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SELF-DESTRUCTIVE BEHAVIORS, SELF-ESTEEM, ANXIETY, AND SOCIAL DESIRABILITY IN PEOPLE WITH PERSONALITY AND MOOD DISORDERS

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Abstract

Personality and mood disorders impede everyday functioning, cause serious problems with relationships and work. They interfere with everyday situations generating problems with adaptive ways of coping with stress. The rigid and unhealthy way of thinking and behaving characteristic for personality or mood disorders creates many problems relating to situations and people. It also provokes many difficult reactions in response to stress, such as self-destructive behaviors. As it is stated in the literature, self-destructive behaviors are related to self-esteem, social approval, and anxiety level. In the presented study the analysis of relations between data on self-destruction, self-esteem, social desirability, and anxiety level was conducted. A group of 100 respondents, including 79 women, and 21 men age 18-60 (M=31.91; SD=8.22) were asked to fill in set of questionnaires. Among all subjects there were 43 persons without any diagnosis, 22 people with mood disorder diagnosis, and 35 respondents with personality disorders. All diagnosis were conducted by psychiatrists based on ICD-10 diagnostic criteria. The test battery filled in by each subject consisted of Self-Destruction Questionnaire, Self-Esteem Scale, State Trait Anxiety Inventory, and Social Desirability Questionnaire. It was discovered that there is a positive correlation between self-destructive behaviors and anxiety. Negative relationship was found between self-destructive behaviors, self-esteem, and social desirability. Additional analysis concerning the link between personality disorder, repression and/ or sensitization of emotional stimuli uncovered that people diagnosed with personality disorders are more prone to high anxiety level and sensitization of emotional stimuli than are the people without such diagnosis. On the other hand, many people without any clinical diagnosis recruit themselves from repressors group.

Keywords: *Self-destructive behaviors, self-esteem, anxiety, social desirability, personality disorders.*

1. Introduction

Personality disorders and mood disorders affect almost every aspect of everyday life of people afflicted with them (Cramer, Torgersen, & Kringlen, 2006). Among many other important issues taken into account special attention is given to self-destructive behaviors. A tendency for self-destructive behaviors is strictly connected to self-esteem, anxiety, and social desirability (Cislaghi, 2020; Forrester, Slater, Jomar, Mitzman, & Taylor, 2017). Data shows that self-harming behaviors are especially frequent in young people (Cipriano, Cella, & Cotrufo, 2017). There are many possible ways to interpret the role this type of behavior plays for an individual (Klonsky, et al., 2015), but large number of questions still stays unanswered. Self-destructive behaviors endanger not only physical well-being, health, and life of a person but also serve as a threat for mental functioning.

Another important aspect that needs to be addressed in studies concerning clinical samples is repression and sensitization of emotional stimuli. As it was presented in historical work of Postman, Bruner, and McGinnies (1948), and other clinically oriented scientists (for the review see: Kleszczewska-Albińska, 2008) sometimes it is extremely difficult to work with patients since they do not recognize their true level of arousal. Based on many studies researchers proposed a typology helping to identify four groups of people: (1) repressors, (2) truly low anxious, (3) truly high anxious, and (4) defensive high anxious (sensitizers), that differ among themselves in the level of anxiety and social desirability (Kleszczewska-Albińska, 2008). Repressors are described as people with low level of anxiety, and high level of social desirability. Truly low anxious score low both on anxiety measures, and social desirability questionnaires. Truly high anxious are described as having high anxiety level, and low social

desirability level. People described as defensive high anxious score high on both measures (Weinberger, Schwartz, & Davidson, 1979).

The work presented in the article aims at describing the connections between self-destructive behaviors, self-esteem, anxiety, and social desirability. Also, some data concerning the relationship between repression and sensitization of emotional stimuli and self-harming behaviors is presented. The main focus in the study was to analyze the most popular factor perceived as a threat to people diagnosed with personality disorders or mood disorders, i.e., widely understood self-destructive behaviors. Another important issue was connected with a scientific discussion on the role of repression and sensitization in functioning of people with personality and mood disorders.

