

**THE EFFECT OF ANXIETY ON DEFENSE MECHANISMS AMONG DUTCH AND
INDIAN STUDENTS: A CROSS-CULTURAL COMPARISON**

A

Thesis Submitted

In partial fulfillment of the requirement of degree of

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IN

PSYCHOLOGY

(Clinical)



THAPAR INSTITUTE
OF ENGINEERING & TECHNOLOGY
(Deemed to be University)

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JUNE, 2018

CERTIFICATE

This is to certify that the thesis entitled "**The effect of anxiety on defense mechanisms among Dutch and Indian students: A cross-cultural comparison**" being submitted in partial fulfillment of requirements for the award of degree of **Master of Arts in Psychology**, submitted in the **School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala** is a bonafide work carried out under the supervision of **Dr. Sangeeta Yadav**, lecturer, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala and that no part of this project has been submitted for the award of any other degree.



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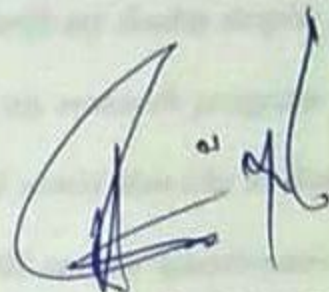
CANDIDATES DECLARATION

I hereby declare that the work presented in this thesis entitled, "The effect of anxiety on defense mechanisms among Dutch and Indian students: a cross-cultural comparison" in partial fulfillment of the requirement for the award of Degree of Master of Arts in Psychology, submitted in the School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology, Patiala, is an authentic record of my own work carried out under the supervision and guidance of Dr. Sangeeta Yadav, lecturer, School of Humanities and Social Sciences, Thapar Institute of Engineering and Technology Patiala and refers other researcher's work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for the award of any other degree of this or any other university.

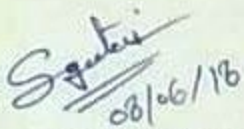
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List of Abbreviations

A	Anxiety
A_H	Anxiety High
A_L	Anxiety Low
N	Neurotic Defenses
M	Mature Defenses
IM	Immature Defenses

ABSTRACT

Anxiety could be versed with a number of daily symptoms that limits life quality, called generalized anxiety. Symptoms of anxiety can reach to number, high or low, depending on person to person. While in their lives, almost everybody has experienced anxiety at some point or other, most of them do not develop long-term problems with anxiety. The present study was conducted to examine the effect of anxiety on different defense styles among students of Groningen (Dutch) and India (Indians), in this cross cultural comparison my aim was to examine how much anxiety the students experience and what type of defense mechanisms they use. It was hypothesized that Indians are high on anxiety and use defense mechanisms more rapidly while, on the other hand Dutch are low on anxiety and use defense mechanisms sometimes. In the study, total 200 students participated (100 from Groningen (Dutch), Netherlands and 100 from Patiala (Indians), India. To measure the anxiety and defense styles; Hamilton Anxiety Rating Scale HAM-A by Max Hamilton (1959) and Defense Style Questionnaire (DSQ-40) by Andrews et al. (1993) was administered respectively. The data were subjected to measure correlation, regression and MANOVA and the major findings reveals that, there is a significant effect anxiety on population and Indians use more neurotic, Mature and Immature defenses than Dutch students.

Keywords: Anxiety (High or Low); Defense mechanisms (Neurotic, Mature and Immature).

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Chapter 1

INTRODUCTION

1.1 Anxiety

Anxiety (emotion) is the feelings of, distressed thoughts, physical changes like increased blood pressure and tension.” Fight-or-flight responses are the specific behaviors that could be seen in anxiety. It happens in situations that are uncontrollable or unavoidable. It is a future-directed mood state in which one is not prepared to try to cope with upcoming negative events. It is the difference between the future and the present threats which separates anxiety from fear. Positive psychology defines anxiety as the state of mind that results from challenging events in which there is less coping skills. Fear is called as present focused, engaged to a particular threat, and providing escape from the danger; anxiety is called as long lasting, widely focused to a disturbed danger. Anxiety could be versed with a large a number of daily symptom that limits life quality, called the generalized anxiety. Symptoms of anxiety can reach in number, high or low, depending on the person to person. While in their lives, almost everyone has experienced anxiety at some point, most of them do not develop long-term problems with anxiety.

1.1.1 Flight-Fight Response

The fight or flight response in the body is a living system that is developed in many of years, to protect us from threats. It includes body reflexes and responses that prepare our body for action. It pushes the body to take action: if the threat is in the future then the body respond slowly (example: a tiger standing at far distance cause anxiety to keep away from it) or an instant in

which, if the threat is close (example: a tiger running towards us will cause automatic panic and action: emotion). The immediate energy helps us to deal with the dangerous threat: to fight (taking an action for survival) or flight (run away from threat).

1.1.2 Why Symptoms Lead to Anxiety

The breathing becomes rapid as to get maximum oxygen into the blood as the muscles of the body (like arms, chest, and legs) help us in fighting the threat. The heartbeat speed increases as to get maximum oxygen for the blood. Brain doesn't get the enough blood or the stomach that causes butterflies. In order to calm down all this energy production we tend to sweat more. The energy to the muscles makes us 'jumpy' ready for an action. The fight or flight responses are responsible for the physical symptoms of anxiety and panic. Symptoms can be mild (if danger is not so close) or extremely (when any danger is immediate).

1.1.3 Anxiety protects us in two Major Ways

It helps our body to take an action when needed, by putting or alerting from any immediate threat to our survival. When we feel anxious, it is responsible for the direct physical sensations (such as fast heartbeat, rapid breathing, being on edge etc.). In real threat or danger our body can go from being totally numb to extremely anxious which is called panic.

This aspect of anxiety makes people really scared physically, especially when the heart speeds up. Research shows that increase in heartbeat rate may be one of the main causes of getting anxious. Here, nervousness, social phobias (almost all phobias) and panic disorder are the

general problems formed from anxiety. Anxiety helps to plan forward for any possible threat and makes us prepare to deal with. Later, these aspects of anxiety lead to feeling of being scared and involve vague thoughts that something bad is going to happen. The most important component in anxiety is that it correlates to symptoms of obsessive thoughts and tension.

1.2 Anxiety Symptoms

This list is an example of the symptoms that associates along with anxiety. That involves our body, brain and behavior.

1.2.1 Physical Symptoms

Strong and fast palpitations, blushing, trembling and shaking, sickness (nausea), excessive, sweating, fast breathing, needing the toilet, feeling light-headed, feeling on-edge, Legs feel like, dry throat, feeling of tightness across the chest. Other many problems associated with physical anxiety symptoms include: prolong headaches and insomnia.

