REVIEW

Recognition of Defense Mechanisms in Individuals with Alcohol Use Disorder: Nursing Approaches

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ABSTRACT

Alcohol use disorder is an urgent public health challenge worldwide, as alcohol is the most commonly used psychoactive substance. This creates a need for collaboration within a multidisciplinary team, including mental health nurses, in order to identify and implement the most effective therapeutic strategies. The aim of this descriptive review is to explore the defense mechanisms used by individuals with alcohol use disorder to manage difficult emotional states and maintain a positive self-image. These mechanisms are divided into primitive and developed mechanisms, with the former often leading to avoidance of behavioral change and to justification of the substance use disorder. Studies show that certain mechanisms are associated with alcohol consumption. Mental health nurses play a critical role in supporting and guiding individuals with alcohol use disorder by strengthening the therapeutic relationship and identifying resistance to treatment. Understanding defense mechanisms is essential for predicting the course of the disorder and improving therapeutic approaches. By incorporating this knowledge into practice, nurses can contribute to the development of effective interventions and supportive structures for the mental and physical health of these individuals.

Keywords: alcohol use disorder, defense mechanisms, mental health nurses.

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INTRODUCTION

Alcohol use disorder is a serious public health issue and is among the major risk factors for health problems worldwide. According to the World Health Organization (WHO), 2.6 million deaths were recorded in 2019, with a substantial proportion involving young people (World Health Organization 2025).

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), alcohol use disorder ranges from mild to severe, with withdrawal and dependence symptoms constituting key indicators of the condition. These individuals face serious psychological, physical, and social problems, such as increased risk of liver and cardiovascular diseases, mental disorders, and dysfunctional interpersonal relationships. Due to the multidimensional nature of the disorder, a comprehensive approach is required to understand and address it (Nehring et al 2024).

Defense mechanisms are unconscious psychological mechanisms that enable individuals with alcohol use disorder to manage difficult emotional states in order to form a positive self-image. These mechanisms may operate protectively or maladaptively, influencing the course of the condition. This distinction falls into two categories: primitive and developed mechanisms. The use of primitive mechanisms often leads individuals to avoid change, overlook the consequences of their behavior, and justify excessive alcohol consumption. Studies show that, although many different mechanisms can be activated, certain ones are closely linked to consumption (Creswell 2021).

In psychiatric nursing, recognizing and managing the defense mechanisms used by individuals is vital. The focus can be on understanding the psychological mechanisms that contribute to the maintenance of alcohol consumption (Taurino et al 2021). Mental health nurses, who are often on the front line of therapeutic care, play a key role in supporting and guiding these individuals. A more thorough understanding of these mechanisms helps strengthen the therapeutic relationship, identify possible resistance to treatment, and promote positive behavioral change. In addition, they play a critical role in care by providing support, education, and interventions aimed at improving patients' mental and physical health (Spirito et al 2009).

This article aims to analyze the various defense mechanisms used by individuals with alcohol use disorder, focusing on two main categories:

- Primitive mechanisms, such as denial, repression, and regression.
- Developed mechanisms, such as rationalization and compensation.

Investigating these specific defense mechanisms is essential for understanding the disorder, predicting its course, and improving therapeutic approaches. By integrating this knowledge into psychiatric nursing practice, professional mental health nurses can contribute meaningfully to the development of more effective interventions and supportive structures, with the aim of enhancing recovery and improving the quality of life of these individuals.

DEFENSE MECHANISMS

Sigmund Freud, known as the father of psychoanalysis, was the first to develop the theory of defense mechanisms in the late 19th century, focusing on the unconscious processes of the Ego, the Superego, and the Id. In the 20th century, his daughter, Anna Freud, proceeded to a more structured and detailed analysis of these mechanisms, recording ten basic forms of defense, which were later expanded by other psychoanalysts (Cramer 2015).

According to Anna Freud, defense mechanisms are unconscious processes of the Ego used to reduce psychological anxiety. Individuals tend to develop these mechanisms in order to manage internal conflicts, especially between the Superego and the Ego, thereby reducing psychological tensions (Pareth et al 2010).

