

# IS ALTERATION OF DEFENCE MECHANISM A GOOD INDICATOR FOR MENTAL WELL-BEING AMONG PSYCHOACTIVE ADDICTS?

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*Psychoactive drug addicts have poor self-esteem, low self-concept, deviant personality profile, frequently using immature, primitive and psychotic forms of defence mechanism. These traits are developed because they employ poor coping behavior to combat stress and anxiety they experience in every day life. In the present study 150 psychoactive drug addicts undergoing drug rehabilitation and treatment were exposed to specific elements and treatment modalities to improve their self-esteem, self-concept, personality profile, adaptive behavior, and new coping and problem solving strategies. The instruments used were Rosenberg Self-Esteem Scale (Rosenberg, 1965), Thematic Apperception Test (Murray, 1934), and Sixteen Personality Factors (Cattell, Eber, & Tatsuoka, 1970). Increase in the level of self-esteem and alteration in the form of defence mechanism from a primitive to a mature was found as a result of local treatment programmes. However, detailed personality changes were not explicitly noted, especially those pertaining to individual and emotional context. Implications of findings have been discussed.*

In 1992, the problem of drug addiction in Malaysia reached an alarming state warranting the government to declare it as a security problem. The shift from its previous status of social problem indicates the nation's commitment to combat psychoactive drug addiction to the fullest extent. Various strategies focusing on the demand reduction as well as supply reduction have been implemented since then (Malaysian Drug Report, 1991). This study is primarily concerned with the demand reduction strategy, that is the treatment and rehabilitation of drug addicts.

## *Challenges in Rehabilitation*

Viewed from the medical perspective, drug addiction is termed as a chronic recurring disease. Thus, a drug addict, even though rehabilitated, still has a tendency to either slip, lapse or relapse to

taking drugs (Brill, 1981; Brownell, Marlatt, Lichtenstein, & Wilson, 1986). Departing from this theoretical assumption, various rehabilitation programmes employed a multitude of treatment modality to ensure safe passage of rehabilitated drug addicts back to their normal drug free life setting (Platt & Labate, 1986; Sain, 1988). Although this objective is viewed as Utopian by some authors, there are empirical findings that indicate significant success rate for specific treatment modality, particularly those using the multimodal approach.

In Malaysia, the major facility set up by the government for the treatment of psychoactive drug addict is the One-Stop Serenti Drug Rehabilitation Center. The center employs a specific kind of multimodal approach; from screening services, detoxification, medical care, physical, psycho-social and partly psychological treatment for drug addicts (Malaysian Drug Report, 1991). The totality of this treatment scheme has successfully rehabilitated a significant number of addicts who then have maintained a drug free life up to this date. Data provided by the Anti Dadah Task Force showed that around 40% of drug addicts apprehended every month have not been apprehended or treated before and the rest of them are those of relapse cases (Drug Report, 1990). Notwithstanding the specificity of deciding the successful treatment percentage, this is the current indicator of success for treatment and the rehabilitation of drug addicts in this country. By 1991, around 40% of the addicts rehabilitated are either maintaining abstinence from drug or are assumed to be doing as such. Meanwhile, the remaining 60% relapsed into addiction (Malaysian Drug Report, 1991).

The figures above are not surprising. Various studies conducted elsewhere quoted higher percentages of relapse rates. Some report relapse rate as high as 90% for the first month upon addicts leaving the rehabilitation center (Hubbard et al., 1989; Nathan & Lansky, 1978; Sells, 1979; Tims, 1981). Naturally, these differences in relapse or success rate are very much dependent on several factors such as the type of modality employed (methadone maintenance, detoxification, therapeutic community, behaviour modification, psychotherapy, out-patient drug free programme or multimodal approach), the category of addicts treated by these modalities (dual-diagnosis, hard-core recurring addicts, first time addicts, addicts with long track criminal records), the length of treatment, and the qualifications of the personnel conducting the rehabilitation programme, so on and so forth. However, this points to the fact that the rehabilitation of drug

addicts is a challenging task which is always met with high failure rates.

### *Indicators of Effectiveness*

Research investigating the effectiveness of any drug rehabilitation programme can be categorized into two distinct areas: socio-physical change and psychological change (Oakley, 1978; White, 1991). Socio-physical changes experienced by drug addicts can be gathered from a multitude of indicators but they are predominantly viewed in the area of social and physical adaptability of the drug addict upon completing their rehabilitation programme. Factors such as long term abstinence from drug use, a better family and social or work life, act as good indicators of a drug free life. These aspects can only be viewed long after drug addicts interact again with society.

On the other hand, psychological changes are mainly used to predict one's ability to better adapt oneself to various environmental, social, and emotional challenges upon one's leaving the treatment center. Experts have talked about "inner motivation" to change for the better (Salay, 1986), and used indicators such as a better self-esteem, self-concept, utilization of mature form of defences, a normal and healthy personality, etc., to indicate a departure from the mental state of drug addiction (Vaillant, 1977).

The present study looks at the indicators of mental well-being among psychoactive drug addicts undergoing drug rehabilitation programme in Malaysia.

## **METHOD**

### **Sample**

Drug addicts at different phases of treatment at four Serenti Centers totalling to 150 in number participated as respondents for this study.

### **Instruments**

Three measurements were employed for this study. First, the Rosenberg Self-Esteem Scale - RSES (Rosenberg, 1965) that indicates

the level of self-esteem of the respondents. Second, six Thematic Apperception Test - TAT cards (Murray, 1934), specifically cards number 8GF, 1, 13MF, 8BM, 7GF, and 5 were used to detect the types of defence mechanisms used by the respondents. Scoring of the defence mechanisms into three categories, i.e., denial, projection, and identification were made with reference to Cramer's Scoring Manual for Defence Mechanism (1987, 1988). The three categories of defence mechanism falls on a maturity hierarchy as being described in Vaillant (1977). Third, Form "A" of the Sixteen Personality Factors Questionnaire-16PF (Cattell, Eber, & Tatsuoka, 1970) was used to identify the personality profile of the respondents.