1.2.2 Psychological Symptoms

Moodiness, increased focus on physical sensation, difficulty in concentrating, starting to worry more things, restlessness, anger, scared for much of the time, thoughts about sickness/illness, and feelings of fearfulness.

1.2.3 Anxiety-Driven Behaviors

Anxiety-driven behavior depends on oneself belief regarding what is tension and it varies from person to person. The common includes anxiety driven behavior: making defense to go out,

staying quiet in front of others, avoid buses; going away from the street to avoid people, taking a tablet before doing something stressful or having a drink, over time, serious problems are caused to be increase anxiety, if it is not resolved.

1.3 Defense Mechanisms

Defense mechanisms are an unconscious psychological process which limits anxiety rising from a harmful stimulus. They might result in normal or abnormal consequences depending upon the situations, on which the defenses are used. In psychoanalytic theory, defense mechanisms are the strategies that are brought to play by the unconscious to manipulate reality in order to protect ego against feelings of anxiety and maintain one's schemas. it is arises from the following situations:

(a) When an outside threat or danger is posed on the ego (b) When id needs and desires are in revolt with one another other (c) When the id instincts revolt with superego's moral principles.

The processes that manipulate, deny reality may include the following:

Repression: the pressing of a painful feeling or thought from the awareness

Identification: assimilation of thoughts on to oneself

Rationalization: the condition of the behavior that motivations by eliminating acceptable reasons for a true motivations.

Normal individual uses many types of defenses throughout their life. These defense styles start giving problem in life when the individual uses them very frequently; the major role of defense styles is to defend the ego from the social situations.

The concept of "id" or instincts comes from Sigmund Freud's structural model of the mind. Id impulses act on the "pleasure principle": instant gratification of the desires and needs. Freud believed that the id performs the instinctual impulses, which is aggression, and sexual impulse. The sex drive is our drive to survive, to thrive, and to grow. According to Sigmund Freud, the needs are responsible to motivate the actions. Is operated by ego which is that, the unconscious, where the views and thinking are organized in an illogical way, conflict is not perceived that way.

The superego performs on the basis of learned set of ethics and values, which allows the individual to think right and wrong and to, feel, and do. Example: when the id impulse (e.g. desire to have sex or any way to do sex) fight with superego (e.g. believe in social fear or fear of punishment or fear of even death), then feelings of anxiety come to the surface, often accompanied by feelings of shame, guilt. Sometimes anxiety goes high then the ego utilizes defense styles to protect the self against threat.

1.3.1 Levels of Defense Mechanisms

The first person to develop the concept of defense mechanisms was Sigmund Freud; although, it was his daughter, Anna Freud, who conceptualized it. She has described ten different defense mechanisms these are: Regression, projection, denial, rationalization, reaction formation, suppression, repression, displacement sublimation, and intellectualization.

According to Valliant (1977) defenses have a sequence related to their psychoanalytical origin levels that are as follows:

Level/stage I - immature defenses (projection, fantasy, acting out, passive aggression)

Level/stage II- mature defenses (sublimation, humor, altruism, suppression, anticipation)

Level/stage III - neurotic defenses (intellectualization, displacement, repression, dissociation)

1.3.2 Level I: Mature Defenses

Mature defenses are commonly used by emotionally healthy adults. The purpose of these defense styles pushes the control and pleasure. These defenses are helpful to coordinate conflicting emotions. Those who use these mechanisms are usually considered righteous. Mature defenses include:

Suppression: Conscious choice to delay the attention to a particular thought feeling, requires arrange to manage along with a present reality.

Altruism: Valuable benefit to others who bring pleasure.

Anticipation: The realistic arranging for the future distress.

Humor: Outer expression of thoughts or sentiments (particularly which is unpleasant to center or as well awful to a talk about straight) that gives satisfaction to others in a humorous way.

Sublimation: Change of unhelpful feelings or impulse to living activities, act, or feelings, like, play an overwhelming aggressive sport such as rugby can change hostility into a diversion.

1.3.3 Level II: Immature Defenses

These defense mechanisms are often can be found in adults. This defense styles lower anxiety initiated by dangerous situations. Rapid use of these defenses is socially unacceptable, in the way

that they are not mature. These defense styles are immature and excessive use of these always lead to some kind of major problems in an individual's life. These are:

Acting out: Straight expression of the unaware wish or drive, with less conscious knowing of a feeling that defines the expressive behavior.

Hypochondrias: Excessive distraction and stress around having very serious sickness.

Passive-aggressive behavior: Expression of an aggression in any indirectly way.

Projection: Projection decreases anxiousness by permitting the view of the unwanted wants without becoming consciously aware, attributing ones poses unacknowledged, unacceptable, or undesirable considerations and feelings to another.

Schizoid Fantasy: The propensity to withdraw into dream to resolve inner and outer conflicts

1.3.4 Level III Neurotic Defenses

These are very common in adults. This defense gives short-term benefits that help in recovering, but many times it causes problems in life when used very frequently to cope up with situations. They are:

Displacement: The protectors that pushes libido energy to a less dangerous target; alter emotion to safe channel. For example, a mother shouts at the child as she is frustrated for some other reason (fight with the husband).

Dissociation: Breaking off the parts of memory or self image or the environment to avoid the problem. Making an effort to get disconnect from the real world to defend the self from unacceptable thoughts, feelings and memories example, amnesia.

Intellectualization: Dealing with an emotional stress by using abstract reasons or explanation to avoid disturbed feelings.

Reaction formation: Converting unwanted or dangerous thoughts feelings and the energy into opposite, example, teacher angry at student and wanting to complain to his parents becomes overly kind and generous toward the kid.

Repression: An unconscious process in which one tends to repress the unwanted or painful memories, thoughts, and desires. One does only have little control over it hence, it is unconsciously repressed.

Chapter 2

LITERATURE REVIEW

Andrews, Singh, and Bond (1993) in their study found that the tendency to use immature defense styles becomes less as one grows old. In other words the mean of immature factor falls from age 18 to 25 ages (3.91), 26 to 35 ages (3.42), and 36 to 50 ages (3.13). These findings are consistent with a previous research Vallant (1976) in anxiety patient groups males scores higher than females on immature (DSQ-40: mean for males-4.31, female-3.73).

Robinson (1966) found that male students were significantly more likely to suffer from anxiety. Grills et al (2012) found higher levels of anxiety in female students. One study found that more females were more likely to attribute their grades to the effort they put in to a test or assignment. The same study found that students to attribute academic performance to effort are more likely to suffer from anxiety. Therefore, females in the study were more likely to suffer from anxiety related to school work (McClure et al., 2011).