During the transition from childhood to adolescence and later to adulthood, defense mechanisms may either be maintained, reappear under the influence of stressors, or evolve over time (Cramer et al 2015). Recognizing defense mechanisms, particularly in adolescence, may also help predict the future development of personality disorders. Therefore, their early detection has significant clinical value. Depending on context and severity, defense mechanisms may be either adaptive or maladaptive (Perry 2014).

Psychological interventions, implemented by both clinical psychologists and mental health nurses, help individuals understand their unconscious processes. By recognizing these mechanisms, they can enhance their self-awareness and gain a new perspective on their behavior. This knowledge can be particularly useful for individuals experiencing mental disorders, such as depression, anxiety, eating disorders, and personality disorders (Carrol et al 2017).

An in-depth understanding of defense mechanisms can help mental health nurses adapt their therapeutic approaches and avoid obstacles. For example, recognizing defense mechanisms during a session can facilitate the maintenance of an effective therapeutic and professional relationship (Boeker H. et al 2013).

THE USE OF PRIMITIVE DEFENSE MECHANISMS IN ALCOHOL USE DISORDER

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), defines defense mechanisms as 'automatic psychological processes that protect the individual from anxiety and from awareness of internal or external dangers or stressors'.

Primitive Defense Mechanisms: These defenses

are characterized by the boundary between the self and the external world (Bailey & Pico, 2023). Primitive defense mechanisms are early, unconscious, less adaptive mechanisms that the individual usually uses from infancy and childhood. They are characterized by their primitive nature and their tendency to distort reality. They often lead to dysfunctional behaviors and psychological distress. Individuals who use primitive defense mechanisms often worsen their alcohol consumption and limit their ability to engage in healthy behaviors (Sayette 2017).

Recognition and management of these primitive defense mechanisms constitute a core element of therapeutic work, as they help individuals develop more effective and adaptive coping strategies, ultimately contributing to abstinence (Costa & Brody 2013).

Denial as a primitive defense mechanism in individuals with alcohol use disorder.

Denial: Denial is a process in which the individual, at the moment when they express thoughts, desires, or feelings that they had previously suppressed, continues to resist them by refusing to acknowledge them as their own (Bailey & Pico, 2022).

Denial is a common defense mechanism in individuals with alcohol use disorder, as they may not recognize the need for changes in their behavior. Denial can hinder help-seeking or participation in therapeutic processes. It manifests as an inability to recognize the severity of their condition or the negative consequences resulting from alcohol consumption (Stodded & Rigue 2010). A characteristic example of this denial is when an individual tells friends or relatives that they do not have a problem with alcohol, saying: 'I do not have a drinking problem. I can stop whenever I want.'

Repression as a primitive defense mechanism in individuals with alcohol use disorder.

Repression: This is an unconscious process that prevents the emergence of ideas or impulses considered undesirable. This defense mechanism may be observed in individuals who have no memory of a traumatic event, even though they were fully conscious and aware during the incident (Bailey & Pico, 2022).

Memories and thoughts have the potential to influence behaviors, triggering a range of emotions such as sadness or anger. Alcohol use disorder may be viewed as a form of repression. It is often associated with the individual's inability to face the reality of their condition, which leads to increased consumption (Moss et al 2015). A characteristic example is when an individual forgets important events or memories, such as stating: 'I do not remember why I started drinking very large amounts; it was the only thing I wanted to do.'

Regression as a primitive defense mechanism in individuals with alcohol use disorder.

Regression: Regression is a psychological defense mechanism in which the individual returns to earlier stages of development or adopts behaviors associated with childhood in response to stress or conflict. Regression may manifest through the adoption of immature or earlier behaviors, such as seeking immediate gratification or avoiding responsibilities, in order to manage emotional issues (Bailey & Pico, 2020).

