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Changes of Defense Mechanisms and Personality Profile during Group Analytic Treatment

Mirela Vlastelica[1], Slavica Jurčević[2] and Tatijana Zemunik[3]

[1] Private Psychiatric Practice, Split, Croatia
[2] Department of Health and Human Rights, School of Medicine, University of Split, Split, Croatia
[3] Department of Biology, School of Medicine, University of Split, Split, Croatia

ABSTRACT

Researching efficiency of group-analytic treatment and following Foulkes' principle of the »group-as-a-whole«, the methodology was applied. That enabled the evaluation of expected changes of group members individually, as well as the group-as-a-whole. In this study three small groups (20 patients) were followed up and changes were evaluated after second and after fourths years of group analysis. Two measuring instruments – The Life Style Index and Defence Mechanisms Scale (LS-DM) and Minnesota Multiphase Personality Inventory (MMPI-201) were applied. Each member of the group was assessed by self-evaluation as well as the group-as-a-whole. The results of the research indicated that changes of the personality occurred. Changes consisted in lowering of defensive activities that was tending towards more mature defences. Changes also consisted in lowering ratings on the pathological parts of the MMPI-scales reflecting shifting of the conflict level. The results could be predictive for positive outcome of group analysis. More studies are needed.

Key words: *group analysis, defence mechanisms, personality profile*

Introduction

Group analysis is a group psychotherapy based on psychoanalysis. Its founder is S. H. Foulkes, a participant of the so-called »Northfield Experiment« in England, during the Second World War.

In Northfield gathered numerous army officers – patients suffering from neurotic disturbances, their considerable number demanding application of group working methods. From the Northfield Experiment, Foulkes developed the concept of psychoanalysis by the group, or the »group-as-a-whole«. This is the »psychoanalytic therapy group«[1], that includes concepts identical to those in the classical psychoanalysis, but it is much more than mere application of psychoanalytic principles to a group.

The concept of the »group-as-a-whole« makes one of basic elements of group analysis. In his work Foulkes has underlined the important difference between psychoanalysis, where the patient is helped only by the therapist, and group analysis where Foulkes sees group situation as the »total« situation. His theory origins from Goldstein who teaches that a healthy organism functions as a whole and creates a system in dynamic balance. A group too, just like an organism, always functions as a whole. Creating a group-as-a-whole in fact, means developing relations between group members. The group-as-a-whole principle became the group-analytic functioning principle.

Group analysis is a long-term psychotherapeutic treatment. It also has a much wider scope of application than individual psychoanalysis has. In situations where psychoanalytic treatment is proven inadequate, group analysis could prove efficient.

What urges us to research? It is the belief that certain events result from therapeutic acting and not from certain conditions or influences[2]. The therapist has to ask himself how he will know that his patients are better. The dilemma whether something results from the therapy or from something else can be solved if the patient's reports can be told from objective improvement measurement.

However, this causes numerous methodological difficulties[3].

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Methodological problems of psychotherapeutic researches

Methodological problems of psychotherapeutic researches that should be emphasized are the following[4]:

a) A psychotherapeutic process by its nature is unrepeatable, and no parallel – control group can be established;

b) Like in medical psychology in general, the research has qualitative nature, wherefore there remains the question as how to quantify exceptionally subtle processes such as a psychotherapeutic process, and yet to save it from loosing its character;

c) The number of variables that may influence personality changes is large and it is difficult to control and evaluate them precisely enough;

d) A problem is that there is no general agreement on healing criteria, i.e. on psychotherapy success;

e) The test-retest method is most acceptable one; however, it opens the dilemma as when and in what intervals to repeat the measurements, i.e. how to prevent the very act of measurement to influence the results;

f) And finally, there is the significant problem of objective and adequate measuring instruments, because there are not enough standardised instruments that can be used in psychotherapy.

Measuring of changes in psychotherapy is a complex task, and there are large disagreements, says K. R. MacKenzie[5]. The basic polemics is about whether a change is to be assessed by open measuring of behaviour or it should be evaluated in a finer manner by monitoring inner psychological dimensions.

