

Impact of Defense Mechanisms on the Psychological Well-Being and Resilience of Non-Disabled Populations and Populations with Physical Disabilities

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The present study aims to investigate the impact of defense mechanisms on an individual's psychological well-being and resilience. It also examines non-disabled individuals and individuals with physical disabilities. The population for this study included non-disabled (n = 100) individuals and individuals with physical disabilities (n = 100) from Peshawar, Pakistan. The data on the differently abled individuals with physical disabilities were taken from various paraplegic centers in Peshawar. The data on the non-disabled individuals were taken from various universities and other places of work. Results from the statistical analysis show significant differences between the scores on the Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) of the individuals who used mature defense mechanisms as compared to the individuals who used immature and neurotic defense mechanisms. Individuals using mature defense mechanisms had high scores on (SWEMWBS). The study showed significant differences between the non-disabled and individuals with physical disabilities in terms of their use of defense mechanisms in general. Non-disabled individuals used more mature defense mechanisms than individuals with a physical disability. Moreover, people with physical disabilities who used mature defense mechanisms scored higher on the Connor-Davidson Resilience Scale and Short Warwick-Edinburgh Mental Well-Being Scale compared to individuals with physical disabilities using negative defense mechanisms. There were no significant differences found regarding gender and the use of defense mechanisms.

Keywords

defense mechanisms • resilience and psychological wellbeing

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Introduction

Many studies have been conducted to shed light on the importance and use of defense mechanisms. Unpleasant feelings and negative thoughts that have not been processed by our conscious minds can be warded off using defense mechanisms (McLeod, 2015). In the fields of research and clinical psychology, defense mechanisms are referred to as an important concept among numerous topics under psychodynamic theory (Andrews et al., 1993). The term “defense mechanism” was pioneered by Sigmund Freud and is rooted in the psychodynamic perspective. Later, Anna Freud (1936), Otto Kernberg (1967), George Emant Vaillant (1977), and Robert Plutchik (1979) also made contributions to the concept of defense mechanisms. According to McLeod (2009), defense mechanisms are not only the source of getting rid of unpleasant thoughts and feelings but also enable individuals to derive pleasure from the positive things present in their lives. Defense mechanisms work unconsciously and are there to protect one from negative impulses that act as a threat to their well-being (Freud, 1915). George Vaillant (1977) also took Freud’s concept of defense mechanisms as a base and further investigated and categorized these defenses into four broad categories: mature, immature, neurotic, and pathological. The concept of defense mechanisms was evaluated by different theorists based on their respective theories and those reviews can be seen clearly through the work of Paulhus et al., (1997). Moreover, George Vaillant’s work remains quite influential considering its importance and relation to an individual’s well-being. Vaillant’s (2020) definition of defense mechanisms is to reduce conflict arising from a disturbing reality that can result in anxiety and distress, and the choice of these defenses can lead to significant effects on one’s mental health. The appropriate use of these defenses is very important here. According to Vaillant, defense mechanisms have an unconscious nature and act to reduce stress caused by anxiety due to everyday conflicts, and they also help maintain mental balance (Shpancer, 2018).

Human beings have a distinctive capability to survive trauma, with evidence available regarding the strong link between mental health, mental illness, and resilience (Southwick et al., 2014). Shrivastava and Desousa (2016) found that high resilience combined with defense mechanisms leads to healthy mental functioning and personality. Quality of life and the development of resilience are positively correlated with coping mechanisms that target the treatment of the problem (Somaiya et al., 2015). Resilience is defined by psychologists as the ability to regain successful functioning in the face of adversity (APA, 2012). Additionally, being resilient is important to adapting well to psychosocial challenges that accompany a disability, which impacts the well-being of an individual (Diener, 2000). Resilience was mentioned as a defense mechanism in a study that investigated its significance regarding mental health because it develops the ability to deal with unpleasant situations and provides a safeguard to an individual’s psychological well-being (Davydov et al., 2010). People with a physical disability require additional effort along with certain internal and external elements to support developing resilience compared to those who are born without a disability (Hendriani, 2018). In a study, mature defense mechanisms are described as a concept called “stress resilience,” which explains an individual’s positive response to stress (Shpancer, 2018). A study was conducted on a sample of individuals with physical disabilities and conflict to inquire about their choices and use of defense mechanisms as a coping strategy (Phaneuf, 2007). In one such study, many adaptive defense mechanisms were used by a girl with a physical disability that made her resilient and aided constructive functioning in her life. She made use of defense mechanisms like humor, anticipation, avoidance, and affiliation. It was found that emotional regulation improves resilience, which impacts the overall psychological health of an individual (Prout et al., 2019).