Regression allows these individuals to avoid facing their problems and to continue drinking as a means of coping. Alcohol may function as a 'refuge' that evokes the safety and simplicity of earlier stages of life (Petric et al 2011). For example, a stressful event may lead an individual to adopt behaviors such as enuresis, chewing pencils, or overeating, even though these behaviors have already been outgrown (Bailey & Pico, 2020). Alcohol use disorder is often associated with traumatic experiences, making regression likely. As individuals characteristically state: 'Life is very hard right now. All I want is to have a good time.'

Projection as a primitive defense mechanism in individuals with alcohol use disorder.

Projection: Projection is a psychological defense mechanism through which the individual attributes their own unwanted feelings, thoughts, or impulses to others (Bailey & Pico, 2020). Projection functions as a means of avoiding recognition of problems related to alcohol consumption. Its use is associated with denial of the problems caused by alcohol use, as well as with shifting responsibility to external factors or other people (Evren et al., 2012). An example is when an individual characteristically states: 'I admit that I drink a little, but have you seen how stressed everyone is in the workplace?'

The Use of Developed Levels of Defense Mechanisms in Alcohol Use Disorder.

These defenses are characterized by the internal boundary between the Ego, the Superego, and the Id. Developed defense mechanisms are psychological strategies that individuals use unconsciously or consciously to manage anxiety, conflicts, and difficult emotions in a way that promotes emotional balance, personal growth, and healthy adaptation to their environment (Bailey & Pico, 2020).

Rationalization as a developed defense mechanism in individuals with alcohol use disorder.

Rationalization: Rationalization is a psychological defense mechanism in which the individual attempts to justify or explain their behaviors, feelings, or thoughts with seemingly logical but often false reasons, in order to avoid internal conflict or anxiety (Bailey & Pico, 2020).

Rationalization is a common defense mechanism used by these individuals. It is expressed as an attempt to justify excessive alcohol consumption, thereby reducing guilt or anxiety associated with this behavior (Kornreich 2002), (Ward & Rothaus 1991). An example is when the individual

tries to give an explanation for their behavior, responding to a friend's question about excessive drinking habits by saying that drinking comes after a stressful day; they characteristically state: 'Drinking helps me relax and cope with life.'

Compensation as a developed defense mechanism in individuals with alcohol use disorder.

Compensation: Compensation is a psychological defense mechanism through which the individual seeks to cover a real or perceived weakness or inadequacy by developing or displaying other abilities or characteristics (Bailey & Pico, 2020).

Compensation may manifest as an attempt to overcompensate in specific areas of life. Individuals often feel inadequate in social or professional situations and use alcohol as a means of enhancing their self-confidence. They often have difficulty at work and resort to drinking at regular intervals in order to relieve feelings of failure. A characteristic example they report is: 'I am not successful, but alcohol makes me feel better' (Koukia 2018).

It is important to emphasize the use of two additional developed defense mechanisms that contribute to maintaining abstinence, namely altruism and humor, which are included among mature defense mechanisms (Koukia 2018).

Altruism as a defense mechanism against alcohol consumption.

Altruism: As a psychological defense mechanism, altruism involves self-sacrifice in order to help others, thereby reducing anxiety and emotional burdens (De et al., 2022a).

The link between alcohol use and altruism as a defense mechanism has not been examined in depth in the literature. Nevertheless, altruism, as a developed defense mechanism, may contribute to reducing anxiety and promoting psychological well-being by offering emotional satisfaction through helping others. This is particularly important for individuals facing difficulties, as participation in altruistic activities can function as a positive coping strategy (Corazzini 2015).

Humor as a defense mechanism against alcohol consumption.

Humor involves finding the funny or ironic aspects of a situation, thereby reducing anxiety and deflecting negative emotional reactions (De et al. 2022). The existing literature linking humor as a defense mechanism with alcohol use disorder is limited. Nevertheless, humor is recognized as a developed defense mechanism that helps manage anxiety and emotional challenges. Strengthening such mechanisms may play an important role in the prevention and treatment of alcohol use disorder. Humor offers a way to release tension through jokes, allowing people to connect with others and break down the barriers that separate them. In addition, it may serve as a means of easing their emotional burden (Canha 2016), (Evren C. et al 2012).