In psychotherapy in general, therefore in-group psychotherapy and group analysis as well, the descriptive method is often applied. That is studying an individual case, which makes widening of the clinical observation of a group[6]. The disadvantage of this method is the impossibility to generalize and repeat its results. It also has a clear advantage – it respects the unity of the therapeutic group. The efficiency of this method is in its ability to create new hypotheses for testing by means of other sorts of research. In this case, by means of test materials there is researched the hypothesis that treatment by group analysis causes changes of the patient's personality. Among others, the changes are evident in changes of defence mechanisms and personality inventory.

While there are many systematic studies on short--term individual and group psychotherapy, empirical research on long-term psychotherapy hardly exist[7]. Research in psychotherapy should take into account that man in addition to being a biologically driven subject, seeks meaning and is ruled by intentions and ideals. The main questions in psychotherapy research are whether a certain approach is effective or not, and which specific factors it is that leads to change. This implies the question of causality. Cook and Campbell[8] have developed a validity system for analysis of causal relationship in field studies.

Defence mechanisms and personality inventory

By the term »defence« Freud describes the unconscious manifestations of the Ego which protects himself against inner aggressions (drives) as well as against outer threats and attacks. Anna Freud's work on defences put these mechanisms at the central point in psychoanalytical thoughts[9].

In this study we are interested in defence mechanisms in a way that they might be measurable. So we used The Life Style Index and Defence Mechanism Scale (LS-DM) that was an adaptation of the Henry Kellerman's Life Style Index, created in Ljubljana, Slovenia, in 1990. It is based upon Plutchik's theory of emotions and psychoanalysis. The test provides information about general degree of defence mechanisms used by individuals and about preferred combinations of defence mechanism.

It measures eight defence mechanisms: reaction formation, denial, regression, repression, compensation, projection, intellectualisation and displacement.

Life style is the visible behaviour of an individual that he is aware of and can describe it, and through which speak out his defence mechanisms that are, of course, unconscious.

An individual may use any of defence mechanism combinations, but some of them prevail. The differences between individuals are in the overall degree of defence orientation as well. Some defence mechanisms are more primitive, other more differentiated. They usually differ in whether they block impulses and are considered more mature, or whether they facilitate them and are considered more primitive and less mature. The blocking defence mechanisms include: denial, reaction formation, repression and intellectualisation. The facilitating (less mature) defence mechanisms include: projection, compensation, displacement and regression. Let's say that »normal« persons use more blocking, and disturbed persons more facilitating defence mechanisms.

Although defence mechanisms are unconscious, they are expressed by the life style that the individual can describe, wherefore this questionnaire is called The Life Style Index and Defence Mechanism Scale. As the group analysis progresses, a tendency towards using more mature defence mechanisms is expected.

Minnesota Multiphase Personality Inventory (MMPI-201) is among the most often used personality inventories. The version used in this research comprises 201 items that make eight so-called »clinical« scales and three validity scales. The clinical scales are regularly labelled as: Hs (hypochondria), D (depression), Hy (hysteria), Pd (psychopathic deviations), Pa (paranoia), Pt (psychasthenia), Sc (schizophrenia) and Ma (hypomania). Validity scales are labelled as: L (»lie« scale-measures reply reliability and provides information whether the replies are usable or if there is a dissimulation, de-

fence or tendency to producing socially desirable replies), F (scale of confused thinking, bizarre thoughts) and K (scale of control and correction). Scale names are determined by kraepelinian terminology that is being used even in the new, modified, MMPI-202. The scale is used for clinical and research purposes, for following up changes caused by psychotherapeutic treatment. The application may be individual and group. Success of a group-analytic treatment is expected to be evident by lowering of pathological rates of scales. »Normalisation« of the MMPI profile implies shifting of the conflict level. Thus, the results may be observed through changes of a group member as an individual and through changes of the group-as-a-whole. This study evaluated changes of the group-as-a-whole.

