
DEFENSE MECHANISMS

DETERMINED OR ETHICAL CHOICES OR BOTH?

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Abstract

This article critically examines the determinism underlying many psychological concepts in particular defence mechanisms which are commonly considered to act in a mechanical way to protect the individual from anxiety and threat. In contrast we propose that a psycho-ethical approach can give a deeper understanding of defence mechanisms. We argue that in spite of past psychological history, unless there is complete incapacitation, people have a range of options open to them, especially as a mature adult. There is an ethical choice between accepting or defensively denying reality with all its subsequent consequences. This choice is especially open during psychotherapy when the patient has consciously decided to make positive changes. Ways in which the freedom to make such choices can be increased in psychotherapy using virtues are presented and discussed in three clinical cases. Psychoethics implies a reconciliation between Ethics and Psychology based on Theology. For this synthesis we proposed the Christian Trinitarian model since personhood modelled on the Trinity has no place for mechanical defensive attitudes and prioritizes free choice as an essential foundation for the human person. A final conclusion of the enrichment that this approach offers to Christian psychology is presented.

Keywords: defence mechanisms, free will, virtues, ethics, trinity psychotherapy

1. Introduction

There is a wide debate about the existence of free will as a subjective power or an illusion in Psychology [1]. It arises from the conflict between the experience of being in control of our actions and the determinism which concludes that this experience must be an illusion. According to a deterministic view this subjective experience is illusory [2]: the ‘conscious will’ would be

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merely a retrospective inference. This inference takes different names according to the psychological perspective. If free will is analysed from the materialist neuroscientific point of view, it will be called an ‘onset of neural events’; from the point of view of a determinist Social psychology it will refer to ‘psychological circumstances’ and from the psychoanalytical point of view it will be called ‘unconscious’. This view has spread in Psychology and many concepts, like defence mechanism, assume it. Defence mechanisms are internal processes, more difficult to discern and to describe than processes that are closer to the observable and conscious world. Today’s ego psychoanalysts often refer to ‘good’ defence mechanisms as ‘coping mechanisms’. By definition, these mechanisms co-opt and transform both internal and external realities before they can enter conscious awareness. In high strength these defensive mechanisms then may restrict the patient from dealing with his/her difficulties in a rational and honest fashion [3]. The psychoanalytic model presents defence mechanism as inevitable consequences of childhood experiences; thereafter they act in a mechanical way to protect the individual from anxiety and loss. The child internalizes parental attitudes and early responses to trauma which become structured as deterministic defences. From this standpoint, the conscious individual is either passively moved by forces or protected, albeit passively, from demands. In psychological theory the rejection of moral free-will leads to tautological definitions, where different concepts try to explain the first motivations in an ambiguous and imprecise way. This situation is reflected in claims such as the “manipulative personality is driven to manipulate primarily by his inner dynamic position - his character structure” [4].

Still, we have the question: Is there space for free-will in this kind of character structure? Erikson pointed out that “we must become sensitive to the danger of forcing living persons into the role of marionettes of a mythical Eros” [5]. This marionette concept reflects an insufficient appreciation of human freedom, in which the human being is conceived as both a passive witness to his/her own manifest behaviour and the victim of his/her past.

In practice, of course, understandings of defence mechanism vary somewhat both in the theoretical framework of different therapists and in the context of the particular case being addresses. Nevertheless, there are common assumptions of an implicit determinism character in most theoretical framework and in much of practice. This rejection of moral free-will is an inheritance of the divorce between empirical and rational Psychology of the 19th century which leads to an increasing mutual rejection between Psychology and Ethics [6]. As Erich Fromm declared: “Psychoanalysis, in an attempt to establish Psychology as a Natural science, made the mistake of divorcing Psychology from problems of Philosophy and Ethics. It ignored the fact that human personality cannot be understood unless we look at man in his totality.” [7]