NURSING APPROACHES

Nursing care plays a decisive role in the management of individuals with alcohol use disorder. The interventions carried out can significantly improve therapeutic outcomes for patients. Nurses are responsible for providing emotional support to both patients and their families. An effective way to provide psychosocial support is the creation of support groups and the implementation of motivational interviewing techniques in order to help patients reduce alcohol consumption. This includes participation in open, non-judgmental discussions that explore change and goal setting. Collaboration with other mental health professionals is equally important in ensuring comprehensive patient care (Xu & Liu, 2023) (Yaman & Yilmaz 2020).

A fundamental element of the therapeutic relationship is patient-centered empathy. Ensuring confidentiality is critical for nurses, as it contributes to building trust and encourages open communication about treatment conditions and needs. Education and awareness are essential for nursing approaches that promote mental health and prevention among individuals with alcohol use disorder. In addition, these approaches promote the adoption of healthy lifestyles, such as regular exercise and proper nutrition. Strengthening access to specialized services is also an important step toward improving effective care (Xu & Liu, 2023), (Yaman & Yilmaz 2020).

These approaches significantly promote behavioral change, contributing to long-term recovery. In this context, nurses play a decisive role in providing psychosocial and emotional support. Patient and family education, in collaboration with other health professionals such as occupational therapists and psychologists, constitutes a holistic model of care (Xu & Liu, 2023), (Yaman & Yilmaz 2020).

COGNITIVE-BEHAVIORAL THERAPY

The goal in this area is to reduce excessive emotional reactions by reviewing erroneous and dysfunctional beliefs and behaviors related to alcohol consumption. This approach focuses on identifying and modifying the thoughts and behaviors that promote alcohol use. This therapeutic method can strengthen self-knowledge and awareness, facilitate acceptance of the reduction of primitive defense mechanisms, and explore their origins. In addition, it supports individuals in developing coping skills and managing situations that may lead to relapse (Carroll & Kiluk, 2017).

Once the therapeutic relationship between nurse and patient has been established, the next step in the treatment process is understanding alcohol use disorder. Then, by focusing on goals for change, dysfunctional beliefs can

be challenged and replaced with appropriate behavioral interventions. These include, for example, aversion therapy, stress management, systematic desensitization, neuromuscular relaxation, and the development of communication skills, in order to complete the treatment (Sayette 2017).

Considering primitive defense mechanisms such as denial, repression, and projection, studies have shown that anxiety disorders or depressive symptoms often underlie these mechanisms. Feelings such as anxiety, phobias, compulsions, and sleep disorders are often associated with comorbidity. For individuals presenting these characteristics, further assessment for possible pharmacological treatment is critical (Ray et al 2020). In addition, individuals who use developed defense mechanisms and participate in alternative therapies, such as art therapy and creative workshops, appear to experience positive outcomes, facilitating the development of a constructive vision for a sober life. The focus is on the use of the defense mechanisms of altruism and humor (Iwanicka et al 2017).

MOTIVATIONAL PSYCHOTHERAPY

Motivational counseling is also addressed to individuals who have problems with alcohol consumption and can prove to be an effective method. These individuals usually experience ambivalence, and their inner voice, which already suggests change (known as change talk), is strengthened and developed through a supportive interview, with careful guidance from the counselor (Ceci 2022).

Mental health nurses emphasize the human dimension of motivational interviewing, ensuring that communication is conducted with empathy, respect, consistency, and acceptance. It is crucial always to preserve the patient's autonomy, while advice should be provided only upon request. The conversation should be guiding and supportive rather than authoritarian. The basic principles of motivational interviewing are applied systematically through four processes: engaging, focusing, evoking, and planning (Spaeth 2017).

The likelihood of discussing change increases when discrepancies between life goals and alcohol consumption are highlighted. When an individual expresses resistance to change (through discussions about maintaining abstinence), conflict should not arise; instead, systematic work should be done through reflection, reframing, and emphasis on autonomy. It is also important for the team to receive training for better professional guidance, as well as to be subject to critical reflection through continuous evaluation (Spaeth 2017) (Ceci 2022).

