



ISSN: 3006-7251 (Online)

MBSTU Journal of Science and Technology

Journal Homepage: <https://journal.mbstu.ac.bd/index.php/jst>



Mental Health of Young Adults as Predicted by Defense Style and Social Discomfort Level

Muhammad Akram Uzzaman¹, Zakiya Sultwana¹ and Md Nazmus Sadekin^{*2}

¹ Department of Psychology, Jagannath University, Dhaka-1100, Bangladesh

² Department of Economics, Mawlana Bhashani Science and Technology University, Santosh, Tangail-1902, Bangladesh

ARTICLE INFO

Article History

Submission: 18 January, 2022

Revision: 01 March, 2024

Accepted: 12 March, 2024

Published: 03 June, 2024

Keywords

Mental health, Defense styles,
Social discomfort level

ABSTRACT

Mental health is an important aspect of the sound development of people. There is a vast amount of study on mental health but very few studies concentrate on mental health regarding defense style and social discomfort level in the context of Bangladesh. Considering this, the present study aimed to investigate whether there is any impact of defense style and social discomfort level on the mental health of young adult students in the context of Bangladesh. A total of two hundred (200) young adult students were selected by convenient sampling for the study. For obtaining data, the Bangla version of the General Health Questionnaire (GHQ), the Bangla version of the Defense Style Questionnaire (DSQ) and the Bangla version of the Social Avoidance and Distress Scale (SADS) were administered to over 200 university students. A survey research design (Cross-sectional) was used for conducting the present study. After data collection, analysis was done by using correlation and multiple regressions. The results indicate that there is a significant negative correlation ($r = -0.17$) between mature defense style and mental health, a significant positive correlation ($r = .21$) between immature defense style and mental health, and finally significant positive correlation ($r = 0.47$) between social discomfort level and mental health at 0.01 level. Regression analysis (R^2) indicates that all predictors together account for 29.8% of the total variance in mental health. Among them, social discomfort level uniquely contributes to the highest level (21.10%) which becomes the major predictor of mental health for young adult students. Again, the ANOVA table indicates that the model is overall significant ($F_{199} = 22.33$; $p < .01$). The findings have been discussed in the light of past studies.

1. Introduction

Health is a state of complete physical, mental and social well-being and not merely the absence of disease (World Health Organization, 1948). One of the conditions of health is mental health which is an inevitable and integral part of health. Experts (such as Satcher, 1999) reported that there is no health without mental health. It is a circumstance of equilibrium between the person and his surrounding environment. Individuals try to adjust to the outer world through mental health with a maximum of productiveness and cheerfulness (Menninger, 1947). Mentally sound people can easily cope with a stressful situation, acknowledge their capacities, work efficiently and functionally, and make a contribution to their society (WHO, 2004). On the contrary, mental illness creates an imbalance among persons. Nowadays this illness is more common than other physical problems such as cancer, diabetes, or heart disease. Over 26 percent of Americans faced and met this illness over the age of 18 (Dakhili, et al., 2013). Even, approximately half of the world's population is influenced by mental illness which smashes

their self-respect, self-regard, bonding, and effectiveness in everyday life (Storrie et al., 2010).

In the present study, mental health has been studied in terms of defense style and social discomfort level. There is a large body of research concerning mental health with other psycho-social variables all over the world but it is observed that very few studies concentrate on mental health regarding defense style and social discomfort level focusing the young adult students in the perspective of Bangladesh. Despite this fact, most of the people of Bangladesh are not conscious of mental health. For example, in one survey, it was seen that 16.1% of the adult population (aged 18 years or older) of Bangladesh is suffering from some sort of mental disorder (WHO, 2006). So, the aim is to see how the defense style and social discomfort level affect the mental health of young adult students in the context of Bangladesh.

Young adults are the people of 19 to 39 years old (Tarpenning et al., 2004) which comes immediately after the adolescence of developmental periods. It is noticed that young adult students appear to be more susceptible to

*Corresponding author: sadekin08@gmail.com

evolve several mental health problems such as depression, anxiety, antisocial behavior, a substance-related disorder etc. In this period, mental health problems, even, lead to individual suicidal behavior.