2. Method

2.1. Participants

Hundred voluntary respondents (including 79 women, and 21 men) aged 18-60 (M=31.91; SD=8.22) participated in the study. The number of women who completed the study was significantly greater than the number of men $\chi^2_{(1)}=33.63$; $p<.001$. Among all participants there were respondents without any clinical diagnosis (43 people), persons diagnosed with mood disorders (22 respondents), and people diagnosed with personality disorders. The number of people without a clinical diagnosis who completed the study was significantly greater than the number of people with mood disorders and personality disorders accounted separately $\chi^2_{(2)}=6.740$; $p=.034$. When the comparison was done for people without a clinical diagnosis and people with clinical diagnosis (including both mood disorders and personality disorders) there were no differences in the number of respondents in each group $\chi^2_{(1)}=1.960$; $p=.162$. The clinical recognition was carried out by psychiatrists based on ICD-10 diagnostic criteria (WHO, 1998). All of the respondents were additionally classified to one of the four groups: (1) not engaged in the therapy (23 respondents), (2) attending therapy before the study for no longer than 6 months (26 people), (3) attending therapy before the study for over six months (22 persons), and (4) currently attending the therapy (29 participants). There were no significant differences in the number of people in each group $\chi^2_{(3)}=1.2$; $p=.753$ Detailed information concerning participants is given in the table 1. below.

Table 1. Detailed description of groups participating in the study.

		Type of disorder			**Total**
		without diagnosis	mood disorders	personality disorders	
Therapy duration	not participating	23	0	0	23
	finished and no longer than 6 months	14	4	8	26
	finished and lasting over 6 months	5	8	9	22
	currently under therapy	1	10	18	29
Total		43	22	35	100

2.2. Materials

In the study four tests were included: Self-Destruction Questionnaire (Gerymski, Filipkowski, & Walczak, 2016), Rosenberg Self-Esteem Scale (Dzwonkowska, Lachowicz-Tabaczek, & Łaguna, 2008), State Trait Anxiety Inventory (Wrześniewski, Sosnowski, Jaworowska, & Fecenec, 2011), and Social Desirability Questionnaire (Drwal, & Wilczyńska, 1980). Self-Destruction Questionnaire aims at measuring the tendency for self-destructive behaviors. It includes 45 items with 5 point response scale (*1-fully agree, 2-agree, 3-hard to say, 4-disagree, 5-fully disagree*). It consists questions such as "*I do not look round at pedestrian crossing*", "*I think I smoke a lot*", "*Purposely I was cutting my veins*". The reliability of the test in conducted study equals α=.956. Polish adaptation of Rosenberg Self-Esteem Scale consists of 10 questions with four point response scale (*1-fully agree, 2-agree, 3-disagree, 4-fully disagree*). The reliability of the test in conducted study equals α=.918. Polish adaptation of State Trait Anxiety Inventory includes 20 questions with four point response scale assessing anxiety perceived as a state, and 20 other questions for measuring anxiety understood as a trait. In the described study only the scale assessing trait anxiety was used. The reliability of the scale in described study equals α=.949. Social

Desirability Questionnaire aims at assessing the intensity of social desirability. It consists of 29 questions with true/false response scale. It includes items such as „*I am never late for my work*", "*I have never intensely said anything to hurt someone's feelings*". The reliability of the test in conducted study equals α=.84.

3. Results

In order to verify the relationships between self-destructive behaviors, level of anxiety, self-esteem, and social desirability correlational analyses were conducted. All the results are given it the table 2.

Table 2. Results of correlational analysis is for self-destructive behaviors, anxiety, self-esteem, and social desirability in the whole group.

		anxiety	self-esteem	social desirability
Self-destructive behaviors	Pearson r value significance N = 100	.732 <.001	-.701 <.001	-.485 <.001

Corresponding analyses were conducted separately for non-clinical, mood disorders, and personality disorders group. All those results are presented in the table 3.

