

S34 *New frontiers of psychotherapy research: a quest for the future***THE STUDY OF DEFENSE MECHANISMS: HISTORY AND CONCEPTS**

I.-N. Despland, C. Bonsack, Y. de Roten. Polyclinique Psychiatrique Universitaire B, rue du Tunnel 1, 1005 Lausanne, Switzerland

Freud first described defensive operations in "The Neuropsychoses of defense" in 1894. While Freud later noted that this theory of repression or defense was at the base of psychoanalysis, he never fully systematised knowledge about defenses. This task was carried out later by others, foremost of whom was Anna Freud. With the development of psychotherapy research, the necessity of establishing links between the theories underlying clinical practice and experimental data led to the development of empirical methods for studying mechanisms of defense. Three kinds of methods have been used for the empirical assessment of defense mechanisms: clinical interview (e.g., The Defense Mechanism Rating Scales of J. C. Perry, self-report questionnaire (e.g., The Defense Style Questionnaire of M. Bond) and projective test. More recently, DSM-IV has included a Defense Functioning Scale as a proposed Axis for further study. The characteristics of these instruments are described as well as the influence of the north American egopsychology on their definition of defense mechanisms; from this point of view, similarities and differences between defense mechanisms, coping styles and adaptive styles are underlined. Contrast among metaphysical, clinical and empirical definitions of defense mechanisms are due to cultural differences and to the influence of the context of utilization of such concepts.

S34 *New frontiers of psychotherapy research: a quest for the future***THE DEFENSE MECHANISM RATING SCALES: RESEARCH TO DATE**

J. C. Perry, McGill University and the Institute of Community and Family Psychiatry, S. M. B. D. Jewish General Hospital, 4333 Chemin de la Cote Ste-Catherine, Montreal, Quebec H3T 1E4, Canada

The Defense Mechanism Rating Scales is an observer-rated method for identifying 28 defense mechanisms from clinical data. Development of the method began in 1981 until the present fifth edition in 1990. The DMRS can be used to make qualitative assessments of what defenses are present based on clinical interview data, or to make quantitative ratings of the defenses when an interview transcript is available. Defenses are grouped by functional similarity (e.g., denial and rationalization both disavow affect or motive). They are also ordered in a hierarchy from 1 to 7 based on their general level of adaptiveness (e.g., passive aggression is low, sublimation is high). The Overall Defensive Functioning (ODF) score then summarizes the adaptive level of defensive functioning, which is capable of detecting change over time.

The review of the DMRS will concentrate on recent studies. These include (1) Differences with self-report measures of defenses (e.g., the DSQ), (2) Studies of chronic depression, dysthymia and major depression, (3) defenses associated with personality disorders, (4) defenses used by a community sample of normal adult women, compared to those with breast cancer, and (5) preliminary data on change in defenses with long-term treatment. Finally the presenter will summarize some of the limitations and potential uses of the DMRS for research.

S34 *New frontiers of psychotherapy research: a quest for the future***MATERNAL DEFENSE MECHANISMS AND CHILD'S INTERACTIONS DURING SHORT MOTHER-CHILD PSYCHOTHERAPY**

M. Bader, J. C. Perry, Service Universitaire de Psychiatrie de l'Enfant et de l'Adolescent (SUPEA), rue du Bugnon 25A, Lausanne 1005, Switzerland

This pilot study assessed the development of the maternal defense mechanisms and the mother-child interactions during two short six-sessions mother-child therapies conducted by Professor B. Cramer and D. Knauer M.D. (Geneva). The first child is a 13 month old girl and the second child is a 17 month old boy. The methodology used the DMRS to assess the maternal defenses, the study of the videotape to assess the defense observation of infant and the CCRT.

The coding of three sessions (S1, S3, S6) showed significant changes in the maternal defense mechanisms: higher level of neurotic defenses, moderate positive change of mature defenses and lower level of personality disorder defenses. The child's interactive profiles showed a better quality of playing games, negotiations and self-assertiveness, but the acting out behaviours stayed persistent when the mother was frustrated or did not respond to her 13 month or 17 month old child. The CCRT showed a high sensitivity of the child to the behaviour of the mother (and the therapist). These pilot results suggest that the maternal defense mechanisms, the child's interactive profile and the CCRT could be interesting parameters to study certain features of the maternal psychopathology and certain changes relating to the therapeutic process during short mother-child therapies.

S34 *New frontiers of psychotherapy research: a quest for the future***DEFENSE MECHANISMS RATING SCALE (DMRS) AND PERSONALITY DISORDERS (PDs)**

V. Lingardi, C. Lonati, L. Vanzulli, F. Beretta, C. Maffei, Istituto Scientifico Ospedale San Raffaele, Department of Neuropsychiatric Sciences, University of Milan School of Medicine, via Prinetti 29, 20127 Milan, Italy

Quantitative and qualitative defense mechanisms (DMs) evaluation represent one of the most promising fields in the psychodynamic-oriented empirical research on Personality Disorders (PDs). This study examines the association between DSM-IV Personality Disorders (PDs) and Traits (PTs) and Defense Mechanisms (DMs). The main aim of our research is to help clinicians to focus on mechanisms of personality functioning when managing or treating the patients and to determine more precisely which patients will benefit from psychotherapy. We evaluated a sample of 50 adult outpatients seeking psychotherapeutic treatment at the Psychotherapy Unit of S. Raffaele Hospital, University of Milan. PDs and PTs have been assessed using SCID-11. DMs have been evaluated by a group of trained clinical psychologists and psychiatrists (IRR from .61 to .95) using the DMRS by Christopher Perry. This scale evaluates 28 individual defense mechanisms hierarchically ordered in 7 clusters from the less mature defenses underlying PTs and PDs and that defenses warrant further attention as we design treatments for PDs. In conclusion, theoretical and methodological problems concerning empirical research and clinical practice are discussed.