FAMILY COUNSELING

Family therapies can prove particularly beneficial, because support from the family environment is crucial for recovery. These therapies aim to improve communication and relationships within the family, strengthening the individual's support network. Family counseling is an important tool in treatment. Participation of family members in the therapeutic process can increase the effectiveness of treatment and improve family relationships (O'Farrell & Stewart, 2002). In addition, couple therapy is an effective approach that focuses on improving relationships between partners, with the ultimate aim of maintaining abstinence (Song et al., 2023).

Finally, it is worth noting the group of Alcoholics Anonymous, which, through completion of the 12 steps (a method also adopted by other psychological approaches), constitutes both a springboard and a point of reference for these individuals' sense of 'belonging' (Volinik 2021).

GUIDELINE-BASED NURSING APPROACHES

Mental health nurses play a decisive role in recovery from alcohol use disorder by providing care in various therapeutic settings, such as hospitals, rehabilitation centers, specialized treatment units, and community programs. Their responsibilities are diverse and include: (Shand et al. 2003), (Barol et al. 2001), (Yaman & Yilmaz 2020), (Royal College of Nursing 2017).

Assessment and Diagnosis: Nurses are often the first point of contact for those seeking help. They conduct detailed assessments to evaluate the severity of the disorder, identify any coexisting disorders, and assess patients' overall mental and physical health (Shand et al. 2003), (Yaman & Yilmaz 2020), (Royal College of Nursing 2017).

Medication Management: Mental health nurses undertake the administration and monitoring of medications used during the process of physical detoxification, as well as during ongoing treatment. This includes administering medication to address withdrawal symptoms, reduce craving for alcohol, and treat comorbid mental disorders (Marissa 2018), (Yaman & Yilmaz 2020), (Royal College of Nursing 2017).

Psychoeducation and Counseling: They provide education on addiction, the abstinence process, and relapse prevention to patients and their families. In addition, they offer individual or group counseling, supporting individuals in addressing the emotional challenges associated with alcohol use disorder (Marissa et al. 2025), (Yaman & Yilmaz 2020), (Royal College of Nursing 2017).

Care Coordination and Support: They collaborate with other mental health professionals, social workers, and community organizations, ensuring comprehensive patient care. At the same time, they promote individuals' rights and facilitate access to appropriate services (Solari 1990), (Yaman & Yilmaz 2020), (Royal College of Nursing 2017).

Relapse Prevention: This term is related to quaternary prevention. Mental health nurses provide support to individuals, helping them recognize factors that may lead to relapse, focusing on key defense mechanisms. In addition, they promote the development of coping strategies

for creating a prevention plan. Learning behaviors that promote change is critical, because maintaining abstinence from alcohol at this stage is particularly important (Lorman 2013), (Yaman & Yilmaz 2020), (Royal College of Nursing 2017).

Recovery Support: They cultivate a supportive and therapeutic environment that encourages participation in treatment and strengthens the self-confidence of individuals with alcohol use disorder. Recovery and maintenance of abstinence from alcohol are ongoing processes and require continuous support (Marissa et al. 2025), (Yaman & Yilmaz 2020), (Royal College of Nursing 2017).

DISCUSSION

Recognition of defense mechanisms in individuals with alcohol use disorder involves multiple dimensions, as each person is unique and is influenced by biological, psychological, and social factors. A decisive biological factor is heredity, which has been documented through family studies. Findings show that individuals with first-degree relatives who suffer from alcohol use disorder have an increased likelihood of developing the disorder, as well as of earlier initiation of alcohol consumption (Lykouras et al. 2013).

This influence extends to family members, especially children, who, through the theory of imitation, may adopt drinking patterns. Psychological factors shaped by these early experiences combine with personal characteristics and individual behaviors, leading to the development of specific defense mechanisms. At the same time, these mechanisms are also influenced by social factors, such as the work environment and family relationships, which play an important role in shaping and maintaining alcohol consumption behavior (Lykouras et al., 2013).