Ozdemir (2016) investigated the gender differences in defense mechanisms, ways of coping with stress and identity formation in relation to adolescent suicidal behavior. Professional help seeking and behaviors before the suicide attempt were more common in adolescents with identity confusion. While there were differences between genders with respect to the defense mechanisms used, no significant difference was found in terms of ways of coping.

Sheth (2017) in their study of defense mechanisms of two groups found that, the in 20 – 30 year age group, the lowest used defense mechanism is turning against object. In the 50 – 60 year age group, the lowest used defense mechanism is principalization. There are significant changes in all types of defense mechanisms when compared age wise.

Gustafson and Kallmen (1990) their work tried to separate the patient into two categories, psychosomatic and somatic, on the basis of manifest anxiety and primitive defense styles. Analysis indicated that women report more manifest anxiety as compare to men, psychosomatic women possesses more manifest anxiety. The two groups are likely to use isolation a great treat, and there was no sex difference. Further, a group the psychosomatic men and women shows a more total number of rude defense than the somatic group.

Patrick (2005) has shown that the existence of social anxiety is many times linked the presence of alcohol overuse. Also, previous works have focused on the relation between the use of various defense styles and alcohol overuse. In his Study the motive was to merge the two perspectives and see the uses of these defense styles and the presence of social anxiety, in a college population. Individuals who scored low in social anxiety, which used mature and immature defense styles, were more likely to link with binge drink.

Parekh et al. (2010) investigated the prevalence of various defense mechanisms used by medical students of Karachi, which is the group with high stress than the normal population. The authors highlighted low mean scores for immature defense styles than those for neurotic and mature defense styles. Neurotic defenses were more commonly used by females, whereas immature defenses were used more by male students.

Tekinarslan (2008) study is to determine Dutch and Turkish university students' computer anxiety levels and to find out whether their computer anxiety levels differ according to their culture. Findings of the study show that, though there is a significant difference in the type of anxiety levels in the participants, none of the mean scores fall into the operational explanation of high level of computer anxiety. The levels of anxiety of the participants from both cultures are

taken as normal or moderate. The students from Turkish university had a significant high level of computer anxiety than Dutch university students. These outcomes relate with the findings of Blignaut (2002) Haris & Davison (2002) Myers & Tan (2002)

According to Osa-edoh and Okonta (1976) Anxiety as a concept is required at some moderate level to help the students to perform effectively in the learning environment. It becomes harmful when its effect is beyond human adaptive level and hence the maladaptive effects could be seen. Generalized anxiety usually accompanied by physiological sadness and capable to hinder learner's high academic performance. Other researchers also found that high levels of anxiety is distressing and interferes with effective functioning (Osinowo & Imhonde 2004).

2.1 Research Gap

While going through the literature I observed that most of the researches on anxiety and defense styles have been done on clinical sample. The type of study, I am doing is different as it examines the effect of anxiety on defense styles among students of two countries i.e. the Dutch and the Indians. I haven't come across which have incorporated above mentioned population. The research tries to help to see the anxiety level among students of both countries and will find out which type of defense styles, students are commonly or highly using. The study will also help the students to take a positive approach to deal with anxiety.

Chapter 3

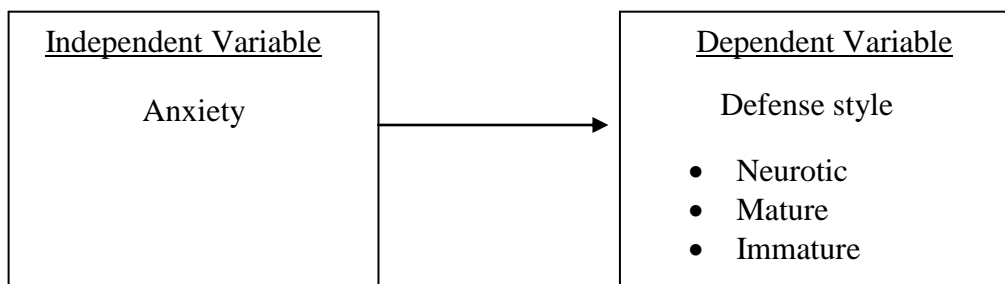
Motivation, Objectives, Rationale and Hypotheses

And Significance of the Study

3.1 Motivation of the Study

I was highly motivated by the topic and I've been thinking to work on the topic. I want to make the study more sensible to the readers and as recently I've been to the Groningen, Netherlands I thought to make the study a cross cultural comparison as there are many less number of researches done overseas with the topic, to add value and to see what kind of difference the two population groups have and what type of results I get, I took/did the sampling from their itself. The research will help the readers to know what type of defenses the student actually using while dealing with anxiety and which population group(Dutch or Indian) has more anxiety and use defenses as per.

3.2 Conceptual Scheme of the Study



3.3 Objectives of the present research

1. To examine the effect of anxiety on defense styles among student population.
2. To study the effect of anxiety on defense styles among Indian students.
3. To investigate the effect of anxiety on defense styles among Dutch students.
4. To study the effect of sample type (Indian, Dutch), anxiety level (low, high) and gender on defense styles.

3.4 Rationale and Hypotheses of the study

Gustafson and Kallmen (1990) their work tried to separate the patient into two categories, psychosomatic and somatic, on the basis of manifest anxiety and primitive defense styles. Analysis indicated that women report more manifest anxiety as compare to men, psychosomatic women possesses more manifest anxiety. The two groups are likely to use isolation a great treat, and there was no sex difference. Further, a group the psychosomatic men and women shows a more total number of rude defense than the somatic group.

Based on the above premises the following hypothesis has been formulated.

H₁: Anxiety has an effect on the defense mechanisms among students' population.

Ozdemir (2016) in his study investigated the gender differences in defense mechanisms, ways of coping with stress and identity formation in relation to adolescent suicidal behavior. They found gender difference with respect to the defense mechanisms used, but no significant difference was found in terms of ways of coping.

Based on the above premises the following hypothesis has been formulated.

H₂: Anxiety level is high among Indian students and they tend to use defense styles more frequently.

H₃: Anxiety level is low among Dutch students and they tend to use defense styles less frequently.

Sheth (2017) in their study of defense mechanisms of two groups found that, the in 20 – 30 year age group, the lowest used defense mechanism is turning against object. In the 50 – 60 year age group, the lowest used defense mechanism is principalization. There are significant changes in all types of defense mechanisms when compared age wise.

Based on the above premises the following hypothesis has been formulated.

