in a hierarchy, from primary to secondary process, and regulates the discharge of more or less neutralized cathexes'. Gill would consider the in-between members of the series to be defences. He says:

If the defenses exist in a hierarchy, the lower levels must be unconscious and automatic and may be pathogenic. Defences high in the hierarchy must be conscious and voluntary, and may be adaptive.

Various authors, among them Spiering (1958) and Waelder (1954), have opposed the widening of the concept of defence, fearing that such widening could result in vagueness. Yet it seems to us there is an advantage to a conceptualization such as Gill's, that stresses the relationship between unconscious defence mechanisms and relatively conscious defensive attitudes, and that indicates the continuity of the series from segregated defence to ego-syntonic control mechanism.

At this point, the concept that the defences are integrated under the impact of analysis is illustrated by a clinical example. For the sake of exposition, the same clinical material is also examined in terms of the concept that the defences are abolished by analysis; which concept, although no longer widely held, is still a factor in our ordinary thinking.

The patient, a 35-year-old physicist, during the opening phase of his analysis was unable to experience strong affects. He defended himself against all strong affects by the defence of undoing, the function of which was facilitated by the defence of isolation. As soon as one affect began to threaten the patient, he would undo it automatically and without conscious control of the process, by strengthening an opposing affect that magically undid the first. He would undo pride with shame and shame with pride. He would undo stubbornness with helplessness and helplessness with stubbornness. The patient's insight into his use of this defence

to ward off affects, which came about as a result of the analyst's interpretations, gave his conscious ego a certain degree of control over it. As the patient acquired some control of this mechanism, and thus partly transformed it from an unconscious defence to an ego-syntonic control mechanism, he became able to use it so that it acted in harmony with the other trends of his ego; he became able to turn to affects or away from them according to his interests, or according to what he considered appropriate. His knowledge, not necessarily conscious, that he could regulate his affects, enabled him to begin to experience strong affects.

The analyst, following the above segment of the analysis in terms of the abolishment of the defences, might conceptualize what happened as follows: as the patient gained insight into the unconscious defence of undoing to ward off his affects, he could give up this defence against the affects so that he could experience them, become familiar with them, and ultimately acquire control over them. Thus the analyst, following the progress of the analysis in terms of the abolition of defences, would not notice that the normal method of affect control, which the patient was developing and which enabled him to experience strong affects, was related to the old defence of undoing, transformed and shorn of its magical and primitive qualities by integration into the conscious ego; nor would he be able to trace the progress of the patient's conscious ego in gaining control of the primitive defence mechanism.

It is worth pointing out here that the ego-syntonic control mechanisms which are acquired by the integration of the unconscious defences, though under the control of the conscious ego, do not ordinarily operate in such a way that the patient is aware of their operation. Though the integration of the defences is brought about by their becoming conscious, the concept of integration does not imply that they continue to operate consciously. Rather, it indicates that they operate in harmony with the other trends of the ego.

What has been said about the integration of unconscious and segregated defences during analysis also applies to certain attitudes such as, for example, stubbornness, irony, and indignation, which have a defensive function but which are less segregated than the unconscious defences. Such attitudes, which afford considerable satisfaction, as well as having defensive functions, are ordinarily not entirely unconscious.

Yet the patient, who is quite aware of, for example, his stubbornness, in some situations, may be unaware of being stubborn in others. He may be especially unaware of his stubbornness, and the resistances that stem from it, in the analysis.

An example from the analysis of the same 35-year-old physicist referred to above examines the effect of his gaining insight into his unconscious stubbornness. At the beginning of his analysis, this patient was quite stubborn, scarcely able to cooperate with the analyst, yet unable to experience his stubbornness, which threatened him with intense feelings of guilt. Later, as a result of the analyst's comments, the patient became more aware of his stubbornness and, as a result of this insight, considerably more cooperative with the analyst. An analyst who understood the changes in the patient in terms of the abolition of the patient's resistances that stemmed from his stubbornness would be correct; but he would miss certain aspects of the therapeutic process that would be apparent to the analyst who understood the significance of the patient's more complete integration of his stubbornness into his conscious ego. The first analyst would be correct in saying that the interpretation of the patient's stubbornness enabled him to be more cooperative. The second analyst would notice the relationship between the patient's becoming more cooperative and his also becoming less anxious about his stubbornness. The patient, after gaining insight into his stubbornness, began to enjoy being stubborn at times, and became capable for the first time of deliberately defying the analyst. As insight enabled the patient to gain control of his previously forbidden stubbornness, he not only became capable of relinquishing this attitude, but also of experiencing it to a greater degree. In fact, the knowledge, not necessarily conscious, that he was able to be stubborn when he wished, was one factor in his being able to stop being stubborn. He could cooperate, knowing that he could protect himself from the dangers of cooperating by becoming stubborn.

