

Obrambeni mehanizmi ovisnika

/ *Defence Mechanisms in Addicts*

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U radu je istraživana povezanost obrambenih mehanizama i drugih parametara ovisnosti (dob, spol, bračni i radni status, vrsta ovisnosti, te duljina i težina ovisnosti). Rezultati istraživanja su pokazali da su dominantni obrambeni mehanizmi kod ovisnika: apatično povlačenje, devaluacija, negacija, potiskivanje, projekcija, projektivna identifikacija i racionalizacija. Rezultati su također pokazali da postoje razlike u svim navedenim ispitivanim elementima. Kod žena se ovisnost razvija znatno rjeđe nego kod muškaraca, ali kada se ovisnost razvije tada ima teži oblik (češće prisutni nezreli obrambeni mehanizmi). Ovisnost o alkoholu i kockanju je više povezana s potiskivanjem, racionalizacijom, negacijom i projekcijom, a ovisnost o drogama i internetu s apatičnim povlačenjem, devaluacijom i projektivnom identifikacijom. Daljnja istraživanja obrambenih mehanizama ovisnika značajno će doprinijeti daljnjem napretku u dijagnostičkim i terapijskim postupcima.

/ This paper investigates the correlation between defence mechanisms and other parameters of addiction (age, gender, marital and work status, type of addiction, and length and severity of addiction). Research findings have shown that dominant defence mechanisms in addicts are apathetic withdrawal, devaluation, denial, repression, projection, project identification and rationalization. These results also showed that there are differences in all of the above-mentioned parameters. In women, addiction develops considerably less often than in men, but when addiction develops it has a heavier form (more often, immature defence mechanisms are present). Alcohol and gambling addictions are more associated with repression, rationalization, denial and projection, and addiction to drugs and the internet with apathetic withdrawal, devaluation and projective identification. Further research on defence mechanisms in addicts will significantly contribute to further progress in diagnostic and therapeutic procedures.

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Značenje ovisnosti

Kada se govori o ovisnosti uglavnom se govori o ovisnosti kao novom fenomenu. Međutim, povijesni podatci pokazuju da je uzimanje psihoaktivnih tvari usko povezano sa svim, zajednicama od najstarijih vremena do danas (1). Dakle, problem ovisnosti nije nastao u novije vrijeme, ali je točno da je unazad 50-tak godina došlo do velike epidemije ovisnosti – „eksplozija ovisnosti“ (2). Epidemija se toliko raširila da je u zapadnoj civilizaciji 10 % populacije ovisno o alkoholu, drogama, kockanju i internetu, a tek se 10 % od ukupnog broja ovisnika liječi (3). Zbog toga već decenijima, ovisnost nije samo medicinski, samo psihijatrijski problem, nego i politički, socijalni, finansijski, pravni, sigurnosni i sl.

Za ovakav težak problem, države i različite institucije pokušavaju naći rješenje. U stručnim krugovima je već dugo poznato da je liječenje ovisnika istovremeno i najbolji preventivni program. Ovisnici koji apstiniraju nisu više aktivni ponuđači psihoaktivnih tvari, te na taj način više ne regrutiraju nove ovisnike. Ali, kako liječiti ovisnike? Koncepte i ideje liječenja ovisnika nude svi: ovisnici, bivši ovisnici, članovi obitelji ovisnika, političari, pravници, mediji. Zbog toga se liječenje ovisnika može nazvati i „ovisnički galimatijas“.

Kao i kod drugih psihičkih poremećaja u liječenju ovisnosti se mogu primjenjivati farmakoterapija, socioterapija i psihoterapija. Velika većina medicinskih i psihijatrijskih područja se vrlo brzo razvija. To se odnosi i na farmakoterapiju i socioterapiju ovisnika. Mišljenja smo da se psihoterapija ovisnika ipak razvija sporije, te da za to nema nikakvih razloga ni opravdanja.

Psihoanaliza i ovisnost

Već smo spomenuli da ovisnost postoji od kad postoji i čovjek. I u svim razdobljima i oko svih ovisnosti postojao je jedan osnovni koncept –

Problem of addiction

When we talk about addiction, we usually talk about addiction as a new phenomenon. However, historical data show that taking psychoactive substances is closely related to all communities from the earliest age to the present (1). Thus, the problem of addiction has not manifested in recent times, but it is true that in the last 50 years there has been a major epidemic of addictions – an “explosion of addiction” (2). The epidemic is so widespread that 10% of the population in the West is dependent on alcohol, drugs, gambling or the internet, and only 10% of the total number of addicts is treated (3). Because of this, addiction has been not just a medical and psychiatric problem for decades, but also a political, social, financial, legal, security problem and so on.

The state and various institutions are trying to find a solution for such a difficult problem. In professional circles, it has long been known that treating addicts is at the same time the best preventive program. The addicts who abstain are no longer active psychoactive substance providers, and thus no longer recruit new addicts. How then to treat addiction? Concepts and ideas of addict treatment are offered by addicts, former addicts, family members of addicts, politicians, lawyers, media, etc. Because of this, the treatment of addicts can be called “addictive galimatias”.

As with other mental disorders in the treatment of addiction, pharmacotherapy, sociotherapy, and psychotherapy may be used. The vast majority of medical and psychiatric areas are developing very rapidly. This also applies to pharmacotherapy and sociotherapy of addicts. We think that psychotherapy treatment of addicts develops slower and that there is no reason or justification for it.

Psychoanalysis and addiction

We have stated above that addiction exists since the dawn of man. And throughout history and in all addictions, there is one basic concept – addic-

ovisnost je interakcija između središnjeg živčanog sustava i psihoaktivne tvari. Ovaj koncept je jednostavan, razumljiv, ali nažalost i pogrešan. Istinski koncept ovisnosti je taj da je ovisnost kombinacija kemijskog djelovanja tvari, ali i svjesnih i nesvjesnih fantazija o djelovanju te tvari. Zbog toga psihoanalitička znanja puno pomažu u ispravnom razumijevanju ovisnosti.

Psihoanaliza se odmah u početku beskompromisno suočila sa svim psihičkim smetnjama, pa i s ovisnosti. Tako se Freud već u ranim radovima (Hypnosis 1891, pismo Fliessu prosinac 1897.) (4,5) intenzivno bavio problemima ovisnosti. I drugi psihoanalitičari su često pokušavali razotkriti psihodinamiku ovisnosti: Abraham, Fenichel, Winnicott, Kernberg, Kohut, Wurmser, Stolorow, Dodes (6-8). Oni ovisnost opisuju kao: problem sa seksualnošću; homoseksualne pulzije; regresija na rane razine razvoja; „potapanje“ superega; identifikacija s izgubljenim objektima; instinkt smrti; samodestrukcija; oštećenje desomatizacije, verbalizacije i diferencijacije; pokušaj „krpanja rupe u selfu“; kolaps grandioznog selfa; razvijanje nezrele omnipotencije i sl.

Obrambeni mehanizmi

Mehanizmi obrane su važan psihoanalitički koncept, te su kompleksni kao i drugi važni elementi psihoanalize. Kao i sve druge psihoanalitičke koncepte mehanizme obrane je prvi opisao (otkrio) S. Freud (9). Freud se intenzivno bavio potiskivanjem kao najvažnijim obrambenim mehanizmom, čak toliko da bismo mogli reći da je povijest potiskivanja kao obrambenog mehanizma ujedno i povijest psihoanalize. Ipak, pravu sistematizaciju obrambenih mehanizama čini drugi Freud, Anna. Godine 1936. Anna Freud objavljuje, na njemačkom jeziku rad „Ego i mehanizmi obrane“ (10). U ovom radu, koji je brzo preveden na engleski, obrambeni mehanizmi su sistematizirani, te se taj rad ubraja u velika, klasična djela psihoanalitičke li-

tion is the interaction between the central nervous system and the psychoactive substance. This concept is easy and understandable but unfortunately incorrect. The true concept of addiction is that addiction is a combination of the chemical action of substance but also conscious and unconscious fantasies about the action of this substance. Therefore, psychoanalysis helps significantly in properly understanding addiction.

