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Social Avoidance and Distress Among Smokers: Optimism and Mental Well-Being as the Predictors

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Abstract: Although social avoidance is associated with higher prevalence of smoking and poor mental health, little is known about the underlying mechanisms of these relationships. The present study was designed to investigate whether social avoidance and distress could be predicted by optimism and mental well-being among smokers and non-smokers in Bangladesh. The research employed a cross-sectional survey design. A questionnaire package was administered to a convenience sample of 300 (50% smokers and 50% non-smokers, mean age = 23.01 years) male students of the Gopalganj Science and Technology University, Gopalganj, Bangladesh. The findings of the *t*-test were revealed significant differences between smokers and non-smokers in all the three major variables under the study. Correlation analysis revealed significant associations between optimism, mental well-being, and social avoidance. When the contributions of optimism and mental well-being to social avoidance and distress were assessed, both variables were conducive to be good predictors of social avoidance and distress. In the fullness of time, these findings would help researchers and practitioners have better understandings of the effect of positive psychology on social avoidance and distress among smokers and non-smokers in Bangladesh.

Keywords: *Smokers, Non-Smokers, Optimism, Mental Well-Being, Social Avoidance and Distress.*

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I. INTRODUCTION

Smoking is a global public health issue that significantly affects individuals and society as a whole. Smokers, defined as individuals who consume tobacco products, such as cigarettes, cigars, or other forms of tobacco, can be either habitual or occasional users [17]. Smoking behaviors are shaped by a combination of social, cultural, and psychological factors, such as peer pressure, family habits, distress and societal norms [17]. According to the WHO [17], approximately 22% of the global adult population—over one billion people—are smokers. Smoking is prevalent in many regions, but the factors influencing smoking behaviors differ across geographical boundaries.

In Bangladesh, smoking is a widespread issue, particularly among adult males. It is often viewed as a socially accepted behavior [10]. Cultural norms, accessibility to tobacco products, and the lack of stringent tobacco control policies contribute to the high prevalence of smoking in the country [10]. The Global Adult Tobacco Survey (GATS) Bangladesh Report 2017 indicates that about 35.3% of Bangladeshi adults aged 15 and above use some form of tobacco. Among men, nearly 46% engage in tobacco smoking, whereas only 1.5% of women smoke [18]. Social and cultural factors, such as peer influence and economic conditions, play a significant role in shaping smoking behaviors in Bangladesh.

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Adolescence is a critical period when smoking behaviors often begin. Factors like curiosity, peer pressure, and stress significantly contribute to smoking initiation [12]. Many adolescents associate smoking with stress relief or social bonding, while others use tobacco as a coping mechanism [12]. In Bangladesh, peer influence has been shown to be a significant factor in adolescent smoking behavior. Psychological vulnerability is another important factor that contributes to it. Many individuals use smoking as a way to cope with stress, anxiety, or depression [12]. Smokers who experience mental health challenges may rely on tobacco to alleviate their symptoms temporarily [8]. However, smoking can exacerbate mental health issues over time, creating a cycle of dependency [8]. The psychological distress associated with quitting smoking, such as irritability, anxiety, and difficulty concentrating, presents significant barriers for smokers, particularly those with pre-existing mental health conditions [15].

The process of quitting smoking can be further complicated by the social distress and avoidance experienced by smokers. Smokers often encounter feelings of social stigma, particularly in environments where smoking is prohibited or viewed negatively. This stigma can lead to social avoidance, which exacerbates feelings of isolation, anxiety, and depression [5]. Smokers who experience high levels of social avoidance often face increased distress, making it even more difficult to quit smoking [5]. As opposed to, positive psychological traits such as optimism, resilience, and psychological flexibility can serve as protective factors against the negative psychological effects of smoking and social avoidance. Studies have shown that individuals with positive psychological traits are better equipped to manage distress and improve their quality of life during the process of quitting smoking [14]. Approaches that focus on self-compassion, acceptance, and building resilience can help reduce the feelings of social distress and stigma often experienced by smokers [3].

Interventions that focus on improving optimism, self-esteem, social integration, and psychological well-being have been shown to increase the success rates of smoking cessation [7]. Smokers who receive emotional and practical support from friends, family, or healthcare providers are more likely to manage nicotine cravings and withdrawal symptoms, leading to greater success in quitting smoking [7]. In addition, optimism, resilience, and mental well-being can mitigate smoking's negative effects and support smoking cessation efforts. Finally, social support and interventions that improve positive psychological traits and reduce smoking-related stigma are crucial for helping smokers quit and improving their mental well-being [7].

