Self-Defeating Behaviour and Its Relationship with Cognitive Distortion among Jordanian People

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Abstract

Introduction: Self-defeating behavior may consider as a puzzling issue outside the field of counseling and psychology. Self-defeating behavior can be toxic to our life in general socially, and professionally which can lead to our poor health mentally and physically. We may fill our minds with perceived faults and excessive self-criticisms or inferiority. This may destroy our ability to see events in our life accurately and rationally and protect ourselves from our de-evaluation. We may turn to many self-defeating behaviors. They include the feeling of inferiority, substance abuse, and excessive anxiety, the feeling of defensiveness.

Objectives: The current study aimed to explore self-defeating behavior about cognitive distortion among Jordanian people in the general population.

Methods: The sample included (398) respondents, (146 male & 252, female) who were selected based on random and available techniques, from the Jordanians' general population. Two scales were applied in this study are self-defeating scale and cognitive distortion.

Results: The results revealed that the prevalence of self-defeating behavior and cognitive distortion came within the moderate level. Significant differences were found at (0.05) regarding self–defeating behavior following the educational level variable. These differences were in favor of people who have less than a Bachelor's degree. Moreover, significant differences were found between self-defeating behavior and the age variable, in favor of 25 years or older. There were significant differences following the age variable, being in favor of 25 years or older. Significant differences were found at (0.05) level regarding cognitive distortion by the variable of educational level, in favor of people who have less than Bachelor degree. Moreover, a positive statistically significant relationship between self-defeating behavior and cognitive distortion among people was found at (0.05) level. Based on the finding of the study some recommendations were given.

Conclusions: This study revealed that the prevalence of self-defeating behavior and cognitive distortion came within the moderate level among the sample. Besides, significant differences were found between self–defeating behavior and educational level, in favor of people who have less than a Bachelor degree, Moreover, significant differences were found between self-defeating behavior and age variable, in favor of 25 years or older. Also, a positive statistically significant relationship between self-defeating behavior and cognitive distortion was found among the sample.

Keywords: behavior, cognitive, distortion, self-defeating

1. Introduction

Self-defeating behavior may consider as a puzzling issue outside the field of counseling and psychology. Self-defeating behavior can be toxic to our life in general socially, and professionally which can lead to our poor health mentally and physically. We may fill our minds with perceived faults and excessive self-criticisms or inferiority. This may destroy our ability to see events in our life accurately and rationally and protect ourselves

from our de-evaluation. We may turn to many self-defeating behaviors. They include the feeling of inferiority, substance abuse, and excessive anxiety, the feeling of defensiveness, procrastination in our activities or work. Also, such defeating behaviors exemplify money loss for no logical reasoning, planning to fail by mistreating or alienated others, and inability to make decisions in dealing with life events). Self-defeating behavior and cognitive distortions can be real issues among the general population in Jordan. The main question is what causes university students to engage in this way of thinking and behaving? Are we taught to engage in self-defeating behavior or to become unworthy by the influence of others? People's thoughts may influence their emotions that may lead to violence or criminal activities because students may have misperceptions about what is happening around them. What is real and what is not may influence their belief systems and way of life. People's belief systems may impact how they see events and may impact their choices to interact with their environments.

According to (DSM-V), people with self-defeating behavior usually choose an action or situation that results in disappointment, failure, or mistreatment, even though more suitable options or actions are available. They reject the help or advice given by others to aid them in their issues. They move to the guilty feelings that may lead to depression and pain, which result in anger, humiliation, and rejection of others or by others. They intend to reject opportunities to seek pleasure or enjoy pleasurable events. Thus, they fail to accomplish their personal goal in life which is the pursuit of happiness. Although they can please or help others to fulfill their objectives in life, they are unable to help themselves. They have a lack of interest in people that treat them well, and they often find themselves on the wrong side of people who mistreat them. So they find themselves engaging in self-sacrifice, to please others (APA, 2013).

 (Strohmeier, Robert, Tomasso & Russell, 2016) defined self-destruction as a form of self-defeating behavior includes eating disorders, substance abuse, sex addiction, self-injury, and suicide attempts.

Self-defeating behavior is defined as an intentional attitude by respondents to perceive what others don't feel or think favorably toward them. Hence, they engage in foolish risk-taking behavior resulting in emotional distress. This distress stems from activities that lead to failing outcomes due to the lack of self-confidence in dealing with stressful situations although those people can deal with stresses. Self-defeating behavior causes doubt on people's abilities undermines their desires and creates suspiciousness toward themselves and those close to them (Baumeister & Bushman, 2008).