Psychoanalysis immediately uncompromisingly addressed all mental disorders including addictions. Thus Freud already in early works, Hypnosis 1891, Fliess's letter in December 1897 (4,5), intensively dealt with the problems of addiction. Other psychoanalysts also often tried to expose the psychodynamics of addiction: Abraham, Fenichel, Winnicott, Kernberg, Kohut, Wurmser, Stolorow, Dodes and others (6-8). They describe addiction as: a problem with sexuality; homosexual pulsions regression to early levels of development; “submerged” superego; identification with lost objects; death instinct; self-destruction; damage to desomatization, verbalization and differentiation; attempt to “patch holes in the self”; collapse of the grandiose self; developing immature omnipotence and the like.

Defence Mechanisms

Defence mechanisms are an important psychoanalytic concept and are as complex as other important elements of psychoanalysis. Like all other psychoanalytic concepts, defence mechanisms were described (discovered) by Sigmund Freud (9). Freud described repression as the most important defence mechanism, so much so that we could say that the history of repression as a defence mechanism is at the same time the history of psychoanalysis. However, the proper systematization of defence mechanisms was performed by Anna Freud. In 1936, Anna Freud published, in German, “The Ego and Defence Mechanisms” (10). In this paper, which was quickly translated into English, defence mechanisms were systematized, and this work is one of the major classical

terature. Anna Freud navodi deset obrambenih mehanizama: potiskivanje, regresija, reaktivna formacija, izolacija, poništenje, projekcija, introjeksija, okretanje protiv sebe, okretanje u suprotno i sublimacija ili premještanje.

Glavne značajke obrambenih mehanizama su:

- čuvaju (brane) osobu od jake anksioznosti
- operiraju uglavnom nesvjesno
- dio su normalnog psihičkog funkcioniranja
- mogu biti i patološki kada su prisutni u neskladu s dobi ili jačinom.

Nakon Anne Freud i drugi psihoanalitičari nastavljaju proučavati ovaj važan fenomen. Melanie Klein 1946. godine opisuje važan obrambeni mehanizam – projektivnu identifikaciju (11). Vaillant pravi podjelu obrambenih mehanizama na obrambene razine (12). On navodi: normalnu, neurotsku, nezrelu i patološku obrambenu razinu.

Prije smo naveli kako je mnogo psihoanalitičara pisalo o psihodinamici ovisnosti, ali malo je radova koji se bave odnosom ovisnosti i obrambenih mehanizama. Pinheiro (13) je istraživao obrambene mehanizme kod ovisnika o kokainu i našao da kod tih ovisnika dominira projektivna identifikacija, posebno u odnosu sina (ovisnika) i oca. Drugi autori (Spotts, Schontz, Bergeret, Leblanc) projektivnoj identifikaciji kao dominantnom mehanizmu kod ovisnika dodaju još i splitting (13).

Cilj ovog rada je da pokaže povezanost obrambenih mehanizama i različitih aspekata ovisnosti.

UZORAK I METODE

Uzorak

U istraživanje je uključeno 100 pacijenata Zavoda za liječenje ovisnosti KP Vrapče koji su bili u bolničkom i izvanbolničkom tretmanu tijekom 2015. i 2016. godine. Ispitanici su bili u dobi od 21 do 68 godina.

works of psychoanalytic literature. Anna Freud cites ten defence mechanisms: repression, regression, reactive formation, isolation, rejection, projection, introjection, turning against one's own person, reversal into the opposite and sublimation or displacement.

The main features of defensive mechanisms are:

- keeping a person from strong anxiety
- they work mostly unconsciously
- they are part of normal mental functioning
- they can be pathological when they are in divergence with age or strength

After Anna Freud, other psychoanalysts continued to study this important phenomenon. In 1946 Melanie Klein described an important defence mechanism – projective identifications (11). In Vaillant's categorization, defences form a continuum related to their psychoanalytical developmental level (12). They are classified into pathological, immature, neurotic and "mature" defences.

We have noted that many psychoanalysts have been writing about the psychodynamics of addiction, but there are few papers that talk about the relationship between addiction and defence mechanisms. Pinheiro (13) has investigated defence mechanisms in cocaine addicts and found that projective identification, especially in relation to a son (addict) and father, predominates in these addicts. Other authors (Spotts, Schontz, Bergeret, Leblanc), also added splitting to projective identification as a dominant mechanism for addicts (13).

The aim of this paper was to show the connection between defence mechanisms and different aspects of addiction.

SAMPLE AND METHODS

Sample

The study included 100 patients of the Institute for Treatment of Addiction of the University Psychiatric Hospital Vrapče who had been

Kriteriji za uključivanje u istraživanje su: dijagnoza ovisnosti, adekvatna medicinska dokumentacija (jasno i ispravno zabilježeni obrambeni mehanizmi). Dakle, uključeni su pacijenti koji su kao prvu (dominantnu) dijagnozu imali: ovisnost o alkoholu, ovisnost o drogama, ovisnost o kockanju i ovisnost o internetu.

Isključujući kriteriji su: dijagnoza zloporabe, neadekvatna medicinska dokumentacija.

Metoda

Izabrano je 100 ispitanika koji su u povijesti bolesti imali zabilježene obrambene mehanizme u skladu s dijagnostičkim principima DSM-IV (14) (do sedam obrambenih mehanizama predanih po hijerarhiji). Pacijenti kod kojih u medicinskoj dokumentaciji obrambeni mehanizmi nisu bili označeni na ovaj način, nisu uključeni u istraživanje. Dakle, podatci za istraživanje su dobiveni kliničkim intervjuom. U istraživanje je uključen samo prvi (dominantni) obrambeni mehanizam. Sedam se obrambenih mehanizama našlo na tom prvom mjestu (apatično povlačenje, devaluacija, negacija, potiskivanje, projekcija, projektivna identifikacija, racionalizacija). U tekstu su označeni kao dominantni obrambeni mehanizam.

Dva su načina procjene obrambenih mehanizama. Jedan je korištenjem psihometrijskih instrumenata (npr. DSQ - *Defense Style Questionnaire*). Međutim, kako su obrambeni mehanizmi pretežno nesvjesni procesi, klinička procjena u ovom slučaju ima prednost. S druge strane, jasan je nedostatak kliničke procjene u odnosu na istraživanje provedeno pomoću standardiziranih upitnika.

U odnosu na navedenih sedam dominantnih obrambenih mehanizama ispitivani su sljedeći parametri: dob, spol, bračno stanje, zaposlenost, vrsta ovisnosti, duljina ovisnosti i težina ovisnosti.

Težina ovisnosti je podijeljena na laku, umjerenu i tešku u skladu s principima DSM 5 (15).

in hospital and outpatient treatment during 2015 and 2016. Subjects were 21-68 years old.

The criteria for inclusion in the study were: diagnosis of addiction, adequate medical records (clear and properly recorded defence mechanisms). Thus, patients who had the first (dominant) diagnosis: alcohol addiction, drug addiction, gambling addiction and addiction to the internet were included.

The excluding criteria were: diagnosis of abuse, inadequate medical records.