H₄: Sample type (Indian, Dutch), anxiety level (low or high) and gender (male & female) have an effect on defense styles among students.

3.5 Significance of the Study

The current study explored the relationship between the anxiety and defense mechanisms among Dutch and Indian population. We know that anxiety is a definite cause of deterioration mostly in student's life. Due to which students suddenly start using different reasons (defenses) to avoid that threat or anxiety or the situation. The study will further help to know the anxiety levels (high or low) among students (Dutch and Indians) and the defense mechanisms which they excessively use to reduce the anxiety and enhance the well being of the students.

Chapter 4

METHOD

4.1 Sample

Purposive sampling was used where 200 students were participated in the study, 100 samples were collected from University of Groningen (abbreviated as UG; Dutch: Rijksuniversiteit Groningen abbreviated as RUG) Netherlands and 100 samples were collected from Thapar Institute of Engineering and Technology Punjab.

4.2 Design

Independent variable: Anxiety

Dependent variable: Defense Styles

4.3 Statistical analysis

The data was analysis by using statistical Package for Social Science (SPSS-20):

Descriptive statistics (mean and standard deviation), Correlation, Regression and MANOVA were used in order to analyze the data.

4.4 Tools Used

Defense style Questionnaire – (DSQ-40).

DSQ-40 is a 40-item self-rating scale that experimentally sees conscious derivatives of unconscious defense styles and includes 20 defense styles. The test is developed by Andrews et al. (1993) where each item is evaluated on a measured scale of 1 to 9, where 1 is, completely disagree, and 9 is, fully agree. The correlation among the Mature, Neurotic and Immature factors derived were .97, .93 and .95 evidence of the construct validity of the instrument.

Hamilton anxiety rating scale HAM-A

The HAM-A is one of the first rating scales that are developed to measure the anxiety symptoms, and is still in very use today in clinical as well as research settings. The scale consists of 14 items; each item is explained by a series of symptoms, and measures anxiety. It is a five point rating questionnaire 1-5 where, 5 are the highest and 1 is lowest score.

4.5 Procedure

Informed consent was obtained before administering the test on students. They were told beforehand that the information collected from them will be kept strictly confidential and only be used exclusively under research purposes. The test was administered in the following sequence. Participants were given the Hamilton anxiety rating scale. After that the defense style questionnaire was administered on the participants. Scoring for all the test was based on the standard format given in the respective manuals.

Chapter 5
RESULTS

Table 1: Mean and standard deviation of Indian and Dutch population for anxiety and defense styles

Population	Defense styles	Mean	S.D
Indian	Anxiety	31.02	10.41
	N	43.08	9.67
	M	44.48	8.89
	IM	115.94	28.38
Dutch	Anxiety	33.09	7.77
	N	40.07	7.96
	M	38.06	7.17
	IM	109.14	27.42

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style

It can be seen from Table 1 that Indian report low on anxiety (A=31.02) but, use more neurotic, mature and immature defenses (i.e. mean score for N=43.08, M=44.48 and IM=115.94) on the other hand Dutch report high on anxiety (A=33.09) but, use less defense mechanisms neurotic, mature and immature (mean score for N=40.07, M=38.06 and IM=109.14).

Table 2: Gender wise mean and standard deviation of Dutch population for anxiety and defense styles

Population	Gender	Variable	Mean	S.D
Dutch	Male	Anxiety	33.10	7.64
		N	40.14	7.92
		M	38.79	7.26
		IM	109.18	27.19
	Female	Anxiety	33.35	7.68
		N	40.18	7.84
		M	37.61	6.80
		IM	109.49	27.76

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style

In the given Table 2, mean of the Dutch population males and females score 33.10 and 33.35 and S.D is 7.64 and 7.68 respectively. The data reveals that female are high on neurotic and immature defenses (i.e. N=40.18 and IM=109.49) than males. Males tend to use more mature defense mechanisms (i.e. M=38.79).

Table 3: Gender wise mean and standard deviation of Indian population for anxiety and defense styles

Population	Gender	Variable	Mean	S.D
Indian	Male	Anxiety	32.32	8.99
		N	41.60	9.11
		M	44.28	8.76
		IM	114.74	26.29
	Female	Anxiety	29.82	11.70
		N	44.39	10.10
		M	44.90	9.07
		IM	116.69	30.71

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style

In the given Table 3, mean of the Indian population males and females score 32.32 and 29.82 and S.D is 8.99 and 11.70 respectively. The data represents that males are high on anxiety whereas female are high on defense styles neurotic, mature and immature defenses (i.e. N=44.39, M=44.90 and IM=116.69).

Table 4: Overall correlations of anxiety and defense styles

Correlations				
	A	M	IM	N
A	1			
M	.12	1		
IM	.44**	.47**	1	
N	.30**	.43**	.58**	1

** $p < .01$; * $p < .05$, NS= not significant

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style

Two hundred students were surveyed on anxiety and defense mechanisms. The data reveals the strong correlation of IM defense styles with an A ($r = .44^{**}$) and M ($r = .47^{**}$) also, there is a strong correlation of N defense styles with an A ($r = .30^{**}$), M ($r = .43^{**}$) and IM ($r = .58^{**}$).

Table 5: Overall regression for anxiety and defense mechanisms for all the participants

Independent variable	Dependent variable	B	Beta	Std. Error	t-value	Adjusted R ²
	N	.29	.29	.07	4.41 ^{**}	.08
Anxiety	M	.11	.12	.07	1.69 ^{NS}	.01
	IM	1.34	.44	.19	6.93 ^{**}	.19

^{**} $p < .01$; ^{*} $p < .05$, NS= not significant

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style

From Table 5 of anxiety and defense mechanisms it is clear that adjusted R² for students on neurotic is .08 and adjusted R² for immature defenses is .19. Therefore, it can be said that 8% variation in neurotic defenses and 19% variation in immature defenses can be attributed to the anxiety. The B value has been found to be .29 for neurotic, .11 for mature and 1.34 for immature, which indicates that one unit increase in independent variable, i.e. .29 unit increase in neurotic and 1.34 unit increase in immature defense style.

Table 6: Regression results for anxiety and defense styles for Indian Students

Independent variable	Dependent variable	B	Beta	Std. Error	t-value	Adjusted R ²
	N	.18	.20	.09	1.97 ^{NS}	.03
Anxiety	M	.013	.02	.09	.15 ^{NS}	-.01
	IM	.94	.35	.26	3.64 ^{**}	.11

** $p < .01$; * $p < .05$, NS= not significant

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style

From Table 6 of anxiety and defense mechanisms it is clear that except immature defense style, the adjusted R² for all the variables are insignificant. Adjusted R² for immature is .11 and B value is .94. It indicates that 11% variation in immature can be attributed to anxiety. The B value specifies that 1 unit increase in anxiety leads to .94 increase in immature.