Defense mechanisms are psychological schema that is unconsciously used to save a person from anxiety and depression arising from impermissible thoughts or feelings. These mechanisms have three major parts such as mature, neurotic, and immature defense styles. It is a significant element of personality which is made up of the ego, the id, and the superego (Freud, 1894). Cramer, (1987) tried defense use in children, who were found to use the most primitive defense mechanisms when they were younger. Another important predictor variable is social discomfort level which is an aspect of social anxiety (Watson & Friend, 1969). It is the feeling of being anxious or intolerable in a social context that results in social avoidance.

Generally, people adopt different types of defense mechanisms for protecting themselves from unpleasant, discomfort, and unexpected situations (McLeod, 2017). So, it is one of the ways to adjust to unpleasant emotions (Whitbourne, 2011). Freud (1896) explained that when a person can't face a situation that creates anxiety and phobia, it is better to avoid such a situation. After a period, the person will face the situation when he/she will be able to deal with the situation. But if the person frequently avoids the situation, then, it will create anxiety and phobia inside him. As a result, social avoidance and social discomfort behavior will grow inside the personality. This personality disorder maintains the symptoms of anxiety (Cuncic, 2018). Social avoidance disorder is sometimes called social anxiety disorder or social phobia. So, the explanation of mental health is inevitable in terms of defense style and social discomfort level.

1.2. Literature review

A significant study conducted by Mansour, Nawafleh & Abu-Asba (2009) observed that defense style has been linked with psycho-social adjustment and psychopathology. So, the importance of the defense style to mental health is untold. As a result, the concept is drawing the attention of researchers all over the world. The concept is quite unknown in the perspective of Bangladesh and there is no study of mental health regarding defense styles in the country. On the contrary, if any student feels and faces social anxiety or phobia in their academic period, it creates difficulties for sound academic development (Monsour et al., 2012). Not only that, but it also affects students' job selection, job involvement, and professional excellence in the future. Day by day mental health issues among students increase. Because, it is observed that, many students are facing acute mental health problems before examination and viva-voce. So, more research is being conducted to see the impact of poor mental health which affects students' GPA. Hysenbegasi et al. (2005) did a study on the depression of university students correlating academic performance. They found that

depression has linked with a lower GPA. The findings imply that university students need good mental health for their success. Otherwise, their performance may be deterred due to worse mental health.

Another study conducted by Rabbani et al. (2017) found good mental health in young persons who have good social bonding, community involvement, good rapport, and good social networking with others. These findings indicate that how much a person will be mentally sound and healthy depends on largely how much he or she is socially acceptable or how much he or she is feeling comfortable living in society. So, social discomfort is an important predictor of mental health like other predictors. One study conducted by Bond & Perry (2004) argued that different immature defense styles have a strong correlation with anxiety, depression, and an eating disorder. In another study, Nemat (2008) showed that the persons who have worse mental health adopted immature and neurotic defense styles than those who have good mental health. A significant study conducted by Dakhili, et al. (2013) reported that different immature defense styles (for example, rationalization, projection, somatization, etc.) have a positive correlation with mental health.

The above research study and rationale focus that there is no research conducted on mental health concerning defense style and social discomfort level directly in the context of Bangladesh. But there is a lot of research focusing on the above issues in Western society. Here, these gaps in knowledge have been described as the first attempt to investigate the relationship between defense style and social discomfort level with mental health. Considering this, the present study aims to investigate the impact of defense style and social discomfort level on mental health.

1.3. Statement of the study problems

After reviewing the literature, the problems of the present study are-

1. Is there any impact of defense style (mature, immature and neurotic) and social discomfort level on the mental health of young adults?
2. To what extent, defense style (mature, immature, and neurotic) and social discomfort level can contribute to the prediction of mental health in young adults?
3. Are defense style (mature, immature, and neurotic) and social discomfort levels associated with mental health in young adults?

1.4. Objective of the study

To find out the extent to which defense style (mature, immature, and neurotic) and social discomfort level are associated with mental health in young adults.

1.5. Hypotheses

Based on the in-depth literature review, the following hypotheses were formulated

H1: There will be a positive impact of a mature

defense style on mental health.

