

Anxiety and Defence Mechanism of Nail Biters and Normal Individuals

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Abstract

In the present paper an attempt has been made to find out the difference between the anxiety level of those indulging in nailbiting when being compared to normal individuals who don't practice any such behavior and if those who show indulgence in nailbiting have a particular tendency towards defense mechanism in comparison to normal individuals. Sample consisted of 80 individuals of age range 20-45 years, consisted of males and females, all residents of Varanasi were selected for the purpose of study. They were divided into two groups of 40 individuals each. One group consisted of 40 nail biters and the other group was of 40 normal individuals (non-nail biters). Anxiety scale and defense mechanism inventory were used to collect data. Data have been analysed by using descriptive analysis, t-test, and coefficient of correlation. Findings indicated that nail biters are high on anxiety level as well as have a particular tendency towards use of defense mechanism when compared to normal individuals (non-nailbiters) who don't use nail biting as a defense to restore their aroused anxious state or aroused emotional state to normal psychological functioning.

Keywords: anxiety, defense mechanism, nail-biters, non-nail biters

In recent years, a growing number of researchers from varied theoretical backgrounds have employed the study of defense mechanisms in personality assessment (Cramer, 2006; Vaillant, 1998) and psychopathology (Bond, 2004; Perry, 1998). The question of how we deal with stress and adversity has come under increasing scrutiny in recent years (Lazarus, 2000; Somerfield & McCrae, 2000). Considerable research has been devoted to the study of coping mechanisms and to the issue of whether the use of these mechanisms leads to more positive adaptation (Folkman & Moskowitz, 2000). Alternative mechanisms for adaptation—defense mechanisms—have also come under increasing investigation (Cramer, 1991, 2000; Cramer & Davidson, 1998; Vaillant, 1992). Both in research and in theory, the use of defense mechanisms is currently seen as an aspect of normal psychological functioning. Defense mechanisms are essential for softening failure, reducing cognitive dissonance, alleviating anxiety, protecting ourselves against trauma and maintaining our feelings of adequacy of personal worth. Thus they must be considered normal adjustive reactions unless they are used to such an extreme degree that they interfere with the maintenance of self-integrity instead of being an aid (Cramer, 2000; Vaillant, 1993; Coleman, 1968). However, excessive use of defense mechanisms are considered to be immature, has been associated with psychopathology (Perry et al., 1998; Vaillant, 1994). Psychoanalysts have tried to explain the several defense mechanisms that form in the course of our development to deal with conflicting impulses and inner tensions. They aren't pathological in themselves. They are absolutely essential for normal living. In some cases, the use of these mechanisms may promote the mental health of the individual. There is also evidence that the use of defense mechanisms changes over the course of normal development. Cramer (1991) has proposed a theory of defense mechanism development based on two general assumptions. The first is that different defense mechanisms will predominate at different points in development, much as Piagetian theory postulates that different cognitive operations are characteristic of different developmental periods. The second assumption is that each defense mechanism has its own developmental history—namely, that the precursors of each defense are present in the earliest periods of development and that each defense has its own time of emerging predominance, which is followed by the decline of that defense at subsequent developmental periods.

Use of the defense of identification increases gradually from early childhood to the period of late adolescence (ages 17–18), where it has been found to be used more frequently than denial or projection (Cramer, 1987). Thus, in developmental terms, the defense of projection is more mature than the defense of denial, and identification is more mature than projection. Gender differences have traditionally been found in defense mechanism research over the course of the last 40 years (Bogo et al., 1970; Cramer, 1987, 1991, 2006; 1998; Vaillant, 1993; Watson and Sinha, 1998; Watson, 2002). Studies examining underlying gender differences on specific defense mechanisms found that men tend to score higher on Suppression, Isolation, Denial, Omnipotence, Devaluation and Splitting (Watson & Sinha, 1998; Hwang, 2001). Defense mechanisms are sometimes functional but are often dysfunctional means of dealing with life functions. In their functional forms, defense mechanisms effectively regulate instinctual drives and impulses that are unacceptable to the individual, family and society. However, many defense mechanisms are