 Self-defeating behavior is formed from the early life experiences, by caretakers through the stages of development, that cause negative self-sabotaging behaviors which fall victims to their critical inner voices, by limiting thinking and actions in dealing with their daily lives. People with low self-esteem experienced depression, anxiety, and emotionally not unstable.   Self-defeating behavior, are negative behaviors in which people have learned through their own past experiences, such as seek perfection, bad or negative evaluation of self and others, feeling and behaving in unrealistic expectations by feeling inferior to others. Experience the feeling of guilt for no reason, depressions, worry, prejudice, withdrawal, dependency, psychosomatic illnesses, maintains negativism and hostility and defensiveness (Baumeister, 1997).

According to (Gvion, 2015), self-destructive behavior is a coping mechanism as an attempt by the individual to drive away other people instead of dealing with them to be rejected from others. People who experienced rejection or social exclusion are more aggressive, less cooperative, and more engaged in self-defeating behaviors (Twenge, Catanese & Baumeister, 2002).

Self-defeating people usually express maladaptive behavioral tendencies. These tendencies can be feelings of meaninglessness, anxiety, drug addiction, lying, lack of motivation, procrastination, inferiority, unrealistic fear of success in life. Besides, they include feeling guilty for something they didn't do and unrealistic mistrust of others. They are not consistent with their desirable objectives or best interests such as abusing drugs, the engagement of unnecessary risk-taking behavior, need to be always right (stubbornness). There is a need to please others at your expense of happiness and health, being obsessive about perfection, blaming others by not accepting responsibility for your own mistakes. The interests also include delaying actions (procrastination or do it later), fear of taking the healthy and reasonable risk, engaging in negative self-talk, refusing to ask for assistance. Besides, feeling guilty and undeserving pleasant or good things and setting objectives above your

means cause poor achievements. Self-defeating behavior is associated to make a lot of excuses about failure or inactions by having unrealistic expectations. Experience rage, and shame, and feeling overwhelmed. I think or felled that we all born to suffer and die, engaging in actions that jeopardize our (emotional, physical, and financial stability. If you have unsuitable situations and feel there is no way out, so you stay in abusive relationships. If you have the "poor me"' attitudes,(having the feeling that no one understands or cares about you). Belittling yourself and those who around you. Honesty is difficult, so exaggerate the truth, engaging in unhealthy habits such as smoking, or drug abuse (Kopetz & Orehek, 2015).

People with self-defeating behavior may intend to procrastinate tasks that they need to start. Thus, they jump to conclusion that they will fail or their intended task can't be accomplished before even started. They experience the feeling of overwhelmed, helpless, and hopelessness as they attempt to do their work or activities. They usually set objectives of higher expectations, above their means to accomplish their tasks. They failed to realize any possible solutions or advice that would help them in seeking desirable outcomes (DSM-V, 2013). They may have a pessimistic view of the world around them. They engage in negative self-talk, by talking down about their ability to accomplish their activities at hands. They usually have poor attendance and performance which will create poor evaluations with their peers (Kopetz & Orehek, 2015).

Self-criticism is a self-defeating behavior that can prevent people from taking risks in any action, giving up their own opinions about any issues or discussions. It can impair their psycho-social well-being. People with self–defeating behavior may not live up to their standards or objectives in life because the feelings are not good enough. They can't do anything right, so they may develop tendencies for addiction and uncontrolled habits such as anger, and substance abuse (Castilho, Pinto-Gouveia, Amaral & Duarte, 2014).

2. Overview Perspectives

Threatened egotism and emotional distress can lead to Self-destruction behavior, due to the individual's failure to pursuit well-being, and positive self-image, self-esteem, and self-interest (Baumeister, 1997).

Self-destruction can be seen as an outcome of cognitive distortion. It is due to the false self-perceptions of the world around people, so maladaptive behavior and negative affect are associated with maladaptive cognitions. Self-destructive behavior can be seen as a general trait of personalities such as the negative development of attitudes toward life, perfectionism, a self-defeating personality, and impulsivity. Hence, they are associated with difficulty to control impulses, and aggression directed toward self or others (Barratt, 1994).

Self-defeating behavior contributes to mental health issues among people such as depression and anxiety. Thus, people tend to blame themselves for every little thing that goes wrong, triggering feelings of worthlessness and guilty or ashamed [14]. Self-defeating behaviors can be seen as self-regulatory failures according to (Wagner & Heatherton, 2015).

Low self-esteem can lead to the adoption of self-defeating behavior. Devalued self-esteem increases people's beliefs about their deservingness of the bad outcomes of their actions whether they result from misfortune or not (Callan, Kay & Dawtry, 2014).