H2: There will be a negative impact of immature defense style on mental health.

H3: There will be a negative impact of neurotic defense style on mental health.

H4: There will be a negative impact of social discomfort level on mental health.

1.6. Variables

Independent variable: Mature defense style, immature defense style, neurotic defense style and social discomfort level

Dependent variable: Mental health

2. Methods

2.1. Participants

A total of 200 young adult students participated as respondents in the present study from three institutions (Jagannath University = 10, United International University = 40 and Begum Badrunnessa Government Girls College = 50). The respondents were between 20 to 25 years (22.22 ± 1.58) of age. Among them 50% were male and 50% were female. Data were collected through a convenient sampling technique. A survey design (cross-sectional) was used and data was collected through a questionnaire from participants. Participants' other information such as educational status, living status were also collected.

2.2. Personal Information Form (PIF) and inclusion-exclusion criteria

A personal information questionnaire was used to collect personal and demographic information such as- age, gender, education, the living status of the participant, etc. Inclusion criteria were willing to participants, speaking in Bangla, moderately independent in activities in daily living, young age, only male and female, etc. while exclusion criteria were history of alcohol or substance abuse, history of head trauma with loss of consciousness, adolescents or adult age, third gender, etc.

2.3. General Health Questionnaire (GHQ)

The original GHQ was developed by Goldberg (1972). The original GHQ consists of 60 items which were later converted (Goldberg & Williams, 1988) into 12 items, each of which is evaluated by four indexes. This questionnaire includes 12 items. Among them, six positively worded items (e.g., have you been able to concentrate on whatever you are doing?) and six negatively worded items (e.g., have you lost much sleep over worry?). Each item's score ranges from 0 to 3. For negatively worded items, '0' indicated 'not at all', '1' indicated 'seldom', '2' indicated 'usual' and '3' indicated 'more than usual', while positively worded items were reversely scored. All items were added to obtain the total score, making the score range 0-36. A higher score indicates worse mental health and a lower score indicates good mental health. In the original scale, the internal consistency is .84. Bangla version of

GHQ-12 was adapted by Sarker & Rahman (1989). The reliability of the Bangla version of GHQ-12 (Sarker & Rahman, 1989) was measured by the parallel test method to be quite satisfactory ($r = .69$). The face and content validity were reported satisfactory.

2.4. Defense Style Questionnaire (DSQ)

The original DSQ was developed by Andrews et al. (1993) which had 40 items. The scale has three sub-scales, for example, (i) Mature items: item no. 2, 3, 5, 25, 26, 30, 35, and 38 (ii) Neurotic items: item no. 1, 7, 21, 24, 28, 32, 39, and 40 & (iii) Immature items: item no. 4, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 22, 23, 27, 29, 31, 33, 34, 36, and 37. DSQ is a 9-point Likert format, ranging from 1 (1 indicated "strongly disagree") to 9 (9 indicated "strongly agree"). Individual defense scores are calculated as the mean between the two items corresponding to each defense mechanism, and the scores for each category are calculated as the mean between all scores of the defense mechanisms belonging to that category. A higher mean of three styles indicates the belongingness to that category. The internal consistency of the three sub-scales ranges from .61 to .83 respectively. Bangla version of DSQ was adapted by Uzzaman and Sultwana in 2018. The reliability of the Bangla version DSQ was measured by the parallel test method to be quite satisfactory ($0.53 < \text{Cronbach's } \alpha < 0.70$). The face and content validity were reported satisfactory.

2.5. Social Avoidance and Distress Scale (SADS)

The SADS was originally developed by Watson and Friend (1969). It was a questionnaire including 28 true/false items. This instrument was developed to quantify the level of social discomfort level. Each correct answer carried a value of "1" where wrong is "0". A higher score indicates a greater level of discomfort. The internal consistency of SADS was, $r = .94$ and test-retest reliability, $r = .68$. The Bangla version of the SADS was adapted by Deeba et al. (1999). The reliability of the Bangla version SADS was measured by the parallel test method to be quite satisfactory ($\alpha = .75$). The face and content validity were reported satisfactory.