The rationale for this study stemmed from the increasing recognition of the positive psychological traits like optimism, and mental well-being, particularly their impact on social avoidance and distress among smokers and non-smokers in Bangladesh. While smoking cessation efforts often focused on physical addiction, the role of psychological factors such as optimism remains underexplored. Understanding how optimism and mental well-being predict social avoidance and distress among smokers is critical to designing effective interventions. This study aims to bridge this gap by examining the interplay of these variables, providing insights to develop holistic approaches that address both the psychological and social dimensions of smoking cessation.

➢ *Research Objectives*

- To understand significant differences between smokers and non-smokers in the entire major variables.
- To assess significant associations between optimism, mental well-being and social avoidance and distress.
- To what extent, optimism and mental well-being could contribute to the prediction of social avoidance and distress.

II. METHODOLOGY

➢ *Participants & Research Design*

Data were gathered from 300 male students from different departments at the Gopalganj Science and Technology University (50% smokers and 50% non-smokers, mean age = 23.01 years). They were selected by a convenience sampling method. The research utilized a cross-sectional survey design. The inclusion Criteria of this study [participants must as a university students, no physical and psychological problem at all] and exclusion Criteria [mentally unfit, except university students, no willingness to participate in this study].

Table 1 Sample Demographics (N = 300)

Socio-economic Status	Educational Status	Marital Status	Smoking Tendency
Lower = 22.3%	Undergraduate = 85%	Unmarried = 88.7%	Smokers = 50%
Middle = 74.7%	Graduate = 13.3%	Married = 11.3%	Non-smokers= 50%
Upper = 3%	Post-graduate = 1.7%		

➢ *Measures*

- *The Personal Information Form (PIF)*

The PIF gathered data on respondents' age, socioeconomic level, and other demographic, personal, and social characteristics.

- *Optimism Scale (OS; Millstein, 1994; Mahmuda, 2016)*

This optimism scale originally developed by Millstein in 2019 [23] and Bangla adopted version was created by Mahmuda in 2020 [24]. This scale contains 15 items. The scoring for each positive statement ranged from 1-4 for strongly agree to strongly disagree. The score was reversed for the negative statement. Total score of the optimism for any individual respondent was calculated by summing up the

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scores of all statements. The maximum possible score for this scale is 60 and the minimum possible score for this scale is 15. A high total score indicates poor optimism and low total score indicates better optimism. The split-half reliability of this scale was .82 and the Cronbach's alpha reliability score was .71. The Cronbach alpha observed in the present study was 0.86 indicating that this scale has a good reliability.

- *Warwick Edinburgh Mental Well-Being Scale*

The Bangla adapted version of Warwick Edinburgh Mental Well-being scale was developed by Rahman and Imran in 2013 [22]. WEMWBS is a 14-item scale assessing mental well-being, including subjective well-being and psychological functioning, with all items presented positively and focusing on the characteristics of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert-type choice format with choices ranging from 'none of the time' up to 'all of the time'. The minimum possible score in this scale is 14 while the maximum score could be 70. Higher scores indicating better mental wellbeing. WEMWBS has been validated for use with those aged 16 years and above. It showed good content validity and internal consistency (0.91). Cronbach's α for the study was .92, demonstrating strong internal consistency.

- *Social Avoidance and Distress scale*

The social avoidance and distress scale was originally developed by Watson & friend in 1969 [21] and Bangla adapted version created by Deeba and his colleagues in 2012 [20]. There were 28 items in SAD. Each item of the list was a 2-point scale with the response categories "Yes or No". Here (0-5) was mild, moderate score being (6-15) and severe score was (16-18). After applying spearman brown prophecy formula [19], the coefficient was found .80 which was very high. Thus, it can be said that the reliability of the Social Avoidance and Distress (SAD) scale is statistically sound and it is highly reliable. Cronbach's α for the study was .82, demonstrating strong internal consistency.