Psychological well-being is an individual's evaluation of their life (Diener, 2000). There is a link between an individual's strength and mental health with the appropriate use of defense mechanisms (Laczkovics et al., 2018). Ryff and Singer (1996) conceptualized psychological well-being as a multifaceted discipline that takes six dimensions of psychological wellbeing to be: autonomy, positive relations with people, personal mastery, purpose and meaning, personal growth, development and self-acceptance. An individual who observes a person using defense mechanisms might refer to them as one with a defensive personality, but the person making use of defense mechanisms is protecting their psychological health from environmental stressors and negative impulses (Cramer, 2006). The role of unconscious coping mechanisms from a psychodynamic perspective and mentioned the role of mature and immature defense mechanisms and their influence on mental health. He explains that mature defenses like "humor" and "sublimation" had positive effects on psychological well-being as compared to immature defense mechanisms like "projection" (Vaillant, 2011, pp. 366–370). It was found that a mature style of defense mechanisms improved late-life physical health and act as an aid in developing successful social relationships (Malone et al., 2013). The use of mature defense mechanisms, according to Vaillant (2000), has significant importance regarding an individual's mental health.

According to Weiss (2012), an individual with a disability may have different talents, social skills, beliefs, and abilities to cope with the challenges that come with their disability. Most importantly, in cases when an individual is diagnosed with a specific type of disability, they need to work on finding ways and strategies to deal with it. New Brunswick Human Rights Commission (2011) defined physical disability as any type of disability, disfigurement, or infirmity caused by illness, bodily injury, present at birth, amputation, lack of physical coordination, deafness, blindness, speech defect, or relying on any remedial devices such as wheelchairs, canes, etc. Disabilities of any kind can change the perspective an individual has about themselves before and after living with that disability. According to various surveys conducted by the Pakistan Bureau of Statistics, the number of individuals with disabilities in Pakistan is 3,286,630. Of that population, 2,173,999 live in rural areas, and 1,112,631 live in urban areas. Another report published by *Pakistan Today* (2018) on an online forum, as reported by the director-general (DG) of National Health Services (NHS), Dr. Asad Hafeez, estimated that 30 million people are living with a disability in Pakistan. Living with a disability and accepting this reality is an important change that comes with challenges in one's life. The individual must adjust their concept of self and their place in society (Stuntzner et al., 2014). In a study by Neuberg et al. (2000), people with physical disabilities are often seen as incomplete, which adds to their emotional suffering and leads to distress. These individuals also struggle with self-esteem issues, which is an important part of one's personality (Adie et al., 2008). Additionally, individuals with a disability sometimes suffer from psychological threats regarding the perception that they are different. These individuals often deal with these threats by using "denial" as a defense mechanism (Lipp et al., 1968, pp 72–75).

Literature Review

According to the World Health Organization (WHO), mental health is a significant source of strength for different communities (2002). Psychologists from various subfields, including cognitive, social, developmental, and personality psychology, have shown interest in the concept of defense mechanisms (Cramer, 2000). On the other hand, the field of experimental psychology