2.6. Procedure

In order to obtain consent from the relevant authorities and build the required rapport with the participants, data collection from them was initially undertaken. In both written and spoken form, participants were made aware of the goals and significance of the current study in relation to Bangladesh. They were again only instructed on how to complete the questionnaire. Subsequently, personal information forms comprising details like age, gender, residency status, and educational background were given to each participant along with questionnaires. The participants were given the assurance that their data would only be used for research and would remain private until they gave their consent. Along with being silent in his room, participants were asked not to speak to

anybody else while filling out the surveys. Following data collection, participants received gratitude and rewards for their assistance. Data collection took place over the course of a month. There was no fixed time to complete the questionnaire but the average completion time was 25 to 30 minutes. Access to the data was restricted to the research team and they were kept in a safe location.

3. Results

The descriptive statistics, correlation and regression analyses were performed after collecting data by using SPSS 22 version. The results derived from the analysis are presented in the following Tables serially.

Table 1. Nature and Characteristics of Demographic Variables of Respondents

Name of Demographic Variables	Category of Variables	N	M	SD	% of total
Age	20 to 22	108	22.2	1.6	55%
	23 to 25	92			45%
Gender	Male	100	1.50	.51	50%
	Female	100			50%
Living Status	With Family	94	1.53	.50	53 %
	Without Family	106			47%
Education level (Honors)	1st Year	54		1.12	27%
	2nd Year	44			22%
	3rd Year	43	2.54		21.5%
	4th Year	59			29.5%

M = Mean, SD = Standard Deviation, N = 200

Table 1 summarized the nature and characteristics of demographic variables of respondents where there were two categories of age from 20 to 22 years; from 23 to 25 years. The Table indicated that 55% of respondents were from the first category and the rest 45% from the second category of age. In the case of gender, the male was 50% and female was 50%. Considering living status, 47% was living with family and 53 % was without family. There were four different levels of education, 27% of respondents were from 1st-year student, 22% respondents were from 2nd-year student, 21.5% were from 3rd year student and 29.5% respondents were from 4th-year student.

As shown in Table 2 the highest mean score is 65.03 for immature defense style (SD = 11.346) where the lowest mean score is 13.59 for social discomfort level (SD = 4.90).

From the Table 3 it is shown that immature defense style ($r = 0.22$, $p < .05$) and social discomfort level ($r = 0.47$, $p < .05$) have positive significant correlation with mental

Table 2. Mean and Standard Deviation of Mental Health, Defense Styles and Social Discomfort Level

Name of Variables	N	M	SD
Mental Health	200	15.34	6.12
Mature Defense style	200	22.68	4.5
Immature Defense style	200	65.03	11.35
Neurotic Defense style	200	22.64	5.03
Social Discomfort level	200	13.59	4.90

Note: M = Mean, SD = Standard Deviation, N = 200

Table 3. Correlation among Defense Styles and Social Discomfort Levels with Mental Health

Name of Variables	1	2	3	4	5
Mental Health	1				
Mature Defense	-.172*	1			
Immature defense	.217*	.462*	1		
Neurotic Defense	-.005	.422*	.578*	1	
Social Discomfort Level	.470*	-.232*	.236*	.017	1

* $p < .05$; N = 200

health. Whereas mature defense style ($r = -0.17$, $p < .05$) has a negative significant correlation with mental health. On the other hand, the neurotic defense style has no significant relationship with mental health.

Table 4. Selected Statistics from Regression of Mental Health from Mature Defense Style, Immature Defense Style and Social Discomfort Level

Name of Variables	R	R ²	Adjusted R ²	R ²	Sig. F	Durbin-Watson
Mature Defense Style	0.172	0.030	0.025	0.030	0.015*	1.741
Immature Defense Style	0.217	0.077	0.042	0.047	.002*	1.668
Social Discomfort Level	0.470	0.298	0.217	0.221	0.001*	1.669

* $P < .05$; N = 200

Predictors: Mature Defense Style, Immature Defense Style, Social Discomfort Level
Criterion: Mental Health

The R-value in Table 4 indicates there is a simple correlation among mature defense style, immature defense style and social discomfort level with mental health. R² implies that the stronger effect on mental health was social discomfort level which alone explains 22.1% of total variance whereas the other two variables

(mature and immature defense styles) explain 7.7% of the total variance.