Table 7: Regression results for Anxiety and Defense Mechanisms for Dutch Students

Independent variable	Dependent variable	B	Beta	Std. Error	t-value	Adjusted R ²
	N	.55	.54	.09	6.28**	.29
Anxiety	M	.40	.43	.08	4.79**	.19
	IM	2.23	.63	.28	8.09**	.40

** $p < .01$; * $p < .05$, NS= not significant

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style

From Table 7 of anxiety and defense mechanisms it is clear that adjusted R² for Indian students on neurotic is .29, R² for mature defenses is .19 and R² for immature defenses is .40, therefore 29% variation in neurotic defenses, 19% variation in mature defenses and 40% variation in immature defenses attributing to the anxiety among Indian students. The B value has been found to be .55 for neurotic, .40 for mature and .2.23 for immature, which indicates that one unit increase in independent variable, i.e., anxiety leads to (N= .09, M= .08 and IM= .28) unit increase in defense styles.

Table 8: Mean and Standard Deviation of participants who are low and high on Anxiety

Anxiety level		Defense mechanisms		
		N	M	IM
A_H	Mean	44.65	42.27	124.69
	S.D	7.55	10.59	19.85
A_L	Mean	35.52	39.42	87.90
	S.D	10.24	11.19	34.35

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style,
A_H_L=anxiety high and low

Anxiety level has a significant effect on defense styles as we can see from table8 people with A_H level, highly use immature defenses (mean=124.69) and less use of mature defenses (mean=42.27) while on A_L level people highly use immature defenses (mean=87.90) but, less use of neurotic defenses (mean=35.52).

Table 9: MANOVA results between anxiety level, gender and population (2×2×2)

Effect		Value	F	Hypothesis DF	Error DF
Intercept	Wilks' Lambda	.04	1335.09	3.00	185.00
Gender		.99	.78	3.00	185.00 ^{NS}
Population		.83	12.28	3.00	185.00 ^{**}
A_H_L		.81	7.07	6.00	370.00 ^{**}
Gender * Population		.99	.82	3.00	185.00 ^{NS}
Gender * A_H_L		.95	1.64 ^b	6.00	370.00 ^{NS}
Population * A_H_L		.92	2.66	6.00	370.00 [*]
Error		.98	.80 ^b	6.00	370.00 ^{NS}

** $p < .01$; * $p < .05$, NS= not significant

N=Neurotic defense style, M=Mature defense style, IM= Immature defense style, A_H_L=anxiety high and low

As table 9 shows that there is an effect of population on defense styles, in other words Indian and Dutch population differ in using various defense styles. In comparison to Dutch population, Indians use all the three defense styles more frequently (see table 1). Similarly, level of anxiety (high or low) has an effect on defense styles. People with high anxiety use immature defense styles. While people with low anxiety also use immature defense styles but in less intensity. Further, it can be seen that interaction of population and gender is significant at .05 levels. It indicates that when population interacts with anxiety level, it affects the use of defense styles.

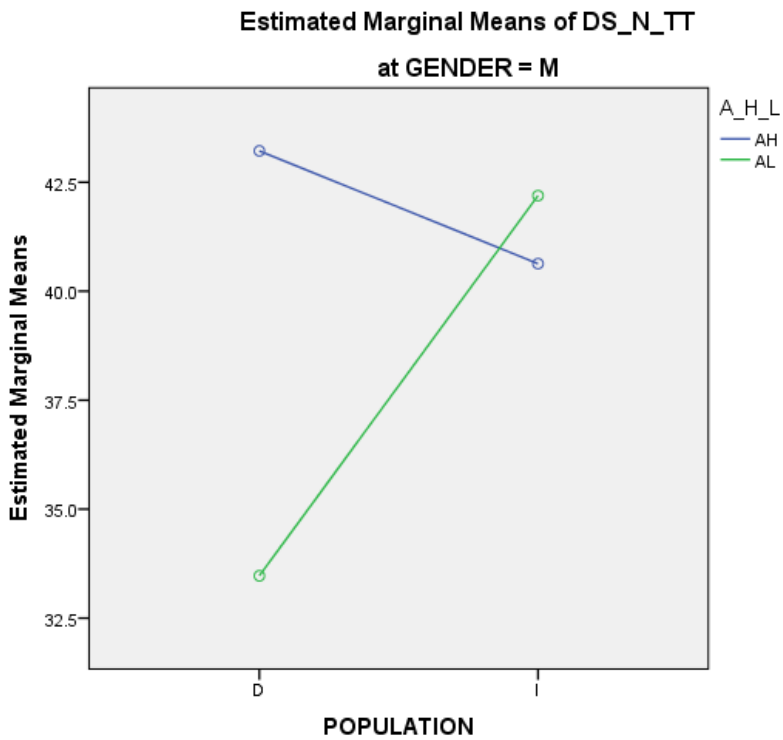
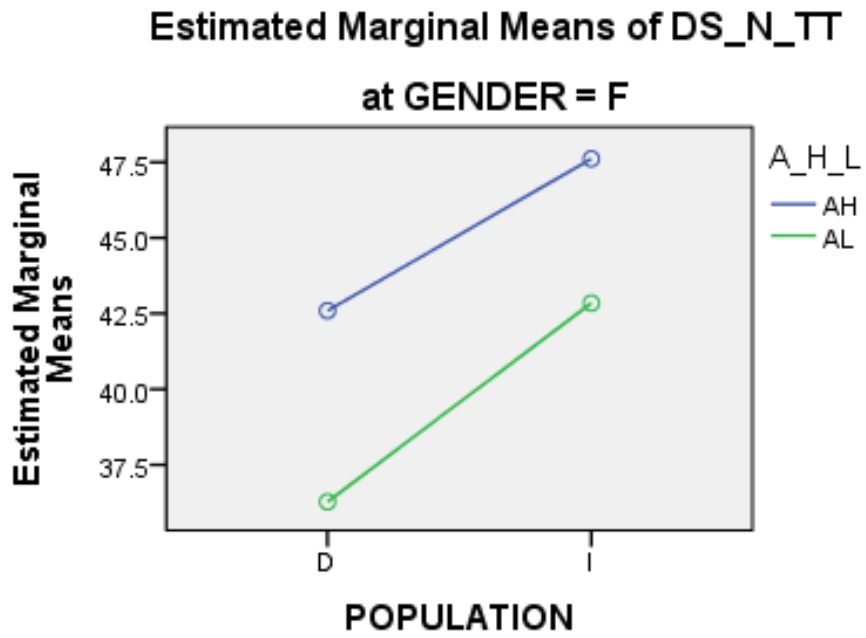
Table 10: MANOVA results between anxiety level, gender and population and defense styles

