Indirect self-destructiveness in studying youth.
Konstantinos Tsirigotis¹, Wojciech Gruszczynski², Agnieszka Kozierska¹, Marta Tsirigotis-Wołoszczak³

Abstract

Introduction: Self-destructive behaviour is defined as a behaviour related to undertaking or abandoning activities consequence in shortening the life or worsening life quality, also as a voluntary or intentional behaviour, which has distinctly direct or probable negative consequence for the self; behaviours which occur in general healthy population considered as non self-destructive, can also be included to the category of self-destructive behaviours.

Aim: The aim of present research is to study the indirect self-destructiveness syndrome in population of studying youth.

Material and methods: Researches were conducted in a population of 558 students. The age of the study population was between 19 and 25, mean age was 22.6. To explore indirect self-destructiveness, the polish version of “Chronic Self-Destructiveness Scale” by Kelley (CS-DS) in Suchanska adaptation was performed.

Results: Indirect Self-Destructiveness index, considered as a generalised tendency, contained in mean rate scores. Among all classes of indirect self-destructive behaviours, the highest scores examined persons gained in Helplessness and Passivity in the face of problems (A5); it means, that we are considered with lack of abilities to deal with troubles, as well as no undertaking activities coping with everyday problems, in spite of awareness of its destructiveness. Transgressive and Risky behaviours (A1) and Carelessness (A3) have a considerable contribute in indirect self-destructiveness prediction in the study population. Factor analysis revealed that all variables are classified in just one factor. Correlation analysis revealed, that there are statistical significant correlations between particular classes of indirect self-destructive behaviour, which means possibility of self-destructive behaviours occurring together; furthermore significant correlation is between active and passive form of indirect self-destructiveness.

Although the intensity of indirect self-destructiveness, as a generalised behavioural tendency, contains in mean rate scores, as a syndrome is internally coherent, its particular manifestations constitute strong predictors, and occurrence of one class behaviour can result in occurrence of the other ones.

Keywords: Indirect Self-Destructiveness, Studying Youth

Introduction

Human behaviours result differently than they intended to, often even harmful; it also considers behaviours, which were undertaken due to the hedonistic motivation, independently of time perspective (closer or further) and the kind of harm (physical or psychological).

Indirect (chronic) self-destructiveness is defined as behaviour involving the generalised tendency to engage in acts that increase the probability of experiencing future negative consequences and / or reduce the probability of attaining future positive ones [1].

In the polish literature prof. Anna Suchanska takes up the definitional problems related to self-destructiveness. She proposes a definition of self-destructiveness, as every voluntary behaviour, undertaken by an individual, more or less consciously and intentional, which generates a health or life threatening. Self-destructive behaviour is defined as a behaviour related to undertaking or abandoning activities which has distinct direct or probable negative consequence for self [2]. The authors notices its different dimensions, and mentions:

- Physical or psychological harmfulness of behaviour;
- Psychological and time distance between action and its negative consequences;
- Perceived probability of harm occurrence;
- Intentionality;
- Consciousness;
- Anchorage in the culture [3].

Two basic forms of a destructive behaviour can be distinguished:

- Direct (open, acute)
- Indirect (chronic, latent)

Kinds of behaviours counted to the self-destructive area are: transgressive and risky behaviours, impulsive behaviour, yielding to temptation, substance addiction and dependence, self-defeating, self-handicapping, carelessness, poor health maintenance, intentional suffering, intentional failure and defeat, helplessness [1, 2].