Patients and Method

The study is tried to show the efficiency of group-analytic treatment through the change of defence mechanisms and personality profile. One of the authors of the study is the conductor of these therapeutic groups, female psychiatrist and group analyst with about twenty years of experience. She conducted three groups in her private practice, groups are labelled as »Monday«, »Tuesday« and »Wednesday« according to days when groups attended. Group treatment has occurred once weekly for 90 minutes. The composition of the groups' membership was constant for all time during the research. Members were patient of both gender (8 male and 12 female), 25–40 years old (31.2 in average), high school and university education. According to DSM-IV they satisfied criteria for anxiety disorders (12 patients) and borderline personality disorder (8 patients)[10], and also inclusion criteria for group treatment[11]. »Psychodinamically« speaking the most »difficult« group was »Monday« group because of the prevalence of borderline personalities.

The working method reflects the premise that during a group-analytic treatment there occur changes of a patient – group member's personality. The patient's personality change is measured by the patient's (group member's) self-assessment. Three small groups making a total of 20 members were followed up.

For the patient's self-assessment as an individual, there were used two psychological measuring instruments – The Life Style Index and Defence Mechanism Scale (LS-DM) and Minnesota Multiphase Personality Inventory (MMPI-201).

The evaluations were made at the end of the second and at the end of the fourth years of the group analysis.

The sum of evaluations (results) by all self-evaluation scales is considered the group evaluation, wherefore some hypotheses relate to the group-as-a-whole.

Statistical data processing

The life style index and defence mechanism scale (LS-DM) is a standardised test that measures eight defence mechanism dimensions. Values are expressed as percentages against which the personality profile is obtained. Two-tailed t-test was used to compare means.

The Minnesota multiphase personality inventory (MMPI-201) contains standard values shown by T scores in eight clinical (Hs, D, Hy, Pd, Pa, Pt, Sc, Ma) and three validity scales (L, F, K). Two-tailed t-test was used to compare means.

Results

Dominant forms of defence orientation provides insight into developmental problems of emotional conflicts and serves as an auxiliary means at diagnosing personality dominant dispositions. Generally, high defence orientation (over 60%) is related to higher degree of anxiety and low self-respect, whereas low defence orientation (below 20%) indicates lack in defence mechanism activities. This means that in case of a »favourable« structure, utilisation of defence mechanisms could be moderate.

TABLE 1
CHANGES OF DEFENCE MECHANISMS – RESULTS ON THE LIFE STYLE INDEX (LS-DM) AT THE END OF THE SECOND YEAR OF GROUP ANALYSIS FOR ALL GROUPS

Defence mechanism	Monday group X (SD)	Tuesday group X (SD)	Wednesday group X (SD)	ANOVA
Reaction formation	26 (16)	33 (12)	36 (26)	F=0.51, p<0.60
Denial	36 (23)	31 (19)	35 (15)	F=0.13, p<0.88
Regression	35 (15)	35 (20)	31 (16)	F=0.11, p<0.89
Repression	29 (20)	20 (13)	34 (17)	F=1.11, p<0.35
Compensation	34 (19)	38 (25)	47 (27)	F=0.52, p<0.60
Projection	54 (22)	44 (19)	57 (21)	F=0.63, p<0.54
Intellectualisation	42 (7)	58 (16)	56 (16)	F=2.86, p<0.084*
Displacement	37 (20)	28 (17)	33 (17)	F=0.38, p<0.687
Defence mechanisms in general	37 (10)	37 (7)	41 (9)	F=0.51, p<0.60

*statistically significant differences

Comparison of average results in all defence mechanisms, at the end of the 2nd year of group analysis, shows no significant differences between Monday, Tuesday and Wednesday groups, except about the intellectualisation index (F=2.86, p<0.084), where the difference between the groups is greater than differences within the groups. Thus, the groups use defence mechanisms equally (differences are statistically insignificant), (Table 1).

At the end of the 4th year of group analysis, there are no statistically significant differences between groups in terms of use of the eight measured defence mechanisms. The previous difference (at the end of the 2nd year) about intellectualisation has disappeared. The differences within the groups now become larger than the differences between them. Thus, an even greater equality between the groups has been achieved (Table 2).