This rupture between both disciplines and the rejection of the transcendent nature of this relation has brought on the idea that character itself is merely the product of external forces, the result of either biological or social conditions. The underlying connection between Ethics and Psychology has not been made

explicit and psychological theory has remained confused. An implicit determinism based on the past to an implicit free will with a teleological emphasis on the future is proposed. The objective of this article is to conceptualize defence mechanisms from a psycho-ethical perspective [6] based on a Christian Trinitarian model of personhood. Rielo defined psychoethics as follows: "Psychoethics is not Psychology or Ethics, nor is one grounded in the other. Psychoethics is the science which studies the relations between two fields, Psychology and Ethics, whose *raison d'être* is found in an included middle, Ontology or Mystical theology, in which they are rooted. Ontology or Mystical theology, in turn, presupposes Metaphysics." [8]

Psychoethics tries to help patients in their spiritual, psychological and moral needs. This approach is not limited to one dimension, for example ethical norms cannot by themselves illuminate the complexity of human conduct in accordance with circumstances which, in view of cultural sensibility and maturity, may vary. Without Psychology, ethical discourse is seen to be not only irrelevant, but empty, for Ethics must take into account not just the motivations and intentions governing attitudes and moral judgments and their genesis and evolution, but also forms of normality and psychopathologies. In the same way, a Psychology closed to Ethics and other experiential sciences would become a merely experimental science depending only on Biogenetics and Neuroscience. This dependence would turn Psychology into a reductive science based on facts or data connected with responses to stimuli in human behaviour and excluding the vast horizon of motivations, which escape all efforts at physical or biogenetic reduction.

Besides, psychoethics is not Psychology or Ethics, nor is one grounded in the other. It needs to be grounded in a Christian ontology that determines the origin and end of human acts. The understanding of the nature of defence mechanisms will be described under the Christian Trinitarian model. We will focus on the role that the self-concept plays in the development of defence mechanism. It is a closed and narrow self-concept where the central cognitive component leads to rejection and anxiety. This self-evaluation has not been created under a dynamic relationship with the Holy Trinity, but rather it is product of a fragmented and defensive mind stemmed from a deep reservoir of anger and anxiety. We propose that, in spite of perceiving psychic threat, adults still are able to make a positive moral/ethical response in order to move away from an intense defensive attitude. This response is based on our perspective of human being as the *Imago Deo*. The *Imago* is at very core the ability to be in union with Holy Trinity that illuminates our reason with a deeper and truer self-concept.

2. Defence mechanism - a narrow self-concept and a grown gross heart

Since Freud's notion of defence, psychoanalytic approaches to defence mechanisms have been increasingly characterized by two major, and interrelated, shifts of focus. On the one hand, the importance of instinctual

pressure has been gradually minimized in favour of other threats, such as trauma or loss and in particular loss of self-esteem or self-integrity [9]. Defensive grandiosity, to take an example, occurs as a person attempts to ward off threats to self-esteem by distorting the self concept.

Many (if not most) defences require egocentricity, an attitude, according to Kunkel [10], where consciousness is dominated by the ego-image (the idealized image that we have created about ourselves). Defences serve the ego exclusively, as the person pretends that because he/she is hiding something from himself/herself, others will oblige by not seeing it either [11]. The more the ego is 'hardened', the more defences are consolidated and earlier conflicts are transformed into chronic attitudes and into chronic automatic modes of reaction [12].

Originally denial referred to a mental operation in which attention is withdrawn from external stimuli that, if recognized, would cause psychological pain or upset. It was this external focus that characterized the early descriptions of denial [13]. The concept of denial, in subsequent writings, was expanded to include a warding off of certain internal stimuli, accompanied by a covering over, or a 'screen' which substituted for the painful thought [14, 15]. According to Cramer, a primitive component of denial is the failure to see what exists in reality [16]. This not seeing or not hearing what is 'really' there indicates a severe breakdown of reality testing. The components of denial therefore are closely tied to the functioning of the perceptual system, which provides our first bridge to the outside world as well as our only means of protecting against it.