Method

There were 100 subjects who had defence mechanisms listed in their medical documentation in accordance with diagnostic principles of DSM-IV (up to seven hierarchy-based defence mechanisms). Patients with a medical record in which defence mechanisms were not labelled in this way are not included in the study. The research data was obtained by a clinical interview. The study involved only the first (dominant) defence mechanism. Seven defence mechanisms were found to be dominant (apathetic withdrawal, devaluation, denial, repression, projection, projective identification, rationalization). In the text, they are marked as a dominant defence mechanism.

There are two ways of assessing defence mechanisms. One is using psychometric instruments (e.g. DSQ, Defense Style Questionnaire). However, as defence mechanisms are predominantly unconscious, the clinical assessment in this case takes precedence. On the other hand, there is a clear lack of objectivity in using clinical assessment compared with a survey conducted using standardized questionnaires.

In relation to the above mentioned seven dominant defence mechanisms, the following parameters were discussed: age, gender, marital status, employment, type of addiction, duration of addiction and severity of addiction.

Addiction severity is divided into light, moderate and severe according to DSM-V principles (15).

REZULTATI

Na tablici 1 prikazan je odnos dominantnih obrambenih mehanizama i dobi ispitanika.

U skupini ispitanika u dobi do 20 godina kao dominantni obrambeni mehanizam kod dva ispitanika utvrđena je projektivna identifikacija (66,7 %), a kod jednog projekcija (33,3 %). U idućoj dobnoj skupini (21-30 god.) najčešći korišteni mehanizmi obrane su projektivna identifikacija i devaluacija, oba s po šest ispitanika (25 %). Slijede ih projekcija, koja je utvrđena kod pet (20,8 %), negacija kod četiri (16,7 %), te racionalizacija kod tri ispitanika (12,5 %). U dobnoj skupini 31-40 godina racionalizacija se pokazala kao najčešći korišteni mehanizam obrane i utvrđena je u osam (30,8 %), devaluacija kod pet (19,2 %), negacija i projekcija kod četiri (15,4 %), potiskivanje i projekcija kod dva (7,7 %) i apatično povlačenje kod samo jednog ispitanika (3,8 %). Racionalizacija je najčešće korišteni mehanizam obrane i u dobnoj skupini od 41 do 50 godina, gdje je utvrđena kod 10 ispitanika (33,3 %). Ostali mehanizmi obrane koji su utvrđeni u ovoj dobnoj skupini su negacija kod šest (20 %), projekcija kod pet (16,7 %), potiskivanje kod četiri (13,4 %), projektivna identifikacija kod tri (10 %), devaluacija kod jednog (3,3 %) i apatično povlačenje kod jednog ispitanika (3,3 %). U zadnjoj dobnoj skupini koju čine ispitanici u dobi od 51 godine i više, najčešće korišteni mehanizam obrane je negacija koja je utvrđena kod šest

RESULTS

Table 1 shows the relationship between the dominant defence mechanisms and the age of the subjects.

In the age group under 20 years of age, the dominant defence mechanism was projective identification, which was found in two (66.7%) subjects, while we found projection as a dominant defence mechanism in one (33.3%) subject. In the next age group (21 to 30 years old), the most common defence mechanisms were projective identification and devaluation, both by six (25%) subjects. They are followed by projection with five (20.8%), denial with four (16.7%) and rationalization with three (12.5%) subjects. In the 31-40 age group, the most common defence mechanism was rationalization, which was found in eight (30.8%) subjects, followed by devaluation in five (19.2%), denial and projective identification in four (15.4%), repression and projection in two (7.7%) and apathetic withdrawal in only one subject (3.8%). Rationalization was the most commonly used defence mechanism in the 41-50 age group, where it was found in 10 (33.3%) subjects. Other defence mechanisms found in this age group were denial in six (20%), projections in five (16.7%), repression in four (13.4%), projective identification in three (10%) and devaluation and apathetic withdrawal in one (3.3%) subject. In the last age group of subjects aged 51

TABLE 1. Dominant defensive mechanisms in relation to the age of subjects

	Under 20 years old	%	21-30 years old	%	31-40 years old	%	41-50 years old	%	51 years old or older	%	Total
A	0	0	0	0	1	3.8	1	3.3	2	11.8	4
D	0	0	6	25	5	19.2	1	3.3	0	0	12
De	0	0	4	16.7	4	15.4	6	20	6	35.3	20
R	0	0	0	0	2	7.7	4	13.4	2	11.8	8
P	1	33.3	5	20.8	2	7.7	5	16.7	1	5.9	14
PI	2	66.7	6	25	4	15.4	3	10	3	17.6	18
Ra	0	0	3	12.5	8	30.8	10	33.3	3	17.6	24
Total	3	100	24	100	26	100	30	100	17	100	100

ispitanika (35,3 %), projektivna identifikacija i racionalizacija kod tri (17,6 %), apatično povlačenje i potiskivanje kod dva (11,8 %), a kod jednog ispitanika je utvrđena projekcija (5,9 %).

Na tablici 2 prikazan je odnos dominantnih obrambenih mehanizama i spola ispitanika.

Najčešći obrambeni mehanizam kod muškaraca je racionalizacija koja je utvrđena kod 21 ispitanika (26,3 %) slijedi negacija kod 17 (21,3 %), projektivna identifikacija kod 13 (16,3 %), te projekcija kod 11 ispitanika (13,7 %). Među rjeđe korištenim mehanizmima su potiskivanje i devaluacija koji su nađeni kod sedam (8,7 %) i apatično povlačenje kod četiri ispitanika (5 %).

Kod žena najčešće korišteni mehanizmi obrane su projektivna identifikacija i devaluacija koji su nađeni kod pet žena (25 %), slijede racionalizacija, projekcija i negacija kod triju (15 %), potiskivanje kod jedne ispitanice (5 %), dok apatično povlačenje nije nađeno.

Na tablici 3 prikazan je odnos između dominantnih obrambenih mehanizama i bračnog stanja ispitanika.

Rezultati pokazuju da je kod neoženjenih ispitanika najčešće korišteni obrambeni mehanizam racionalizacija koja je utvrđena kod devet ispitanika (24,4 %), slijede devaluacija koja je nađena kod osam (21,6 %), projektivna identifikacija kod sedam (18,9 %), negacija kod pet (13,5 %), projekcija kod četiri (10,8 %), dok su potiskivanje i apatično povlačenje nađeni kod dva ispitanika (5,4 %).

TABLE 2. Dominant defensive mechanisms in relation to subject's gender

	M	%	F	%	Total.
A	4	5	0	0	4
D	7	8.7	5	25	12
De	17	21.3	3	15	20
R	7	8.7	1	5	8
P	11	13.7	3	15	14
PI	13	16.3	5	25	18
Ra	21	26.3	3	15	24
Total	80	100	20	100	100

and above, the most commonly used defence mechanisms were denial, found in six subjects (35.3%), projective identification and rationalization in three (17.6%), apathetic withdrawal and repression in two (11.8%) and projection in one subject (5.9%).

Table 2 shows the relationship of dominant defence mechanisms and subject gender.

The most common defence mechanism found in men was rationalization, which was found in 21 subjects (26.3%). The next most common was denial in 17 (21.3%), then projective identification with 13 (16.3%) and projection in 11 (13.7%) subjects. Among the less commonly used mechanisms were the repression and devaluation found in seven (8.7%) and apathetic withdrawal found in four (5%) subjects.

The most frequently used defence mechanisms in women were projective identification and devaluation found in five women (25%), followed by rationalization, projection and denial in three (15%), repression in one subject (5%) and apathetic withdrawal which was not found.