### Procedure

The three instruments were administered to the respondents at their respective treatment centres.

## RESULTS AND DISCUSSION

In general, the findings show that there are improvements to the level of self-esteem among psychoactive drug addicts who are at the later phase of treatment as compared to their counterparts in the earlier phases of treatment. This points out that the Serenti programme managed to heighten and improve the level of self-esteem of the drug addicts (Table 1). This findings is also consistent with outcomes of various other treatment programmes as stated by Salay (1986), and Hubbard et al. (1989).

Table 1

*Differences in the mean scores for self-esteem of drug addicts at each phase of treatment*

Serenti Treatment Phase	Self-esteem Scores		
	<i>n</i>	<i>Mean</i>	<i>SD</i>
First	42	13.714	2.865
Second	40	14.175	3.350
Third	44	16.795	2.474
Fourth	24	18.208	2.784

$F(3, 146) = 18.17; p < .001$

There are also significant differences noted in the degree of utilization of a mature form of defence mechanism among the addicts at the later phase of treatment. Drug addicts at earlier phase of treatment tend to employ more denial as compared to their counterparts at the later phase, which tend to use more of the mature mechanism such as identification. This points out that addicts are able to accept some denial that encroach them in the past, thus indicating a better state of mental health (Table 2). This departure from a constant state of denial has proven to be a situation of improved mental state as described by Holt (1971), and Fine and Waldhorn (1975) for patients undergoing psychotherapy.

Table 2

*Differences in the mean scores for different types of Defence Mechanisms used by addicts in all four phases of the Serenti Treatment Program*

Serenti Treatment Phase	Defence Mechanism Scores (DMS)						
	n	Denial		Projection		Identification	
		Mean	SD	Mean	SD	Mean	SD
First	42	2.690	1.000	2.667	0.426	0.549	0.633
Second	40	2.525	1.198	2.526	1.109	0.570	0.630
Third	44	1.841	0.776	2.432	1.065	1.386	0.841
Fourth	24	1.625	0.970	2.167	0.868	1.708	1.083
F value		9.38		0.99		16.10	
p		0.001		0.4009		0.0001	

*d.f.* = 3, 146

The third indicator that was investigated in this study is the personality profile of the respondents. The Form "A" of the Sixteen Personality Factors Questionnaire (Cattell, Eber, & Tatsuoka, 1970) registered a few personality differences (not significant) between addicts in the later phase of the treatment programme as compared to addicts in the earlier phases for the programme (Table 3). In fact, a few traits that are considered as important indicators of the state of mental well-beingness did not register any significant differences. This suggests that even though some positive psychological changes were noted among the respondents (such as self-esteem and more mature defences used), the unchanged personality profile indicated that more

work (psychologically based) needed to be done to ensure better psychological adaptation among the drug addicts.

Table 3

*Differences in the Mean scores of 16PF for each phase of treatment*

16PF	Four Phases of Serenti Treatment Program				F
	I	II	III	IV	
	Mean/SD (n = 42)	Mean/SD (n = 40)	Mean/SD (n = 44)	Mean/SD (n = 24)	
A	6.19/1.170	5.80/1.99	6.36/1.84	6.67/1.55	1.31
B	5.95/1.91	5.42/2.13	6.37/1.98	6.25/1.92	1.73
C	3.26/1.72	3.00/1.32	3.04/1.59	3.25/1.89	0.31
E	4.67/1.89	4.80/1.56	5.25/1.55	4.75/1.54	1.04
F	4.92/1.58	4.75/1.56	5.20/1.56	5.45/1.91	1.16
G	5.54/1.62	5.22/1.59	5.31/2.01	5.12/1.48	.39
H	4.78/2.14	4.72/1.72	4.61/1.38	5.20/1.53	0.73
I	6.61/1.68	6.60/1.58	6.22/1.62	6.79/1.38	.82
L	6.47/1.45	6.45/1.55	6.77/1.47	6.67/1.58	.43
M	5.69/1.89	5.47/1.67	5.32/2.10	6.29/1.98	1.44
N	4.67/1.73	4.95/1.88	4.84/3.32	5.42/1.74	.77
O	7.90/1.51	8.05/1.76	8.13/1.48	7.83/1.99	.24
Q1	4.95/1.73	4.52/1.86	5.31/1.97	5.16/1.78	1.38
Q2	6.12/1.87	6.05/2.05	6.70/1.85	6.00/1.86	1.17
Q3	6.04/1.98	5.95/1.98	6.84/1.79	6.58/2.04	1.96
Q4	6.11/1.59	5.90/1.84	5.93/1.62	6.04/1.48	.15

\* *no significant differences were noted here.*

## CONCLUSION

In conclusion, general psychological adaptation in terms of a higher self-esteem and a departure from a defence situation of constant denial shows that drug addicts undergoing the Serenti drug treatment and rehabilitation programme have shown positive indication towards a strong inner motivation to be drug-free. But, alteration of defence mechanism in itself would not be able to act as a good indicator of psychological well-being among psychoactive drug addicts. Thus, this notion must be held tentative until further research is done to prove otherwise.

However, there are no changes detected in the personality traits or profile of the drug addicts. This indicates that more individualized counselling and possibly psychotherapy need to be administered to increase the level of motivation towards change among the psychoactive drug addicts, so that a healthier and productive drug free life style can be realized.

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