Table 3. Results of correlational analysisis for self-destructive behaviors, anxiety, self-esteem, and social desirability separately for the non-clinical, mood disorders, and personality disorders group.

			anxiety	self-esteem	social desirability
self-destructive behaviors	non- clinical sample	Pearson r value significance N = 43	.637 <.001	-.625 <.001	-.214 .168
	mood disorders	Pearson r value significance N = 22	.702 <.001	-.485 .022	-.528 .012
	personality disorders	Pearson r value significance N = 35	.284 .099	-.353 .037	-.276 .109

Additionally, with ANOVA analyses, it was proved, that the mean number of self-destructive behaviors is the highest for people with personality disorders, medium for patients with mood disorders, and the lowest for non-clinical group $F_{(2,97)}$=27.292; p<.001. There were also significant differences in the number of self-destructive behaviors according to the duration of the therapy: $F_{(3,96)}$=9.181; p<.001, with statistically highest amount of them in the group still participating in therapy. There were significant differences in self-esteem of respondents according to the group they belonged to $F_{(2,97)}$=45.506; p<.001, with the highest level of self-esteem for non-clinical group, medium for mood disorders, and lowest level for personality disorders. The highest differences in self-esteem according to the duration of time of therapy was observed between group not participating in therapy, and group still participating in therapy $F_{(3,96)}$=13.567; p<.001, with highest results for persons not attending therapy. Also the differences in the level of self-destructive behaviors between repressors, highly-anxious, and sensitizers were observed $F_{(3,96)}$=28.704; p<.001. Similar pattern of differences was also noticed in the level of self-esteem between repressors, highly-anxious and sensitizers $F_{(3,96)}$=35.271; p<.001.

Additionally, the information concerning the number of people described as low-anxious, high-anxious, repressors, and sensitizers presented in non-clinical, mood disorders, and personality disorders group was obtained. The results are given in the table 4.

Table 4. Number of people from low-anxious, high-anxious, repressors, and sensitizers types in the non-clinical, mood disorders, and personality disorders group.

	non-clinical	mood disorders	personality disorders
low-anxious	14	6	3
high-anxious	3	4	24
repressors	23	4	0
sensitizers	3	5	8

4. Discussion

The results presented above are consistent with previous data on functioning of clinical samples, especially people with mood disorders and personality disorders. It is worth to mention some differences observed in the level and significance of positive correlations for the whole group of respondents and separate groups of non-clinical, mood disorders, and personality disorders samples. Surprisingly there was only a statistical tendency of results obtained in the group of persons with personality disorders, whereas the results for the non-clinical, and mood disorders groups were statistically significant. As it is stated in the literature, self-harming behaviors play two major roles – intrapersonal function connected to affect regulation, and social function connected to bonding with others (Klonsky, et al., 2015). Results obtained in the study described above may suggest that self-destructive behaviors characteristic for non-clinical, and mood disorders groups may be connected more with the first function, whereas in personality disorders group both functions play crucial role (Cipriano, et al., 2017). As for the differences observed in the significance of measured correlations it is possible, that they are connected to the engagement in the therapy. It is conceivable that patients with personality disorders engaged in therapy are undergoing changes concerning the perception of self-destructive behaviors. Further studies are needed in order to verify this aspect.

Significant, negative correlations between self-destructive behaviors and self-esteem obtained in all analyses stay in agreement with previous studies (Forrester, et al., 2017). Therefore, it is important to pay close attention to this aspect of life of patients seeking for psychotherapy. It is possible that therapeutic methods directed toward improvement of self-esteem may help to reduce self-harming behaviors. However, more explicit studies in that field are needed.

Negative connection between self-destructive behaviors and social desirability obtained especially for the mood disorders group is similar to the results described by Cislaghi (2020). The negative attitudes toward self-harming behaviors may result in therapy dropout among people engaged in such activities (Brophy, & Holmstrom, 2006). Thus, it is important to work with patients towards their understanding of the problem. It could be also helpful to join people with history of self-harming behaviors in helping others with the same problem. This way social acceptance for people with self-destructive tendencies could be enlarged resulting in their improvement in therapy.

It is also important to underline the result showing that most of the group of non-clinical sample consists of repressors. As it is stated in the literature, this type of people usually underestimates their own feelings and difficulties (Myers, 2009). Closer look and further studies on that group are needed. Especially, that they quite often complain about their physical health problems.