Table 3 shows the relationship between the dominant defence mechanisms and the marital status of the subjects.

The results show that the defensive mechanism of rationalization was the most common one found in unmarried subjects, with a total of nine (24.4%) subjects using it. Next most common were devaluation, which was found in eight (21.6%), projective identification in seven (18.9%), denial in five (13.5%) and projection in four (10.8%), while repression and apathetic withdrawal were found in only two subjects (5.4%).

In married subjects, results were different. The most common defence mechanisms found in married subjects were denial and rationalization, which were found in ten subjects (24.4%). They were followed by projection in eight (19.5%), projective identification in six

TABLE 3. The relationship between the dominant defence mechanisms and the marital status of the subjects

	Unmarried.	%	Married	%	Divorced	%	Rest	%	Total
A	2	5.4	0	0	1	5.9	1	20	4
D	8	21.6	2	4.9	1	5.9	1	20	12
De	5	13.5	10	24.4	4	23.5	1	20	20
R	2	5.4	5	12.2	1	5.9	0	0	8
P	4	10.8	8	19.5	2	11.8	0	0	14
PI	7	18.9	6	14.6	3	17.6	2	40	18
Ra	9	24.4	10	24.4	5	29.4	0	0	24
Total	37	100	41	100	17	100	5	100	100

Kod oženjenih ispitanika rezultati su drugačiji. Najčešći obrambeni mehanizmi kod oženjenih ispitanika su negacija i racionalizacija (deset ispitanika, 24,4 %), slijede: projekcija kod osam (19,5 %), projektivna identifikacija kod šest (14,6 %), potiskivanje kod pet (12,2 %), te devaluacija kod dva (4,9 %) ispitanika. U ovoj skupini nije bilo ispitanika s apatičnim povlačenjem.

I u trećoj skupini ispitanika, skupini razvedenih, nalazimo da je najčešći korišteni obrambeni mehanizam racionalizacija kod pet ispitanika (29,4 %), slijedi negacija kod četiri (23,5 %), projektivna identifikacija kod tri (17,6 %), projekcija kod dva (11,8 %), te potiskivanje, devaluacija i apatično povlačenje kod jednog ispitanika (5,9 %).

Na tablici 4. prikazan je odnos obrambenih mehanizama i zaposlenosti ispitanika.

Najčešće korišteni obrambeni mehanizam kod zaposlenih ispitanika je racionalizacija koja je

(14.6%), repression in five (12.2%) and devaluation in two (4.9%) subjects. There were no subjects with apathetic withdrawal in this group.

In the third group of subjects, the group of divorced subjects, we found that the most commonly used defensive mechanism was rationalization, which was found in five subjects (29.4%). The next most commonly found was denial in four (23.5%), projective identification in three (17.6%), projection in two (11.8%) and repression, devaluation and apathetic withdrawal in one subject (5.9%).

Table 4 shows the relationship between the defence mechanisms and the employment of the subjects.

The most commonly used defence mechanism in the employed group was rationalization, which was found in 11 (33.3%) subjects, followed by denial in seven (21.2%), then re-

TABLE 4. Dominant defensive mechanisms in relation to the employment of subjects

	Employed	%	Unemployed	%	In education	%	Rest	%	Total
A	0	0	3	7	0	0	1	9	4
D	1	3	9	20.9	1	7.7	1	9	12
De	7	21.2	8	18.6	5	38.5	0	0	20
R	5	15.2	1	2.3	0	0	2	18.2	8
P	4	12.1	6	14	2	15.4	2	18.2	14
PI	5	15.2	9	20.9	4	30.7	0	0	18
Ra	11	33.3	7	16.3	1	7.7	5	45.6	24
Total.	33	100	43	100	13	100	11	100	100

utvrđena kod 11 ispitanika (33,3 %), slijedi negacija kod sedam (21,2 %), zatim potiskivanje i projektivna identifikacija kod pet (15,2 %), projekcija kod četiri (12,1 %) i devaluacija kod jednog ispitanika (3 %).

Kod nezaposlenih najčešći obrambeni mehanizmi su devaluacija i projektivna identifikacija kod devet ispitanika (20,9 %), slijedi negacija kod osam (18,6 %), racionalizacija kod sedam (16,3 %), projekcija kod šest (14 %), apatično povlačenje kod tri (7 %) i potiskivanje kod jednog ispitanika (2,3 %).

Ispitanici u edukacijskom sustavu najčešće koriste negaciju (pet ispitanika, 38,5 %), zatim projektivnu identifikaciju (četiri ispitanika, 30,7 %), projekciju (dva ispitanika, 15,4 %), te devaluaciju i projekciju (jedan ispitanik, 7,7 %).

Na tablici 5 prikazan je odnos vrste ovisnosti i obrambenih mehanizama.

Kod ovisnika o alkoholu najčešći obrambeni mehanizam je racionalizacija koja je utvrđena kod 15 ispitanika (25,4 %), slijedi negacija kod 13 (22 %), projekcija kod 10 (17 %), projektivna identifikacija i potiskivanje kod sedam (11,9 %), devaluacija kod pet (8,5 %) i apatično povlačenje kod dva ispitanika (3,3 %). Kod ovisnika o drogama najčešći mehanizam obrane je projektivna identifikacija, kod osam ispitanika (29,7 %), slijede devaluacija kod šest (22,2 %), racionalizacija kod pet (18,5 %), negacija kod tri (11,1 %) i apatično povlačenje kod dva is-

pression and projective identification in five (15.2%), projections in four (12.1 %) and devaluation in one subject (3%).

For the unemployed, most common defence mechanisms were devaluation and projective identification found in nine subjects (20.9%). The next most common one was denial found in eight (18.6%), then rationalization in seven (16.3%), projection in six (14%), apathetic withdrawal in three (7%) and repression in one subject (2.3%).

Subjects in the education system most often used denial: five subjects (38.5%), then projective identification: four subjects (30.7%), projection: two subjects (15.4%) and devaluation and projection: one subject each (7.7%).

Table 5 shows the relationship between the type of addictions and defence mechanisms.

In alcohol addicts, the most frequently used defensive mechanism was rationalization, which was found in 15 subjects (25.4%) and was followed by denial which was found in 13 subjects (22%), projection in 10 (17%), projective identification and repression in seven (11, 9%), devaluation in five (8.5%) and apathetic withdrawal in two subjects (3.3%). In drug addicts, the most common defence mechanism was projective identification in eight (29.7%), followed by devaluation in six (22.2%), rationalization in five (18.5%), denial in three (11.1%) and apathetic withdrawal in two subjects (7.4%). In

TABLE 5. Dominant defensive mechanisms in relation to the type of addiction

	Alcohol	%	Drug	%	Gambling	%	Internet	%	Total
A	2	3.3	2	7.4	0	0	0	0	4
D	5	8.5	6	22.2	0	0	1	25	12
De	13	22	3	11.1	3	30	1	25	20
R	7	11.9	0	0	1	10	0	0	8
P	10	17	3	11.1	1	10	0	0	14
PI	7	11.9	8	29.7	1	10	2	50	18
Ra	15	25.4	5	18.5	4	40	0	0	24
Total	59	100	27	100	10	100	4	100	100

pitanika (7,4 %). Kod ovisnika o kockanju najčešći mehanizam obrane je racionalizacija koja je utvrđena kod četiri ispitanika (40 %), slijedi negacija kod tri (30 %), potiskivanje, projekcija i projektivna identifikacija kod jednog ispitanika (10 %). Najčešći obrambeni mehanizam kod ovisnika o internetu je projektivna identifikacija koja je utvrđena kod dva ispitanika (50 %), dok su devaluacija i negacija utvrđeni kod jednog ispitanika (25 %).