The group defence mechanisms in some cases showed increase of blocking, more mature, defence mechanisms and decrease of facilitating ones (Monday group), and in some cases decrease of both blocking and facilitating defence mechanisms (Tuesday and Wednesday groups), but there is always a decrease of general defence orientation, which could predict a positive outcome of group-analytic treatment.

Considering defence mechanisms as blocking (denial, reaction formation, repression and intellectualisation) and facilitating ones (projection, compensation, displacement and regression), the groups do not differ very much between themselves. There are also no such differences between them at the end of the second and the fourth years of group analysis.

Differences in using the defence mechanisms are greater within each group than the differences between the groups (Table 3). Between the groups there are no significant differences. (All three groups are composed and conducted by the same conductor!)

It is interesting to review defence mechanisms for all patients taken together (N=20). In the second year, 25% of the patients use compensation, projection and intellectualisation above average, which enables speculating on whether these defence mechanisms characterise persons who became members of small analytic groups or persons seeking psychotherapeutic treatment (Table 4).

In the fourth year of group analysis, it is obvious that patients exaggerate in using (above average) the mechanisms of intellectualisation (Table 5).

The matrix of correlations between defence mechanisms shows two significant correlatins: correlations between regression and displacement (r=0.64, p<0.002), and between projection and displacement (r=0.67, p< 0.001). This is yet another (statistical) confirmation of dynamic concepts that the most primitive defence mechanisms appear together, because regression, projection and displacement are facilitating defence mechanisms, that is, immature mechanisms (Table 6).

Another measurement was by applying MMPI-201 at the end of the 2nd and of the 4th years of the group

TABLE 2
CHANGES OF DEFENCE MECHANISMS – RESULTS ON THE LIFE STYLE INDEX (LS-DM) AT THE END OF THE FOURTH YEAR OF GROUP ANALYSIS FOR ALL GROUPS

Defence mechanism	Monday group X (SD)	Tuesday group X (SD)	Wednesday group X (SD)	ANOVA
Reaction formation	34 (17)	20 (11)	34 (23)	F=1.31, p<0.294
Denial	34 (18)	39 (13)	43 (28)	F=0.32, p<0.734
Regression	36 (19)	23 (13)	27 (17)	F=1.12, p<0.35
Repression	30 (19)	20 (14)	20 (15)	F=0.84, p<0.45
Compensation	33 (14)	33 (16)	41 (33)	F=0.30, p<0.748
Projection	44 (23)	34 (32)	36 (27)	F=0.28, p<0.756
Intelectualisation	42 (18)	54 (15)	53 (26)	F=0.70, p<0.512
Displacement	31 (19)	18 (13)	17 (18)	F=1.43, p<0.26
Defence mechanisms in general	35 (7)	30 (10)	34 (19)	F=0.23, p<0.79

TABLE 3
CHANGES OF DEFENCE MECHANISMS – RESULTS OF BLOCKING AND FACILITATING DEFENCE MECHANISMS FOR ALL GROUPS AT THE END OF SECOND AND FOURTH YEARS OF GROUP ANALYSIS

Defence mechanism	Monday group X (SD)	Tuesday group X (SD)	Wednesday group X (SD)	ANOVA
Blocking defence mechanisms after 2 years	33 (10.19)	36 (7.79)	40 (13.59)	F=0.80, p<0.46
Facilitating defence mechanisms after 2 years	40 (13.89)	36 (14.17)	42 (10.85)	F=0.31, p<0.73
Blocking defence mechanisms after 4 years	35 (7.84)	33 (7.7)	37 (20.19)	F=0.15, p<0.86
Facilitating defence mechanisms after 4 years	36 (14)	27 (12.72)	30 (19.97)	F=0.55, p<0.58

analysis. The results of the 2nd year of the group analysis show that groups statistically significantly differ in scales F, Pa and Sc. It is evident in the table that the Monday group has the highest results in these three scales. This is the group consisting of difficult patients, of praegenital structures (as this became evident in their individual MMPIs). If clinical meaning of the group MMPI profile is taken into consideration, the Monday-group profile is more pathological, whereas the Tuesday and Wednesday groups are better balanced and have no pathological elevations (Table 7).

