to the behavior of an earlier stage of development, such as thumb-sucking or bed-wetting, in an attempt to regain the lost sense of safety that characterized the earlier period. In fixation, the child doesn’t lose any previously gained developmental ground but refuses to move ahead because developmental progress has come to be associated with anxiety in some way.

Identification, which is basic to human development and an essential part of the learning process, can also serve as a defense mechanism. Taking on the characteristics of someone else can enable a person to engage in impulses or behavior that she sees as forbidden to her but acceptable for the person with whom she is identifying. Another motive for identification is a fear of losing the person with whom one identifies. One particularly well-known variety of identification is identification with the aggressor, where someone who is victimized in some way takes on the traits of the victimizer to combat feelings of powerlessness. This type of projection occurs when a child who is abused by his parents abuses others in turn. In some cases, however, this type of projection may occur in response to aggression that is imagined rather than real and create a self-perpetuating cycle by actually eliciting in others the aggression that was only imaginary initially. In introjection, which is related to identification, only a particular aspect of someone else’s personality is internalized.

Rationalization, another type of defense mechanism, is an attempt to deny one’s true motives (to oneself or others) by using a reason (or rationale) that is more logical or socially acceptable than one’s own impulses. Typical rationalizations include such statements as “I don’t care if I wasn’t chosen for the team; I didn’t really want to play soccer anyway” and “I couldn’t get my homework done because I had too many other things to do.” Adolescents, caught between their own unruly impulses and adult expectations that seem unreasonable, are especially prone to rationalizing their behavior. Their advanced cognitive development makes many adolescents adept at this strategy.

Like rationalization, isolation is a rather complicated defense. It involves compartmentalizing one’s experience so that an event becomes separated from the feelings that accompanied it, allowing it to be consciously available without the threat of painful feelings. Isolation can take on aspects of a dissociative disorder, with children separating parts of their lives to the point that they think of themselves as more than one person (for example, a good child and a bad one who only appears under certain circumstances). By compartmentalizing they can be relieved of feeling responsible for the actions of the “bad child.”

Sublimation, one of the healthiest defense mechanisms, involves rechanneling the energy connected with an unacceptable impulse into one that is more socially acceptable. In this way, inappropriate sexual or aggressive impulses can be released in sports, creative pursuits, or other activities. Undesired feelings can also be sublimated into altruistic impulses, from which one may derive the vicarious pleasure of helping others. Other defense mechanisms generally viewed in a positive light include compensation—devoting unusual efforts to achievement in order to overcome feelings of inferiority—and the use of humor as a coping device.

Further Reading
**Delay of gratification**

The ability to forgo an immediate pleasure or reward in order to gain a more substantial one later.

Almost everyone, everyday, practices delay of gratification—whether deciding to skip dessert in order to lose weight or give up smoking in order to live longer. The ability to delay gratification is often a sign of emotional and social maturity. Young children, for example, find it more difficult to delay gratification than older children. When kindergartners in one study were offered a choice between getting a small candy bar immediately or a larger one later, 72% chose the smaller candy bar. This number decreased to 67% among first and second graders and 49% for third and fourth graders. By the fifth and sixth grades it had fallen to 38%, nearly half the rate for kindergartners.

Although most people show an improved ability to delay gratification as they get older, some are more successful at it than others. Generally, the people who are most successful in delaying gratification are those with an internal **locus of control** (a strong belief that their actions can influence events). By contrast, people with an external locus of control are less likely to forego present pleasures for greater future gain.

**Delirium**

A mental condition characterized by disorientation, confusion, uncontrolled imagination, reduced ability to focus or to maintain attention, and general inability to correctly comprehend immediate reality; often accompanied by illusions, delusions, and hallucinations.

Delirious behavior ranges from mildly inappropriate to maniacal, and is a symptom of a number of disorders. Delirium has been classified into several varieties, based primarily on causal factors. As an example, alcohol withdrawal delirium, which is also called delirium tremens or D.T.s (because of the characteristic tremor), is an acute delirium related to physical deterioration and the abrupt lowering of blood alcohol levels upon cessation of alcohol intake after a period of abuse.

Delirium is believed to be caused by a chemical imbalance in the **brain**, which, in turn, may be caused by fever, drugs, head injury, disease, malnutrition, or other factors. The onset of delirium is usually fairly rapid, although the condition sometimes develops slowly, especially if a metabolic disorder is involved. Typically, delirium disappears soon after the underlying cause is successfully treated. Occasionally, however, recovery from delirium is limited by neurological or other damage.

**Delusion/Delusional disorders**

Beliefs that are in stark contrast to reality, often having to do with persecution or an exaggerated sense of importance or glory.

Delusions are generally experienced by people suffering from a severe psychotic disorder, usually **schizophrenia**, although delusional thinking can occur in other types of patients (as the result of drug or alcohol abuse, for instance). Typical delusional ideas are categorized into delusions of grandeur, in which a person imagines for him or herself some God-given purpose or, in some cases, believe they are in fact historical personalities of great importance. Another type of delusion are delusions of persecution, in which a patient will believe that some person or group is out to harm him. Still another set of delusions involve what are referred to as “command hallucinations,” in which a person hears voices telling him or her to commit an act. These delusional thoughts can lead people to acts of self-mutilation or to violent criminal acts.

Many psychological disorders feature aspects of delusional thought. People suffering from **depression** often experience delusions such as beliefs that they are worthless, sinful, or too unlikable to engage productively in society. Other forms of delusional thinking occur in people with somatoform and dissociative identity disorders. These include body dysmorphic disorder, **obsessive-compulsive disorder**, and multiple **personality** disorder.

John Junginger, a clinical scientist at Indiana University, studied 138 patients who exhibited delusional beliefs and developed a scale of “bizarreness.” Junginger identified the 12 types of delusional beliefs (including those mentioned above) as well as several others, such as “insertion” and “control.” After categorizing delusional thoughts as such, Junginger conducted another study, attempting to discern how well his categories could predict violent behavior. Describing the study in *Omni* magazine, Steve Nadis wrote that “Junginger suspects psychotics are more likely to act out their false beliefs if they have involved, highly ‘systematized’ delusions.” That is, elaborate delusional beliefs correlate more highly with violent behavior than vague delusional beliefs; so that someone who believes that some unidentified person is out to hurt them is less likely to act violently than