

REGRESSION

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REGRESSION

Primary Disciplinary Field(s): Psychology, Psychoanalysis

1. Core Definition

Regression is defined in psychology, particularly within the psychoanalytic tradition, as an **unconscious defense mechanism** by which the ego reverts to an earlier, more infantile pattern of behavior or level of psychological development. This mechanism is activated when an individual is confronted with severe external problems, stress, or internal conflicts that they feel incapable of managing with their current coping skills. The fundamental aim of regression is to retreat to reaction patterns that provided comfort, security, or relief during an earlier, less stressful period in their lives.

This tendency to retreat to immaturity is not limited to any specific age bracket but can be observed across the entire lifespan, from early childhood through to advanced old age. While often understood as a means of evading current difficulties rather than solving them, the temporary use of regressive behaviors can sometimes afford momentary relief or elicit needed care from others. However, when regression becomes a chronic or pervasive response, it almost inevitably leads to greater difficulties than the original problems encountered, inhibiting growth and effective conflict resolution.

2. Historical Context and Psychoanalytic View

The concept of regression is central to the theories of **Sigmund Freud**, who posited that development proceeds through specific psychosexual stages. According to psychoanalysis, regression is closely linked to the concept of **fixation**. Fixation occurs when an individual is partially arrested at one or another stage of psychosexual development, usually because their needs were either overly indulged or severely denied at that stage. When that individual encounters difficulties later in life that they find hard to handle, they are inclined to return, or regress, to the stage where they were fixated.

Furthermore, psychoanalytic theory suggests that some regressive reactions are driven by the tendency to reactivate impulses which were not granted sufficient expression early in life. For example, an individual might regress under severe stress to behaviors such as thumb sucking if they experienced insufficient "sucking satisfaction" during infancy, perhaps due to factors like hasty feeding or the use of large-holed bottles. Thus, regression is viewed not merely as a random retreat but as a return to a specific, psychologically significant point in the individual's developmental history.

3. Manifestations of Regressive Behavior

Regressive behavior manifests differently depending on the individual's developmental history and the specific life stage they are reverting to. These patterns serve as unconscious efforts to elicit familiar responses--such as attention or protection--associated with that earlier period.

In children, the arrival of a new sibling is a frequent trigger, causing the older child to regress to behaviors that previously elicited concentrated parental attention. These behaviors often include **bedwetting (enuresis)**, **thumb sucking**, or the use of **baby talk**. Adolescents who struggle to resolve significant emotional or social problems may regress to more infantile methods of manipulation, such as **sulking**, **weeping**, or displaying explosive **temper tantrums** as a means of achieving their desires or controlling their environment.

Among adults, regression may be visible when they become pathologically helpless and indecisive, effectively forcing others--such as spouses or friends--to solve their problems for them, mirroring the care they received from a protective parent. Similarly, many older people exhibit a form of psychological regression by intensely reviving childhood memories and "living in the past," representing an unconscious attempt to regain the lost satisfactions and stability of their youth.

4. Causal Factors and Predisposition

A significant predisposition toward regression is often found in individuals who were allowed to "get away with" infantile or immature behavior as they grew up. The consistent reinforcement of immature coping mechanisms sets a lasting pattern. For instance, a parent who consistently yields every time a child cries or pouts may be inadvertently establishing a regressive pattern that the child will revive whenever they encounter problems later in life.

Likewise, regressive behavior patterns are commonly observed in people who have been **overprotective** of their parents. Such overprotection can impede the natural process of emotional maturation, leading to a partial developmental arrest, or fixation, at an earlier stage. When life presents challenges that exceed their arrested level of development, the individual naturally retreats to that fixated stage where life felt more manageable or structured.

5. Pathological Extremes of Regression

While mild, temporary regression is a nearly universal temptation, the mechanism can reach extreme and pathological proportions, often triggered by overwhelming environmental stress or severe personality disorganization.

Under conditions of extraordinary stress, such as those experienced by prisoners in a concentration camp (as detailed by Bettelheim, 1943), where all normal adult satisfactions and

autonomy are denied, some individuals regressed profoundly. They began to live exclusively in the immediate present, like children, becoming incapable of planning for the future or sacrificing immediate gratification for greater future gains. They displayed boastful behavior, fabricating tales of past accomplishments, and showed no shame when their lies were exposed, mirroring the boastfulness and lack of accountability found in young children. In military contexts, temporary infantile behavior resulting from prolonged combat or other extreme stresses is sometimes referred to by the clinical term "**hysterical puerilism.**"

The most striking and severe examples of regression are found in cases of chronic **schizophrenia** and profound personality disorganization. In these instances, patients may return to a completely infantile level, requiring staff to handle all basic needs--washing, dressing, diapering, and feeding. This process can be so extensive that the patient may physically curl up into a **fetal position** and maintain that posture for months, representing the ultimate psychological withdrawal to the earliest possible state of existence.

6. Clinical Examples of Severe Regression

Case I: Regression to Age Five (Masserman, 1961)

A seventeen-year-old girl was presented at a psychiatric clinic following five months of increasingly irrational and destructive behavior. Her early life was marked by extreme contention and instability due to violent parental quarrels, leading to the early development of neurotic traits such as enuresis, temper tantrums, and phobias around age four. Following the separation of her parents and the loss of the father figure (compounded by the suspicion of incestuous seduction), the patient became withdrawn and non-communicative, refusing school and deliberately causing disorder at home.

The regression manifested symbolically and physically. She discovered a poorly lit photograph of herself at age five--a period antedating her most severe familial conflicts--and used it as a pattern. She **shaved off her eyebrows**, cut her hair into the same **baby bob**, and began to mimic the facial expression and sitting posture of the pictured child. By the time of hospitalization, her behavior was comprehensively childish: she was untidy, enuretic, spoke only in simple monosyllables or giggled incessantly, and spent much of her time playing on the floor with blocks or paper dolls. She required complete care, effectively regressing to a period in her life that she unconsciously determined was relatively desirable, allowing her to symbolically eliminate her mother as a rival and attempt to regain the father she had lost in childhood.

Case II: Progressive Regression to the Fetal State (Podolsky, 1953)

A woman, born shortly after the Civil War, lived a privileged and sheltered life, characterized by

being spoiled, admired, and cared for. Her marriage reinforced this pattern, as her husband, a successful corporation official, was exceedingly protective, handling all responsibilities and decisions, including details like selecting her attire. When her husband unexpectedly died, she was left to manage the estate and raise three adolescent children--a situation she found appalling.

Her initial response was to attempt to act younger to better relate to her children, adopting youthful dress and companions. This attempt accelerated into a profound regression. By age sixty-one, she was acting like a girl of seven, wearing short dresses, reading simple texts poorly, craving attention, and exhibiting childish glee or temper. She continued to act younger every few months. By the time she was acting like a four-year-old, her enunciation was indistinct, she spilled food, soiled herself, and was observed trying to crawl. Her regression continued until she was confined to bed, making aimless movements and frequently crying only for "**mamma.**" She began to suck on her gown or sheets, required liquid nourishment spoon-fed with sucking movements, and needed to be changed with large cloths, like diapers. Ultimately, she assumed the **fetal position**, surviving only a few months in this state before death.

Further Reading

[Wikipedia: Defense Mechanism](#)

Bettelheim, B. (1943). Individual and Mass Behavior in Extreme Situations.

Masserman, J. H. (1961). Principles of Dynamic Psychiatry.

Podolsky, E. (1953). The Neuroses of the Aged.