has not explored this topic as much due to the lack of empirical investigation into defense mechanisms (Vaillant, 2000). Defense mechanisms function unconsciously and provide support to one's psychological health by changing one's perspective whenever faced with unpleasant circumstances (Cramer, 1998, 2000; Vaillant, 1971, 1994). According to Parekh (2010), mature and neurotic defense mechanisms are utilized more than immature defense mechanisms. An important facet of one's personality is the type of defense mechanism one uses (Blaya et al., 2003). The use of different styles of defense mechanisms is related to adaptiveness, maturity, and fitness (Khan & Gul, 2016). It would be fascinating to investigate how people in their daily lives use these defenses as a strategy or coping mechanism to ward off anxiety and stress (Phaneuf, 2008). There is a positive relationship between the use of neurotic defense mechanisms and the development of psychopathology, whereas mature defense mechanisms showed a negative relationship with prolonged grief and psychopathology (Boogar & Talepasand, 2015). Resilience was linked with mental health, and high resilience was found to be an important factor in eradicating depression, anxiety, and conflict in daily life (McGowan et al., 2018). In one study, resilience was found to act as a shield against psychopathology (Shrivastava & Desousa, 2016). The availability of external factors like social support and psychological assistance played a significant role in the development of resilience for individuals with physical disabilities. Moreover, factors like self-awareness, determination to learn, and religiosity acted to elicit resilience internally (Hendriani, 2018). According to MacGregor & Olson (2005), there is a relationship between physical and psychological health and the use of defense mechanisms. Well-being in individuals with disabilities is considered a multilevel concept and is linked to an individual's surroundings. The mechanisms that help in developing a connection between their physical and social environment contribute to their overall well-being (Putnam et al., 2003). Nemček (2017) found that a physically active life leads to having higher self-esteem in individuals with a physical disability compared to individuals with a physical disability who do not have an active life. Individuals using less mature defense mechanisms and avoidant coping styles suffered more psychopathological issues. However, those using task-oriented mechanisms suffered less from psychopathology (Katarzyna et al., 2017). In another study, the results revealed that individuals using neurotic defense mechanisms were affected by adjustment disorders (Ghazwin et al., 2017). Kastner (1973) found that individuals exposed to unpleasant and distressful situations in life were more tolerant, developed a better understanding of disability, and were better adjusted to their environment, as compared to those who were not exposed to these situations. Defense mechanisms combined with hope can indicate one's level of dysphoria. For example, individuals making use of immature defense mechanisms have low hope and high dysphoria. Additionally, it was revealed that defense mechanisms also play the role of moderator between hope and dysphoria (Kwon, 2000). According to a study by Cramer (2007) (as cited in Cramer, 2014), boys use more reality-distorting and mature defenses than girls. On the other hand, regarding the use of specific defenses like "denial," "anticipation," and "dissociation," girls do not prefer these defenses.

The Rationale of the Study

The goal of the present study was to conduct a comparative investigation to inquire about the effect of defense mechanisms on the resilience and psychological well-being of individuals with physical disabilities and non-disabled individuals. This study also emphasizes the importance and awareness of using defense mechanisms appropriately as a coping strategy not only in conflicts but in everyday life, which leads to a peaceful life. Using mature defense mechanisms

means making use of socially acceptable and constructive mechanisms as compared to negative or immature defenses. These mechanisms not only enhance psychological health but affect physical health as well. Further, this study also serves as motivation for the readers to use healthy and positive defense mechanisms to improve their overall well-being by providing a look at how individuals with physical disabilities use mature defenses to lead a psychologically healthy life and rid themselves of negative impulses and unhappiness caused by their physical disability. Previous research regarding defense mechanisms has been conducted, but has lacked an awareness of the importance of mature defense mechanisms and of incorporating them into the daily lives of individuals with physical disabilities in comparison to individuals without a disability. This information gap in Pakistan is the reason this researcher chose to study this topic.

Objectives

The present study aims to:

- Investigate different defense mechanisms used by the general population and people with physical disabilities.
- Study the effects of various defense mechanisms on the psychological well-being and resilience of individuals.

Hypotheses

1. The psychological well-being of the individuals who use mature defense mechanisms will be better than people who use immature and neurotic defense mechanisms.
2. There will be a significant difference between the types of defense mechanisms used by the individuals with physical disabilities and non-disabled individuals.
3. People with physical disabilities using mature defense mechanisms will have higher scores on the psychological well-being and resilience scales as compared to individuals with physical disabilities using negative defense mechanisms.
4. There will be a difference in defense mechanisms used by men and women.

Method

Sample

For the present study, a total of 200 participants were selected. Out of the 200 participants, 100 had a physical disability and 100 were non-disabled, and they all had the ability to read and write, and had either matric, a high school education, or higher. The individuals with physical disabilities were selected from the Paraplegic Center Hayatabad Peshawar and the Physical Disability and Rehabilitation Center Lady Reading Hospital Peshawar. The non-disabled participants were taken from different workplaces and educational institutes in Peshawar City. Among the 200-sample population, 100 participants were male, 100 were female, 141(70%) participants were below age 30, 59 (29.5%) were age 30 and above, 2.5% of the population sample were uneducated, 13.0% had completed primary and middle school, and 37% had matriculated to high school, 33% had attended intermediate school, and 12.5% and 2% had attained bachelor's and master's degrees, respectively. Further, in terms of the cause of disability, 49.5% had acquired a physical disability due to injuries, accidents, and illness, and 1% had it by birth. Additionally, 55.5% were

from the joint family system, and 45.5% were from the nuclear family system. Socioeconomic status among the sample population revealed that 84.5% were from the middle class, 12.5% were from economically constrained backgrounds, and 3% were from the upper class.