dysfunctional because they prevent rather than promote adequate coping. Many people stick to a few rigid defense mechanisms and do not try to expend or improve their coping skills. They may resort to such defenses as extreme regression or prolonged denial to avoid or distort a reality that is too difficult to endure (Freud, 1937). Barlow(2000) defines Anxiety as a “future – oriented mood state in which one is ready or prepared to attempt to cope with upcoming negative events,” and that is a clear distinction between anxiety and fear. Another description of anxiety is agony, dread, terror, or even apprehension. This view of human fear and anxiety is comparable to the animal predatory imminence continuum. That is, anxiety corresponds to an animal’s state during a potential predatory attack and fear corresponds to an animal’s state during predator contact or imminent contact (Fanselow & Lester, 1988). Most commonly, nail biting has been characterized as a symptom of anxiety or a nervous habit (Klatte & Deardorff, 1981). Early research on nail-biting behavior characterized it as a possibly due to an impaired mother-child relationship, as a self-mutilation behavior, or a sign of inward turned hostility. Deardorff, Finch and Royall (1974) studied that nail biting, demonstrating anxiety made worse by tense moments, is seen as a reflex of emotional unbalances. In a survey done by Ellis and Zumpfe (2003), to record the prevalence of nailbiting in United States. They found that the prevalence is high 45%-60% and tends to be more in females as observed in children from pre-school age to adolescence. In an attempt to determine the function of nail biting, a recent study found that, in young adults, nailbiting occurred under the conditions of working on difficult problems or boredom, which may reflect a particular emotional state (Williams, Rose & Chisholm, 2007). The problem is usually not observed before the age of 3 or 4 years. Most cases of nailbiting are seen between the ages of 4 and 6 years; it stabilizes from 7 to 10 and increases considerably during adolescence, because this is the crisis period (Coleman, 1948). The rates of nail biting in less than 12-year-old twins were 28% in boys and 26% in girls. It co-occurred with finger sucking in 17.7% of boys and 15.7% of girls (Ooki, 2005). The rates of nail biting in 7 to 10-year-old children and during adolescent are suggested being 20–33% and 45%, respectively (Leung & Robson, 1990). In a study on a community sample of school aged children in Iran it was indicated that the rate of nail biting in boys and girls were 20.1% and 24.4%, respectively (Stein & Simeon, 1999). Nail biting was not related to gender, conduct problems, inattentiveness, hyperactivity, and peer problems. Moreover, the rate of nail biting in at least one of the family members of children with nail biting was 36.8% (Ghanizadeh & Shekoochi, 2011). Another study on American three to six-year-old preschool children indicated that the rate of nail biting was 23%. Nail biting is age-related, and its prevalence decreases with the increase of age. As per the studies conducted by Shetty and Munshi (1998) the rate of nail biting in school children in Mangalore, India, was 12.7%, and it was more prevalent in girls than boys. Anxiety in children with nail biting is not a trait, it is a state. The trait which is accompanied with nail biting is oral aggression (Gilleard, Eskin & Savasir, 1988). Oral habits including nail biting have an environmental etiology, and are risk factors for malocclusion development, especially in children older than preschool years (Littner, Adams & Gavish, 2006). Inadequate motor activity is supposed to be a cause of an increase in nail biting (Dufrene, Watson & Kazmerski, 2008).