Table 5. The Overall F-test for Regression of Mental Health

Model	SS	DF	MS	F	Sig
Regression	1898.408	3	632.803	2.330	0.001*
Residual	5554.472	196	28.339		
Total	7452.880	199			

* $p < .05$; $N = 200$

a. Predictors: Mature Defense Style, Immature Defense Style, Social Discomfort Level

b. Criterion Variable: Mental Health

Note. SS = Sum of Square, DF = Degrees of Freedom, MS = Mean Square

Table 5 indicates that the model is overall significant ($F_{3, 199} = 22.33, p < .01$), that is, variation in mental health was accounted by the joint linear influence of mature defense style, immature defense style and social discomfort level.

Table 6. Parameters of the Model

Model	B	SE	β	t	Sig.
Mature Defense Style	-0.244	0.101	-0.183	-2.418	0.017*
Immature Defense Style	0.114	0.041	0.212	2.802	0.006*
Social Discomfort Level	0.470	0.086	0.377	5.460	0.000*

* $p < .05$; $N = 200$

Criterion Variable: Mental Health

Note. B = Unstandardized Beta, β = Standardized Beta, SE = Standard Error.

Table 6 implies that as mature defense style increased by one standard deviation, the score of mental health decreased by -0.18 (standardized β) standard deviations. Therefore, every increase in mature defense style decreased the score of mental health which indicates better mental health (As a lower score on the mental health scale denotes good mental health). Again, when, immature defense increased by one standard deviation, the score of mental health increased by 0.21 (standardized β) standard deviations. Therefore, every increase in immature defense style the score of mental health increased which indicates worse mental health. Finally, when, the social discomfort level increased by one standard deviation, the score of mental health increased by 0.377 (standardized β) standard deviations. Therefore, with every increased social discomfort level, the score of mental health increases which indicates worse mental health. The R-value in Table 4 indicates there is a simple correlation among mature defense style, immature defense style and social discomfort level with mental

health. The t value in the model is significant ($t_{196} = 2.70$; $p < .01$) which indicates that the three predictors (Mature Defense Style, Immature Defense Style and Social Discomfort Level) are making a significant contribution to the model. In the end, the three predictors have moderately close confidence intervals, this suggests that the current model's estimate is probably representative of the actual population value.

4. Discussion

The present study aimed to investigate whether there is any impact of defense style and social discomfort level on the mental health of the young adult students of Bangladesh. The findings of the present study have supported three hypotheses out of four hypotheses.

Correlation analysis (Table 3) indicated that higher scores in mature defense style are negatively correlated [$r(200) = -.17, p < .05$] with mental health (a lower score on the mental health scale indicates good mental health). So, there will be a positive impact of a mature defense style on mental health. This also indicated that the more the individual will adopt a mature defense style, the better his mental health will be. R^2 value (Table 4) indicated that the mature defense style only explains % of the total variance, that is, as mature defense style increased by one standard deviation, the score of mental health decreased by -.18 (standardized β) standard deviations (Table 6). Therefore, every more increase in mature defense style decreased the score of mental health which indicates better mental health. So, the first hypothesis of the study has been confirmed by the findings. The result is consistent with the previous findings. For example, it was seen that defense styles are related to psychological adaptation and psychopathology (Pour, 2011). Further, it was found in another study (Fonagy, 2008) that mature defense style is negatively correlated with the features of depression and anxiety.