Joeng & Turner (2015) indicated that self-criticism as a self-defeating behavior referred to the respondents who see themselves as less than others. Thus, they feel inferior which leads to their self-defeating behaviors as a result of their poor self-esteem.

The possible reasons for people to engage in a Self-defeating behavior manner according to Beaumeister (1997) can be summarized as follows:

-When they feel threatened by others or situations that affect and weakened their ego.

- When they have poor self-esteem and become more likely to experience anxiety, emotional impairments, and depression, which caused low evaluation of self in comparison with others.

- Lack of self-control (self-regulation): People with good self-control are usually successful in dealing with their issues in life. However, people with low self-control choose a situation that brings negative or failure outcomes.

According to Twenge, Catanese & Baumeister (2002), feelings of rejection and loneliness may lead to self-defeating behaviors. Hence, people intend to be more aggressive towards others of the less threatening target or have nothing to do with their frustrations. Moreover, they are less willing to cooperate with others and perform poorly in the logical thinking process.

The treatment of self-defeating behavior aims at the enhancement of people mental health, according to Greenman (2015) who recommended the following 12-step program to stop self-defeating behaviors:

1- Caregivers, should Identify the client's self-defeating behavior to target the behaviors.

2- Isolate the flashpoint situation, which means to be aware of the clients' responses to self–defeating behavior situations.

3- Caregivers should identify their favorite techniques in dealing with self-defeating behavior with their clients.

4-Caregivers must do a damage assessment, which means to evaluate the negative outcomes in the life of their clients.

5- Helpers need to confront clients' past minimizing behaviors and their benefits.

6- Caregivers should identify clients' disowning targets of behaviors, to face their responsibility for self-defeating past behaviors.

7- Caregivers must identify replacement behaviors to their clients to replace the old self-defeating behaviors**.**

8- Encourages the clients to sustain and realize behavioral changes will not be easy, but it required continual work.

9- The clients must take advantage of the changes of behavior, empowering their moments of choices by not being afraid to implement the changes into action.

10- List all positive outcomes of behavioral changes, by listing the positive outcomes as a positive reinforcement toward the implementation of behavioral changes.

11- Giving clients credit for their new accomplishments, by generating a new way of life for their clients.

12- Caregivers should help their clients to own their new behavior. This can be done by enjoying their new lifestyles, through the realization of the accomplishment that gives clients the confidence to deal with their new aspects of life.

3. Cognitive Distortions

According to cognitive-behavioral theory, a person experiences aggression and conflict in dealing with life issues. This happens due to the use of cognitive distortions, leading to maladaptive behavior in dealing with his surroundings' environments (Chiang, Lin & Liu, 2012).

Cognitive distortions included abnormal or unusual believes about the way of thinking regarding dealing with environments in daily life. They exemplify the feeling of inferiority, anxiety, and stress out for any little issue. Thus, the respondents are in a constant battle with the fear of something bad might happened to them now or in the future with no basis for such fear. This cognitive distortion impaired the ability to know the truth about situations or issues, which leads to more irrational cognitions that cause disturbance or failure outcomes (Kuru, Safak, Ozdemir, Tulak, Ozdel, Ozkulan & Orsel, 2018).

According to Goldstein [16], all cognitive distortions occur, due to the following negative illusion when seeking the truth about events or values:

-Availability, which means people give their possibility for the highest events to occur because it is easy to acknowledge or predict outcomes.

-**illusions correlations**, refers to the beliefs made by people, that there are relationships between events when in reality there are not any relations.

-**Representativeness**, which referred to the belief that the event is a part of similar events based on the similarity between previous familiar events and the new events.

- **Base Rate:** It means people intend to increase the possibility of an event to occur, based on the description presented to respondents rather than the true occurrence in society or the environment.

- **Conjunction Rule**, refers to people give higher percentage rates for two event occurrences together, more than the one event occurrence.

-**The Principle Law of Large Numbers**: This means people give more attention to percentage rates of the event in any given society, making judgments based on them. Nevertheless, the rate may not represent a true value of events in reality.

- **Confirmation Bias**: This means people confirm the knowledge that supports their hypothesis about events and ignore any hypothesis that doesn't support their points of view.

- **My Side Biases**: It refers to people who tend to confirm knowledge based on their personality and attitudes towards events or values, rather than based on the truth about events or values.

Cognitive distortions consisted of selective attention, orientation, and insight distortions. People with Cognitive distortions tend to jump to a conclusion, engage in avoidant, and doubt without taking into consideration the reality or the truth about events. Hence, they explained events depending on irrational outside forces. People's ability to treat information can't be affected, but rather can be derailing away from the evaluations of information and poor judgments about events. This leads to information disorientations, and irrational ways of thinking or explanations of events (Van der Gaag, et al., 2013). According to (Bastiaens, et al., 2013), there is a high correlation between cognitive distortions, anxiety, depression, and social phobia.