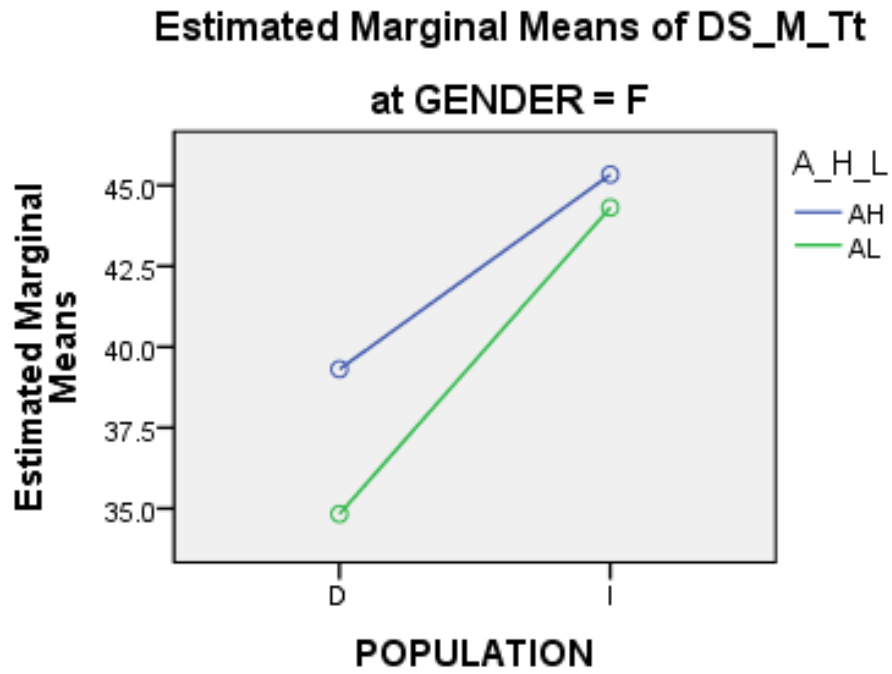
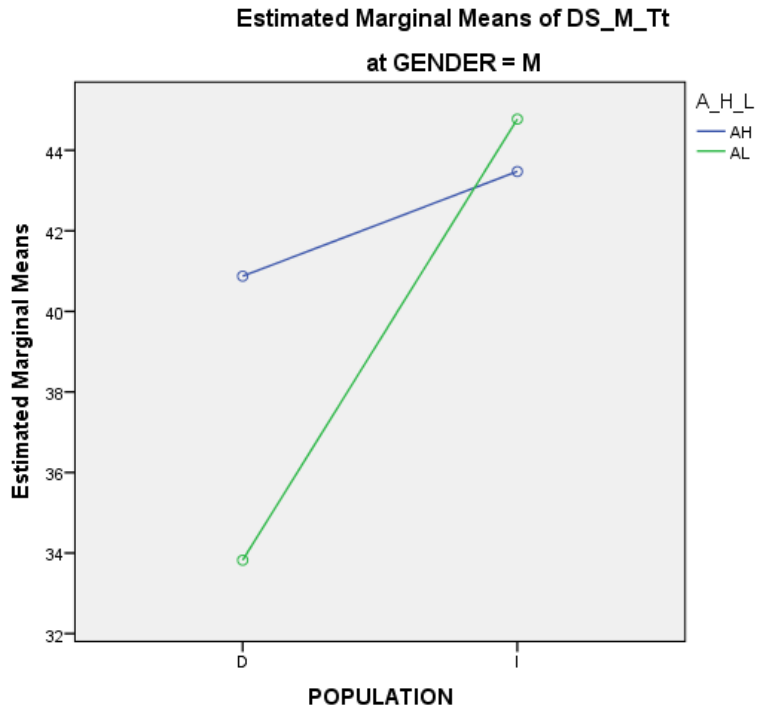
Tests of Between-Subjects Effects					
Source	Dependent Variable	Type III Sum of Squares	DF	Mean Square	F
Intercept	N	172770.49	1	172770.49	2520.50**
	M	170273.81	1	170273.81	2794.40**
	IM	1239256.08	1	1239256.08	1982.4**
Gender	N	111.21	1	111.21	1.62 ^{NS}
	M	95.66	1	95.66	1.57 ^{NS}
	IM	346.18	1	346.18	.55 ^{NS}
Population	N	898.25	1	898.25	13.10**
	M	2039.28	1	2039.28	33.46**
	IM	9742.65	1	9742.65	15.58**
A_H_L	N	1730.99	2	865.49	12.62**
	M	393.20	2	196.60	3.22*
	IM	24386.38	2	12193.19	19.50**

	N	99.26	1	99.26	1.44 ^{NS}
Gender * Population	M	15.52	1	15.52	.25 ^{NS}
	IM	40.72	1	40.72	.06 ^{NS}
	N	91.31	2	45.65	.66 ^{NS}
Gender * A_H_L	M	368.10	2	184.05	3.02 ^{NS}
	IM	939.51	2	469.75	.75 ^{NS}
	N	389.99	2	194.99	2.84 ^{NS}
Population * A_H_L	M	552.63	2	276.31	4.53*
	IM	8663.52	2	4331.76	6.93*
	N	57.04	2	28.52	.42 ^{NS}
Gender * Population *	M	77.74	2	38.87	.64 ^{NS}
A_H_L	IM	1168.80	2	584.40	.93 ^{NS}
	N	360148.00	200		
Total	M	354130.00	200		
	IM	2675126.00	200		