Instruments

Defense Style Questionnaire (DSQ-40) (Andrews, Singh & Bond, 1993)

Bond, Gardner, Christian, and Siegel (1983) developed a questionnaire measuring defense styles, and it consisted of 67 items. Later, Bond and Vaillant (1986) revised and converted the 67-item scale to 88 items. The Defense Style Questionnaire 40 (DSQ-40) was developed by Andrews et al. (1993) and was used in the present study. DSQ-40 is a self-report inventory based on George Vaillant's categorical segments of defense styles and measures the three defense styles: immature, mature, and neurotic. The scale has 24 items to measure neurotic defense style, while immature and mature defense styles are measured by eight items each.

According to research by Andrews et al. (1993), DSQ-40 showed satisfactory psychometric properties. Further, the test-retest reliability and internal consistency of DSQ-40 were also acceptable, showing a reliability coefficient of 0.70–0.91 (Tapp et al., 2018).

Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS) (2008)

The Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) was used in the present study to measure the psychological well-being of the participants. This scale was developed by psychologists at the Warwick and Edinburgh universities and commissioned in 2006. The scoring is done by summing up the total score along with a conversion table. The scores are in the range of 7–35, and a high score indicates positive mental health. Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) has shown good internal consistency values for reliability with a 0.89 value for Cronbach alpha (Koushede, 2018). Further it was found that its reliability value for Cronbach alpha was 0.89 and convergent and divergent validity of SWEMWBS showed high positive values of correlation (Vaingankar et al., 2017).

Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003)

This scale was developed by Connor and Davidson (2003) to measure the resilience of an individual and is extensively used to assess an individual's ability to bounce back to a previous level of functioning. CD-RISC was used in the present study to measure resilience among the participants. Originally, CD-RISC had 25 items but was revised to a shorter version with 10 items by Campbell-Sills and Murray Stein (2009), which was used for the present study. The study used a Self-Report Inventory with a 5-point Likert scale of uni-dimensional nature ranging from 0–4. The scoring is set by calculating the total score of all items and can be as low as 0 or as high as 40. A high score indicates high resilience in an individual. The Cronbach alpha is 0.91, 0.88, and the construct validity is $r = 0.53, 0.45, p > 0.001$ (Gonzalez et al., 2016).

Procedure

Before conducting the current study, permission was received from the heads of the respective institutes where data was collected. The aim of the study was explained to the respective participants, their consent was taken, and questionnaires were administered to them. No time

limit was given to them. When they had completed the questionnaires, they were thanked for their participation.

Results

The scores shown in Table 1 reveal clearly that people using mature defense mechanisms significantly influenced their psychological wellbeing. Further results in Table 2 indicate that scores on the Psychological Well-being Scale of people using mature defense mechanisms were greater than people using immature and neurotic defense mechanisms. This depicts that using mature defense mechanisms also affects well-being positively. Moreover, the results on Table 3 indicate that when an individuals with a physical disability utilizes mature defense mechanisms other than immature and neurotic defense mechanisms scores good on wellbeing and resilience

Table 1. One-way ANOVA and follow-up Post Hoc analysis for comparison between participants using Mature, Immature, and Neurotic defense mechanisms, showing mean, standard deviation, and F-values of participants (male/female), including non-disabled and individuals with physical disabilities (n = 200).

	Mature (n = 115)		Immature (n = 16)		Neurotic (n = 64)							
Subscale	M	SD	M	SD	M	SD	F	i-j	MD.(i-j)	S.E	LL	UL
Wel B	26.00	4.97	20.00	4.70	23.23	5.07	13.77**	1>2	6.008*	1.33	2.79	9.22
								1>3	2.77*	0.778	0.894	4.654

Note: Between group $df = 2$, within group $df = 197$, group total $df = 199$; * $p \leq 0.05$, ** $p \leq 0.01$, CI = Confidence interval; LL = Lower limit; UL = Upper limit, WelB = Well-being.