Individuals with alcohol use disorder often resort to primitive defense mechanisms, such as regression, denial, repression, and projection. These mechanisms, which have developed since childhood, are often maintained into adult life in a maladaptive way. Their use allows individuals to avoid conscious processing of unpleasant situations and to justify self-destructive or dysfunctional behaviors, thereby reinforcing the vicious cycle of addiction (Costa & Brody 2013).

In addition, these specific defense mechanisms may worsen their condition by facilitating avoidance and the rationalized justification of consumption. This may result in neglect of responsibilities, denial of the seriousness of the addiction, and avoidance of accountability, ultimately hindering the recovery process (Costa & Brody 2013).

In contrast, developed defense mechanisms enable individuals to manage anxiety and internal conflicts in a functional and adaptive way. They represent evolved and adaptive behaviors compared with primary defense mechanisms. They prove effective in managing anxiety, traumatic experiences, and internal conflicts. Among the defense mechanisms that act protectively in maintaining abstinence, the focus is on humor and altruism (Iwanicka 2017).

Psychotherapeutic intervention focused on motivating the individual emphasizes action and practical steps toward achieving change. Through a direct approach, such as achieving abstinence, the message is conveyed that change is possible and achievable. Mental health nurses must listen carefully to the individual, focus on the main problem, and avoid unnecessary details. This approach has been shown to be particularly effective in individuals with mild alcohol use disorder (Spaeth 2017) (Ceci 2022).

Cognitive-Behavioral Therapy, Motivational Enhancement Therapy, Family Therapy, and Couples Therapy, combined with the support of Alcoholics Anonymous, constitute an effective therapeutic approach. This multidimensional management can contribute decisively to long-term abstinence and to building a healthier and more creative life. The ultimate goal is to recognize and promote effective developed defense mechanisms, such as altruism and humor, so that they can be applied in practice to achieve abstinence (Carroll & Kiluk 2017) (Volenik 2021).

In summary, the study of defense mechanisms in individuals with alcohol use disorder provides valuable information about the psychological processes associated with the disorder. Through the recognition and management of both primitive and developed defense mechanisms, mental health professionals can design more comprehensive and effective therapeutic approaches. This method focuses not only on the symptoms of the disorder, but also on its deeper psychological causes, facilitating individuals' path toward abstinence.

A comprehensive treatment plan is a transformative process through which the individual modifies erroneous cognitions related to emotional conflicts around alcohol and manages to develop healthy coping behavior.

A central and essential element is the continuous education of mental health nurses specializing in individuals with alcohol use disorder, for the provision of advanced nursing care.

One of the main limitations of this study is its reliance on secondary literature sources rather than the analysis of primary data. Although literature reviews provide important knowledge and contribute to the synthesis of existing knowledge, they may not fully reflect the most recent or detailed developments regarding defense mechanisms in alcohol use disorders. The lack of primary research limits the ability to examine specific cases or to directly record the experiences of individuals dealing with alcohol use disorder and related defense mechanisms. In addition, reliance on published studies may introduce publication bias, as studies with significant results are more likely to be published than those without statistically significant findings.

CONCLUSIONS

To achieve a deeper understanding of defense mechanisms in individuals with alcohol use disorder, future research should focus on the collection and analysis of primary data. Longitudinal studies examining the evolution of defense mechanisms and patterns of alcohol consumption over time could provide valuable insights into the dynamics of addiction and recovery. In addition, qualitative research, through interviews and case studies, may offer a more comprehensive and detailed picture of personal experiences, contributing to understanding the role of defense mechanisms in alcohol use disorder and in the process of maintaining abstinence.

AUTHOR CONTRIBUTIONS

G.S. defined the concept and scope of the review, ensuring that the study was clearly defined and feasible, and participated in writing the manuscript.

P.M. undertook the collection of primary and secondary data, as well as the assessment of their quality and reliability, identifying gaps in the literature and integrating the relevant information through a critical approach.

E.K. undertook editing of the manuscript and carried out the revision in order to ensure clarity, coherence, and accuracy of the synthesized conclusions that help in understanding the topic.

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