The reason behind the result is that, firstly, the mature defense mechanisms are associated with adaptive functioning that handles the stress properly and maintains a healthy mental state. As a result, turning towards mature defenses boosted mental health. Secondly, the mature defense mechanisms promote mental health since they allow an individual to view his environment positively and protecting him against all types of mental health problems. Thirdly, for overcoming all types of barriers in life, people use a mature defense style even when it is not appreciated. Finally, the use of mature defenses is an indicator of later positive adjustment in young adults. The immature defense style [$r(200) = .22, p < .05$] is positively correlated with mental health (a lower score on the mental health scale indicates good mental health). So, there will be a negative impact of an immature defense style on mental health. This indicates that the more the individual will adopt the immature defense style, their mental health will be worsening more. R^2 value (Table 4) indicated that immature defense style explains 4.7 % of the total variance. Finally, Table 6 indicated that,

when immature defense style increased by one standard deviation, the score of mental health increased by 0.21 (standardized β) standard deviations. Therefore, every more increase in immature defense style the score of mental health increased which indicates worse mental health. That means the second hypothesis of the study is confirmed by the findings.

Previous studies have shown that the immature defense style was positively related to the features of depression and anxiety. For example, MacCann *et al.* (2011) reported that mature defense mechanisms accountable for better academic performance while immature mechanisms were liable for worse performance. Studies have also shown that impaired self-esteem develops due to immature defense mechanisms (Zeigler-Hill *et al.*, 2008). Even, some trouble indicators of carelessness, egocentricity and ambivalent thinking style are linked with the use of immature defense mechanisms (Vaillant, 2000).

The reason behind the result is that, firstly, the immature defense may balance the ego state in a maladaptive way which cannot handle the stress properly. As a result, it affects the mental health or it may snooze the stress for sometimes that further bounced with double energy which also affects mental health. Secondly, immature defense mechanisms, while having an adaptive value, are associated with extreme distortions and are more likely to be associated with psychiatric manifestations, including anxiety and depression. Thirdly, depressive disorder has a greater influence on the use of immature mechanisms which results in worse mental health.

Neurotic defense style was not found to be significantly correlated with mental health. But the previous study reported that neurotic defense style has a significant relation with mental health. For example, Waqas Naveed *et al.* (2018) found that higher achievers (in medical students) scored higher neurotic defense styles and lower achievers scored lower neurotic defense style than their opposite. This indicated a positive impact of neurotic defense style on mental health. Again, Halim and Sabri (2013) reported that the neurotic defense mechanisms are prominent among relapsing addicts as compared to the immaturity defense mechanisms. The contradictory findings are may be due to the fact that, firstly, GHQ comprised of more depressive items than anxiety where neurotic defense styles had a positive correlation with anxiety symptoms but did not reveal a significant correlation with depressive symptoms. Secondly, the presence of other mental disorders can positively or negatively influence the defense over mental health. Thirdly, other uncontrollable or extraneous variables of the study can also influence the findings. Finally, the effect of multi-cultural diversity can modify or influence human defenses according to the situation.

Another predictor, social discomfort level [$r(200) = .47$, $p < .01$] is positively correlated to mental health (a lower score on the mental health scale indicates good mental

health). A positive correlation between GHQ score and SADS score indicated that when the level of social discomfort increased the mental health become worse. R2 value (Table 4) indicated that the stronger effect on mental health was social discomfort level which alone explains 22.1% of the total variance. Finally, Table 6 indicated that, when social discomfort level increased by one standard deviation, the score of mental health increased by 0.377 (standardized β) standard deviations. Therefore, every more increased social discomfort level the score of mental health increased which indicates worse mental health. So, the fourth hypothesis of the study is confirmed by the findings, that is, there will be a negative impact of social discomfort level on mental health. Previous studies have also found a negative impact of social discomfort level on mental health as a result of their worries about their appearance to others, some people with PTSD who have scars or other physical issues may go on to develop social anxiety disorder. Again, during a depressive episode, some people who are normally secure in social situations may experience social anxiety; nonetheless, they will eventually recover. (Ranta, Kaltiala-Heino *et al.*, 2009). Baumeister and Leary (1995) found that ostracism from the social group negatively impacts a variety of health-related variables, including one's self-esteem, sense of belonging etc. The reason behind the result may be, firstly, social discomfort decreases communication and limits the amount of sharing which negatively influences mental health. Secondly, this discomfort may affect academic and professional development which may cause severe depression and affect mental health. Thirdly, social anxiety patients cannot be differentiated by their use of defenses.