Na tablici 6 prikazan je odnos duljine trajanja ovisnosti i obrambenih mehanizama.

Kod ispitanika kod kojih duljina trajanja ovisnosti iznosi do jedne godine najčešći mehanizam obrane je negacija koji je prisutan kod šest ispitanika (46,2 %), zatim slijede potiskivanje kod četiri (30,8 %), racionalizacija kod dva (15,3 %) i projekcija kod jednog ispitanika (7,7 %). U skupini ispitanika čija duljina trajanja ovisnosti iznosi 1-3 godine negacija je i dalje najčešći obrambeni mehanizam i utvrđen je kod šest ispitanika (30 %), druga po učestalosti je racionalizacija kod četiri (20 %), zatim projekcija i projektivna identifikacija kod tri (15 %), potiskivanje kod dva (10 %) i apatično povlačenje i devaluacija kod jednog ispitanika (5 %). U idućoj skupini ispitanika dominira racionalizacija kao najčešći obrambeni mehanizam. Utvrđena je kod gotovo polovice ispitanika u toj skupini (43,3 %). Idući najčešći mehanizam obrane u toj dobnoj skupini je negacija koja je prisutna kod pet ispitanika (16,7 %), zatim slijede pro-

gambling addicts, the most common defence mechanism was rationalization which was reported in four (40%) subjects, followed by the denial in three (30%) and repression, projection and projective identification in one (10%) subject. The most common defence mechanism for internet addicts was projective identification found in two subjects (50%), while devaluation and denial were found in one subject (25%).

Table 6 shows the relationship between the length of addiction and defensive mechanisms.

In the group of subjects with a duration of addiction of less than a year, the most common defence mechanism was denial, present in six (46.2%) subjects, followed by repression found in four (30.8%), rationalization in two (15.3%) and projection in one (7.7%) subject. In the group of subjects with the length of addiction between 1-3 years, denial remained the most common defence mechanism and was found in six (30%) subjects, while the second most common defence mechanism was rationalization, which was found in four (20%) subjects, followed by projection and projective identification in three (15%), repression in two (10%) and apathetic withdrawal and devaluation in one (5%) subject. In the next group of subjects (length of addiction between 4-6 years) rationalization dominated as the most common defence mechanism. It was found in almost half of the subjects in this group (43.3%). The

TABLE 6. Dominant defensive mechanisms in relation to the length of addiction

	Less than 1 year	%	1-3 years	%	4-6 years	%	7-10 years	%	10 years and more	%	Total
A	0	0	1	5	0	0	1	4.8	2	12.5	4
D	0	0	1	5	3	10	6	28.6	2	12.5	12
De	6	46.2	6	30	5	16.7	2	9.5	1	6.3	20
R	4	30.8	2	10	2	6.7	0	0	0	0	8
P	1	7.7	3	15	3	10	4	19	3	18.7	14
PI	0	0	3	15	4	13.3	5	23.8	6	37.5	18
Ra	2	15.3	4	20	13	43.3	3	14.3	2	12.5	24
Total	13	100	20	100	30	100	21	100	16	100	100

jeektivna identifikacija sa četi (13,3 %), projekcija i devaluacija kod tri (10 %) i potiskivanje kod dva ispitanika (6,7 %). Dominantni obrambeni mehanizmi u prethodnim skupinama ispitanika bili su negacija i racionalizacija, no u dobnoj skupini ispitanika čija duljina trajanja ovisnosti iznosi od 7 do 10 godina dominantni obrambeni mehanizmi su devaluacija kod šest (28,6 %) i projektivna identifikacija kod pet ispitanika (23,8 %). Još su utvrđeni mehanizmi u ovoj skupini ispitanika projekcija kod četiri (19 %), racionalizacija kod tri (14,3 %), negacija kod dva (9,5 %) i apatično povlačenje kod jednog ispitanika (4,8 %). U dobnoj skupini ispitanika čija duljina trajanja ovisnosti iznosi 10 godina i više najčešći korišteni mehanizam obrane je projektivna identifikacija kod šest ispitanika (37,5 %), slijede ju projekcija kod tri (18,7 %), racionalizacija, devaluacija i apatično povlačenje kod dva (12,5%) i negacija koja je utvrđena kod jednog ispitanika (6,3 %).

Na tablici 7 prikazan je odnos obrambenih mehanizama i težine ovisnosti.

Kod ispitanika kod kojih je dijagnosticirana blaga razina ovisnosti najčešći obrambeni mehanizmi su potiskivanje i racionalizacija (pet ispitanika, 27,8 %), slijedi negacija kod četiri ispitanika (22,2 %), projekcija kod tri (16,6 %) i projektivna identifikacija kod jednog ispitanika (5,6 %). Na ovoj razini nema ispitanika s dominantnim mehanizmom devaluacije ni apatičnog povlačenja.

next most common defence mechanism in that age group was denial, present in five subjects (16.7%), followed by projective identification in four (13.3%), projection and devaluation in three (10%) and repression in two (6.7%) subjects. The predominant defence mechanisms in these groups of subjects were denial and rationalization, but in the age group of subjects whose length of addiction was between 7-10 years, the most common defence mechanisms were devaluation found in six (28.6%) and projective identification in five (23.8%) subjects. Other mechanisms found in this group of subjects were projection in four (19%), rationalization in three (14.3%), denial in two (9.5%) and apathetic withdrawal in one (4.8%) subject. In the group of subjects whose length of addiction was over 10 years, the most commonly found defence mechanism was projective identification in six (37.5%) subjects, followed by projection in three (18.7%), rationalization, devaluation and apathetic withdrawal in two (12.5%) and denial in one (6.3%) subject.

Table 7 shows the relationship between defence mechanisms and the severity of addiction.

In subjects diagnosed with a mild degree of addiction, the most common defence mechanisms were repression and rationalization (five subjects 27.8%). Next was denial, found in four subjects (22.2%), projection in three (16.6%) and projective identification in one (5.6%) subject. At this level of severity, there were no

TABLE 7. Dominant defensive mechanisms in relation to the severity of addiction

	Mild	%	Moderate	%	Severe	%	Total.
A	0	0	1	2.3	3	7.9	4
D	0	0	4	9.1	8	21.1	12
De	4	22.2	11	25	5	13.1	20
R	5	27.8	3	6.8	0	0	8
P	3	16.6	6	13.6	5	13.1	14
PI	1	5.6	5	11.4	12	31.6	18
Ra	5	27.8	14	31.8	5	13.2	24
Total	18	100	44	100	38	100	100

Ispitanici kod kojih je ovisnost izražena na umjerenom razini pokazuju drugačije rezultate. Najčešća je racionalizacija (14 ispitanika, 31,8 %), zatim negacija (11 ispitanika, 25 %), projekcija (šest ispitanika, 13,6 %), projektivna identifikacija (pet ispitanika, 11,4 %), devaluacija (četiri ispitanika, 9,1 %), potiskivanje (tri ispitanika, 6,8 %), te na kraju apatično povlačenje (jedan ispitanik, 2,3 %).

I teška razina pokazuje različite rezultate. Najčešći obrambeni mehanizam ove razine je projektivna identifikacija (12 ispitanika, 31,6 %), zatim devaluacija (osam ispitanika, 21,1 %), negacija projekcija i racionalizacija (pet ispitanika, 13,1 %), te apatično povlačenje (tri ispitanika, 7,9 %). U ovoj skupini nema ispitanika s potiskivanjem.