4. Review of Literature

A study aimed to examine the relationship between self–defeating behavior and self-esteem. The sample consisted of (435) university students: (182) males and females (253) in the northern region in Jordan. The result of the study revealed no statistically significant differences between self–defeating behavior of students, regarding their gender, and years in college. Also, no associations were found between student's self-defeating behavior and their self-esteem (Alshawashreh, Alrabee & Sammour, 2013).

A study examined a conceptual model of working through self-defeating issues, the sample consisted of (390) university students in the USA. Results indicated that self-defeating behaviors were highly associated with the feeling of attachment and general distress, self-esteem was also significantly associated with self-defeating behavior and depression. Moreover, self-efficacy mediated the relationship between self-defeating issues and distress (Wei & Ku, 2007).

A study conducted by (Schluter, et al., 2019) investigated whether cognitive distortions can explain the link between depression and gambling disorder. The sample consisted of (345) adults with gambling disorders who were seeking help at a Brazilian clinic between the years (2006-2015). The results indicated that cognitive distortions are highly associated with depression and gambling addictions. Thus, people with greater cognitive distortions are linked to gambling disorder and have more severe depression symptoms.

A study examined the relationships between cognitive distortions, adaptive and maladaptive humor styles, and depressive symptoms. The sample consisted (208) undergraduate psychology students at a university in Canada. They received the Humor Styles Questionnaire (HSQ), which was developed by (Martin, et al., 2003), which measures adaptive (Affiliated, Self-Enhancing) and maladaptive (Aggressive, Self-Defeating) styles of humor. The results indicated a statistically significant negative relationship adaptive (Affiliated, Self-Enhancing), and appositive relationship with maladaptive (Aggressive, Self-Defeating) styles of humor among students (Rnic, Dozois & Martin, 2016).

A study examined the relationship between (ADHD) symptoms, depression, and anxiety among adults. The sample consisted of (30) participants in, university-based outpatient clinic who completed the measures of (ADHD, anxiety, depression, and hopelessness) in Elsevier Ireland. Results revealed a positive relationship

between (cognitive distortions and ADHD). Perfectionism was highly associated with cognitive distortion (Strohmeier, Robert, Tomasso & Russell, 2016).

A study aimed to investigate the cognitive biases and emotional regulation up on major depressive symptoms among university students (N=112) in Belgium. The results indicated a positive correlation between cognitive biases, emotional regulation, and major depressive symptoms (Everaert, et al., 2017).

5. Study Significance

This study examined the relationship between self-defeating behavior and cognitive distortion among adults in Jordan. Self-defeating behavior and self-distortion can help caregivers in therapeutic practice especially among family therapy. This study can be a practical guideline to help people to carry their daily duties more effectively and efficiently. The study of self–defeating behavior about cognitive distortion among adults is indeed in demand and needed. The outcome of this study can enhance the symptoms of both variables (self-defeating behavior and self-distortion). It is equally important to understand people with self-defeating behavior and cognitive distortion, to help and deal with both variables in the field of counseling psychology. The objectives of this study are to achieve a comprehensive definition of the two variables (self-defeating behavior and cognitive distortion) conceptually. Moreover, the objectives of the study can help in the exploration of the causes of the two variables.

Many researchers have been done among clinical samples; however, examining these two variables may be less represented in the general population in Jordan. No research has been done to investigate the two variables together especially in Jordan. Thus, it is the intended target of this study to determine the prevalence of both variables among the general population in Jordan. This study can be utilized to understand and preventing self-defeating behavior and cognitive distortion for improving ways to enhance people's way of thinking and evaluate information rationally.

6. Study Objectives

1. To examine the prevalence level of cognitive distortion and self-defeating behavior among the general population in Jordan

2. To investigate the differences among the general population regarding their self-defeating behavior and their cognitive distortion (Gender, employment, age, and their level of education).

7. Research Questions

The following questions will be answers in this study:

1. What is the prevalence level of self-defeating behavior among the sample?

2. What is the prevalence level of cognitive distortion among the sample?

3. Is there a significant difference in self-defeating behavior among the sample by (gender, level of education, employment, and age?

4. Is there a significant difference in cognitive distortion among the sample by (gender, level of education, employment, and age)?

5. What is the relationship between self-defeating behavior and cognitive distortion among the sample?

8. Terms Definition

8.1 Cognitive Distortions: It refers to the irrational thinking patterns that can influence negative thoughts and emotions. They can influence respondents to perceive the truth about reality inaccurately due to their errors in thinking which may continue even though there is contradictory evidence (Beck, 1991).

