Relationships among Thought Intrusion, Thought Suppression, and Defense Styles in Clinical

and Non-Clinical Populations

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thoughts, or at least manage them effectively, was investigated and could then potentially be

implemented in therapeutic techniques against intrusive thoughts.

Methods

Participants

      The non-clinical sample was taken from an undergraduate population. Studentsø responses were obtained through an online system, in which students were given class credit for their participation. For the clinical population, a sample of consumers of a partial care mental health facility were used with the approval from the facilityøs supervisor. Consumersø responses

somatization, displacement, acting out, denial, dissociation, devaluation, isolation or splitting are under this category; for the neurotic defense style, reaction formation, undoing, idealization, or pseudo-altruism are under this category; finally, for the mature defense style, humor, sublimation, suppression, rationalization, and anticipation under this category (Ruuttu et al., 2006). This measure has been supported to be valid, as it has been tested for construct validity, reliability, and discriminant validity (Ruuttu et al., 2006).

The White Bear Suppression Inventory (WBSI) is a two-factor (thought suppression and thought intrusion) 15-item self-report questionnaire in which respondents answer each item on a 5-point Likert scale (Schmidt et al., 2009). This instrument has been supported to be a valid measure (through testing construct validity and reliability) in measuring individualøs tendencies to suppress thoughts and levels of thought intrusion (Schmidt et al., 2009). For example, one item on the questionnaire states õI have thoughts that I cannot stop,ö which respondents then must rate how much they agree or disagree with the statement (Schmidt et al., 2009).

Procedure

Participants were first given a consent form that they had to sign and agree to before continuing the study. The instruments were counterbalanced by having each participant randomly assigned to one order of receiving the instruments (either the WBSI first or the DSQ-40 first). Afterwards, participants were debriefed, with the clinical (in-person) population given the opportunity to ask questions they may have and the non-clinical (online student) population given a contact email if they had any questions.

For Hypothesis 1, two multiple regressions were conducted. For the first multiple regression, in which the defense style scores were used to predict suppression scores, the immature defense style scores were the only defense style scores that significantly predicted suppression scores in participants, $R^2 = .197$, $R^2_{adj} = .172$, $F(3, 100) = 6.845$, $p < .05$ (see Table 3.).

For the second multiple regression, in which the defense style scores were used to predict the intrusion scores, again the immature defense style scores were the only defense style scores that significantly predicted intrusion scores in participants, $R^2 = .170$, $R^2_{adj} = .145$, $F(3, 100) = 8.154$, $p < .05$ (see Table 4.).

Hypothesis 2

For Hypothesis 2, a MANOVA was used to investigate differences in defense styles

case, immature defense style score were positively correlated with the intrusion scores. Because those with higher thought intrusion and suppression score were found to have a higher immature defense style score, one possibility is that suppression is actually an immature, versus mature, response to intrusive thoughts. It was hypothesized that because higher levels of suppression did not indicate greater levels of anxiety and depression, unlike thought intrusion, that thought suppression might be a healthy way to cope with intrusive thoughts. However, the results of the present study suggest more frequent suppression may result from higher levels of intrusive thoughts in people who have an immature defense style. Subsequently, even though thought suppression would provide temporary relief, the intrusive thoughts may come back again since this response (or the defense mechanisms one used to combat the thoughts) was not effective. For example, if someone tries to use rationalization or denial to combat the intrusive thoughts, which are classified as immature defense mechanisms, this could be the individualøs way of õsuppressingö the thoughts. Suppressing thoughts in this manner may prove to be ineffective and ultimately maladaptive, as the thoughts will continue to return intrusively, leading to more suppression. Perhaps some people are naturally predisposed to more intrusive thoughts due to a psychological disorder and therefore will end up inevitably experiencing more suppression. Though, there are ways to cope with such thoughts that do not require suppressing the thought. For example, those who suffer from obsessive-compulsive disorder often experience more intrusive thoughts than others. In some treatments, the sufferer could be instructed not to acknowledge the thought, accept it, and simply let it pass on its own as well as expect it to come

mechanisms, rather than immature. Therefore, in the clinical population observed, the immature

Despite the fact that these results have supported differences between the populations, one must be cautious in interpreting the results. For one, there were many differences between the clinical and non-clinical populations other than if they were receiving psychological treatment or not. The non-clinical population mostly contained young female college students, while the clinical population mostly contained middle aged men. Additionally, one could infer economic differences between the populations, with most of the non-clinical group having the means to attend university, while the majority of the clinical group is reported to be unemployed and homeless. Such stressors could be arduous to combat, let alone intrusive thoughts or other psychological symptoms they may have. Therefore it may be easier for the non-clinical group to utilize mature defense mechanisms, while it may be more likely that the clinical group utilizes immature defense mechanisms (to simply suppress the thought and move onto other issues at hand). Following Freudian thinking, those who naturally use mature defense mechanisms are not stuck in any psychoanalytic stages of development and therefore do not develop a habit of using maladaptive defenses that are seen in those whose needs have not been met in a certain stage as a result. Other limitations include that the instruments were self-reported, the small clinical sample size, demographic differences confounding between-groups comparisons, and missing data that was replaced by estimations based off the mean.

Future studies should explore the differences between groups in different levels of treatment. For example, one could investigate differences in thought intrusion, thought suppression, and defense styles between those in inpatient treatment, partial care treatment, and outpatient treatment (like one-on-one therapy). Researchers could also investigate those differences between people with psychological disorders who suffer greatly from intrusive

thoughts, such as obsessive-compulsive disorder. By evaluating those with obsessive-compulsive disorder, insight could be gained on what types of coping mechanisms affect thought intrusion levels and frequencies. Additionally, researchers could further investigate if suppression (which is considered to be a mature defense mechanism) is actually maladaptive and should be considered immature defense mechanism instead due to its apparent inability to keep intrusive thoughts from returning.

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Table 1. Comparison of demographic characteristics for clinical and non-clinical participants.

	Clinical (*N* = 37)	Non-Clinical (*N* = 71)
Age	*M* = 46.51 (*SD* = 12.92)	*M* = 20.76 (*SD* =3.96)
Male	23 (69.7%)	10 (30.3%)
Female	15 (19.7%)	61 (80.3%)
Caucasian	23 (32.4%)	48 (67.6%)
African-American	9 (60.0%)	6 (40.0%)
Asian	1 (16.7%)	5 (83.3%)
Hispanic	2 (15.4%)	11 (84.6%)
Other	2 (66.7%)	1 (33.3%)

Table 2. Descriptive statistics for quantitative measures ($N = 104$).

Scale	Min	Max	*M*	*SD*
WBSI				
Intrusion	8	40	28.36	7.72
Suppression	10	35	26.77	5.97
DSQ-40				
Immature	2.63	8.50	5.83	1.29
Neurotic	2.25	8.25	5.34	1.20
Mature	2.17	7.05	4.46	1.11

Table 4. Coefficients for model variables predicting Intrusion ($N = 104$).

	B	B	t	p	Bivariate r	Partial r
Mature	-.032	-.005	-.054	.957	.103	-.005
Neurotic	.180	.028	0.257	.797	.211	-.026
Immature	3.01	.432	4.35	<0.001	.433	.399

Table 5. Adjusted and Unadjusted Group Means for Dependent Variables by Group.