➢ *Procedure*

Initially, each participant was approached individually for a brief conversation to foster rapport. The data were collected through the previously described questionnaires from respondents who were open and demonstrated positive attitudes toward the research. Respondents have been readily approached at Gopalganj Science and Technology University in Gopalganj, Bangladesh, to obtain information. At the outset, each participant was informed about the study's overall goals and guaranteed that their responses would remain anonymous and utilized solely for research purposes. Participants received spoken instructions on how to reply to the items. Prior to reading the items, participants were requested to give general demographic information (e.g., age, etc.). Additionally, further clarifications were provided whenever students encountered difficulties in understanding the items. The task required an average of a few minutes for completion.

➢ *Statistical Analysis*

The data were carefully examined. Twenty missing data were eliminated from the analysis, and the remaining data were input into SPSS version 26.0 for variable analysis. Cronbach's alpha was calculated to evaluate the internal consistency reliability of the measures. Descriptive statistics and standard deviation were computed for all of the demographic variables. A descriptive analysis was conducted, confirming that no assumptions were violated, including the assumption of equal variances among the groups. The differences between smokers and non-smokers were thereafter assessed utilizing the independent sample *t*-test. The associations between the primary variables were next analyzed using Pearson product-moment correlation, followed by hierarchical regression analysis to determine the gradual contributions of the predictors.

III. RESULTS

The outcomes (mean, standard deviation, independent sample *t*-test, correlation, hierarchical regression) of the current research are sequentially illustrated in the following table.

Table 2 Mean Comparison of Smokers and Non-Smokers on Optimism, Mental Well-Being and Social Avoidance

Variables	Smoking	*N*	*M*	*SD*	*t*	*p*
Optimism	Yes	150	15.99	4.88	-37.38	0.001
	No	150	33.57	3.06		
Mental Well-being	Yes	150	30.55	5.00	-20.59	0.001
	No	150	50.24	10.58		
Social Avoidance	Yes	150	18.22	3.27	20.64	0.001
	No	150	10.45	3.25		

Note. *N*= 300 (Total number of participants), *SD*= Standard Deviation

Table 2 revealed the mean difference among those three scales and their subscales based on participants' smoking tendency. Findings showed that non-smokers exhibited higher scores on optimism and mental well-being compared to the smokers. Findings also revealed that non-smokers exhibited lower scores on social avoidance, compared to the smokers.

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Table 3 Correlation Matrix Among the Optimism, Mental Well-Being and Social Avoidance

Variables	1	2	3
1. Optimism	1	-	-
2. Mental Well-being	0.64**	1	-
3. Social Avoidance	-0.67**	-0.71**	1

Note. **p<.01, *N*=300

Table 2 revealed that optimism has a significant positive correlation with mental well-being ($r = 0.64$, $p < 0.01$). Additionally, optimism and mental well-being have negative correlation with social avoidance ($r = -0.67$, $p < 0.01$; $r = -0.71$, $p < 0.01$).

Table 4 Hierarchical Regression Analysis of Mental Well-Being and Optimism on Social Avoidance and Distress

Variables	*B*	*95%* CI		*SE*	β	R^2	ΔR^2
		LL	*UL*				
Step 1						0.51	0.51***
Constant	25.67	24.32	27.00	0.68			
Mental Well-being	-0.28	-0.31	-0.25	0.02	-0.71***		
Step 2						0.58	0.08***
Constant	26.69	25.43	27.95	0.64			
Mental Well-being	-0.19	-0.23	-0.15	0.02	-0.48***		
Optimism	-0.19	-0.24	-0.14	0.03	-0.37***		

Note. *CI* = Confidence Interval; *LL*= Lower limit; *UL*= Upper limit; ***p<.001

Hierarchical multiple regressions were employed to evaluate the ability of optimism and mental well-being to predict the extent of social avoidance and distress. Initial investigations were performed to confirm that there were no violations regarding the assumptions of normality, linearity, multicollinearity, and homoscedasticity. Mental well-being was included at step 1, accounting for 51% of the variance in social avoidance, with F (1, 298) = 304.24, $p < 0.001$. The results indicated that mental well-being negatively predicted social avoidance (β= -0.71, $p< 0.001$). In step 2, optimism was included, resulting in two predictors (mental well-being, optimism) accounting for 58% of the variance in social avoidance, with F (2,297) = 209.11, $p < 0.001$. The results suggested that mental well-being and optimism together predicted social avoidance. The ΔR^2 value of 0.08 indicated an 8% change in the variance between model 1 and model 2, with an F change of (1, 297) = 56.89, $p < 0.001$.

