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## **Aging Well**

### **Maladaptive Strategies and Mature Defenses**

**By: James L. Holly, MD**

This is the last of four articles which review Dr. George Vaillant's book, *Aging Well: Surprising Guideposts to a Happier Life from the Landmark Harvard Study of Adult Development*. Dr. George E. Vaillant, MD is the director of the Harvard Study of Adult Development and professor of psychiatry at Harvard Medical School. In this study, Dr. Vaillant has looked at the lives of participants over 60-70 years. Obviously, several generations of researchers conducted this fascinating and revealing longitudinal study.

With in-depth interviews and careful record keeping, The Harvard study examined the developmental aspects of aging prospectively, that is, while the events are occurring, rather than depending upon the accuracy and validity of memory to recall events from an earlier age and then attempting to determine what they mean.

In this final review, we will look at the ways in which people deal with adversity, pain and unpleasantness. Ultimately, there are two ways of doing this. The first is "maladaptive strategies," negative means of coping with life; the second is "mature defenses," positive coping mechanisms.

#### **Maladaptive, involuntary coping mechanisms**

Everyone has "coping mechanisms." These are involuntary, often unconscious methods with which we protect ourselves against threats to our person, or personality. The first set of coping mechanisms is call "maladaptive" because they create more problems than they solve and they are destructive of potentially positive relationships.

The first such coping mechanism is "Projection," which results in "unacknowledged feelings (being) attributed to others." Dr. Vaillant uses the word "sin" to describe the negative and destructive results of "projection," which are "prejudice and injustice collecting." An illustration of "projection," is seen in the response of an imaginary patient, of whom, Dr. Vaillant writes, "following a slight postoperative wound infection;

she wrote long, angry letters to the papers blaming the hospital for unsanitary conditions. Blaming her doctor for not doing a Pap smear earlier, she contemplated instituting malpractice proceedings against him.”

In this imaginary case, the patient had always wanted children and always wanted to be a mother. The pain of not fulfilling her desires was too much to bear so she had to blame others for why she could not have children. A positive coping mechanism would have been in what is called “altruism,” and would have been illustrated by the patient finding someone whom she could help, as she shared her experience, perhaps by organizing a support group for others who had had similar experiences.

The second maladaptive coping mechanism is called “Passive Aggression,” where “individuals turn anger against themselves in a most annoying and provocative manner.” Dr Vaillant identifies the "sin" of “passive aggression” as “sadism, masochism and cutting off one's nose to spite one's face.” In our imaginary patient, this is seen when she allows the IV fluid to “run out” and only then calls the nurse. When the intern comes to restart her IV she says, “I didn’t call because I knew you would check on me.” The only person hurt was herself, but her “passive aggression” fueled her anger and her feelings of neglect and justification of her depression.

The third maladaptive coping mechanism is “Dissociation.” Actors often “dissociate” themselves from “real emotions,” but “In real life when individuals use dissociation...we scorn them as being ‘in denial.’” This mechanism prevents a person from dealing realistically with their circumstances and often results in destructive behaviors such as binge drinking, or a “what, me worry?” insouciance.”

The fourth maladaptive coping mechanism is “Acting out.” This “obscures ideas and feeling with unreflective behavior such as tantrums and impulsive conduct” and often “results in delinquency and child abuse.” In our imaginary patient above, she might have an affair which is actually the expression of her disappointment of not being able to have a child, but which results in self-destructive behavior.

The fifth maladaptive coping mechanism is “Fantasy.” In this case, “Schizoid fantasy replaces real human relationship with imaginary friends,” and results in the "sin" of self-absorption. In our imaginary patient, she refused to allow her friends to visit her, but spent her time down at the nursery looking at the new born babies and whistling Brahms Lullaby to them. “Fantasy” further isolates a person from reality and compounds rather than solves their problems.

Dr. Vaillant concludes, “The five mental mechanisms soothe over the short term but eventually leave the user worse off than before.”