8.2 Self- Defeating Behaviors: It is defined as the idea that respondents consciously, intentionally, and knowingly engage in activities to get failing outcomes. These behaviors result from the lack of self-confidence in dealing with a stressful situation (Baumeister & Bushman, 2008).

9. Methodology

Following the nature of the variables, the researchers applied descriptive statistics to analyze the nature of self–defeating behavior and cognitive distortions. They were applied in the general population to describe the variables clearly and meaningfully. Thus, the caregiver can reach a clear understanding of the relationship between the two variables (self-defeating behavior and cognitive distortion.

9.1 Sampling: The sample included (398) respondents, (146 male & 252, female) who were selected based on random and available technique, table (1) show the intended variables.

Table (1): distribution of the sample by variables, levels, frequency, and percentage

Variables	Levels	Frequency	Percentage
Gender	Males	146	36.7
	Female	252	63.3
Educational level	Less than Bachelor degree	139	34.9
	Bachelor degree and above	259	65.1
employments	working	207	52.0
	Not working	191	48.0
Age	Less than 25 years	201	50.5
	25 years and more	197	49.5
Total		**398**	**100%**

9.2 The Study Instruments: Two scales were used and applied in this study:

9.2.1 Self –Defeating Scale

 The researchers developed a scale to measure people's self-defeating behavior. The researchers benefited from reviewing the self–defeating behaviors literature such as (Baumeister, 1997; Alshawashreh, et al., 2013).

9.2.2 Scale Validity

To determine the validity of the scale, it was distributed to 40 respondents from the general population but outside the sample. The scale was given to 10 specialists in the fields of educational psychology, test and measurements, and counseling education; to review the scale regarding content validity, language, and suitability of items regarding the length of the scale, and whether the items measure what is supposed to measure. All of the specialist's recommendations were taken into consideration, and the scale stays within the (28) items. The scale consisted of a demographical page asking respondents about their Gender, employments, Level of education. Furthermore, the validity of the scale was established through the overall measure of structural validity for items. This can be done by applying the scale for 40 respondents outside the sample but from the general population. It took into consideration to accept any items a statistically significant of (0.30) between items to items, and between the associations of each item with the scale in total. All of the scale's items were statically significant at 0.5 level (table 2).

Table (2) the correlation coefficient between each item and the total scale's items

# of item	correlation coefficient	# of item	correlation coefficient	# of item	correlation coefficient
1	.35(*)	11	.38(*)	21	.67(**)
2	.49(**)	12	.45(**)	22	.56(**)

3	.48(**)	13	.39(*)	23	.53(**)
4	.46(**)	14	.45(**)	24	.63(**)
5	.35(*)	15	.39(*)	25	.58(**)
6	.48(**)	16	.46(**)	26	.66(**)
7	.39(*)	17	.45(**)	27	.44(**)
8	.67(**)	18	.45(**)	28	.63(**)
9	.59(**)	19	.72(**)		
10	.52(**)	20	.57(**)		

Significant at 0.05   ** significant at 0.01

Table (2) indicated that all of the correlation coefficients between each item and other items. The total items of the scale were statistically significant and ranged from (0.35) to (0.72), being accepted for the porous of the study.

9. 2.3 Scale Reliability

To determine the reliability, the scale was distributed to 40 respondents from the general population but outside the sample. The scale was re-distributed to the same sample after two weeks from the first time. Test-retest reliability was applied by the use of (Person-R) and got (0.92). Also, the internal consistency of Cronbach Alpha was applied and it came to be (0.86), which considered being reliable and suitable to be used for this research study.

9.2.4 Scale Scoring

The scale consisted of (28) items, respondents responded on a five-point Likert scale, (Strongly Agree given 5; Agree 4, Neutral 3, Disagree 2, Strongly Disagree 1). The respondents' scores ranged from (28) to (140). The scale has three levels of means: low levels from (2.33 or less) medium level from (2.34 to 2.67), and high level from (3.68 and above).

9.3 Cognitive Distortion Scale

The researchers developed a scale to measure people's cognitive distortion. The researchers benefited from reviewing the cognitive distortion literature such as (Schluter, et al., 2019; Kuru, et al., 2018).

9.3.1 Scale Validity

  To determine the validity of the scale, it was distributed to 40 respondents from the general population from outside the sample. The scale was given to 10 specialists in the fields of educational psychology, test and measurements, and counseling education; to review the scale regarding content validity, language, and suitability of items regarding the length of the scale, and whether the items measure what is supposed to measure. All of the specialist's recommendations were taken into consideration, and the scale stays within the(21) items.