Defensive projection is characterized also by the rejection of some mental states, but in this case they are ascribed to others. The basic component of defensive projection is the rejection of a mental attitude which is a complex of cognition and affect. Specifically, it is the relation of belonging to self-understandings that are rejected because they are intolerable to one's self-view. Projection alters the perceived character of the outside object [17]; for example what the other intended and thus the interpretation of what occurs. To recognize the devaluated characteristics in oneself is to suffer the feeling of a devaluated self. A way to avoid such feelings of humiliation and painful anxiety is to project the unacceptable characteristic onto another.

Identification is considerably more complex than those of denial and projection because it requires the capacity to differentiate between self and the other. Freud devoted a brief chapter to identification, describing it as "the earliest expression of an emotional tie with another person" [18]. The defensive identification can take on pathological intensity in the case of identification with the aggressor in which the person makes the distinctive self disappears, blending into the very thing that threatens the person in order to find protection [19]. In this process, Ferenczi describes simultaneously three actions: first, we mentally subordinate ourselves to the attacker; second, the subordination allows us to divine the aggressor's desires so we can anticipate exactly what he/she is about to do; and third we do the thing that we feel will save us, which is usually to make ourselves 'vanish' through submission and a precisely attuned compliance

with the attacker. It is interesting to point out that identification with the aggressor and dissociation are inextricably and mutually supportive. In the moment of dissociation, the mind is emptied of one's own experience, including perceptions, thoughts, feelings and a sense of vulnerability. What it is really interesting for this article is that according to Milgram's experiments, identification with the aggressor on a mild scale is used as a universal tactic by people in a weak or helpless position as a way of coping with others who are seen as a threat [20]. Frankel affirmed that identification with the aggressor can be found in the virtually universal tendency to 'accept' the projective identifications of others [21]. In addition, Fromm explored the prevalent longing to 'escape from freedom', to willingly give up one's autonomy and identify with a perceived strong figure [22]. Hoffman has talked about the universal temptation to take refuge in something larger than ourselves in order to avoid the dreadful aloneness (and the resulting need to take responsibility for our own choices) that is our existential condition [23].

The thread that runs through all these situations is that we automatically put our own thoughts, feelings, perceptions and judgments aside and do - and more importantly, think and feel - as we are expected by the figure identified with.

Christ, as an expert in human nature, knew very well the tendency of humans to deny and reject some realities, especially divine realities, to avoid personal changes. It is expressed in the Gospel clearly: "Therefore do I speak to them in parables: because seeing they see not, and hearing they hear not, neither do they understand. And the prophecy of Isaiah is fulfilled in them, who saith: By hearing you shall hear, and shall not understand: and seeing you shall see, and shall not perceive. For the heart of this people is grown gross, and with their ears they have been dull of hearing, and their eyes they have shut: lest at any time they should see with their eyes, and hear with their ears, and understand with their heart, and be converted." (Matthew 13.13-15)

This quote presents an important contribution and enrichment of psychological defences understanding because it implies that we perceive according to the state of 'our heart'. It points to how easily we introduce justifications, distortions and misperceptions that match the dictates of our 'heart', to avoid taking the harder option of a change of heart by actually dealing with reality: "lest at any time they should see with their eyes, and hear with their ears, and understand with their heart, and be converted, and I should heal them". This reality is expressed very clearly in Andersen's fairy tale *The Snow Queen* [24], when the Queen affirms that the main character does not see that which does not fit with his cold heart. Similar ideas are found in Nicomachean Ethics of Aristotle when he speaks about the syllogism of the incontinent and in Aquinas when he speaks about mental blindness (*acaecitas mentis*) [6]. Akhtar described this reality in psychological terms and then defined a narcissistic cognitive style that includes the tendency to change the meaning of reality when self-esteem is threatened [25]. In a similar vein, Horowitz described a narcissistic style whose central pillar is the externalization of bad attributes and

the internalization of good attributes in order to stabilize the self-concept [26]. These operations demand distortions of reality and imply either willingness to corrupt reality, a low capacity to appraise and reappraise reality and fantasy, or a high capacity to disguise the distortions. Such disguise is accomplished by shifting meanings and exaggerating and minimizing bits of reality as an aid for fantasy elaboration. As Horowitz explains, to prevent this state, the narcissistic person slides around the meaning of events: “The loss of a good and coherent self-feeling, if it occurs, is associated with intensely experienced emotions such as shame and depression, plus an anguished sense of helplessness and disorientation. To prevent this state, the narcissistic personality slides around the meaning of events in order to place the self in a better light. Those qualities which are undesirable are excluded from the self by denial of their existence, disavowal of related attitudes, externalization and negation of recent self-expressions.” [26]

