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**CONTRIBUTION OF PSYCHOLOGICAL DEFENCES AND  
COPING BEHAVIOUR ON PRESCHOOL CHILDREN  
PSYCHOLOGICAL HEALTH**

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*Abstract*

Children's psychological health is treated as a condition providing behaviour regulation adequate to the surrounding reality. The health factor considerably defines person's ability to overcome difficulties in an evolving context. The author assumes that there are some particularities in the psychological defences and coping strategies composition depending on the state of children's psychological health. In this article, we will discuss the results of the assessment of psychological health and the contribution of psychological defences and coping-behaviour. The research involved 86 examinees (49 boys and 37 girls aged 5 to 6). The state of psychological health was estimated on the basis of an expert assessment using the Assessment of Anxiety Involving Observation questionnaire (Khukhlaeva & Khukhlaev, 2015) and the "Assessment Form of Children's Psychological Health (Khukhlaeva & Khukhlaev, 2015). The defence mechanisms were studied by means of the Children Psychological Defence Assessment Map (Plutchik, 1980 adapted by Chumakova, 1999) and Schoolagers' Coping Strategies Inventory (Rayan-Wenger, 1990). The results of the research show that psychologically healthy children more often choose the strategy of passive retreat from difficulties, while children with mental health problems are more focused on destructive emotions and "risk group" children use "regression" and "replacement" defences. The psychological defences and coping-strategies contributing to the state of psychological health were also revealed in this research. The obtained results are of great differential and diagnostic importance for psychologists. Besides, they can be used as a basis for the elaborating the programs for psychological prophylaxis and correction of psychological health impairments in childcare centres.

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**Keywords:** Psychological defences, coping-behaviour, psychological health, children.



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## **1. Introduction**

The issue of protecting an individual from the traumatic effects has attracted special attention from a wide variety of schools and directions since the days of classical psychoanalysis. At the present stage of scientific knowledge development, the phenomenon of "psychological defence mechanisms" and "coping behaviour" are the subjects of interdisciplinary research (Cramer, 2015), whereas the initial idea of protective human behaviour that occurred in the framework of psychoanalysis have been repeatedly reinterpreted, supplemented and extrapolated to other scientific and psychological approaches. Psychological defences and coping behaviour are interconnected by structural and functional relationships and included in the overall process of adaptive activity (Kuftyak, 2016). Changes in the psychological adaptation response structure and the ratio of its conscious and unconscious components cause different delayed effects on the individual. Inclusion of the intensive psychological defence into adaptive responses or the coping strategies dominance may create qualitatively different internal conditions for the development of an adaptational process. The common goal of functional integration is to maintain the optimal level of life and mental state of a person in difficult situations.

Health characterizes the level of functioning of human organism's systems including the system of mental adaptation, which enables to consider adaptational mechanisms in the spectrum of indices of the psychological health state. Psychological health is related to the processes, which enable a person to become a mature and an independent subject of activity capable of achieving reference points. Inability to cope with the intensive flow of stresses reduces self-confidence, health resources, and social adaptation. The impairments in the functioning of adaptational processes lead to the development of anxious states, cause neuro-mental and psychosomatic disorders and increase the probability of maladaptive behaviour, especially in children and adolescents.

## **2. Problem Statement**

The study of the relations between psychological defences and coping behaviour and the investigation of the adaptive human activity structure allows us to come closer to the prognosis of human health and well-being. Children's psychological health is treated as a condition providing behaviour regulation adequate to surrounding reality. The health factor considerably defines person's ability to overcome difficulties in an evolving context. Our study aims at evaluating psychological health and the contribution of psychological defences and coping behaviour on its state.

## **3. Research Questions**

We assume that health as a characteristic of the level of functioning of human organism's systems includes the system of mental adaptation as well. Therefore, we find it possible to consider defence mechanisms and coping strategies in the spectrum of psychological health indices.

We are interested in the following research issues: what are the differences in the used mechanisms of psychological defences and ways of coping with difficulties in pre-school children taking into account the state of health? What are the peculiarities of the composition of psychological defences

and coping strategies taking into account the state of children's psychological health? What role do defence mechanisms and coping behaviour play in the preservation of children's psychological health?

#### **4. Purpose of the Study**

In this article, we will discuss the results of the assessment of psychological health and the contribution of psychological defences and coping behaviour. The research involved 86 examinees (49 boys and 37 girls aged 5-6).

#### **5. Research Methods**

We have used the following techniques for the expert assessment of the psychological health state. Assessment of Anxiety Involving Observation aimed at defining the level of anxiety in pre-school children (Khukhlaeva, & Khukhlaev, 2015).

Assessment Form of Children's Psychological Health aimed at estimating the state of psychological health indices (Khukhlaeva, & Khukhlaev, 2015). We have identified three indices of psychological health in Khukhlaeva's technique (Kuftyak's modification): a personal component, an emotional component, and a social component, which has allowed us to include different meaningful characteristics of health in the study.