The results of the 4th year of group analysis show that the groups mutually differ much more than after the second year of group analysis. The groups differ by their approach to test materials, that is, by results in all three validity scales (L, F, K), followed by depression (D), hysteria (Hy), psychopathic deviations (Pd) and paranoia (Pa) scales. In all these scales the Monday

TABLE 4
USE OF DEFENCE MECHANISMS FOR ALL PATIENTS AT THE END OF THE SOCOND YEAR OF GROUP ANALYSIS

Defence mechanism	X (SD)	Use of defence mechanisms		
		Under average	On the average	Above average
Reaction formation	31 (19)	45%	55%	0%
Denial	34 (18)	70%	15%	15%
Regression	34 (16)	60%	35%	5%
Repression	28 (17)	65%	35%	0%
Compensation	40 (23)	55%	20%	25%
Projection	52 (21)	30%	45%	25%
Intellectualisation	52 (15)	20%	55%	25%
Displacement	23 (18)	40%	60%	0%

TABLE 5
USE OF DEFENCE MECHANISMS FOR ALL PATIENTS AT THE END OF THE FOURTH YEAR OF GROUP ANALYSIS

Defence mechanism	X (SD)	Use of defence mechanisms		
		Under average	On the average	Above average
Reactionformation	30 (18)	25%	75%	0%
Denial	39 (20)	20%	65%	15%
Regression	29 (17)	20%	80%	0%
Repression	24 (16)	30%	70%	0%
Compensation	36 (22)	20%	70%	10%
Projection	38 (26)	25%	60%	15%
Intellectualisation	49 (20)	10%	60%	30%
Displacement	23 (18)	40%	60%	0%

TABLE 6
MATRIX OF CORRELATIONS BETWEEN DEFENCE MECHANISMS FOR ALL PATIENTS AT THE END OF THE FOURTH YEAR OF GROUP ANALYSIS

	Reaction formation	Denial	Regression	Repression	Compensation	Projection	Intellectualisation	Displacement
Reaction formation	1.00							
Denial	0.38	1.00						
Regression	0.00	–0.24	1.00					
Repression	0.19	0.20	0.08	1.00				
Compensation	0.14	0.28	0.16	0.27	1.00			
Projection	0.11	–0.14	0.37	0.10	–0.10	1.00		
Intellectualisation	0.35	0.22	–0.31	–0.33	0.07	–0.08	1.00	
Displacement	0.13	–0.19	0.64*	0.25	–0.18	0.67*	–0.35	1.00

*statistically significant differences

group has higher results than the other two groups, but in T scores they do not exceed 70, which indicate profile balancing (Table 8).

The hypothesis that MMPI profile changed over the last two years (between the second and the fourth years) is tested (Table 9). In all control scales there are evident statistically significant changes, where the F-scale decreased and the L- and K-scale increased (as if the patients had tendency to describing themselves as ideal persons with ideal adaptation). In the overall sample occurred increase in the L-scale (tendency to acceptance and recognition of other people's opinions), decrease in the F-scale (lessening of a tendency to confused thinking) and increase in the K-scale (correction, better control of instincts, strengthening of defence mechanisms). However, regardless of the changes in validity scales and their interpretations, results in these scales remain within normal limits, wherefore all other scales may be deemed valid. In seven, out of eight, clinical scales the results are statistically significantly decreased, which in this research means reduction of pathology, the result is within normal limits. Only in the hypomania scale (Ma) no statistically significant change has been registered, this meaning that the patients' mood is mostly unchanged.

Group MMPI profile analysis by tabular presentation showed an overall positive change during group analytic treatment (Table 9).