3. The dual face of defense mechanisms - a psycho-ethical perspective

We have summarized the psychological effects of defence mechanisms. In previous expositions there is an implicit recognition of ethical issues that are disclosed in certain statements. For example, Akhtar recognizes that denial plays a role in the tendency to change the meaning of reality, when self-esteem is threatened [25]. Horowitz mentions that, an aim in the externalization of bad attributes is to protect the self-concept [26]. Finally, through identification, the person avoids taking actions and subjects one’s self to others. The mind then is emptied of one’s own experience, which includes also the sense of vulnerability.

One of the consequences of the underlying connection between psychology and ethics is the evaluation of the responsibility of human actions, especially when pathological defensive mechanisms become unfolded. In these cases we can appreciate their value based goals, which have two main consequences. First, by denying, projecting or identifying, people find mental shortcuts to modify, to distort or otherwise ward off disturbing thoughts, feelings and perceptions, the recognition of which could create excessive anxiety. They amount to shortcuts which serve to avoid facing reality and accepting our genuine thoughts, feelings and behaviours. By resorting to them, the person opts for defending against them, instead of coping with them. The person obtains short term relief but with long term negative effects. Secondly, they produce a breakdown of reality testing. As Millon puts it, a defence mechanism provides the organism with an active means of coping with incongruities between habitual modes of self-conception and new information that is potentially damaging to the self-concept [27]. This reveals an ethical choice for the person who is choosing between accepting or denying reality about the self with all its consequences. That is, the common psychological response of defence mechanism involves an ethical relationship of the person with truth.

Several psychologists have explicitly noted this ethical issue. Karen Horney for example called 'honesty' the capacity to accept reality, and referred to the lack of honesty as the unethical origin and support for self-idealization [28]. She proposed that in the process of rejecting reality, the neurotic creates an idealized self which is an illusion, a cognitively constructed lie that alienates the person from its actual self. In short, neurotic pride infiltrates many psychological processes, especially reason, emotions and willpower. An incessant effort then goes into maintaining the self idealization through rationalizations, justifications and fantasies, which are defensive mechanisms. There is a constant struggle to find ways to make things appear different from what they are, and this inner realm becomes more and more the only reality: "This person sees in the mirror only his thoughts about the world and himself. There is simply nothing that may not be invested with pride." [28] Horney is not the only one who linked the egocentric attitude of pride with some psychological processes. Alfred Adler pointed to pride as the cause of preventing the neurotic from recognizing his limitations [29]. In an article written in his youth, the German philosopher Josef Pieper pointed out the relation between the lack of objectivity of the neurotic, already mentioned by Adler and his followers Wexberg, Künkel and Allers, and the opposite of prudence according to Aquinas [30]. This lack of objectivity would be due to egocentricity [31]. Martin Echavarría based on Thomas Aquinas, recognized pride as the severest disorder, as it opposes to the virtue of humility [6]. Pride produces a distortion of knowledge about oneself, which leads to a fiction and an eagerness to protect the self from others. Implicitly, the French psychoanalyst Assoun has also linked hurt pride with defensive denial: "It is the self-esteem of the ego that makes the repression possible. It means indeed explaining why a particular object represses a certain emotion he considers unacceptable, while he remains indifferent to another one. This supposes that an ideal has become conceited... It is the ideal ego that fulfils the role of censure, in the sense of social control." [32]

Following these authors we propose also that this understanding of pride is latent in most defence mechanisms. They can be explained then as a consequence of mutual interaction of psychological process and an ethical option. They are the result of a partial free will attitude that implies a cognitive and volitional process through which a person gives assent to accept or deny reality. This consent may be more or less implicit. Defence mechanisms would not be the product of deliberate steps taken to achieve a desired outcome, but they would always involve, at some level, active (although not necessarily fully conscious) responses to life circumstances. Each psychological challenge or problem has multiple ways of being responded to; a pride based defence is one of them, it is an 'action' in the sense that it always involves at least some degree of choice among alternative possibilities.