RASPRAVA

U provedenom istraživanju ispitivali smo povezanost obrambenih mehanizama ovisnika s drugim važnim elementima njihove ovisnosti. Dobili smo rezultate koji pokazuju da su sedam mehanizama obrane (apatično povlačenje, devaluacija, negacija, potiskivanje, projekcija, projektivna identifikacija i racionalizacija) dominantni mehanizmi obrane kod ovisnika (prvi po hijerarhiji u označavanju).

Iako je obrambeni mehanizam apatično povlačenje čest kod ovisnika, zbog svojih karakteristika rijetko je označen kao prvi (najvažniji). Ipak, u našem je istraživanju kod četiri ispitanika dominantni obrambeni mehanizam apatično povlačenje. Devaluaciju, kao dominantni obrambeni mehanizam, ima 12 ispitanika. Devaluacija je tipičan obrambeni mehanizam ovisnika, koji je posebno važan zbog toga jer otežava ili potpuno onemogućava uspostavljanje početnog pozitivnog transfera tijekom liječenja.

Negacija, kao dominantni obrambeni mehanizam, utvrđena je kod 20 ispitanika. I negacija je

subjects with a dominant mechanism of devaluation or apathetic withdrawal.

Subjects diagnosed with a moderate level of severity had different results. The most commonly found defence mechanism was rationalization (14 subjects, 31.8%), followed by denial (11 subjects, 25%), projection (six subjects, 13.6%), projective identification (five subjects, 11.4%), devaluation (four subjects, 9.1%), repression (three subjects, 6.8%) and finally apathetic withdrawal (one subject, 2.3%).

The group of subjects diagnosed with severe addiction also had different results. The most common defence mechanism in this group was projective identification (12 subjects, 31.6%), followed by devaluation (eight subjects, 21.1%), projection, denial and rationalization (five subjects, 13.1%) and apathetic withdrawal (three subjects, 7.9%). There were no subjects who used repression in this group.

DISCUSSION

In the present study, we examined the correlation of the defensive mechanisms of addicts with other important elements of their addiction. We obtained results that demonstrate that the seven defence mechanisms (apathetic withdrawal, devaluation, denial, repression, projection, projective identification, and rationalization) were dominant in addicts (first in the hierarchy in the labeling).

Although apathetic withdrawal is commonly found in addicts, it is rarely labelled as the first (most important) because of its characteristics. Nevertheless, apathetic withdrawal was the dominant defence mechanism in four subjects in our study. Devaluation as the dominant defensive mechanism was found in 12 subjects. Devaluation is a typical defensive mechanism of addicts, which is particularly important because it makes it difficult or completely impossible to establish initial positive transfer during treatment.

tipičan obrambeni mehanizam ovisnika („Alle Suchtkranke luegen“ – svi ovisnici lažu). Ali zadaća terapeuta nije „policijsko“ razotkrivanje laži. Esencijalno je uspostavljanje pozitivnog transfera, te su terapijske interpretacije i konfrontacije učinkovite samo unutar transfera. Slično navodi i Schalast (2006.): „Motivacijski koncept dominantno temeljen na konfrontaciji s negativnim posljedicama ovisnosti danas je opsoletan (budući da samo pojačava obrambeno postavljanje). Bitni elementi za motivaciju su - s terapijom povezana nadanja i jačanje samopouzdanja kao temelj za vlastite napore kojima će se postići promjena ponašanja i zadovoljavajuća životna situacija“ (16).

Samo kod osam ispitanika potiskivanje je dominantni mehanizam obrane. Ovakav rezultat potvrđuje teorijske postavke koje ovisnost opisuju kao duboko regresivno stanje, daleko dublje i više patološko u odnosu na neurozu kod koje je potiskivanje glavni obrambeni mehanizam (Kohut 1997., Dodes 1990.) (6,8).

Kod 18 ispitanika dominantan obrambeni mehanizam je projektivna identifikacija. Rezultati ovog istraživanja pokazuju da je i projektivna identifikacija tipična za ovisnike. Kernberg (1984) i Meissner (1984) smatraju da je projektivna identifikacija neuspješna projekcija, jer se projicirani materijal vraća subjektu u procesu u kojem se self neuspješno pokušava osloboditi nepodnošljivih impulsa. Oni dalje navode da je ovaj neuspjeh rezultat nerazvijene granice između selfa i objekta (17,18). Sve ovo je vrlo tipično za ovisnike. Ovisnici se projektivnom identifikacijom oslobađaju nepoželjnog i zastrašujućeg dijela selfa, ali zbog svoje nezrelosti i dalje moraju ostati u kontaktu s tim projiciranim dijelom. Projektivnom identifikacijom ovisnici uspostavljaju takav oblik objektnih odnosa u kojem je objekt samo parcijalno separiran. Ovisnici ne projiciraju samo loše dijelove selfa (barem privremeno rasterećenje), nego i zrele dijelove selfa (izbjegavanje separacije). Razumije se da će ih

Denial as the dominant defensive mechanism was found in 20 subjects. Denial is a typical defensive mechanism of addicts („Alle Suchtkranke luegen“ – all addicts lie). But the therapist's task is not one of “policing”, i.e. to point out the lies. It is essential to establish a positive transfer, and the therapeutic interpretation and confrontation are only effective within it. Similarly, Schalast (2006) states: “The motivational concept predominantly based on the adverse effects of addiction is today obsolete (since it only enhances defensive setting). Essential elements of motivation are – hopes and strengthening self-confidence connected with therapy as the basis for their own efforts to achieve a change of behaviour and a satisfying living situation” (16).

Repression was the dominant defence mechanism in only eight respondents. This result confirms the theoretical assumptions that addiction is a deep regressive state, far deeper and more pathological than neurosis, where the main defense mechanism is repression (Kohut 1997, Dodes 1990) (6,8).

Projective identification was the dominant defence mechanism in 18 subjects. The results of this study also demonstrate that projective identification is typical for addicts. Kernberg (1984) and Meissner (1984) consider that projective identification is an unsuccessful projection because the projected material is returned to the subject in a process in which the self, unsuccessfully, attempts to release intolerable impulses. They further state that this failure is the result of an underdeveloped boundary between the self and the object (17,18). All this is very typical of addicts. Addicts use projective identification to release the unwanted and intimidating part of the self, but because of their immaturity, they must remain in contact with this projected part. By projective identification, addicts establish such a form of object relations in which the object is only partially separated. The addicts do not project only bad parts of the self (at least temporarily relieve) but also

ovakva projekcija dodatno emocionalno osiromašiti i iscrpiti.

Važno je istaknuti da je projektivna identifikacija i prilika za ovisnika u terapijskom procesu. Neprihvatljivi dio selfa se projicira, pod utjecajem terapeuta se promijeni, te se reinternalizacijom vraća u projektora (ovisnika). Važno je da terapeut ima kapacitet za primanje i obradu projiciranog materijala koji je kod ovisnika često primitivan, regresivan, pa čak i malignan. Uzimajući ove činjenice u obzir jasno je zbog čega je terapija ovisnika često neuspješna.

Projekcija, kao dominantan mehanizam obrane, utvrđena je kod 14 ispitanika. Iako je projekcija nezreli obrambeni mehanizam, u odnosu na projektivnu identifikaciju je ipak zreliji. Prema Kernbergu (19) projektivna identifikacija se ne može naći kod neurotske organizacije ličnosti osim u ekstremno regresivnim stanjima. Kod neurotičara projekcija zauzima mjesto projektivne identifikacije. Tako kod projekcije kao progresivnijeg mehanizma self uspješno projicira nepovoljne elemente u objekt, prekida veze s tim elementima, ne pokazuje empatiju prema njima i oslobađa ih se. Projekcija je povezana s potiskivanjem, a projektivna identifikacija sa splittingom. Napominjemo da se rijetko susreću čisti oblici projekcije i projektivne identifikacije. Obično postoje manja ili veća preklapanja.