IV. DISCUSSION

The present study was aimed to find out the predicting role of optimism, mental well-being on social avoidance and distress among smokers and non-smokers in Bangladesh. This study explored the differences between smokers and non-smokers, focusing on the main three variables. The results provide compelling evidence of significant disparities between the two groups, underscoring the negative impact of smoking on key psychological constructs and social behaviors. The results indicated significant mean differences between smokers and non-smokers. Non-smokers exhibited higher optimism levels in comparison to smokers. This aligns with previous studies suggesting that smoking correlates with lower dispositional optimism, possibly arising from the chronic stress and health issues associated with tobacco consumption [13]. Optimistic persons are more adept at engaging healthy lifestyles and viewing problems favorably, which may clarify the significant difference in optimism between smokers and non-smokers [1]. Likewise, non-smokers had considerably better mental well-being in comparison to smokers. This corresponds with studies indicating that smoking correlates with diminished psychological well-being, likely related to nicotine dependence, withdrawal symptoms, and its harmful health consequences [16]. Conversely, smokers exhibited markedly greater social avoidance compared to non-smokers. These findings support research indicating that smokers exhibit increased social withdrawal, likely attributable to stigma, sadness, and diminished social support from non-smoking peers [9].

The correlation matrix indicated that optimism was positively correlated with mental well-being, reflecting their mutual role in promoting adaptive coping and emotional resilience [11]. Additionally, both optimism and mental well-being were negatively correlated with social avoidance. These relationships align with the theory that individuals with high optimism and mental well-being are better equipped to engage socially and maintain supportive relationships, reducing the likelihood of avoidance behaviors [2]. Additionally, the hierarchical regression analysis demonstrated that mental well-being and optimism significantly predicted social avoidance. In step 1, mental well-being explained 51% of the variance in social avoidance, and in step 2, the inclusion of optimism increased the explanatory power to 58%. These findings emphasize the importance of mental well-being and optimism as protective factors against social withdrawal, with optimism contributing an additional 8% variance. This supports prior research suggesting that psychological strengths can mitigate socially avoidant tendencies by fostering positive interactions and reducing the fear of judgment [4].

The results have practical implications for interventions aimed at enhancing optimism and mental well-being among smokers. Positive psychology interventions, such as cognitive-behavioral training to increase optimism,

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could help reduce social avoidance and improve smokers overall mental health [6]. Additionally, integrating social support frameworks within smoking cessation programs may help mitigate feelings of isolation and promote healthier behaviors. Future research should explore longitudinal designs to establish causality and investigate how cultural factors influence these psychological constructs. The findings underscore the importance of fostering positive psychological resources to improve social functioning and mental health outcomes, particularly among vulnerable populations such as smokers.

V. CONCLUSION

The present study evaluated the predictive value of optimism and mental health on psychological discomfort and social avoidance in university students who smoke and those who do not. The findings demonstrated noteworthy disparities in optimism, mental well-being, and social avoidance between smokers and non-smokers. Moreover, optimism and mental well-being emerged as salient predictors of social avoidance and distress, underscoring the critical role of positive psychological resources in mitigating avoidance behaviors and emotional turmoil within the context of Bangladesh. The findings imply that the cultivation of optimism and the enhancement of mental well-being may function as protective factors against the adverse psychological consequences that are frequently linked to smoking and social withdrawal. In conclusion, this study adds to the expanding corpus of literature in positive psychology by providing insights into how psychological strengths can alleviate distress and improve social functioning.

LIMITATIOS & RECOMMANDATIONS

This study has several limitations; firstly, it was conducted on male participants from a single university, which limits the generalizability of the findings to broader populations. Secondly, it also used a cross-sectional survey design and convenience sampling for collecting, which may reduce representativeness and can increase the possibility of selection bias. Finally, this study was conducted with major variables except some influential variables that can be personality traits, family, or peer influences. However, further research should aim to cover these barriers and add female participants for making better generalizations in university settings. Specifically, university authorities and other mental health professionals should consider developing therapeutic approaches for prompting psychological well-being as an option for reducing social barriers and avoidance among university students.

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ETHICAL CONSIDERATION

The present study was conducted in accordance with the ethical standards and code of conduct established by the APA. The Helsinki Declaration, its following revisions, and equivalent ethical principles were followed during the research.

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