TABLE 7
CHANGES OF PERSONALITY PROFILE – RESULTS ON MINNESOTA MULTIPHASE PERSONALITY INVENTORY (MMPI-201) IN T-SCORES FOR ALL THREE GROUPS AT THE END OF THE SECOND YEAR OF GROUP ANALYSIS

2nd year	Monday group X (SD)	Tuesday group X (SD)	Wednesday group X (SD)	ANOVA
L	63 (3.26)	64 (3.58)	65 (5.09)	F=0.56, p<0.580
F	62 (10.3)	51 (6.6)	50 (5.9)	F=4.53, p<0.028*
K	49 (5.8)	55 (7.2)	52 (7.42)	F=0.66, p<0.526
Hs	50 (22.07)	48 (12.82)	52 (18.10)	F=0.10, p<0.909
D	70 (11)	58 (14.58)	57 (14.71)	F=1.82, p<0.194
Hy	60 (9.2)	62 (6.1)	60 (13.25)	F=0.02, p<0.985
Pd	65 (7.08)	59 (9.19)	60 (8.7)	F=0.82, p<0.459
Pa	66 (12.84)	50 (10.72)	51 (12.67)	F=3.29, p<0.063*
Pt	71 (14.87)	60 (12.17)	59 (17.64)	F=1.15, p<0.340
Sc	66 (11,45)	54 (8.02)	55 (6)	F=3.63, p<0.050*
Ma	56 (13.11)	57 (8)	58 (7.18)	F=0.147, p<0.864

*statistically significant differences, L – »lie« scale, F – bizarre thoughts, K – control, Hs – hypochondria, D – depression, Hy – hysteria, Pd – psychopathic deviation, Pa – paranoia, Pt – psychasthenia, Sc – schizophrenia, Ma – hypomania

TABLE 8
CHANGES OF PERSONALITY PROFILE – RESULTS ON MINNESOTA MULTIPHASE PERSONALITY INVENTORY (MMPI-201) IN T-SCORES FOR ALL THREE GROUPS AT THE END OF THE FOURTH YEAR OF GROUP ANALYSIS

4th year	Monday group X (SD)	Tuesday group X (SD)	Wednesday group X (SD)	ANOVA
L	64 (4.78)	69 (2)	70 (7.5)	F=2.67, p<0.098*
F	55 (7.17)	46 (5.6)	46 (6.5)	F=4.40, p<0.028*
K	50 (6)	62 (6)	56 (12)	F=2.71, p<0.09*
Hs	49 (22)	39 (12)	46 (6)	F=0.67, p<0.52
D	63 (17)	43 (5)	49 (12)	F=4.42, p<0.03*
Hy	62 (11)	5 (5)	56 (8)	F=3.12, p<0.07*
Pd	64 (8)	49 (7)	57 (9)	F=5.43, p<0.02*
Pa	59 (10)	39 (4)	45 (10)	F=9.57, p<0.002*
Pt	63 (17)	52 (8)	54 (15)	F=0.99, p<0.39
Sc	58 (12)	52 (6)	53 (5)	F=0.95, p<0.40
Ma	54 (12)	61 (11)	59 (15)	F=0.55, p<0.58

*statistically significant differences, L – »lie« scale, F – bizarre thoughts, K – control, Hs – hypochondria, D – depression, Hy – hysteria, Pd – psychopathic deviation, Pa – paranoia, Pt – psychasthenia, Sc – schizophrenia, Ma – hypomania

TABLE 9
CHANGES OF PERSONALITY PROFILE – RESULTS ON MINNESOTA MULTIPHASE PERSONALITY INVENTORY (MMPI-201) IN T-SCORES FOR ALL PATIENTS (N=20) AT THE END OF THE SECOND AND OF FOURTH YEARS OF GROUP ANALYSIS