In spite of vulnerability to self-esteem and to threat, adults have the option to face reality or defend against it. Taking a positive ethical attitude, that moves away from a defensive position, allows the person to move toward healing and

flourishing. Obviously such a new attitude will have important consequences not just for the individual but also for interpersonal relationships.

When is there a situation or time when a free choice can be made by a patient? During childhood or even adolescence a person is usually not fully free to address its defence mechanisms. Ignorance and cognitive immaturity place serious restraints on this possibility. But, as adults and especially in psychotherapy and counselling the chance to consciously say ‘no’ to defensive rejections of reality is a real possibility. After all, the patient is there, because he/she has chosen to address psychological problems and to work at positive change and ask for help in making such changes. There will be moments during therapy, even before anything like a future flourishing is of concern, where free choice with respect to defence mechanisms will occur. These true choice times should be noted and emphasized by the therapist as times for major positive change. The presence of the therapist as a strong support for the patient, who honestly faces the threat to his/ her ego, should, make free choice much more likely. The therapist’s awareness of the ethical issues will often be a deciding factor in a relevant particular context.

The decision implicit in most defence mechanisms, implies a partial free will attitude to avoid authentic responses to reality. It has then disastrous consequences at every level: with God, with self-understanding, with our interpersonal relationships, and with the rest of creation. In order to move from a defensive attitude toward trust and confidence it is necessary to establish authentic relationships based on self-giving. The spiritual opening towards the presence of the Holy Trinity promotes self-giving since the Trinitarian perfection of personhood means that to be a person implies to be in communion, to be in relationship [33-35]. The relational unity called God becomes the prototype for all relationships in the created order: to be a person, in a word, implies to be able to love, to live a life of interpersonal self-giving and receiving [36].

A Trinitarian perspective asserts that the inner life of God is triune, familial, loving, free and dialogical [37]. In consequence, in order to recover authentic relationships, the person needs to abandon the pretention of being subject and centre that interprets all his relations in reference to worldly objects, and to accept radical decentralization. It is, to abandon his/her egocentricity. It implies to some extent, a reorientation of the heart towards Absolute Love. This reorientation includes bringing everything together, our fragmented and defensive mind, our vulnerable feelings and ruined relationships into harmonious interactions [38]. This reorientation overtakes the isolated and narrow self-concept where divine wisdom has not contributed to discover a more perfect and truer self-concept.

4. Illustration of clinical cases from a psycho-ethical perspective

Different clinical vignettes may help us to understand how patients are able to move from a defensive attitude to one of openness, from an alienation

from *Imago Deo* to regain her/his faculty of love [39]. It implies cultivating certain virtues as long as s/he enters in a loving, familiar and free dialogue with the Holy Trinity and others. In Swanton's account we acquire virtue through the solving of real problems and such solutions emerge through communication with others [40]. In other words, based on Wilburn [41], Warning states: "The efforts the motivated patient makes to resolve the problem, can involve the affective, cognitive, and practical aspects of ethical self-improvement, through the cultivation of certain virtues" [42].