In a research study by Kharbanda, Sidhu, Sundaram and Shukla (2003) about 21.5% of male adults are nail biters. A study on 5554 children (5-13 years old) in Delhi indicated that the prevalence of oral habits such as thumb sucking and lip biting were 25.5% and 3%, respectively. While oral habit was not associated with gender, thumb sucking was more common in girls than in boys (Saheeb, 2005). There are limited reports about co-morbidity of nail biting with psychiatric disorders. As per reports of Ghanizadeh (2008), three most common co-occurring psychiatric disorders in clinical sample children with nail biting are attention deficit hyperactivity disorder (74.6%), oppositional defiant disorder (36%), and separation anxiety disorder (20.6%). Other comorbid disorders include enuresis (15.6%), tic disorder (12.7%) and obsessive compulsive disorder (11.1%), major depressive disorder (6.7%), mental retardation (9.5%), and pervasive developmental disorder (3.2%). The rates of co-morbid psychiatric disorders including oppositional defiant disorder, conduct disorder, separation anxiety disorder, generalized anxiety disorder, obsessive compulsive disorder, tic disorder, and major depressive disorder in children with ADHD and nail biting were not more than those in ADHD children without nail biting (Ghanizadeh, 2008). Nail biting is not associated with enuresis in children with ADHD. There are a few studies about the association of psychiatric disorders in the parents and nail biting in their children. The study that investigated the parents of children with nail biting reported that about 56.8% of mothers and 45.9% of fathers suffered from a psychiatric disorder, which most often was major depressive disorder. The rate of major depressive disorder in mothers was 46.6% and in fathers was 35.1%. A study on children of mothers with psychiatric disorders reported that the rate of nail biting in children of mothers with schizophrenia was more than that in children of mothers with bipolar disorder. Also, the rate of nail biting in children of mothers with schizophrenia or bipolar disorder was higher than that in the control group (Vafaei & Seidy, 2003). The rate of Enterobacteriaceae is more in the oral cavities of children with nail biting habit than those without it. Moreover, nail biting may damage the tissue around the nail and lead to infection and teeth root damage. Furthermore, in severe cases, nail biting may damage the nail beds and cause the disappearing of nails. The outcome of nail biting is not just limited to medical consequences. Nail biting also causes some negative social and psychological consequences for the patients and their parents. Nail biting may decrease individuals' self evaluation, and increase their concerns for others' evaluation (Tanaka, Vitral & Tanaka, 2008). Thapliyal, Singh and Kharakwal (2003) explored the personality structure of nail biters., the results revealed the highest occurrence of schizoid core character and infantile sub-core character in the nailbiting children. The personality traits such as lack of empathetic relationship, forced adjustments with the environment, feeling of inadequacy, anxiety, insecurity, instability, impulsivity, need for support, aggression and depression were also identified. Some studies were related to the procedures that were designed to reduce nail-biting have focused on increasing the biters awareness of the behavior. Non-removable reminders, such as wrist band designated to be a constant cue to the nailbiter of his resolve to quit, have been used to control nail-biting but, unfortunately, they were found to be more effective than aversive techniques (Koritzky & Yechiam, 2011).

Thus, the review of available literature relevant in aspect of the study leads to framing of such conclusions that nailbiters and normal individuals vary in frequency and strength of their use of defense mechanism and generally a relation between the triggering of any defense mechanism and

anxiety is seen in case of both nailbiters and normal individuals and therefore, a positive hypothesis can be framed in this regard. On the basis of the introduction offered and the review of relevant literature, the study aims at comparing the anxiety level and then measuring the defense mechanism of nailbiters and normal individuals and also to find the relationship between their anxiety and defense mechanism of nailbiters. Through this study an attempt has been made to find out that does there exists a significant difference between the anxiety level of those indulging in nailbiting when being compared to normal individuals who don't practice any such behavior and if those who show indulgence in nailbiting have a particular tendency towards defense mechanism in comparison to normal individuals. This study will play a pivotal role in finding the causes of indulgence into nailbiting and also whether this behavior is simply a part of habit or is practiced a defense against increased levels of anxiety. Higher scoring of nailbiters in anxiety and defense mechanism both will be an indicative of that nailbiting takes place as a defense mechanism against increased anxiety which in turn, reduces their anxiety thereby, justifying the relationship between the two variables under study which are anxiety and defense mechanisms. Initially people thought that nailbiting had to do with an oral fixation – the Freudian view—but that is no longer popular opinion. There are now competing views on whether it is a learned habit, for example, or has a biological basis. Older studies tend to talk about psychological reasons, while newer ones look at behavioral and biochemical kinds of things, such as whether nail biting is caused by a relative of obsessive-compulsive disorder. Some experts think there is a genetic link, since it often runs in families, while others believe it's an exaggerated grooming behavior. Regardless there is a definite comfort or stress-relief aspect for a lot of folks. There may be different causes in different people. For some people it is associated with anxiety, but studies have shown that people who bite their nails aren't that anxious. This study will help in finding the relationship between anxiety and defense mechanisms that is to say, whether there is any relation between increased level of anxiety and practice of defense mechanism or not.

Objective:

- 1.To compare the anxiety level of nail biters and normal individuals.
- 2.To study defense mechanism of nail biters and normal individuals.
- 3.To find the relationship between the defense mechanism and anxiety of nail biters and normal individuals.

Hypothesis

1. Nail biters will have higher anxiety level when compared to normal individuals.
2. There will be particular tendency between the defense mechanism of nail biters and normal individuals.
3. Nail biters will score higher on the defense mechanism inventory.
4. There will be relationship between the defense mechanism and anxiety of nail biters.