** $p < .01$; * $p < .05$, NS= not significant

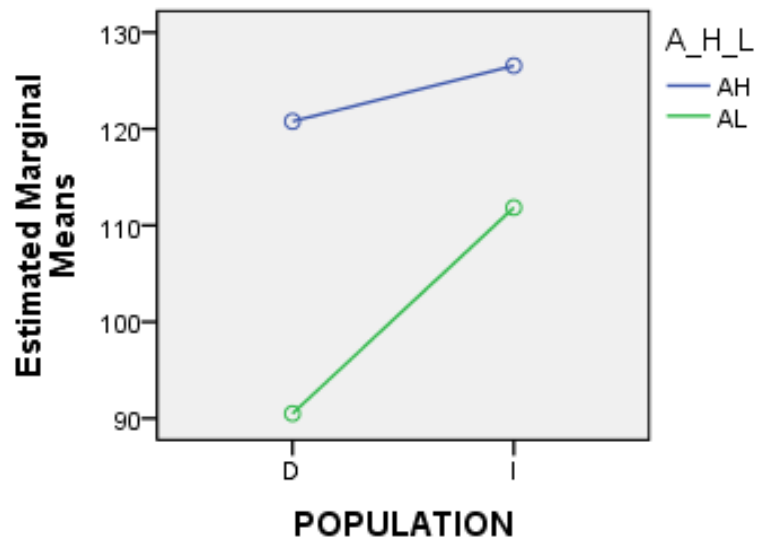
N=Neurotic defense style, M=Mature defense style, IM= Immature defense style,
A_H_L=anxiety high and low





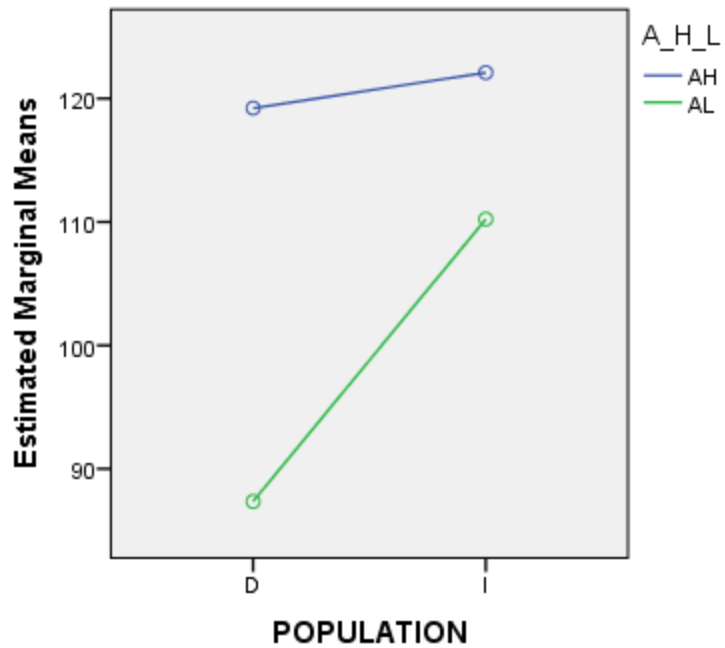
Estimated Marginal Means of DS_Im_Tt

at GENDER = F



Estimated Marginal Means of DS_Im_Tt

at GENDER = M



From table 10 it can be observed that gender has an effect on defense styles, in other words males and females differ in using neurotic defense styles. It can be seen in table 3 that mean score of females for neurotic defense styles are (44.39) while male mean score is (41.36). Further, population has also an impact on all three defense styles in other words Indian and Dutch population differ in using various defense styles. In comparison to Dutch population, Indians use all the three defense styles more frequently (see table 1). Similarly, anxiety level has also an effect of all three defense styles. As it can be seen from table 8 that people with high anxiety level use all the defense styles more frequently, particularly immature and neurotic. On the other hand people with low anxiety also use immature defense styles but in lesser intensity.

It can also be seen from table 10 that when population interacts with anxiety levels, it affects the mature and immature defense styles.

Chapter 6

Discussion

The present study investigates the effect of anxiety on defense styles. The basic purpose of the study is to compare the student population of India and Netherlands on anxiety levels and defense. The results indicated that despite of low level of anxiety, Indian student use all the defense styles more frequently. On the other hand Dutch students use defense styles less frequently though they reported high level of anxiety. Further, anxiety is slightly high in Dutch females as well as immature and neurotic is also more in females in comparison to males while males are high on mature defenses.

As the first objective of the study was to examine the effect of anxiety on defense styles for all the participants, I found that anxiety was proven a significant contributor for neurotic, immature defense styles. Thus my first hypothesis is accepted to a large extent. The work tried to separate the patient into two categories, psychosomatic and somatic, on the basis of manifest anxiety and primitive defense styles. The two groups are likely to use isolation a great treat, and there was no sex difference. Further, a group the psychosomatic men and women shows a more total number of rude defense than the somatic group. (Gustafson & Kallmen 1990).

The next aim of the study was to examine the effect of anxiety and defense styles for Indian students. I found anxiety to be a significant contributor for immature defense style. Thus, my second hypothesis has been accepted partially. Robinson (1966) found that male students were significantly more likely to suffer from anxiety. Grills et al (2012) found higher levels of anxiety in female students. One study found that more females were more likely to attribute their grades to the effort they put in to a test or assignment. The same study found that students to attribute

academic performance to effort are more likely to suffer from anxiety. Therefore, females in the study were more likely to suffer from anxiety related to school work (McClure et al., 2011).

Further, the third objective was to investigate the effect of anxiety on defense styles among Dutch students. The results revealed that anxiety was proven to be a significant contributor for all the defense styles. Thus, my third hypothesis has been accepted. Women had higher rates of lifetime diagnosis for each of the anxiety disorders examined. However, women with a lifetime diagnosis of an anxiety disorder were more likely than men to also be diagnosed with anxiety disorder (Carmen & McLean, 2011).

The next objective of the study was to examine the effect of sample type (Indian and Dutch), anxiety level (high or low) and gender on defense styles. Results divulged that population independently has an effect on defense styles. However the interaction of population and gender and gender and anxiety has no effect on defense style. But, the interaction of the population and anxiety level has an effect on defense styles. Thus, my forth hypothesis have been accepted partially. Study of defense mechanisms of two groups found that, the in 20 – 30 year age group, the lowest used defense mechanism is turning against object. In the 50 – 60 year age group, the lowest used defense mechanism is principalization. There are significant changes in all types of defense mechanisms when compared age wise. Sheth (2017)

6.1 Conclusion

This study is first such kind of attempt that has compared two different populations (Indian and Dutch) with respect to anxiety and defense styles. Results indicate that student's population groups vary in anxiety levels and in defense mechanisms. In other words the study found the significant difference in effect of anxiety among Dutch and Indian students.

6.2 Implication

The current study explored the relationship between the anxiety and defense mechanisms among Dutch and Indian population. We know that anxiety is a definite cause of deterioration mostly in student's life. Due to which students suddenly start using different reasons (defenses) to avoid that threat or anxiety or the situation. The study will further help to know the anxiety levels (high or low) among students (Dutch and Indians) and the defense mechanisms which they excessively use to reduce the anxiety and enhance the well being of the students.