### **Mature Defenses -- Adaptive coping strategies**

The first of the mature defenses is “Sublimation” and is often seen where “the pain of childhood becomes transmuted in the mature artist's masterpiece.” As a virtue

“sublimation” can be seen as "artistic creation to resolve conflict and spinning straw into gold." Dr.Vaillant addresses how “sublimation” could be expressed in our patient above, “She got great pleasure from the get-well cards from her sister’s children; she agreed to teach a Sunday school class of preschoolers; she had a poem published in her hometown weekly on the bittersweet joys of the childless aunt.”

The second mature defense is “Humor,” which “allows us to look directly at what is painful. Humor permits the expression of emotion without individual discomfort and without unpleasant effects upon others. Miraculously humor transforms pain into the ridiculous.” “Humor, “as a virtue can be seen as ‘the ability not to take oneself too seriously.’” Our oft mentioned patient above laughs uncontrollably when she comments to the nurse about the irony that while she cannot bear children after her hysterectomy, she is still a woman with the same sexual drives. Humor allows her to deal constructively with what would otherwise be an overwhelmingly depressing reality.

The third mature defense is “Altruism,” which “involves getting pleasure from giving to others what we ourselves would like to receive.” “For example, although victims of childhood sexual abuse often mindlessly abuse children themselves (acting out), alternatively and transformatively, such victims work in shelters for battered women and in support groups or hotlines for abuse victims.” As a virtue, “altruism” can be seen as "doing as one would be done by."

The fourth mature defense is “Suppression” which can be seen as “stoicism.” “Suppression has none of the deep humanity of altruism, sublimation, or humor, but when used effectively, suppression is analogous to a well-trimmed sail; every restriction is precisely calculated to exploit, not hide, the winds of passion.” “Both repression and suppression, for the present, put desire out of mind. But the next day when the time is ripe, only suppression remembers.” As a virtue, “suppression” can be seen as "a stiff upper lip, patience, seeing the bright side."

## **Observations**

The implications of these coping mechanisms for “aging well” brings Dr.Vaillant to the following observations. “The concept that involuntary coping mechanisms like ‘projection’ and ‘delinquent acting out’ may mature into ‘altruism’ and ‘sublimation,’ however, is a very modern concept that has evolved only in the past forty years.”

In the Harvard study, “as members grew older, they became more forgiving, willing to meet adversity cheerfully, and less prone to take offense and vent frustrations on others. In other words, with maturity, ‘altruism’ increased and ‘projection’ decreased.”

“Successful aging means:

- “Giving to others joyously whenever one is able,
- “Receiving from others gratefully whenever one needs it and
- “Being greedy enough to develop one’s own self in between.

Such balance comes not only from following Erikson's orderly sequence of life tasks but also from employing elegant unconscious coping mechanisms that make lemonade out of lemons."

### **Your Life Your Health**

Your life, like your health often is dependent upon the choices you make and how you choose to deal with the circumstances in which you find yourself. Seemingly, a great deal of American life and popular culture is built upon promoting negative coping mechanisms, particularly that of fantasy and of denial of reality.

While we may not choose the circumstances in which we were born and/or in which we live, we are free to choose how we will deal with those circumstances. If we then do not have socks, let us be thankful for our shoes, and let us comfort those who have none; if we do not have shoes, let us be thankful for our feet and let us comfort those who have none. If we have no feet, let us be thankful for our legs and let us comfort those who have none. Adversity can breed dependency and isolation, or inter-dependency and intimacy.

Through:

- "altruism" – doing unto others as we would have them to do unto us which is one of the central messages often lost or ignored in the Christian faith –
- "sublimation" – finding a constructive, creative outlet for the negative and painful experiences in life, indeed, comforting others with the comfort with which we have been comforted ourselves –
- "humor" – allowing the "tears" of laughter to heal a broken heart, discovering that "a merry heart doeth good like a medicine" –
- "suppression" – being strong when all else fails, knowing that inevitably the dawn follows the night and that nothing but love is forever –

we can all approach life and age with success and fulfillment.

It is worth the effort to us and to others for it is your life and it is your health.