The scale consisted of a demographical page asking respondents about their Gender, employments, Level of education. Furthermore, the validity of the scale was established through the overall measure of structural validity for items. This can be done by applying the scale for 40 respondents outside the sample, but from the general population. It took into consideration to accept any items a statistically significant of (0.30) between items to items, and between the associations of each item with the scale in total. All of the scale's items were statically significant at.O5 level (table 3).

Table (3): the correlation coefficient between each item and the total scale's items

#of item	Correlation with	correlation with	#of item	Correlation with	correlation with	#of item	Correlation with	correlation with

	domain	scale		domain	scale		domain	scale
1	.39(*)	.36(*)	8	.84(**)	.73(**)	15	.52(**)	.58(**)
2	.63(**)	.66(**)	9	.75(**)	.70(**)	16	.54(**)	.39(*)
3	.65(**)	.59(**)	10	.77(**)	.70(**)	17	.41(**)	.33(*)
4	.63(**)	.66(**)	11	.79(**)	.67(**)	18	.77(**)	.48(**)
5	.64(**)	.66(**)	12	.70(**)	.55(**)	19	.82(**)	.61(**)
6	.69(**)	.60(**)	13	.74(**)	.67(**)	20	.62(**)	.42(**)
7	.64(**)	.69(**)	14	.74(**)	.59(**)	21	.74(**)	.70(**)

*Significant at 0.05   ** significant at 0.01

Table (3) revealed that all of the correlation coefficients of each item and its domain ranged from (0.39) to (0.84). The items of the scale ranged from (0.33) to (0. 73). All were statistically significant, being acceptable for the porous of the research study.

9.3.2 Scale Reliability

To determine the reliability, the scale was distributed to 40 respondents from the general population from the outside of the sample. The scale was re-distributed to the same sample after two weeks from the first time. Test-retest- reliability was applied by the use of (Person-R), and it came to be (0.84). Also, the internal consistency of Cronbach Alpha was applied and it came to be (0.807), which considered being reliable and suitable to be used for this research study (table 4).

Table (4): the correlation coefficient for the reliability of cognitive distortion and its domains

Domains	Test-Retest Reliability	Internal Consistency
Exaggeration	0.90	0.85
Unfair attitudes or Comparisons	0.88	0.76
Personalization	0.90	0.71
Total scale	**0.92**	**0.90**

Table (4) indicated that the internal consistency of Cronbach Alpha between domains ranged from (0.71) to (0.85). The internal consistency of Cronbach Alpha for the total scale was (0.90). Also, the reliability among domains ranged from (0.88) to (0.90) with reliability for the total scale was (92).

9.3.3 Scale Scoring

The scale consisted of (21) items, respondents responded on a five-point Likert scale, (Strongly Agree given 5; Agree 4, Neutral 3, Disagree 2, Strongly Disagree 1). The respondents' scores ranged from (21) to (105). The scale has three levels of means: low levels from (2.33 or less) medium level from (2.34 to 2.67), and high level from (3.68 and above).

Results & Discussions

Q1.What is the prevalence level of self-defeating behavior among the sample?

To answer this question, the means and the standard deviations of the sample were calculated for the self-defeating behavior scale table (5).

Table (5): Means and the standard deviations for self-defeating behavior's items among the sample

Ran	Num	Items	Mean	SD	level

king	bers		s		
1	14	I do my best to keep other people happy even at my expense	3.62	1.097	mode rate
2	11	I intend to keep a relationship with others even I don't achieve any benefit.	3.44	1.031	mode rate
3	12	I have a hard time delegating my work or assignments to others	3.24	1.132	mode rate
4	4	I try to keep my emotions from others so I will not get heart.	3.11	1.030	mode rate
5	3	I feel that things around me getting worse	3.09	1.158	mode rate
6	23	I tend to sacrifice my happiness for the happiness of others.	2.99	1.318	mode rate
7	24	I feel mistreated or abused by others	2.92	1.341	mode rate
8	9	I see things in right or wrong value and nothing in between.	2.75	1.031	mode rate
9	8	I tend to procrastinate my work for no reason.	2.73	1.199	mode rate
10	19	I feel that I evaluate myself negatively when making any little mistake.	2.72	1.148	mode rate
11	25	I intend to avoid competition or disagreement with others.	2.68	1.186	mode rate
12	1	I feel anxious that my friends will abandon me, so I must be worried.	2.66	1.210	mode rate
13	26	I feel that I don't care about my heart or wellbeing.	2.59	1.335	mode rate
14	7	I intend to talk; more than I needed.	2.55	1.002	mode rate
15	22	I feel that I don't have the self-confidence to deal with issues around me.	2.53	1.152	mode rate
16	6	I get anxious for being too happy out of the fear something bad could happen	2.48	1.200	mode rate
17	18	I feel guilty without any rational reason.	2.47	1.161	mode rate
18	17	I accept criticism from others for no reason.	2.42	1.034	mode rate
19	13	I feel strange when others treat me right	2.29	1.164	low
20	21	I don't like to assume responsibilities.	2.18	1.139	low
21	5	I intend to avoid friendship with others so I will not allow them to reject me in the future.	2.13	.909	low