Most of the studies in the self-destructiveness area concerned its direct form (self-mutilation, self-inflicted injury, suicide) or single classes of direct self-destructive behaviour; there is an inconsiderable number of researches which studied indirect self-destructiveness syndrome integrally. It has been stated e.g. that different behaviours, nowadays rated among indirect self-destructive ones, are concurrent getting involved in risky behaviours (e.g. smoking regularly, not fasten seatbelts, carrying guns, abusing psychoactive substances), was a predictor of attempts to commit suicide, among high school students population [5]. On the other hand, among high school students population, carrying guns, marihuana use and sexual intercourse, were predictors for unplanned attempts of committing suicide [6]. In further researches it has been stated, that sexual intercourse without contraception, was related to drug and alcohol abuse, criminality, poor diet, and not fastening seatbelts; the authors’ conclusion was, that there is a significant organization concerning adolescent health and problem behaviours [7]. Fur-
Results and discussion

In the table 1 and figure 1, scores gained by participants in CS-DS scales, i.e. in particular manifestations of indirect self-destructiveness are contained. To enable the profile comparisons in the figures, raw scores gained by participants were transformed into standardised scores.

Data in the table 1 and figure 1 indicate that the indirect self-destructiveness index, as a generalised tendency, contains in mean rate scores; similar results were also gained in other researches [1, 3]. It can be assumed, that potentially harmful behaviours are being performed not necessarily due to self-destructive motivation. However the specificity of the syndrome in the study population could be stated by the configuration of the particular scales and indices. The intensity of particular indirect self-destructiveness manifestations forms as follows (in order to the degree intensity): Helplessness and Passivity in the face of problems (A5), Poor Health Maintenance (A2), Carelessness (A3), Lack of Planfulness (A4), Transgression (A1). With regard to the fact, that among commonly occurring behaviours, but unnecessarily treated as potentially self-destructive is substance (abuse), those CS-DS items have been taken into account, which embrace psychoactive substances (abusing); the intensity of these indices forms as follows: Alcohol, Psychoactive Substances (narcotics and drugs intake for non-medical purposes), Nicotine.

Participants gained the highest score in Helplessness and Passivity in the face of problem (A5); it means, that we deal with lack of the ability to face the problems and with not undertaking activity in the presence of difficulties in the everyday life, despite the awareness that such omission causes harm. Related feeling of hopelessness is considered as one of the suicide psychological risk factors [4]. Optimistic are low scores in the transgressive and risky behaviours, and (abusing) psychoactive substances, which are traditionally associated with self-destructiveness.

The question, which comes into mind, is as follows: can be assumed, that occurrence of one type of indirect self-destructive behaviour, will cause the occurrence of behaviours of the rest of categories? To solve this doubt, correlation-regressive procedure, among others, was used.
In order to determine the prediction factors of the self-destructiveness tendency stepwise multiple regression analysis was performed (Table 2).

All the classes (5) of indirect self-destructive behaviours were included to the initial model of the regression equation. As it is showed in the table 2, all classes of behaviours remain in regression equation, and explain 95.81% (R2=0.9581) of variation of Indirect Self-Destructiveness variable; in the another words, the set of these variables explains the best the indirect self-destructiveness syndrome in the study population. Besides, it can be affirmed, that all particular classes of behaviours, have their own participation in forming the indirect self-destructive tendency. As it comes from the table 2, significant contribution into the prediction of indirect self-destructiveness in the study population have transgressive and risky behaviours (A1) and carelessness (A3), with standardised regression coefficients 0.425 and 0.344 respectively.

In order to explore the factor structure of the indirect self-destructiveness in the study population, factor analysis (of principal components with normalised varimax rotation) was performed, and only one factor emerged, which consisted of all the CS-DS variables (scales). The same results were obtained after other types of analysis: hierarchical analysis, oblique factors or confirmatory factor analysis. Kathryn Kelley, the authors of used tool, come to similar conclusions. Factor analysis yielded neither conceptual nor empirical differentiation of meaningful components and because of that the test has been scored as a single unitary dimension (Kelley et al., 1985; Suchańska 1998).