5. Conclusion

The purpose of the present study was to find out the extent to which defense style (mature, immature, and neurotic) and social discomfort levels associated with mental health in young adults. After the analyses, it was seen that the study has some implications. For example, in the empirical vein, it adds new knowledge to the literature in behavioral sciences, such as psychology, sociology, and child development by finding relationships of defense style (mature, immature, and neurotic) and social discomfort level with mental health. In a practical vein, the present findings will help policymakers, counselors, psychologists (e.g., clinical, child), educationists, social workers, parents, caregivers, government officials, mental health practitioners, NGOs and other officials who are working with young adults to understand the significance of defense style (mature, immature, & neurotic) and social discomfort level for the development of mental health and other behavioral aspects.

5.1. Limitations and recommendations

Finally, like other studies, the present study has some limitations. The sample was not selected fully in terms of randomization. Because of the cross-sectional study

design, we couldn't infer causality. Besides, self-reporting perceptions may have led to a social desirability bias. Some limitations like economics, time, resources and manpower hampered the research in a number of ways. Finally, this study didn't investigate the impact of age, gender, educational qualification and living status on mental health. In the end, the study didn't cover the whole area of Bangladesh, it was based in Dhaka city. If the above limitations are removed in future research then better findings can come out which will be more scientific and meaningful.

References

- Andrews, G., Singh, M., & Bond, M. (1993). The Defense Style Questionnaire. *Journal of Nervous and Mental Disease*, 181(4), 246-256. <https://doi.org/10.1097/00005053-199304000-00006>
- Baumeister, R. F. & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529
- Bond, M., & Perry, J. C. (2004). Long-term changes in defense styles with psychodynamic psychotherapy for depressive, anxiety, and personality disorders. *American Journal of Psychiatry*, 161, 1665-71
- Cramer, P. (1987). The development of defense mechanisms. *Journal of Personality*, 55, 597-614. doi: 10.1111/j.1467-6494.1987.tb00454
- Cuncic, A. (2018). A Select Annotated Bibliography. Retrieved from <https://www.verywellmind.com/what-are-avoidance-behaviors-3024312>
- Dakhili, S., Manavipour, D., & Golshani, G. (2013). The prediction of mental health by the mechanisms of immature defense style. *Journal of Behavioral sciences in Asia*, 1, 32-40.
- Deeba, F., Arjuman, S., Shammi, N., & Shamsia, Z. (1999). Adapted Bangla version of Watson's Social Avoidance and Distress Scale. Unpublished Manuscript, Department of Clinical Psychology, University of Dhaka.
- Freud, S. (1896). Further remarks on the neuro-psychoses of defense. *Early Psycho-Analytic Publications* 3, 157-185.
- Fonagy, P. (2008). The mentalization-focused approach to social development. In F. N. Busch (Ed.), *Mentalization: Theoretical considerations, research findings, and clinical implications* (pp. 3-56). London, United Kingdom: Routledge.
- Goldberg, D. (1972). The detection of psychiatric illness by questionnaire: A technique for the identification and assessment of non-psychotic psychiatric illness. London, New York, NY: *Oxford University Press*.
- Goldberg, D. P., & Williams, P. (1988). A user's guide to the General Health Questionnaire. Windsor UK: NFER-Nelson publishers.
- Halim, M. A., & Sabri, F. (2013). Understanding the journey of recovering addicts. Paper Presented at the Relapse Prevention Workshop, Feb 6, unpublished work. Retrieved from <http://ddms.usim.edu.my:80/jspui/handle/123456789/8975>
- Hysenbegasi, A., Hass, S. L., & Rowland, C. R. (2005). The impact of depression on the academic productivity of university students. *Journal of Mental Health Policy and Economics*, 8(3), 145.
- MacCann, C., Fogarty, G. J., Zeidner, M., & Roberts, R. D. (2011) Coping mediates the relationship between emotional intelligence (EI) and academic achievement. *Contemporary Educational Psychology*, 36, 60-70. doi: 10.1016/j.cedpsych.2010.11.002.
- Mansour, A. M. H., Latefa, A., Dardas, L. A., Nawa, H., & Abu-Asba, M. H. (2009). Predictors of anger among university students. *Children and Youth Service Review*, 34, 474-479.
- McLeod, S. A. (2017, May 05). Defense mechanisms. Retrieved from <https://www.simplypsychology.org/defense-mechanisms.html>
- Menninger, K. (1947). Psychology and psychiatry. *The American Psychologist*, 2, 139. PMID 20293810
- Nemat, V. (2008). A study of the relation of defense mechanisms and coping styles with mental health of 18 to 29 year old students. Unpublished Master's Dissertation, Department of Psychology, University of Allameh Tabatabai.
- Pour, S. G., Nezhad, M. A. S., Sabooni, M., Ahmadi, H. M. (2011). Can defense styles predict psychopathology in adolescents? *Procedia: Social and Behavioral Sciences*, 30, 590-595. doi:10.1016/j.sbspro.2011.10.114
- Rabbani, A., Biju, R., & Rizwan, A. (2017). Social network analysis of psychological morbidity in an urban slum of Bangladesh: A cross-sectional study based on a community census. *BMJ Open* 2018;8:e020180. doi: 10.1136/bmjopen-2017-020180.
- Ranta, K., Kaltiala-Heino, R., Rantanen, P., & Marttunen, M. (2009). Social phobia in Finnish general adolescent population: prevalence, comorbidity, individual and family correlates, and service use. *Depression and Anxiety*, 26, 528-36.
- Sarkar, N. R., & Rahman, A. (1989). Adapted Bangla version of Goldberg's General Health Questionnaire.