Method

Participants:

A sample of 80 individuals of age range 20-45 years, consisting both Males and Females, all residents of Varanasi were selected for the purpose of study. All subjects had a minimum educational qualification of being a Graduate. They were divided into two groups of 40

individuals each. One group consisted of 40 nail biters and the other group was of 40 normal individuals (non-nail biters). The Males and Females in each group were identified as the scale used in the test has separate Forms for Males/Females.

Materials:

1. Biographical Datasheet

2. Defense Mechanism Inventory by Mrinal and Mrinal (1984). This is an inventory to evaluate the specific defensive presumed to characterize the developmentally lower level of defensive functioning. There are two versions of this inventory- Male and Female. Each version contains 10 stories. After reading each story the subject is asked to respond to four questions corresponding to four types of behaviour evoked by the situation described in the story:(a) Proposed actual behaviour, (b) Impulsive behaviour(in fantasy), (c) thoughts, and (d) feelings. Five responses are provided for each question , each response representing one of the five defense mechanisms among Turning against Object, Projection, Principalization, Turning against Self, Reversal. The subject marks a plus(+) for the response most representative of his reaction and a minus(-) for that least representative. The responses marked with plus sign by subject are given the numerical value of two, those marked with minus sign are scored zero and the unmarked responses are given the value of zero. The Test-retest reliability of the test ranges from 0.64-0.85 and the validity of the test is 0.60.

3. The Self-Evaluative Scale by Tripathi and Rastogi(1983).It is a five-point scale to measure the level of anxiety. It consists of three subscales i.e., State, Trait and Free floating anxiety. The test booklet itself contains the description and digital indices for the 5 category response continuum for each item in the three parts. Five appropriate weights (one to each one) have been assigned to the numerals, numbered serially from 1 to 5. The corresponding values of the weights assigned to the five numerals each indicating one of the five response categories in case of positive items is the same as the place value of these numerals, but the weights in case of negative items are serially reversed. The reliability of the test ranges from 0.86-0.93 and the validity of the test ranges from 0.53-0.69.

Procedure:

The sample of the study consisted of 80 individuals, both males and females, of age range 20 – 45 years from Varanasi. The tools required were arranged in proper order and the subjects were contacted as per their convenience. Before test administration, the subjects were informed regarding the purpose of the test and on having their consent for the test to be administered on them, administrator established rapport with them. Detailed instructions were given to the subjects, in accordance to the instructions given in the respective manuals of the scales being used. All the queries regarding the test were sorted out, before and during the test administration. After the completion of the test the questionnaires were collected back as per the subject's convenience. After data collection, careful scoring of data was done. The obtained raw data were standardized using appropriate tables provided in the respective manuals of the Scales being used for study, and then analysis of the obtained scores was done using appropriate statistical measures viz. Descriptive Statistics of Mean and Standard Deviation was applied. Then Correlational Statistics of Pearson's Product Moment was applied to determine the coefficient of

correlation and then Inferential Statistics of t-test was applied to figure out the level of significance of the result finding.

Result

The purpose of this field study was to study the anxiety and defense mechanism between nail biters and normal individuals. Thus, the objectives underlying the study were comparison of the anxiety level of nail biters and normal individuals, comparison of tendency towards defense mechanism of nail biters and normal individuals and finding out if there exists any relationship between the defense mechanism and anxiety of nail biters and normal individuals. The hypotheses were also framed in accordance to the literature reviewed and objectives undertaken. For the purpose of meeting these objectives, the mean of anxiety of both nail biters and normal individuals was calculated, standard deviation for both groups was drawn out and then using t-test the level of significance of result findings was determined. Similarly, the mean of tendency towards defense mechanism for both groups was calculated and standard deviation and level of significance was determined. Ultimately, using Pearson’s product moment correlation (r) the correlation between the two variables under study i.e., anxiety and defense mechanism was determined thus fulfilling all the objectives of the study.

Table 1: Mean, SD and t-value of nail biters (N=40) and normal individuals (N=40) on the scale of Anxiety.

Anxiety Scale	Mean	SD	t-value
Normal Individuals (N=40)	184	20.17	2.61*
Nailbiters (N=40)	196	21.00	

*Significant at p<.05 level

Table 1 showing the Mean, Standard deviation, and t-value of nail biters(N=40) and normal individuals (N=40) as obtained on Self-Evaluative Scale by Tripathi and Rastogi(1983). Nail biters and non-nail biters significantly differ (t=2.61, p<.05) on the scale of anxiety. Nail biters scored higher (Mean= 196.00, SD=21.00) as compared to normal individual who scored lower (Mean 184.00, SD=20.17) on the anxiety scale.