Let us consider the effect of the integration of the defences from a slightly different angle. The integration of the defences is a significant analytic process not only because, as has been shown above, it provides the ego with control mechanisms that may be used to regulate the impulses; but also because the integration of the defences may resolve an intrasystemic conflict within the ego. As Hartmann (1950)

and Loewenstein (1956) have pointed out, the independent action of the segregated defences may exercise a distorting influence on various ego functions; that is, may result in an intrasystemic conflict between the defences and the other functions of the ego. Thus the patient's unconscious defences may play a role in two different conflicts: in the intersystemic conflict, the defences are used by the ego to ward off unconscious impulses. In the intrasystemic conflict, the defences, though part of the ego, interfere with various other ego functions. The integration of the defences resolves the intrasystemic conflict and, as has been pointed out above, contributes to the resolution of the intersystemic conflict by providing the ego with ego-syntonic control mechanisms.

The significance of the intrasystemic conflict and its resolution by the integration of the defences will be illustrated by a clinical example. As will be recalled, the patient referred to above was unable, during the opening phase of his analysis, to experience strong affects. He defended himself against his affects by the defences of undoing and isolation. As one affect began to threaten the patient, he strengthened another affect that he experienced as magically undoing the previous one. The patient was especially threatened early in the analysis by affects derived from the unconscious sadistic and homosexual impulses that were mobilized in the transference. As his struggle with these impulses, or rather with the affects derived from them, became intense, he became confused. (The patient quickly overcame the confusion that he felt at the beginning of his treatment by making a special effort to be deliberate and careful in his thinking; he did not permit himself again to experience confusion until several months later, when his confidence in the analyst permitted him to cease making this special effort to avoid experiencing confusion.) He became confused by a tendency to contradict any thought that led to his having a strong feeling. He would replace such a thought with a new one that contradicted it, but which he could maintain only as long as the feeling connected with it was not strong. The patient's tendency to contradiction interfered with his thinking by making it difficult for him to keep a train of thought in mind. What humiliated him, and added to his confusion, was that while he could observe his tendency to contradiction, he could neither understand it nor control it, since it stemmed from unconscious sources.

According to our explanation, the patient's situation could be explained in terms of two conflicts: an intersystemic conflict and an intrasystemic conflict. The patient, in the intersystemic conflict, was able to defend himself, by the defences of undoing and isolation, against the affects derived from his unconscious drives, so that these affects did not overwhelm him. But in the intrasystemic conflict, the patient's defences themselves became a threat to his functioning. The undoing defence, along with the defence of isolation, was in large part responsible for the patient's tendency to contradiction, and hence for the disturbance of his thinking. (The patient's unconscious ambivalence, of course, also contributed to his tendency to contradiction, or at least provided the conditions for the use of his undoing defence. However, since it is well known that the unconscious impulses may interfere with the patient's functioning, this account stresses the threat to the patient's functioning posed by his defences.) The patient could not understand his tendency to contradiction, which like the unconscious defences that contributed to it, was something that he experienced passively, not as something that he could regulate.

The resolution of the patient's intrasystemic conflict with his defences and his intersystemic conflict with his drives came about as he gained insight into his use of undoing and isolation to defend himself against the unconscious affects derived from the drives; that is, as he gained insight into both the unconscious defences and the unconscious affects. The integration of the defences into the conscious ego, that came about as the patient gained control of the defences, resolved the intrasystemic conflict and left him with the ego-syntonic control mechanisms that contributed to his gaining greater control of the threatening affects.

Again it may be worthwhile to compare the above conceptualization with an alternative one. An analyst not used to thinking in terms of the segregation of the unconscious defences within the ego, nor in terms of the related concept of the intrasystemic conflict between the defences and the rest of the ego, might conceptualize the patient's confusion as resulting solely from the failure of his defences, and the resulting invasion of the ego by the id. This analyst might emphasize that the invasion of the ego resulted in the defences, as well as the other ego functions connected with thinking, becoming a disturbance to the rest of the ego, to the extent that

they became altered in their functions by becoming cathected with drive energy. The change in the patient that resulted from the analysis of his struggle with his affects would be conceptualized as follows: the patient, as a result of insight into the intersystemic conflict between his ego and the unconscious affects, gained control of these affects and thus overcame the disturbance that these affects created; that is, overcame the confusion. As suggested above, the analyst who followed the progress of an analysis in this way would achieve a consistent and comprehensible picture of the therapeutic process, but would not notice certain aspects of the analysis that would be apparent to the

analyst who was aware of the significance of the intrasystemic conflict and the integration of the defences. The first analyst, besides not seeing the relationship between the patient's confusion and the intrasystemic conflict, would not see with the same kind of clarity as the second analyst the stages of the patient's progress from the pathological to the normal, in this case from confusion to normally regulated thinking.

This paper has dealt with how the concept of the integration of the defences helps us to understand certain aspects of the therapeutic process more clearly. This concept also has implications for analytic technique, which will be taken up in another paper.

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