22	10	I intend to choose activities that lead to disappointments.	2.12	1.000	low
23	28	I intend to refuse help from others even though they have my best interest.	2.11	.951	low
24	16	I feel inferior when compared with others.	2.09	1.139	low
25	27	I intend to abandon my good relationship with others for no rational reason.	2.09	1.080	low
26	20	I feel that I lack self-confidence or self-worth.	2.07	1.190	low
27	2	I feel I can't build a relationship with others for no good reason.	2.02	.963	low
28	15	I feel I deserve mistreatment from others even though I didn't do anything wrong.	1.60	.851	Low
Total scale			**2.56**	**542**	**Mode rate**

The result from table (5) revealed that the level of self-defeating behavior among the sample was moderate (1.60-3.62). Item (14) "I intend to keep other people happy, even at my expense" got the first place with a moderate level, and a mean of (3.62). Item (15) " when people mistreat me I intend to feel that I deserve the mistreatments from them' came last with a moderate level and a mean of (1.60). The total items of the scale for self-defeating behavior came within the moderate level with a mean of (2.56). The researchers explained that this outcome exists because the sample mainly consisted of middle-class people with a variety of similar educational, social, and economical backgrounds.

Q2.What is the prevalence level of cognitive distortion among the sample?

The means and the standard deviations of the sample were calculated for the cognitive distortion scale table (6).

Table (6): Means and standard deviations for cognitive distortion's items among the sample

Ranking	Number#	Domains	Means	Standard deviation	Levels
1	2	Unfair attitudes or Comparisons	2.60	.867	Moderate
2	1	Catastrophizing or Exaggeration events	2.47	.704	Moderate
3	3	Personalization attitudes	2.17	.757	Low
		Total items scale	2.43	.666	Moderate

Table (6) revealed that the means levels ranged between (1.50- 2.49), "Unfair attitudes or Comparisons" domain ranked first with a moderate level and a mean of (2.60). Personalization attitudes domain ranked in the last place with an average level and a mean of (2.17). The mean for the scale of the total items was (2.43) with an average level. This can be explained by the description of the sample which it is generally from middle-class people with a variety of educational background, and similar background socially and economically.

Q3. Is there a significant difference in the self-defeating behavior of the sample by (Gender, Educational level, Employments, and Age)?

To answer this question the mean and stander deviation for these different variables were analyzed. The result indicated some appeared differences between the means, respondents, on the scale of self-defeating behavior by the variation of intended variables of the study table (7).

Table (7): means and the standard deviation of the sample for the self-defeating behavior scale by the sample of (gender, educational level, employment, and age)

Variables	Levels	Means	Standard deviation	Distribution #
gender	male	2.60	.538	146
	female	2.54	.545	252
Educational level	Below Bachelor degree	2.67	.565	139
	Bachelor degree and above	2.50	.521	259
Employment	Working	2.58	.543	207
	Not working	2.54	.542	191
Age	Below 25 years	2.51	.530	201
	25 years and above	2.61	.550	197

The analysis of variance was applied to pinpoint the differences between variables table (8).

Table (8) the analysis of variance between variables for self-defeating behavior by their (gender, educational level, employment, and age)

variable	Sum of squares	df	Mean of squares	F	Sig
Gender	.018	1	.018	.063	.801
Educational level	2.799	1	2.799	9.762	.002*
Employment	.050	1	.050	.174	.677
Age	1.311	1	1.311	4.573	.033*
error	112.693	393	.287		
Total	116.702	397			

**Significant at 0.05 level   ** significant at 0.01 level

Table (8) revealed the following results regarding self-defeating behavior: There were no statistically significant differences at (0.05) level were found regarding gender, with an F value of (0.063), with a level of significance (0.0801). The possible explanation for this finding is that males and females are both receiving similar family raring attitudes, school learning curriculum, and treatments. This means males and females can develop self–defeating behaviors equally.

Statistically significant differences were found at (0.05) regarding self–defeating behavior with an "F" value of (9.762) and a significant level of (0.002). They were because of the educational level variable in favor of below Bachelor level. This means that self-defeating behavior is associated with a low level of education significantly.