We have estimated psychological defence mechanisms by means of Children Psychological Defence Assessment Map (Plutchik, 1980 adapted by Chumakova (1999)). The technique enables to evaluate the type of psychological defence. The authors suggest defining eight defence mechanisms (denial, repression, regression, compensation, displacement, projection, reaction formation, and intellectualization) treated as basic in Plutchik's structural theory.

We have studied coping behaviour by means of the Schoolager's Coping Strategies Inventory of Ryan-Wegner (1990) adapted and modified by Nikolskaya, & Granovskaya (2010). We have united 26 coping strategies identified by means of the inventory in 6 basic categories: reflexive withdrawal, passive distraction, discharge; search for spiritual support; destructive emotional expression; active distraction; social contacts (communication) for obtaining support.

The Spearman's  $r_s$  rank correlation coefficient was used to analyze the relationship between selected indicators. The criterion of Mann-Whitney allowed us to identify the differences between groups of samples in the level variables. Nonparametric statistical procedures were chosen due to the test for normality of the distributions of the variables, which was not always positive.

#### **6. Findings**

The expert assessment by the specialists of childcare centres (educators, a psychologist) enabled to single out three groups of children: "children from the group with impaired psychological health" (n=25), "children from the risk group" (n=17), and "children from the group with preserved psychological health" (n=24).

Children with impairments of mental state have a higher level of anxiety, while a high level of manifestation of personal and social components of mental health indicates children's inability to overcome difficulties, to take initiative, disorderliness, lack of self-assurance, and lack of a pursuit of becoming better.

Children from the risk group report a marked level of anxiety, while in a social component of psychological health, regulative capacities are the most impaired – children are incapable of controlling and overcoming difficulties.

Children from the group with impaired health have worse assessments for emotional deviations described as internalized compared to other groups. They experience anxiety, fears, sense of inferiority, helplessness, and reduced mood as well as psychosomatic symptoms. Children from the risk group face emotional problems more rarely; “anxiety” is likely to play an adaptive role in such children and thus provides self-defence behaviour, which enables them to achieve safety in particular social situations.

We have revealed differences in the choice of psychological defences and coping strategies between the groups. Thus, the risk group has been significantly different from the group of impaired health by a weak “regression” defence ( $p=0.02$ ) and severe “repression” ( $p=0.002$ ), “compensation” ( $p=0.000$ ), and “displacement” ( $p=0.001$ ) defences as well as a general level of tension of psychological defences ( $p=0.05$ ). The health group has been significantly different from the risk group and the group with impaired health by the severity of “reaction formation” ( $p=0.000$ ) and “intellectualization” ( $p=0.000$ ) defences.

It is found that healthy children usually choose the strategies of passive distraction from difficulties ( $p=0.003$ ), while children with impaired health usually focus on destructive-emotional expression ( $p=0.000$ ).

The study also revealed the correlational interrelations between psychological health and its characteristics and indices of psychological defences and coping behaviour strategies in different groups of children.

In our study, the “displacement” ( $R=-0.44$ ,  $p=0.027$ ) and “regression” ( $R=-0.39$ ,  $p=0.05$ ) mechanisms in the group of children with impaired psychological health have a negative correlation with the components of psychological health, while a “denial” mechanism is positively associated with an emotional component of psychological health ( $R=0.42$ ,  $p=0.037$ ). For this group of children, it is shown that the higher is anxiety ( $R=-0.74$ ,  $p=0.000$ ;  $R=-0.58$ ,  $p=0.003$ ;  $R=-0.71$ ,  $p=0.000$ ), emotional symptoms ( $R=-0.50$ ,  $p=0.011$ ;  $R=-0.72$ ,  $p=0.000$ ;  $R=-0.47$ ,  $p=0.018$ ) and internal problems ( $R=-0.52$ ,  $p=0.007$ ;  $R=-0.61$ ,  $p=0.001$ ;  $R=-0.49$ ,  $p=0.013$ ) in children with impaired psychological health, the more rarely they resort to such defence mechanisms as repression, compensation and displacement; the lower is the level of prosocial behaviour ( $R=0.43$ ,  $p=0.032$ ), the more rarely they use such defence mechanism as intellectualization.

The discovered relations to these indices support the assumption that descending to the earlier stage of development in behaviour and transformation of a feeling or an object enable children with impaired health to keep their Ego and reduce anxiety, while rejecting everything unpleasant worsens their emotional state.

For children with impaired psychological health, it is shown that the more severe is anxiety ( $R=-0.39$ ,  $p=0.05$ ), the lower is the index of choosing emotional-destructive strategies; the higher are the indices of emotional symptoms ( $R=-0.453$ ,  $p=0.023$ ), internal problem ( $R=-0.55$ ,  $p=0.005$ ) and general evaluation of problems ( $R=-0.45$ ,  $p=0.024$ ) of a child, the more rare are the strategies of active distraction. In general, we note that emotional deviation restricts the possibility of resorting to children's behavioural strategies that are socially approved by adults and are the most efficient in coping with difficulties.