Kod 24 ispitanika, kao dominantan obrambeni mehanizam, utvrđena je racionalizacija. Racionalizacija je kao i potiskivanje tipičan neurotski obrambeni mehanizam. Ipak naši rezultati pokazuju da je racionalizacija kod ovisnika mnogo češća od potiskivanja. Kada ovisnici budu uspješno konfrontirani s negacijom („ne pijem uopće“), tada obično brzo zauzimaju prostor racionalizacije („pijem, ali piju i svi drugi“).

Rezultati istraživanja o povezanosti obrambenih mehanizama i dobi ispitanika pokazali su interesantne rezultate. Kod mlađih ispitanika dominiraju devaluacija i projektivna identifikacija, a kod starijih racionalizacija i potiskiva-

the mature parts of self (avoiding separation). Of course, such projection will further exhaust and impoverish them emotionally.

At this point, it is important to point out that projective identification is also an opportunity for addicts in the therapeutic process. The unacceptable part of the self is projected, is changed under the influence of the therapist and reinternalized in the projector (addict). It is important that the therapist has the capacity to receive and process the projected material that is often primitive, regressive and even malignant in addicts. Taking these facts into account, it is clear why addiction therapy is often unsuccessful.

Projection as the dominant defence mechanism was found in 14 subjects. Although projection is an immature defence mechanism in comparison with projective identification, it is still more mature. According to Kernberg (19), projective identification cannot be found in a neurotic personality organization, except in extremely regressive states. In neurotic patients, projection takes the place of projective identification. Thus, in projection as a more progressive mechanism, the self projects unfavourable elements in the object, interrupts the connection with these elements, does not show empathy towards them and is free from them. Projection is associated with repression and projective identification with splitting. Please note that it is rare to see pure forms of projection and projective identification. There are usually smaller or bigger overlaps.

Rationalization was found in 24 subjects as a dominant defensive mechanism. Rationalization, as well as repression, is a typical neurotic defensive mechanism. Yet our results show that rationalization in addicts was much more frequent than repression. When addicts are successfully confronted with denial (“I do not drink at all”), they usually quickly take up rationalization as a defence mechanism (“I drink, but everyone else does it”).

The results of the study on the correlation between defence mechanisms and the age of

nje. Projekcija i negacija su približno jednako zastupljene i u mlađim i u starijim dobnim skupinama. Apatično povlačenje se nalazi kod starijih ovisnika što je i logičan rezultat (apatija na kraju puta). Slične rezultate navodi i Kreuzer (20). Mlađe ovisnike označava kao „fiksere“ (karakteristike kao što su: rani početak uzimanja, izražena je ovisnička supkultura, nekritičan je, sklon riziku, sklon kriminalu, motivacija za liječenje je slaba). Pravi ovisnici su: odrasle osobe, bolje integrirane u društvo, uzimaju jednu psihoaktivnu tvar, prognoza je povoljna.

Zanimljivi su rezultati istraživanja koji pokazuju odnos obrambenih mehanizama i spola ispitanika. U ovom istraživanju žene čine 20 % ispitanika što odgovara epidemiološkim podacima. Međutim, rezultati ovog istraživanja pokazuju da su kod žena dominantni mehanizmi devaluacija i projektivna identifikacija. Kod muškaraca su pak dominantni mehanizmi racionalizacija i negacija. Potvrđuje li naš rezultat postavku da je broj žena ovisnica manji u odnosu na broj muškaraca ovisnika, ali da su žene ovisnice regresivnije u odnosu na muškarce ovisnike?

Iznenadjujući su rezultati s obzirom na razinu eksternalizacija-intervalizacija. Prema originalnoj Freudovoj teoriji (9), a koju su dalje potvrđivali i razvijali i drugi psihoanalitičari, muškarci bi više koristili obrambene mehanizme eksternalizacije (poglavito projekciju), dok bi žene više koristile obrambene mehanizme intervalizacije (uglavnom negaciju). Naši rezultati su suprotni navedenim postavkama. U našem istraživanju žene jednako koriste oba obrambena mehanizma (po tri ispitanice), dok muškarci češće koriste negaciju (17 ispitanika) od projekcije (11 ispitanika). Moguće objašnjenje naših rezultata je da ovisnost destruiira sva važna područja života ovisnika, pa tako i socijalno funkcioniranje. Ovisnici tako napuštaju uobičajene socijalne norme, pa i uobičajene obrambene mehanizme. Ipak i Dufton (2004.) ima rezultate koji su slični našima. On navodi

subjects yielded interesting results. In younger subjects, devaluation and projective identification dominated, and rationalization and repression in older subjects. Projection and denial were approximately equally represented in both younger and older age groups. Apathetic withdrawal occurred with older addicts, which is a logical result (apathy at the end of the path). Similar results are also reported by Kreuzer (20). Younger addicts are referred to as “fixers” (characteristics such as: early onset of substance abuse, expressing addictive subculture, uncritical, prone to risk, prone to crime, a weak motivation for treatment). True addicts are: adults, better integrated into society, take one psychoactive substance, the prognosis is favourable.

Another interesting result of the present study was the relationship between defence mechanisms and the sex of the subjects. In this study, 20% of subjects are women, and that is in accordance with epidemiological data. But the results of this study demonstrate that dominant mechanisms in women were devaluation and projective identification. Dominant defence mechanisms in men were rationalization and denial. Do our results indicate that the number of female addicts is lower than the number of male addicts, but that addicted women are more regressive than addicted men?

The level of externalization-internalization also yielded surprising results. According to the original theory by Freud (9), which has been further confirmed and developed by other psychoanalysts, men would be predicted to use externalization more (particularly projection), while women would use internalization more (mainly denial). Our results were contrary to the above postulates. In our study, women use both defence mechanisms equally (three subjects), while men more often used denial (17 subjects) than projections (11 subjects). The possible explanation of our results is that addiction destroys all important areas of the life of addicts, which includes social functioning. The addicts are thus abandoning the usual social norms and the usual defensive

da je jedan od glavnih trendova kod ovisnosti smanjivanje razlika između muških i ženskih konzumenata (21).

I rezultati istraživanja o povezanosti obrambenih mehanizama i bračnog statusa jasno dijele ispitanike na dvije skupine. Neoženjeni i razvedeni ispitanici koriste uglavnom devaluaciju, projektivnu identifikaciju i apatično povlačenje, dok oženi ispitanici više koriste negaciju, potiskivanje i racionalizaciju kao dominantni obrambeni mehanizam. Slični su i rezultati istraživanja o povezanosti obrambenih mehanizama i zaposlenosti ispitanika. Ispitanici s dominantnim obrambenim mehanizmom potiskivanjem i racionalizacijom imaju razinu zaposlenosti znatno veću od 50 %, ispitanici s projekcijom i negacijom oko 50 %, dok ispitanici s devaluacijom i projektivnom identifikacijom imaju razinu zaposlenosti daleko ispod 50 %.

Možda su najinteresantniji rezultati istraživanja koji se odnose na povezanost dominantnog obrambenog mehanizma i vrste ovisnosti. I dok kod ovisnika o alkoholu i kockanju prevladavaju potiskivanje, racionalizacija i negacija, kod ovisnika o drogama dominiraju projektivna identifikacija i devaluacija. Je li ovaj rezultat još jedan dokaz da je ovisnost o drogama najteža i najopasnija, „prava ovisnost“? Iako je broj ispitanika ovisnika o internetu malen (četiri), ipak u odnosu na dominantne obrambene mehanizme ovisnici o internetu su sličniji ovisnicima o drogama nego ovisnicima o alkoholu i kockanju. Je li ovisnost o internetu mnogo opasnija nego što danas mislimo?