There are certain limitations to the presented study, that need to be addressed. The sample taken into account was relatively small, and mostly women. Most of the described results are based on correlational analyses. More complex, experimental studies are needed, especially in the face of analysis of functioning of repressors and defensive high-anxious persons, who present lots of discrepancies between declared, self-descriptive information, and other type of data.

References

Brophy, M., & Holmstrom, R. (2006). *Truth hurts: Report of the National Inquiry into Self-Harm Among Young People: Fact or Fiction?* Mental Health Foundation. Retrieved from https://www.mentalhealth.org.uk/publications/truth-hurts-report1.

Cipriano, A., Cella, S., & Cotrufo, P. (2017). Nonsuicidal self-injury: A systematic review. *Frontiers in Psychology*, *8*. doi: 10.3389/fpsyg.2017.01946.

Cislaghi, B. (2020). *Attitudes toward self-harm* (Murray State Theses and Dissertations. 178). Retrieved form: https://digitalcommons.murraystate.edu/etd/178.

Cramer,V., Torgersen, S., Kringlen, E. (2006). Personality disorders and quality of life. A population study. *Comprehensive Psychiatry*, *47*, 178-184. doi: 10.1016/j.comppsych.2005.06.002.

Drwal, R.Ł., & Wilczyńska, J.T. (1980). Opracowanie kwestionariusza aprobaty społecznej [Development of social desirability questionnaire]. *Przegląd Psychologuczny, 23*, 569-583.

Dzwonkowska, I., Lachowicz-Tabaczek, K., & Łaguna, M. (2008). *Samoocena i jej pomiar. Polska adaptacja skali SES M. Rosenberga* [Self-esteem and it's measurement. Polish adaptation of M. Rosenberg's SES scale]. Warszawa, Poland: Pracownia Testów Psychologicznych.

Forrester, R.L., Slater, H., Jomar, K., Mitzman, S., & Taylor P.J. (2017). Self-esteem and non-suicidal self-injury in adulthood: A systematic review. *Journal of Affective Disorders, 221*, 172-183. doi: 10.1016/j.jad.2017.06.027.

Gerymski, R., Filipkowski, J., & Walczak, R. (2016). *Kwestionariusz KAPiBara* [Questionnaire KAPiBara]. Opole, Poland: Uniwersytet Opolski.

Kleszczewska-Albińska, A. (2008). Tłumienie i wyolbrzymianie bodźców emocjonalnych - próba systematyzacji badań [Repression and sensitization of emotional stimuli – systematical review]. *Studia Psychologiczne, 46*, 5-16.

Klonsky, E.D., Glenn, C.R., Styer, D.M., Olino, T.M., & Washburn, J.J. (2015). The functions of nonsuicidal self-injury: converging evidence for a two-factor structure. *Child and Adolescent Psychiatry and Mental Health 9*, 44. doi: 10.1186/s13034-015-0073-4.

Myers, L.B.(2009). The importance of the repressive coping style: findings from 30 years of research. *Anxiety, Stress & Coping, 23*, 3-17. doi: 10.1080/10615800903366945.

Postman, L., Bruner, J.S., & McGinnies, E. (1948). Personal values as selective factors in perception. *The Journal of Abnormal and Social Psychology, 43*, 142-154. doi: 10.1037/h0059765.

Weinberger, D.A., Schwartz, G.E., & Davdison, R.J. (1979). Low-anxious, high-anxious, and repressive coping styles: psychometric patterns and behavioral and physiological responses to stress. *Journal of Abnormal Psychology, 88*, 369-380. doi: 10.1037//0021-843x.88.4.369.

WHO. (1998). *ICD-10. Klasyfikacja zaburzeń psychicznych i zaburzeń zachowania w ICD-10. Badawcze kryteria diagnostyczne* [International Statistical Classification of Diseases and Health Related Problems – Tenth revision]. Kraków-Warszawa, Poland: Uniwersyteckie Wydawnictwo Medyczne "Vesalius". Instytut Psychiatrii i Neurologii.

Wrześniewski, K., Sosnowski, T., Jaworowska, A., & Fecenec, D. (2011). *Inwentarz Stanu i Cechy Lęku. Polska adaptacja STAI* [State Trait Inventory. Polish adaptation of STAI]. Warszawa, Poland: Pracownia Testów Psychologicznych.