There is a precondition and basic presupposition for change in the context of any therapy and it is the cultivation of the virtue of humility. According to Von Hildebrand: "On the degree of our humility, depends the measure in which we shall achieve freedom to participate in God's life (loc. 29)... It is closely connected with that holy freedom in which we acquire the proper perspective in relation to our own person, regarding ourselves no longer with our own eyes, but in the light of God." [43]

Such a proper perspective is therefore the first step to recognize our true internal state, even though it implies experiencing psychic pain. In contrast, a defensive reaction traps us in our own ego based understanding far from the objective light of God. The self-concept that we create is in consequence partial and distorted. Humility however, is a kind of self-surrender that is necessary for a profound communicative relationship, in which we enter into God's wisdom and charity. In consequence, it allows us to know our personal reality without trying to defend ourselves. Under this vision we start to perceive signs of possible resolution and we experience genuine hope based on the acceptance of God's love in our concrete experience. Therapists here are called to be agents of this Holy Trinity's love. Once one is able to accept and embrace one's true psychic and moral state, then real transformation is possible. This is the reason why humility is recognized as the precondition for change. Leslie Trautman has proposed a three stage set of therapeutic interventions based in humility and also in altruism as a positive approach to treating the resistant pathology, Narcissistic Personality Disorder [44]. It is relevant that humility is presented to the patient under the less threatening name of 'self-knowledge'.

Secular psychotherapies do not refer to this state of inner acceptance as humility but some make implicit reference to it. For instance, radical acceptance is an essential component in dialectical behavioural therapy and it implies accepting experiences, beliefs, and perceptions, without offering judgments or believing that things should be different from what they are [45]. In the following cases, drawn from the clinical experience of the authors, it will be shown how the patient's efforts to surmount his/her problems, required the acquisition of humility and other particular virtues that stem from a loving dialogue with the Holy Trinity from patients and/or therapist.

Our first case is about a woman who suffered from posttraumatic stress symptoms after being sexually abused by her first partner. The relationship was broken ten years before the first time she came to psychotherapy. In the early sessions, she made clear that she already had forgiven her first partner and that

there was nothing to talk about. At that point she used two kinds of denial defences. First, she hardly admitted that the intimate relationship actually was rape. Through denying she changed the meaning of the event to place her in a more desirable light. Instead of rape she viewed herself as an active and respected partner. Secondly, once it could be admitted as rape, she used to fantasise forgiveness as a way of denying painful memories and feelings. It is an attempt to bypass her outrage and an attempt at empowerment. Under this defence the patient was able to imagine that she was able to transcend her rage and erase the impact of the rape through a willed, defiant act of love [46]. This denial defence avoided a profound painful and shameful sense of vulnerability. She used 'cliché' sentences of the Gospel in a very superficial way without entering into their real meaning.

The communion with the Holy Trinity in prayers times and through the Sacraments of reconciliation and Holy Communion contributed to bring her the real meaning of forgiveness in the image of the crucifixion of Jesus Christ. She understood that His capacity of forgiveness came after the suffering of the passion. At this point she understood that only accepting vulnerability and humiliation, could she really move onto healing. In the process of looking at her experience of humiliation and vulnerability, the virtue of courage was supported and strengthened in her. Support of her psychological courage was provided by her therapist and by her own developing self understanding. The emerging awareness of her courage changed her from focusing on shame and despair to a new sense of dignity and hope. Courage allowed her to move from psychological passivity and defence to an active attitude, which was based on both truth about her past and the truth of her new courage, because she could recognize herself full of love of Holy Trinity who offered her a new vision and redemptory mission of her humiliation past experience.

A second case involved a fifty year old woman who lived in a religious community. She complained of episodic depression, and somatic symptoms, especially muscular pain. She had had many relational conflicts with other people in the four communities in which she had lived. At one point, her hostility and demands were so intensive, that she was invited to leave the community. She felt despised by others, because they never had enough consideration for her 'poor health'. She was obsessively preoccupied with her physical pain and she thought that the reason why she had to leave was the envy she provoked in the rest of people because of her 'holy life'. They could not accept, according to her, that she was a real 'martyr'. She was using defensive projection to reject her personal emotional and mental states, especially rage. Her history of relational conflicts revealed that there was a common pattern in all of them over many years. The non-fulfilment of her high demands had caused her deep resentment. Again, through the virtue of humility, she was able to recognize the hostility and envy that she projected onto others, as an attempt to protect her vulnerable self-esteem. When she had to live by herself during a long period of time she was able to take some distance from the conflicts. This physical distance allowed her to recognize her useless and cruel demands on