- Unpublished Manuscript, Department of Psychology, University of Dhaka.
- Satcher, D. (1999). Dispelling the Myths and Stigma of Mental Illness: The Surgeon General's Report on Mental Health. *The International Journal of Psychosocial Rehabilitation*, 1, 5-13. <http://www.psychosocial.com/index.html>
- Storrie, K., Ahern, K., & Tuckett, A. (2010). "A systematic review: Students with mental health problems-a growing problem". *International Journal of Nursing Practice*, 16(1) 1-16. doi:10.1111/j.1440-172x.2009.01813.x. PMID 20158541.
- Tarpenning, K. M., Hamilton-Wessler, M., Wiswell, R. A., Hawkins, S.A. (2004). Endurance training delays age of decline in leg strength and muscle morphology. *Medicine and Science in Sports and Exercise*, 36(1) 74-8. doi:10.1249/01.MSS.0000106179.73735.A6.
- Uzzaman, M. A. & Sultwana, Z. (2018). Mental health as predicted by defense style and social discomfort level. Unpublished M. S. Thesis, Department of Psychology, Jagannath University.
- Vaillant, G. E. (2000). Adaptive mental mechanisms: Their role in a positive psychology. *American Psychologist*, 55(1), 89-98. <https://doi.org/10.1037/0003-066X.55.1.89>
- Waqas, A., Naveed, S., Aedma, K. K., Tariq, M., & Afzaal, T. (2018). Exploring clusters of defense styles, psychiatric symptoms and academic achievements among medical students: A cross-sectional study in Pakistan. *BMC research notes*, 11(1), 782. doi:10.1186/s13104-018-3876-6
- Watson, D., & Friend, R. (1969). Measurement of social-evaluative anxiety. *Journal of Consulting and Clinical Psychology*, 33(4), 448- 57.
- Whitbourne, K.S. (2011). Fulfillment-any-age. A Select Annotated Bibliography. Retrieved from <https://www.psychologytoday.com/us/blog/fulfillment-any-age/201110/the-essential-guide-defense-mechanisms>.
- World Health Organization (1948). Constitution of the World Health Organization. Retrieved from www.who.int/governance/eb/whoconstitutionen.pdf
- World Health Organization (2004). Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization.
- World Health Organization (2006). WHO-AIMS Report on Mental Health System in Bangladesh, WHO and Ministry of Health & Family Welfare, Dhaka, Bangladesh.
- Zeigler-Hill V., Chadha S., & Osterman L. (2008). Psychological defense and self-esteem instability: Is defense style associated with unstable self-esteem? *Journal of Research in Personality*, 42, 348-364. doi: 10.1016/j.jrp.2007.06.002