Zanimljivi su i rezultati istraživanja koji se odnose na povezanost dominantnog obrambenog mehanizma i duljine trajanja ovisnosti. Istraživanjem smo dobili i odgovor mijenjaju li se dominantni obrambeni mehanizmi ovisnika tijekom njihovog života. Devaluacija nije prisutna u ovisnika kod kojih ovisnost traje do godinu dana, a samo dva ispitanika iz skupine s najdužim ovisničkim stažem (deset

mechanisms. Yet Dufton (2004) reported results that are similar to ours. He argues that one of the main trends in addiction is reducing the difference between male and female consumers (21).

The results of the research on the correlation of defence mechanisms and marital status clearly divide the subjects into two groups. Unmarried and divorced subjects use devaluation, projective identification, and apathetic withdrawal while married subjects use denial, repression and rationalization as a dominant defence mechanism. The results of research on the correlation between defence mechanisms and the employment of subjects are similar. Subjects with the dominant defence mechanism of repression and rationalization have a level of employment significantly higher than 50%. Subjects who use denial and projection have about 50% employment, while subjects who use devaluation and projective identification have a level of employment far below 50%.

Perhaps the most interesting research results are related to the link between the dominant defence mechanism and the type of addiction. While repression, rationalization and denial prevailed in alcohol and gambling addicts, in drug addicts the dominant defence mechanisms were projective identification and devaluation. Are these results another piece of evidence that drug addiction is the most difficult and most dangerous “true addiction”? Although the number of internet addicts in this study was small (four), looking at their dominant defence mechanisms they are more similar to drug addicts than alcohol addicts and gamblers. Is internet addiction much more dangerous than we think?

We also found interesting results related to the relationship between the dominant defence mechanism and the duration of addiction. The study has also given us the answer as to whether the dominant defensive mechanisms of addicts is changeable during their lifetime. Devaluation was not present in addicts whose addiction lasts up to one year, and only two respondents

godina i dulje) imaju ovaj obrambeni mehanizam. Mišljenja smo da se u prvoj skupini devaluacija još nije toliko razvila da bi postala dominantan obrambeni mehanizam. Ovisnici tijekom godina razvijaju i široko koriste ovaj obrambeni mehanizam, te po ovom mehanizmu bivaju označavani i prepoznati u društvu. Međutim, ovisnici koji prežive dovoljno dugo, razvijaju druge obrambene mehanizme. Slično je i s racionalizacijom (po dva ispitanika u najkraćoj i najduljoj skupini, a 13 ispitanika u skupini 4-6 godina). Dakle, u početku ovisnosti je „rano“ za racionalizaciju, nešto kasnije postaje glavni ovisnički obrambeni mehanizam, a nakon više godina racionalizacija iscrpi svoje mogućnosti, te ovisnici koriste druge obrambene mehanizme.

Negacija i potiskivanje imaju sasvim drugačiji vremenski tijek. U prvoj godini (šest i četiri ispitanika) ovo su glavni mehanizmi da bi vremenom progresivno opadali te u najstarijoj skupini (preko deset godina) pali na razinu od jedan i nula ispitanika. Ovaj rezultat pokazuje da je pravo vrijeme za terapiju u prvim godinama ovisnosti.

Suprotan smjer imaju projekcija i projektivna identifikacija. U ranoj fazi ovisnosti su rijetko prisutni (jedan i nula ispitanika u kategoriji – ovisnost do jedne godine), te vremenom rastu. U najstarijoj kategoriji (ovisnost preko deset godina) su najviše izraženi (tri i šest ispitanika).

Posebno su važni rezultati istraživanja koji se odnose na povezanost obrambenih mehanizama i težine poremećaja. Potiskivanje je jedini mehanizam kod kojeg više ispitanika ima blagu (pet) od teške (nula) razine poremećaja. Racionalizacija je nađena kod istog broja ispitanika i na blagoj i na teškoj razini (pet). Slični su rezultati za negaciju (četiri i pet ispitanika) i projekciju (tri i pet ispitanika). Sasvim su različiti rezultati za projektivnu identifikaciju (jedan blaga, 12 teška razina), devaluaciju (nula blaga, osam teška razina), te apatično povlačenje (nula blaga, tri teška razina).

in the group with the longest addiction period (ten years and older) had this defensive mechanism. We hypothesize that in the first group devaluation had not developed as much as to become a dominant defensive mechanism. Over the years, addicts develop and use this defensive mechanism widely and are identified and recognized in society by it. However, addicts who survive long enough develop other defence mechanisms. Results were similar on rationalization (two subjects in the shortest and longest duration group, and 13 subjects in the 4-6 years group). Therefore, initially in addiction it is “too early” for rationalization, but it later becomes the main addictive defensive mechanism; after years of rationalization it exhausts its capabilities and addicts use other defence mechanisms.

Denial and repression had a completely different timeframe. In the first year (six and four subjects), these were the main mechanisms which progressively declined in time, and in the oldest group (over ten years) they fell to the level of one and zero. This result shows that the first years of addiction are the right time for therapy.

Projection and projective identification had the opposite direction. They were seldom present at early stages of addictions (one and zero subjects in the up to one year group), but they became more common over time. In the oldest category (addiction over ten years), they were the most pronounced (three and six subjects).

Especially important results were those related to the correlation of defence mechanisms and the severity of the disorder. Repression is the only mechanism for which more subjects have mild (five) than severe (zero) level of the disorder. Rationalization was found in the same number of respondents at both the mild and severe level (five). Similar results were found for denial (four and five subjects) and projection (three and five subjects). The results were quite different for projective identification (one mild, 12 severe), devaluation (zero mild, eight severe), and apathetic withdrawal (zero mild, three severe).

Ovisnost je vrlo značajan psihijatrijski i javnozdravstveni problem, a njegova psihodinamska komponenta je zanemarena i u dijagnostičkom i u terapijskom smislu.

Značenje obrambenih mehanizama kod ovisnika je slabo istraženo, ili točnije rečeno sasvim neistraženo.

U našem smo istraživanju našli da su dominantni obrambeni mehanizmi kod ovisnika: apatično povlačenje, devaluacija, negacija, potiskivanje, projekcija, projektivna identifikacija i racionalizacija.

Mlađi ovisnici koriste nezrelije obrambene mehanizme.

Žene ovisnice pokazuju nezrelije obrambene mehanizme u odnosu na muškarce.

Očekivano, neoženjeni i nezaposleni ovisnici koriste nezrelije obrambene mehanizme.

Obrambeni mehanizmi ovisnika se vremenom mijenjaju.

Ovisnici o alkoholu i kockanju pokazuju zrelije mehanizme obrane u odnosu na ovisnike o drogama i internetu.

Addiction is a very important psychiatric and public health problem, and its psychodynamic component is neglected in both diagnostic and therapeutic terms.

The importance of defensive mechanisms in addicts is poorly explored, or more precisely, completely unexplored.

In the present study, we found that dominant defence mechanisms in addicts were: apathetic withdrawal, devaluation, denial, repression, projection, projective identification, and rationalization.

Younger addicts use more immature defence mechanisms.

Female addicts presented with more immature defence mechanisms than men.

As expected, unmarried and unemployed addicts used more immature defence mechanisms.

Defensive mechanisms of addicts change over time.

Alcohol and gambling addicts present with more mature defence mechanisms than drug and internet addicts.

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