others. In this case, the dialogue with the Father was crucial in the cultivation of self-acceptance. The magnanimous acceptance of the father in the parable of the 'lost son' made her realize that there was nothing evil enough not to deserve the Father's forgiveness. Humility was crucial in the change of considering herself as 'the measure of all things' into recognizing and accepting others points of view. Understanding the self-frustrating effect of her resentment played an important role in this recognition. The cultivation of self-acceptance was crucial in this case, for it allowed her to make room for both self-respect and respect of others [6, 40]. It also allowed her to find real communion with others, through her genuine gifts instead of egocentric demands.

Our third case is that of a teenager who started to behave aggressively against his mother. He had been a witness of domestic violence for many years. The parents were divorced and, when he started to have appointments with his father, he began to behave aggressively toward his mother, instigated in a very subtle way by his father. Part of the therapy was to recognize the patient's own fear and the sense of vulnerability that overwhelmed him in the presence of his father and to recognize the affective longing of being accepted by a paternal figure. The father was invited to the therapeutic sessions but he did not come. In contrast to previous cases, here the patient adopted an extreme defensive dependence on his father, for self-protective reasons. It provided an illusion of security and pseudo-intimacy with him but at cost of self-invalidation. Once he accepted his emotional state of fear, positive change became possible. To understand this fear and how he was using it allowed him to recognize and make a choice about how to respond to it. Instead of identification with the aggressor, as the only means of finding security he saw other possibilities. He also understood that there was something valuable in this fear, which was the fear of losing the opportunity to engage with a paternal figure, which is a genuine need. The degree of understanding of his fear became progressively more conscious and the search for personal security was converted from despair into an opportunity to choose. In this particular case, besides humility, in the form of self-understanding and self-acceptance the virtue of prudence (today often called wisdom) was developed. Prudence looks both to reality but also to what is good and what are ways to reach the good, while recognizing that one good may be more important than another [30]. His new deliberations were based upon conscious reflection, instead of unconscious compulsive action by fear. After thoughtful deliberation, the patient actively engaged with an uncle who was able to provide the security he needed. He also made the personal decision of stopping appointments with his father. The patient of this case was not Christian, but there was a progressive decentring from his own fear toward genuine positive feelings toward his mother. To some extent, it implied a reorientation of his heart to Absolute love. A love act was recognized by him as a breaking point and it was the day that he bought his mother roses. He could now understand that there was a better way of relating with his mother than in the past. In that precise moment in his simple gesture, the dynamics of reconciliation clearly emerged. As long as he was able to be in authentic relationships with his mother,

he was able to accept his own vulnerability without shame. He could appreciate how intrinsically reconciliation and love transcended fear. He understood that his father required him to humiliate his mother assuming that the prior grotesque relational scenario was a love proof for him. All this complex transformation was facilitated by the therapist by attending the patient's psycho-spiritual needs. The therapist admitted to borrowing from the Holy Spirit the therapeutic love which allowed him not to hide behind vanity or impotence.

These short cases show that defensive mechanisms deny much of reality and with it honest communication with others. That is, relationships are distorted into self-protective strategies. These self-generated defensive mental structures provide an illusion of security and pseudo-intimacy at cost of real communion. The three clinical cases showed us how the false self-concept of the patients was based on shame and anxiety and how through humility they (including the therapist) were able to participate in God's life. This participation offered them a proper perspective of persons in the light of God, and made them let go of their narrow self-concept. Psychotherapy then offered the entrance of God's wisdom that expanded the false self-concept, and allowed them to address reality and to move toward flourishing. This means moving from trying to avoid being harmed by others, to trying to affirm others [34]. Most especially this is the case when therapy addresses the patient's moral freedom to move away from deterministic defence mechanisms and to facilitate this choice by working on and developing appropriate virtues usually starting with humility. Ego based self-assertion needs to be abandoned and life based on faith in the new Gospel principle, according to the words of Saint Paul: "For when I am weak, then I am powerful" (2 Corinthians 12.10). Along with humility the virtue of hope (confidence) plays a central role. Indeed, hope must be there from the very start or the patient is unlikely to attend sessions. The therapeutic alliance cannot be properly formed without the virtue of hope. Later particular virtues like courage or prudence are appropriate depending on the particular psychological problem.