In order to explore the relations between the indirect self-destructiveness particular manifestations in the study popu-

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**Table 2**

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>BETA</th>
<th>Std.Err. of Beta</th>
<th>Std.B</th>
<th>Std. Err. of Beta</th>
<th>t (552)</th>
<th>p-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1-TRANSGRESSION</td>
<td>0.425</td>
<td>0.020</td>
<td>0.935</td>
<td>0.045</td>
<td>20.713</td>
<td>&lt;0.00000000</td>
</tr>
<tr>
<td>A2-POOR HEALTH MAINTENANCE</td>
<td>0.315</td>
<td>0.022</td>
<td>0.930</td>
<td>0.064</td>
<td>14.596</td>
<td>&lt;0.00000000</td>
</tr>
<tr>
<td>A3-CARELESSNESS</td>
<td>0.344</td>
<td>0.024</td>
<td>1.096</td>
<td>0.077</td>
<td>14.286</td>
<td>&lt;0.00000000</td>
</tr>
<tr>
<td>A4-LACK OF PLANFULNESS</td>
<td>0.256</td>
<td>0.023</td>
<td>0.994</td>
<td>0.090</td>
<td>11.089</td>
<td>&lt;0.00000000</td>
</tr>
<tr>
<td>A5-HELPLESSNESS, PASSIVITY</td>
<td>0.078</td>
<td>0.020</td>
<td>0.691</td>
<td>0.176</td>
<td>3.9222</td>
<td>0.0001</td>
</tr>
</tbody>
</table>

**Coefficients**

- Coefficient of Multiple Regression \( R = 0.979 \)
- Coefficient of Determination (R Square) \( R^2 = 0.9581 \)
- Corrected Determination coefficient (Adjusted R Square) \( R^2 = 0.956 \)

**Significance of the regression equation** \( F(5, 552) = 274.98 \) \( p < 0.0000 \) Std. error of the estimate: 5.6307
### Table 3
Correlation matrix of the indirect self-destructive behaviours classes in the study population

<table>
<thead>
<tr>
<th>VARIABLES</th>
<th>A1</th>
<th>A2</th>
<th>A3</th>
<th>A4</th>
<th>A5</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1-TRANSGRESSION</td>
<td>0.310</td>
<td>0.335</td>
<td>0.247</td>
<td>0.085</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>p=0.002</td>
<td>p=0.001</td>
<td>p=0.01</td>
<td>ni.</td>
<td></td>
</tr>
<tr>
<td>A2-POOR HEALTH MAINTENANCE</td>
<td>0.310</td>
<td>0.429</td>
<td>0.393</td>
<td>0.054</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p=0.002</td>
<td>p=0.00001</td>
<td>p=0.001</td>
<td>ni.</td>
<td></td>
</tr>
<tr>
<td>A3-CARELESSNESS</td>
<td>0.335</td>
<td>0.429</td>
<td>0.518</td>
<td>0.279</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p=0.001</td>
<td>p=0.00001</td>
<td>p=0.0000005</td>
<td>p=0.005</td>
<td></td>
</tr>
<tr>
<td>A4-LACK OF PLANFULNESS</td>
<td>0.247</td>
<td>0.393</td>
<td>0.518</td>
<td>0.169</td>
<td></td>
</tr>
<tr>
<td></td>
<td>p=0.01</td>
<td>p=0.00001</td>
<td>0.00000005</td>
<td>ni.</td>
<td></td>
</tr>
<tr>
<td>A5-HELPLESSNESS, PASSIVITY</td>
<td>0.085</td>
<td>0.054</td>
<td>0.279</td>
<td>0.169</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ni.</td>
<td>ni.</td>
<td>p=0.005</td>
<td>ni.</td>
<td></td>
</tr>
</tbody>
</table>

Although the intensity of indirect self-destructiveness, as a generalized behaviour tendency contains in mean rate scores, as a syndrome it's internal coherent, its particular manifestations constitute strong predictors, and occurrences of one behaviour category can entail others.

### Conclusions

1. In the studying youth population, global indirect self-destructive index contains in mean rate scores.
2. The highest indices were found for the following manifestations of chronic self-destructiveness: Helplessness and Passivity (A5), Poor Health Maintenance (A2), and Carelessness (A3).
3. There were stated significant statistical correlations between particular indirect self-destructive categories of behaviour as well as between active and passive form of the syndrome.
4. The statements found in the area of indirect self-destructiveness may state predictors of suicide behaviours.
Illustration 1. Scatterplot matrices of the scores gained in the SC-DS scales.
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