In the risk group, a defence mechanism "compensation" correlates positively with a social component of health ( $R=0.66$ ,  $p=0.004$ ) and hyperactivity ( $R=0.49$ ,  $p=0.045$ ), a "denial" mechanism correlates negatively with a social index of health ( $R=-0.53$ ,  $p=0.026$ ), problems with peers ( $R=-0.57$ ,  $p=0.017$ ), emotional symptoms ( $R=-0.64$ ,  $p=0.005$ ) and internal problems ( $R=-0.59$ ,  $p=0.012$ ), while "intellectualization" correlates negatively with an emotional component of health ( $R=-0.55$ ,  $p=0.021$ ) and a general index of psychological health ( $R=-0.39$ ,  $p=0.05$ ). In this group, the index of the "repression" defence mechanism positively correlates with problems with peers ( $R=0.62$ ,  $p=0.007$ ), problems in behaviour ( $R=0.53$ ,  $p=0.029$ ), hyperactivity ( $R=0.51$ ,  $p=0.036$ ) and internal problems ( $R=0.58$ ,  $p=0.013$ ). The index of a "projection" mechanism correlates negatively with the problems with peers ( $R=-0.49$ ,  $p=0.04$ ) and internal problems ( $R=-0.60$ ,  $p=0.011$ ), and positively with the index of pro-social behaviour ( $R=0.52$ ,  $p=0.032$ ).

These correlations indicate that secondary (mature) defences, which do not allow negative information to reach the consciousness and to demand an obligatory participation of thinking and waste of energy, reduce energetic background, which leads to child's limited ability to control his behaviour, anxiety and impulsiveness, as well as growing signs of oppositional behaviour.

We have revealed positive correlations between coping strategies and the components of psychological health in the risk group. The strategy of destructive-emotional expression correlates with the index of anxiety ( $R=0.44$ ,  $p=0.08$ ), while the strategy of reflexive withdrawal correlates with social ( $R=0.48$ ,  $p=0.05$ ) and emotional ( $R=0.58$ ,  $p=0.015$ ) components of health, a general index of psychological health ( $R=0.59$ ,  $p=0.012$ ), problems in behaviour ( $R=0.541$ ,  $p=0.025$ ), hyperactivity ( $R=0.55$ ,  $p=0.021$ ) and external problems ( $R=0.546$ ,  $p=0.023$ ). For this group, the study has shown that the higher is the level of anxiety the more rarely children resort to the strategy of reflexive withdrawal ( $R=-0.50$ ,  $p=0.04$ ); the higher is the general index of health (which indicates impaired health), there more rarely they choose the strategy of emotional-destructive expression ( $R=-0.48$ ,  $p=0.05$ ); the more severe are the problems in behaviour, the more rare is active distraction ( $R=-0.541$ ,  $p=0.025$ ).

The discharge of emotions, frequent tears, and resorting to confession are known to be a characteristic of anxious, restless and inattentive, naughty children (Nikolskaya, & Granovskaya, 2000). On the one hand, the use of these coping strategies enables to overcome internal tension; on the other hand, it causes impairments in the emotional and social aspects of health in such children.

Children with preserved health reveal negative correlations between the mechanism of "reaction formation" and a social index of health ( $R=-0.457$ ,  $p=0.025$ ), a general index of psychological health ( $R=-0.454$ ,  $p=0.026$ ) and the index of anxiety ( $R=-0.41$ ,  $p=0.04$ ). In this group, it is shown that the lower is the level of anxiety, the more rarely children resort to a "regression" mechanism ( $R=0.41$ ,  $p=0.04$ ); the less

severe is anxiety, the higher are the values of the index of “repression” mechanism ( $R=-0.43$ ,  $p=0.035$ ). For this group of children, it is shown that the less severe are anxiety ( $R=0.41$ ,  $p=0.04$ ) and the impairments in the emotional component of health ( $R=-0.48$ ,  $p=0.018$ ), the more rarely children choose the strategy of passive distraction.

Thus, resorting to intellectual resources (developing the feeling of subjective control, learning “higher social values”, searching for ways to correct or displace) to remove emotional experiences allow healthy children to obtain control in various spheres and an ability for strong feelings and experiences..

## 7. Conclusion

Children with impaired psychological health use a limited repertoire of psychological defences related to primary (primitive) mechanisms of a psychological defence. Children with preserved mental health are more likely to resort to psychological defences and mostly use defence mechanisms corresponding to a higher level of personal development.

Children with impaired psychological health report emotional-destructive coping strategies, which contributes to a negative release of emotions and makes a child more vulnerable to an illness. The group of healthy children reports the use of socially desirable coping strategies aimed at a constructive exit from a difficult situation, which enables them to get rid of accumulated negative experiences fully or partially.

Thus, learning socially approved or non-constructive defence mechanisms and coping strategies juxtaposes with the indices of psychological health and influences further development of child’s personality in different ways. Socially approved and constructive behaviour provides person’s ability to overcome difficulties, increases emotional comfort and contributes to the formation of self-confidence, which preserves personality’s psychological health. Fixation of non-constructive ways of behaviour, which do not actually resolve internal and external conflicts, can be treated as a factor, which causes the impairments of psychological health.

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