	End of 2nd year of therapy X (SD)	End of 4th year of therapy X (SD)	t-test
L	64.26 (4)	68 (5.86)	–2.65, p<0.016**
F	54 (9)	49 (7)	3.18, p<0.005***
K	52 (6,8)	56 (9)	–2.61, p<0.017**
Hs	50 (17)	45 (15)	1.91, p<0.072*
D	61 (14)	52 (15)	3.19, p<0.005***
Hy	61 (9)	56 (9)	2.18, p<0.042**
Pd	62 (8)	57 (10)	2.23, p<0.038**
Pa	56 (14)	48 (12)	2.87, p<0.010*
Pt	63 (15)	57 (14)	2.84, p<0.010*
Sc	59 (15)	54 (8)	1.94, p<0.068*
Ma	57 (9)	58 (13)	–0.28, p<0.786

*statistically significant differences, L – »lie« scale, F – bizarre thoughts, K – control, Hs – hypochondria, D – depression, Hy – hysteria, Pd – psychopathic deviation, Pa – paranoia, Pt – psychasthenia, Sc – schizophrenia, Ma – hypomania

Discussion

Starting from the hypothesis that changes in the patient's personality occur during a group-analytic treatment, this study tried to evaluate such changes. The examinees, 20 of them, were members of three small analytic groups, conducted by Foulkes' principles, and their therapy – group analysis – lasted about five years in average.

The research recorded significant changes in individuals at the end of the second and of the fourth years of group analysis. For this purpose, the Life Style Index and Defence Mechanism Scale (LS-DM) was applied. The expectation that changes will be evident by a tendency to use more mature defence mechanisms was confirmed. Besides obtaining an insight into individual changes of group members, summing of the results up enabled interpretation of the group-as-a-whole.

The measuring instrument (LS-DM) followed up defence mechanisms at the end of the second and of the fourth years of the group analysis. It shows both the general degree (volume) of defence mechanisms and sorts of defences (and their combinations). The defences are blocking mechanisms (reaction formation, denial, repression and intellectualisation) or facilitating mechanisms (regression, compensation, projection and displacement). The facilitating defences are also the less mature defences, especially the projection. However, this instrument (LS-DM) does not measure the mature defence mechanism of sublimation, a mechanism that replaces the aims of infantile wishes, fantasies and aggressive impulses by more mature aims. This is achieved by Ego. Sublimation means creativity and according to Freud, the very culture is considered a sublimation of deep impulses. It is to be expected that it is just sublimation that is used by a healthy person.

The more disturbed group (Monday) most often uses projection as a primitive mechanism. However, in the fourth year the same group, besides projection, also showed dominance of intellectualisation as a more mature mechanism. In other groups (Tuesday and Wednesday), intellectualisation also had an important place in the fourth year. It is to be reminded that intellectualisation as a mature defence enables control by affecting impulses indirectly, at an intellectual and not motoric level. Instead of direct motoricity, there is a mental processing.

The group members who experienced a therapeutic progress, showed evident decrease of intensity of defence mechanisms and reorganisation of them with the tendency to using more mature mechanisms. These changes showed that during the group analysis a better adjustment of personality develops. Group analysis enables maturing and development of more mature defence mechanisms – intellectualisation. The lower level of defences leaves room for sublimation.

It is important that there are no significant differences between the groups in the volume of used defences, but that there are differences within groups – individual differences.

Significant correlations between the very defences exist within less mature defences (projection, regression, displacement), that are interdependent.

Above average use of defences became evident about projection (25% of patients), intellectualisation (25% of patients) and compensation (25% of patients), all this in the second year. Above average use of defences in the fourth year became evident about intellectualisation (30% of patients).

The decrease of group defences, which is related to better adjustment and development of sublimate mechanisms, showed that the group-as-a-whole matured.

For the same purpose – testing the changes that have occurred during group analytic treatment, the Minnesota Multiphase Personality Inventory (MMPI-

201) was applied. The expectation that changes in individuals will be evident by decreasing of pathological rates of scales was confirmed. Besides obtaining an insight into individual changes of group members, summing of the results up enabled interpretation of the group-as-a-whole.

The personality profile (MMPI-201) was applied at the end of the second and of the fourth years of the group analysis.