Table 2: Mean, SD and t-value of nail biters (N=40) and normal individuals (N=40) on the scale of defense mechanism.

	Mean	SD	t-value
Normal Individuals (N=40)	192.00	15.66	14.33
Nail biters (N=40)	243.00	16.17	

*Significant at p<.05 level

Table 2 displays mean, SD and t-value of nail biters(N=40) and normal individuals’ (N=40) as obtained on defense mechanism inventory by Mrinal and Mrinal(1986). Two groups i.e., nail biters and normal individuals differ significantly (t=14.33, p<.01) on the scale of defense

mechanism. The mean score for non-nail biters on dimension of defense mechanism is 192 while that of nail biters is 243.

Table 3: Correlation coefficient between Anxiety and Defense Mechanism of Nail biters (N=40) and Normal Individuals(N=40).

Scale	Anxiety	
Defense Mechanism	- .042**	0.88**
	Normal individuals	Nail Biters

Significant at **p<0.01

Table 3 records the correlation between anxiety and defense mechanism of nail biters and normal Individuals. The significant and positive correlation ($r=.88$, $p<.01$) was found between anxiety and defense mechanism of nail biters. A significant negative correlation ($r=-.42$, $p<.01$) was found between anxiety and defense mechanism of normal individuals.

Discussion:

On the basis of the review of relevant literature certain objectives had been framed in context of the undergoing study. These objectives were: Firstly, to compare the anxiety level of nail biters and non-nail biters. Secondly, to study defense mechanism of nail biters and non-nail biters and thirdly, to find the relationship between the defense mechanism and anxiety of nail biters and normal individuals. The results findings of the study have been exploited for fulfilling the above mentioned objectives. Overall findings indicated that the mean for anxiety is greater for nail biters when compared to normal individuals. This shows that the anxiety level of nail biters is higher than that of non nail biters. The Standard Deviation of group of nail biters is nearly same as that of normal individuals, which shows that both the groups are nearly equally homogenous. Thus the first hypothesis “Nail biters will have higher anxiety level when compared to normal individuals” has been accepted. The significance of difference between the means of two groups has been obtained using t-test.

The most possible reason for such a finding can be attributed to the fact that nail biting usually occurs as a response to increased level of emotional imbalance or anxiety. So whenever there is increased level of anxiety in an individual such a response as nail biting takes place to counter it. This finding is supported by the research findings of Ellis and Zumpfe (2003) and Thapliyal, et. al., (2003) who have done detailed study on the personality of nail biters. It has been found that Nail biters are particularly higher on Trait and State Anxiety which shows that being anxious is a common personality trait to nail biters which is further triggered on encountering an anxiety-provoking situation. Second objective of the study deals with the defense mechanism of nail biters and normal individuals. The result findings show that the mean score for tendency towards defense mechanism of nail biters is greater than that for normal individuals. This shows that nail biters have higher tendency towards defense mechanism in comparison to normal individuals. The Standard Deviation of group of nail biters is nearly the same as normal individuals is, which shows that both the groups are nearly equally homogenous. Thus, the second objective of studying defense mechanism of nail biters and normal individuals has been fulfilled. Also, the hypothesis “There will be particular tendency between the defense mechanism of nail

biters and normal individuals” has been accepted. In particular, nail biters have a tendency towards defense mechanism. The significance of difference between means of two groups has been obtained using t-test. This finding can be supported by attributing to the fact that usually nail biting behavior is done as a form of defense mechanism in response to anxiety. This finding is further supported by the research findings of Williams, Rose and Chisholm (2007) and Koritzky and Yechiam (2011). This finding shows that nail biters have scored not only higher on an overall basis on the dimension of defense mechanism but also in every single dimension of the scale used. Hence, the hypothesis “Nail biters will score higher on the defense mechanism inventory” has been accepted. This shows that irrespective of the form of defense mechanism being used nail biters have a particular tendency towards them.