5. Conclusions

This article shows the complex interaction between ethical choices and psychological conditions and the need of a mutual consideration in order to fully understand the complexity of pathological defensive mechanisms. Implicitly, it points out also the need for therapists to move from a 'paternalistic' position which ignores the patient's capacity to make a free moral response to move away from defensive positions.

We have seen that we are not determined to defend ourselves at any cost because we can take a positive ethical attitude and developing appropriate virtues in order to move from defensive position toward flourishing. Especially in psychotherapy and counselling this positive attitude is a real possibility and, in the present case, it is based on the Christian Trinitarian concept of personhood.

This model enriches Christian psychology, since it makes *explicit* the psycho-spiritual dynamics of human being by introducing the Trinitarian model. Pastoral counselling possesses broad-based knowledge of religious traditions and often adheres to a hyper-ecumenical theoretical position in service to a trans-religious clientele. To have such a medicalized, psychologically informed profession in the globalized world is of obvious necessity and utility. Our contention is, however, that immersion in a specific religious tradition has unique benefits for psycho-spiritual theory and praxis. While far from a unified field of knowledge, Christian psychology provides a level of specificity to psycho-spiritual work that is absent in broad-based, trans-religious approaches. The advantage of immersion in the riches of a specific religious tradition is the gleaning of clinically healthful riches drawn specifically from that tradition. For the purposes of this discussion, we find that the concept of God as a Trinity of persons blessing each other in mutual love and offering that same love to human beings is invaluable to our understanding of healing. This idea of the Trinity relating to all humans orients our understanding of how God participates in transporting defensively irrational creatures to positions of reality and reason. The justification for this specifically Christian psychology over a broad-based pastoral approach is that God dwells in the religion-specific details. Christian psychology makes it possible to imagine certain healing dynamics that broad-based pastoral theory might not explicate; God invites the adult forward into life characterized not by unconscious, defensive reactivity, but by a considered, non-defensive ‘yes’ offered by the vulnerable, growing individual to the ‘yes’ offered by the omniscient, omnipotent Trinity who conveys love to that vulnerable person. In this specifically Christian situation the individual seeks to change, to heal, to deliberately choose the good as understood in the context of the Christian revelation in order to collaborate with the Trinity and consciously grow in its grace.

Christian psychology makes possible and explicit this psycho-ethical approach because while recognizing the excessive anxiety, pervasive fear and the unusual psychological defensiveness of the human creature, it draws on a core reality of the revealed religion to help the individual to find the metaphysical medicine to develop a non-defensive relationship to God, themselves, and others. This core reality abides in the divine economy of the Holy Trinity. Whereas the Trinity offers perfect love, the fear that drives the psychodynamic defence mechanisms is cast out. In the light of this love, the human being may safely become conscious and make choices without the fear of ego annihilation.

A Trinitarian perspective has no place for defensive attitudes, radical autonomy or disengagement and prioritizes engagement as the essential foundation for human development. The negation of this principal leads to an egocentric attitude that provides an inauthentic and disintegrative vision of oneself full of shame as it has been showed in the clinical cases. Healthy communion requires a self to move to positive cooperation with another. Therefore, healthy and mature human relations depend on self-transcendence as

a person engages with others. A defensive egocentric orientation produces a self-immersion totally opposed to self-giving. This self-immersion often gradually assumes more pathological intensity. It means that the greater the self-immersion, the lesser becomes the ability of the person to take a free stance toward their life. The holding on to defenses supports a ‘neurotic fear’ of true self knowledge and by implication a fear of faith in God: “It is the fear of being duped, the fear of losing one’s personal autonomy; the fear of intimacy; the fear of giving oneself in love to anyone or anything; the fear of losing one’s pathological defenses.” [35, p. 39]

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