The profiles measured eight clinical scales: Hs (hypochondria), D (depression), Hy (hysteria), Pd (psychopathic deviation), Pa (paranoia), Pt (psychasthenia), Sc (schizophrenia) and Ma (hypomania), as well as three validity scales: L, F, K that provide insight into validity of the results obtained. Members of the Monday group, as the most difficult group in terms of basic personality organisation, showed less positive changes as compared to the other two groups, which groups in both the second and the fourth years showed more or less normal »neurotic« profile.

Although this is a small sample (20 patients), there can be noticed significant trends of changes of group members as individuals.

There is evident decrease of pathological values in seven out of total eight clinical scales.

»Normalisation« of the group profile and defence mechanisms that relates to better adaptation, could be used as predictors of positive outcome of the therapy.

Conclusion

The study showed changes of personality during group-analytic treatment that could be adequately evaluated. The changes are evident in decrease of defence orientation (tending to more mature defence mechanisms) and in decrease of pathological rates of personality profile scales (shifting of the conflict level). It could be predictive to positive outcome of the treatment.

REFERENCES

1. FOULKES, S. H., E. J. ANTHONY: Group psychotherapy: the psychoanalytic approach. (Penguin Books, London, 1965). — 2. LIEBERMAN, M. A., Comparative analyses of change mechanisms in groups. In: DIES, R., K. R. MACKENZIE (Eds.): Advances in group psychotherapy. (International Universities Press, New York, 1983). — 3. VLASTELICA, M., Coll. Antropol., 27 (2003) 779. — 4. VLASTELICA, M.: Assessment of efficiency of group analytic treatmant. PhD Thesis. In Croat. (University of Zagreb, Zagreb, 2002). — 5. MACKENZIE, K. R., Int. J. Group Psychother., 31 (1981) 287. — 6. KLAIN, E.: Group analysis. In Croat. (Medicinska naklada, Zagreb, 1996). — 7. LORENTZEN, S.: Long-term analytic group psychotherapy with outpatients. Evaluation of process and change. (University of Oslo, Oslo, 2002). — 8. COOK, T. D., D. T. CAMPBELL: Quasi-experimentation. Design and analysis issues for field settings. (Houghton Mifflin, London, 1979). — 9. ROUDINESCO, E., M. PLON: A dictionary of psychoanalysis. In French. (Fayard, Paris, 1997). — 10. AMERICAN PSYCHIATRIC ASSOCIATION: DSM-IV Diagnostic and statistical manual of mental disorders. (American Psychiatric Association, Washington DC, 1995) — 11. YALOM, I. D.: The theory and practice of group psychotherapy. (Basic Books, New York, 1995).

M. Vlastelica

Private Psychiatric Practice, Vukasovićeva 10, 21000 Split, Croatia
e-mail: mirelavlastelica@yahoo.com

PROMJENE MEHANIZAMA OBRANE I PROFILA LIČNOSTI TIJEKOM GRUPNO-ANALITIČKOG LIJEČENJA

SAŽETAK

Istražujući učinkovitost grupno-analitičkog liječenja i polazeći od Foulkesovog modela »grupe-kao-cjeline« primijenjena je metodologija koja je omogućila evaluaciju očekivanih promjena, kako pojedinca tako i grupe-kao-cjeline. Praćene su tri male grupe, s ukupno 20 pacijenata, pri čemu su se evaluirale promjene krajem druge i krajem četvrte godine grupne analize. Putem dva mjerna instrumenta – Skale životnog stila i mehanizama obrane (LS-DM), te Minnesota multifaznog inventara ličnosti (MMPI-201) procijenjen je svaki član pojedinačno putem autoevaluacije, te sumarno grupa-kao-cjelina. Pokazalo se da grupna analiza dovodi do promjena ličnosti. Promjene su se očitovale padom obrambene usmjerenosti koja je k tome pokazala trend k zrelijim mehanizmima obrane, te sniženjem patoloških dijelova skala profila ličnosti, odnosno pomicanjem razine konflikta. Rezultati bi mogli biti prediktivni za pozitivan ishod grupne analize kao metode liječenja. Potrebna su daljnja istraživanja.