6.3 Limitation

There are some limitations of the study which are as follows:

As it was the cross cultural comparison and there was dearth of such studies to support the current findings.

Sampling was purposive which decreases the generalizability of the findings.

Sample size was small (N=200) due to which there might be a possibility that some of the results were not significant.

It was a self report measure, so there might be a possibility that the respondent might have manipulated the response.

6.4 Scope for future direction

In future this study can explore other populations also, such as adults. Since in the study I have found that the major categories used by Dutch and Indians students, so in future more specific defense mechanisms such as denial, repression, projection can be explained.

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Appendix A: CONSENT FORM

Effect of anxiety on defense mechanisms among Dutch and Indian student: a cross cultural comparison

The following questionnaire is to see the impact of Effect of anxiety on defense mechanisms among Dutch and Indian student. It is the part of research being carried out under School Of Humanities And Social Sciences, Thapar University, Patiala, India. You are requested to participate in the research and answer the following questions honestly.

NOTE: we value your privacy. And the data you provided will be strictly confidential and will be used anonymously for the specified research work only.

Personal details

Name: _____

Course: _____

Gender: M _____ F _____

Stream: _____

Year: _____ Age: _____

Email: _____

I gave my consent to use this data anonymously for the research work being undertaken at Thapar Institute of Engineering and Technology, Patiala, India.

Appendix B: Hamilton Anxiety Rating Scale

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

1= Not present,

2 = Mild,

3 = Moderate.

4 = Severe

5= Very severe

1. Anxious mood

Worries anticipation of the worst, fearful anticipation, irritability.

2. Tension

Feelings of tension, fatigability, startle response, moved to tears easily, trembling feelings of restlessness, inability to relax.

3. Fears

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

4. Insomnia

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking dreams, nightmares, night terrors.

5. Intellectual

Difficulty in concentration, poor memory

6. Depressed mood

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing

7. Somatic (muscular)

Pains and aches, twitching stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

8. Somatic (sensory)

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

9. Cardiovascular symptoms

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

10. Respiratory Symptoms

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

11. Gastrointestinal Symptoms

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

12. Genitourinary Symptoms

Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

13. Autonomic symptoms

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

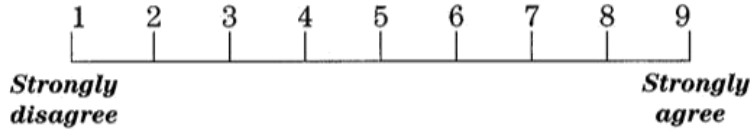
14. Behavior at interview

Fidgeting, restlessness or pacing tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.

Appendix C: Defense Style Questionnaire (DSQ-40)

D.S.Q. 40

INSTRUCTIONS: This questionnaire consists of a number of statements about personal attitudes. *There are no right or wrong answers.* Using the 9-point scale shown below, please indicate how much you agree or disagree with each statement by *circling* one of the numbers on the scale beside the statement. For example, a score of **5** would indicate that you neither agree nor disagree with the statement, a score of **3** that you moderately disagree, a score of **9** that you strongly agree.



1. I get satisfaction from helping others and if this were taken away from me I would get depressed	1	2	3	4	5	6	7	8	9
3. I'm able to keep a problem out of my mind until I have time to deal with it	1	2	3	4	5	6	7	8	9
5. I work out my anxiety through doing something constructive and creative like painting or wood-work.....	1	2	3	4	5	6	7	8	9
6. I am able to find good reasons for everything I do	1	2	3	4	5	6	7	8	9
8. I'm able to laugh at myself pretty easily	1	2	3	4	5	6	7	8	9
12. People tend to mistreat me	1	2	3	4	5	6	7	8	9
13. If someone mugged me and stole my money, I'd rather he be helped than punished	1	2	3	4	5	6	7	8	9
16. People say I tend to ignore unpleasant facts as if they didn't exist	1	2	3	4	5	6	7	8	9
23. I ignore danger as if I was Superman.....	1	2	3	4	5	6	7	8	9
24. I pride myself on my ability to cut people down to size	1	2	3	4	5	6	7	8	9
27. I often act impulsively when something is bothering me	1	2	3	4	5	6	7	8	9

Please go to next page⇒

Strongly Disagree ⇒ 1 2 3 4 5 6 7 8 9 ⇐ *Strongly Agree*

28. I get physically ill when things aren't going well for me.....	1	2	3	4	5	6	7	8	9
29. I'm a very inhibited person.....	1	2	3	4	5	6	7	8	9
31. I get more satisfaction from my fantasies than from my real life.....	1	2	3	4	5	6	7	8	9
37. I've special talents that allow me to go through life with no problems.....	1	2	3	4	5	6	7	8	9
38. There are always good reasons when things don't work out for me	1	2	3	4	5	6	7	8	9
40. I work more things out in my daydreams than in my real life.....	1	2	3	4	5	6	7	8	9
42. I fear nothing	1	2	3	4	5	6	7	8	9
43. Sometimes I think I'm an angel and other times I think I'm a devil.....	1	2	3	4	5	6	7	8	9
46. I get openly aggressive when I feel hurt.....	1	2	3	4	5	6	7	8	9
51. I always feel that someone I know is like a guardian angel.....	1	2	3	4	5	6	7	8	9
53. As far as I'm concerned, people are either good or bad	1	2	3	4	5	6	7	8	9
54. If my boss bugged me, I might make a mistake in my work or work more slowly so as to get back at him.....	1	2	3	4	5	6	7	8	9
58. There is someone I know who can do anything and who is absolutely fair and just.....	1	2	3	4	5	6	7	8	9
59. I can keep the lid on my feelings if letting them out would interfere with what I'm doing	1	2	3	4	5	6	7	8	9
61. I'm usually able to see the funny side of an otherwise painful predicament.....	1	2	3	4	5	6	7	8	9
62. I get a headache when I have to do something I don't like	1	2	3	4	5	6	7	8	9
63. I often find myself being very nice to people who by all rights I should be angry at.....	1	2	3	4	5	6	7	8	9
66. I am sure I get a raw deal from life.....	1	2	3	4	5	6	7	8	9
68. When I have to face a difficult situation I try to imagine what it will be like and plan ways to cope with it	1	2	3	4	5	6	7	8	9
69. Doctors never really understand what is wrong with me	1	2	3	4	5	6	7	8	9
71. After I fight for my rights, I tend to apologize for my assertiveness.....	1	2	3	4	5	6	7	8	9
73. When I'm depressed or anxious, eating makes me feel better.....	1	2	3	4	5	6	7	8	9
76. I'm often told that I don't show my feelings	1	2	3	4	5	6	7	8	9