Table 2. Results of chi-square test and descriptive statistics for defense mechanisms used by non-disabled and individuals with physical disabilities (n = 200).

Defense Mechanisms		Sample / Classification		
		Non-disabled	With physical disabilities	
		n = 100	n = 100	Total
Mature	Frequency	70	45	115
59.00%	Percentage	72.20%	45.90%	
Immature	Frequency	6	10	16
8.20%	Percentage	6.20%	10.20%	
Neurotic	Frequency	21	43	64
32.80%	Percentage	21.60%	43.90%	

0 cells (0.0%) have an expected count of less than 5. The minimum expected count is 8.00.

$\chi^2(df) = 14.19(9)$, $p < .001$ indicates that non-disabled and individuals with physical disabilities used different defense mechanisms. For example, physically abled individuals used mature defense mechanisms more as compared to immature and neurotic defense mechanisms.

Table 3. One-way ANOVA and follow-up Post Hoc analysis for pair-wise comparison with Bonferroni Correction Factor, showing Mean, Standard deviation, and F-values of participants with a disability using mature, immature, and neurotic defense mechanisms on well-being and Resilience Scales.

	Mature (n = 44)		Immature (n = 9)		Neurotic (n = 39)							
Subscale	M	SD	M	SD	M	SD	F	i-j	MD.(i-j)	S.E	LL	UL
Wel B	23.9	5.11	18.00	3.31	21.64	4.10	7.341**	1>2	5.97*	1.67	1.90	10.05
								1>3	2.33*	1.00	.340	4.33
Resili	27.7	6.7	18.44	5.24	23.56	7.51	8.37**	1>2	9.35*	2.54	3.14	15.56
								1>3	4.23*	1.52	.498	7.96

Note: Between group $df = 2$, within group $df = 97$, group total $df = 99$; * $p \leq 0.05$, ** $p \leq 0.01$, CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit, WelB = Well-being, Resili = Resilience.

Table 4. Results of Chi-square Test and Descriptive Statistics for defense mechanisms used by Males and Females (N = 200).

Defense Mechanisms		Gender		
		Male (n = 100)	Female (n = 100)	Total
Mature	Frequency	60	60	120
	Percentage	60.00%	60.00%	60%
Immature	Frequency	6	10	16
	Percentage	6.00%	10.00%	8.00%
Neurotic	Frequency	34	30	64
	Percentage	34.00%	30.00%	32.00%

0 cells (0.0%) have an expected count of less than 5. The minimum expected count is 8.00.

scales. And the results in Table 4 specify that scores on the Psychological Well-being Scale and Resilience Scale of individuals with physical disabilities using mature defense mechanisms were greater than people using immature and neurotic defense mechanisms.

Table 4 presents a chi-square for comparison between males and females regarding the defense mechanisms they used. χ^2 (df) = 1.250 (2), $p = 0.535$. The results indicated that there is no association between gender and defense mechanisms used by males and females.

Discussion

The present study was conducted to analyze the effects of using various types of defense mechanisms on an individual's life, specifically on their resilience and psychological well-being, in a sample of non-disabled individuals and individuals with physical disabilities. Defense mechanisms are described as psychological strategies that work unconsciously and act as a shield for our minds against unpleasant and conflicting situations that are difficult for our conscious minds to deal with immediately (McLeod, 2019). Resilience and psychological well-being were

found to be important determinants for the prediction of academic performance and related activities, and these factors need to be shared, for individuals to become aware of the benefits they can have for their everyday lives (Fernandez, Diaz, & Saez, 2018).