The correlation between anxiety and defense mechanism of non nail biters have been found negatively correlated. Thus, in case of non nail biters or normal individuals the two variables don't share any relationship. They are weakly correlated to one another, any variation in levels of one would have almost no effect on the other and if it exerts any effect it would be very weak i.e., in case of non nail biters if there is increased anxiety due to any cause it won't lead to the use of defense mechanism and vice versa. However, correlation between anxiety and defense mechanism of nail biters is a positive correlative score and an indicative of strong positive correlation between the two variables. Hence, the third objective of finding the relationship between the defense mechanism and anxiety of nail biters and normal individuals has been fulfilled. On the basis of result findings that there exists a strong positive correlative relation between the two variables under study i.e., anxiety and defense mechanism the fourth hypothesis i.e., “There will be relationship between the defense mechanism and anxiety of nail biters” has been accepted. Also, the correlation between anxiety and defense mechanism for nail biters is statistically significant at both levels of significance, which shows that this correlation or relation between the two variables can be applied to the true population also of which the sample is a part. This correlation coefficient is an indicative that both variables have dependence upon one another and any variation in one has a strong effect on the other too. This means that an increased anxiety leads to an excess use of defenses and when a drop is witnessed in the anxiety levels then the application of defenses in response to it too decreases. Anxiety and defense mechanism have a nearly proportional relationship with one another for the sample of nail biters. This can be attributed to the fact that when encountered with an anxiety- provoking situation due to dispositional causes nail biters suffer an increased level of anxiety and to restore there disturbed emotional state to normal functioning there is an immediate application of defense mechanism of any form whether it be projection, suppression, sublimation or any other even external to those mechanisms clustered under five headings of the inventory. Thus, it could be in this way that the use of defense mechanism varied proportionally with anxiety. In recent years, a growing number of researchers from varied theoretical backgrounds have employed the study of defense mechanisms in personality assessment (Cramer, 1991, 1998, 2006; Vaillant, 1998) and psychopathology (Bond, 2004), these findings too evince the findings of the study. This finding is further supported by the research findings of Cramer (2000), Vaillant (1993) and Coleman(1968)

who have given various theories of how defense mechanism is a way of alleviating anxiety and restoring to normal psychological functioning.

Thus on the basis of the result findings of the study conducted it could be summarized that all the objectives of the study have been met. Comparison of nail biters and normal Individuals who are nonnail biters has been done on dimensions of anxiety level and tendency towards defense mechanism. Also, the relation between the two variables of anxiety and defense mechanism has been established. On the basis of the results obtained the all the hypotheses drawn have been accepted. In conclusion it can be stated that nail biters are high on anxiety level as well as have a particular tendency towards use of defense mechanism when compared to normal individuals(non-nailbiters) who don't use nail biting as a defense to restore their aroused anxious state or aroused emotional state to normal psychological functioning. Also, Nail biters have scored comparatively higher on all dimensions of defense mechanism inventory against non nail biters. Both, anxiety and defense mechanism share a proportional relationship with one another and vary almost directly in response to one another. Increased use of defenses often take place necessarily as a response to increased anxiety levels in nail biters, while same is not true for non nail biters. All the result findings have been found to be statistically significant at different level of confidences.

Thereby, all hypotheses have gained favorable support from the result findings of the study and hence, stand accepted. Thus, this study will help clinicians in devising out preventive and therapeutic strategies to reduce nail biting by viewing it in relation to manipulated anxiety levels and observing the existing differences in pattern, frequency and strength in use of this defense mechanism by nail biters in comparison to normal individuals. There are certain limitations of this study. Present study has been conducted on a very small sample, so findings cannot be generalized. Data were collected by using self-report measures so the findings can be affected by common method variance.

Conclusion

In conclusion it can be stated that nail biters are high on anxiety level as well as have a particular tendency towards use of defense mechanism when compared to normal individuals(non-nailbiters) who don't use nail biting as a defense to restore their aroused anxious state or aroused emotional state to normal psychological functioning. Also, Nail biters have scored comparatively higher on all dimensions of defense mechanism inventory against non nail biters. Both, anxiety and defense mechanism share a proportional relationship with one another and vary almost directly in response to one another. Increased use of defenses often take place necessarily as a response to increased anxiety levels in nail biters, while same is not true for non nail biters. All the result findings have been found to be statistically significant at different level of confidences.

Implication and limitation of the study

All hypotheses have gained favorable support from the result findings of the study and hence, stand accepted. Thus, this study will help clinicians in devising out preventive and therapeutic strategies to reduce nail biting by viewing it in relation to manipulated anxiety levels and observing the existing differences in pattern, frequency and strength in use of this defense mechanism by nail biters in comparison to normal individuals. There are certain limitations of this

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