Based on the evidence used for this study, the following statements were tested. The first tentative statement proposed in the present study was that the well-being of individuals using mature defense mechanisms would be better than those making use of immature and neurotic defense mechanisms. This statement is supported by the empirical data provided in the present study (see Table 1 above). The more we utilize mature defense mechanisms, the more it elicits positive conscious experience of thought processes linked to comforting an individual's conflicting situations in life (Di Giuseppe & Perry, 2021). Therefore, it can be inferred that the appropriate use of defense mechanisms helps an individual deal with inevitable negative experiences of life by protecting their mental health and reducing anxiety, which leads to better psychological health. It was observed that steadying one's thoughts by appropriately using certain defense mechanisms made an individual aware of their mental health and created a balance in terms of their psychological functioning because it reduced negativity and distress in life. The second hypothesis of this study was that the type of defense mechanisms used by individuals with physical disabilities would be different to non-disabled individuals, which is supported by the results (see Table 2 above). Physical disability is accompanied by many challenges and people with a physical disability may experience both mental and physical distress, which has a profound effect on their mental health. During data collection for the present study, participants with physical disabilities shared their fears, hopelessness, stress, and loneliness as a consequence of their disability, which was seen in the results, in that it affected their usage of the types of defense mechanisms compared to those used by the non-disabled participants of the study. A considerable difference was found in the results of a sample population of participants with physical disabilities compared to the non-disabled participants, because of their perspectives about disability, their identity, and its consequences. Other contributing factors are mental health issues and the concept that they are different, which involves the use of the defense mechanism "denial" (Lipp, Kolstoe, & James, 1968).

The third hypothesis stated that significant differences will be present in the scores on well-being and the resilience scales of the individuals with disabilities using mature defense mechanisms compared to those using immature and neurotic defense mechanisms, which is supported by the results (see Table 3 above). It was observed during the data collection of the present study that some of the individuals with physical disabilities had quite an overwhelmingly positive approach toward their lives. On the other hand, there was also a category of people with disabilities leading lives with negativity and, in turn, their use of defense mechanisms had a great effect on their psychological health. This was revealed clearly in their scores as well. It was also observed that participants with physical disabilities with a sound social support system, self-help strategies for healing themselves physically and mentally, and a strong belief in faith had a more positive approach towards life. According to a study by Simeon et al. (2007), mature defense mechanisms are an important factor in eliciting resilience. Further, resilience was shown to correlate with secure attachment, superior performance, and reward dependence.

The results of the present study indicated no considerable differences in the scores of participants based on gender (see Table 4). In the present study, psychological functioning regarding the protection of mental health from negative impulses depends on an individual using strategies to cope with the stressors and reacting to such situations. While the study found that reflection on an individual's feelings may be partially dependent on gender, it was also observed that

dealing with psychological distress arising from various life adversities functions irrespective of the individual's gender in many cases.

Conclusion

The present study brings out the significance and awareness of the use of defense mechanisms in an individual's life for dealing with negative or conflicting events, as well as everyday life activities, as a strategy to enhance their mental health and its impact on their resilience and psychological well-being.

This research reveals that the use of mature defense mechanisms is an indicator of well-being. The present study provides statistical evidence to assert that individuals who use mature defense mechanisms have higher psychological well-being than those who use negative defense mechanisms. Good psychological well-being shows mental strength and the capability to handle and manage stress. Also, this study addresses that individuals with physical disabilities make use of negative defense mechanisms more than non-disabled individuals. However, individuals with physical disabilities using mature defense mechanisms have positive mental health and more resilience. The study also sheds light on the importance of well-being to directly influence resilience, even though well-being itself is affected by the use of mature defense mechanisms. Moreover, it was also revealed that the selection of the mature or negative type of defense mechanism was irrespective of gender. In one study, it was found that boys make use of mature defense mechanisms more than girls. However, boys used specific defense mechanisms (denial, anticipation, and dissociation) more than girls. And furthermore, girls do not prefer such inappropriate defense mechanisms (Cramer, 2007 as cited in Cramer, 2014).

Suggestions and Recommendations

1. Improvement regarding mental well-being and medical care for individuals with physical disabilities by providing them with rehabilitation care and social support.
2. Media attention should be given to the societal progression of mental health and the government should work on increasing life satisfaction and the reduction of distress in their nation's lives.
3. Research work is needed to investigate further when defense mechanisms are inappropriate to use and when they can defend us.
4. More research must be done on the life span developmental changes regarding the use of defense mechanisms in an individual's life.
5. More research must be done on the impact of social support and of physical activity on the self-esteem of individuals with physical disabilities, and how social support can be utilized for enhancing the well-being of individuals in general.
6. Psychological interventions should utilize the mature defense style to better assist and enhance the physical health of individuals with physical disabilities.
7. Researchers who wish to work on the clinical side should study defense mechanisms specifically used by individuals with psychological disabilities as compared to non-disabled individuals with psychological disabilities in the mental health field.

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