This finding was expected to play an important role in the self-defeating behavior development as education can improve the psychosocial well-being of the individual, engaging less in self-defeating acts.

No statistically significant differences at (0.05) level were found regarding the variable of employments with an F value of (0.174) with a level of significance (0.677). This finding came against expectation, because respondents who are not working assumed that they may have more self-defeating behavior, nevertheless, this is the finding.

Statistically significant differences were found at (0.05) regarding self–defeating behavior with an "F" value of (4.573) and a significant level of (0.033). They were because of the age variable in the valor of 25 years old and more. This means that older people have significantly more self-defeating behavior than their peers of a younger age. The assumption was that older people get wiser as they get older by facing reality with more confidence. However, it appeared that self-defeating behavior may be influenced by disappointment in life as we get older. Thus, people started to avoid taking necessary action to avoid others' criticism.

Q4. Is there a significant difference in the cognitive distortion of the sample by (gender, educational level, employment, and age)?

To answer this question the mean and stander deviation for these different variables (gender, educational level, employment, and age) were analyzed. The result indicated some appeared differences between the means of sample on the scale of cognitive distortion by the variation of intended variables of the study table (9).

Table (9): the analysis of variance between variables for cognitive distortion by (gender, educational level, employment, and age)

Variables	Levels	Means	Standard deviation	Distribution #
gender	male	2.50	.669	146
	female	2.39	.662	252
Educational level	Below Bachelor degree	2.59	.664	139
	Bachelor degree and above	2.35	.653	259
Employment	Working	2.49	.677	207
	Not working	2.38	.651	191
Age	Below 25 years	2.44	.649	201
	25 years and above	2.43	.685	197

The analysis of variance was applied to pinpoint the differences between variables table (10).

Table (10): the analysis of variance between variables for cognitive distortion by (gender, educational level, employment, and age)

Variable	Sum of Squares	df	Mean of Squares	F	Sig
Gender	.137	1	.137	.316	.574
Educational level	3.997	1	3.997	9.249	.003
Employment	.739	1	.739	1.709	.192

Age	.122	1	.122	.282	.596
error	169.847	393	.432		
Total	176.012	397			

**Significant at 0.05 level   ** significant at 0.01 level

Table (10) revealed the following results regarding cognitive distortion: There were no statistically significant differences at (0.05) level were found regarding gender. They got an F value of (0.316), with a level of significance (0.574). The possible explanation for this finding is males and females are both receiving similar raring and school learning treatments, which mean males and females, can experience cognitive distortion equally.

Significant differences were found at (0.05) regarding self–defeating behavior with an "F" value of (7.249) and a significant level of (0.003). They were because of the educational level variable in favor of below Bachelor level. This means the cognitive disorder is associated with a low level of education significantly. This finding was expected to play an important role in the development of cognitive distortion because education can improve the psychosocial wellbeing of the individual, and engaged less in cognitive distortion attitudes or beliefs.

No statistically significant differences at (0.05) level were found regarding the age variable with an F value of (0.282) and a significance level (0.596). They were consistent with the assumptions that both young and older people get wiser as they reach adulthood.

No statistically significant differences at (0.05) level were found regarding the variable of employment, with an F value of (1.709), with a level of significance (0.192). This finding came within expectation, because respondents who are not working assumed that they may have more cognitive distortion, however, this is the finding.

Q5. What is the relationship between self-defeating behavior and cognitive distortion among the sample?

To answer this question, the person (R) correlation coefficient was applied and calculated. The relation between self-defeating and cognitive distortion was examined.

Table (11): The relationships between self-defeating behavior and cognitive distortion among the sample

Self-defeating behavior		domains
.648(**)	'R' correlation coefficient	Catastrophizing or Exaggeration events
.000	Level of significant	
.555(**)	'R' correlation coefficient	Unfair attitudes or Comparisons
.000	Level of significant	
.595(**)	'R' correlation coefficient	Personalization attitudes
.000	Level of significant	
.694(**)	'R' correlation coefficient	Cognitive distortion total scale
.000	Level of significant	

**Significant at 0.05 level   ** significant at 0.01 level

The result from table (11) indicated that there is a statistically significant relationship between self-defeating behavior and cognitive distortion among people in the general population in Jordan.

10. Conclusion

This study revealed that the prevalence of self-defeating behavior and cognitive distortion came within the moderate level among the sample. Besides, significant differences were found between self–defeating behavior and educational level, in favor of people who have less than a Bachelor degree, Moreover, significant differences were found between self-defeating behavior and age variable, in favor of 25 years or older. Also, a positive statistically significant relationship between self-defeating behavior and cognitive distortion was found among the sample.

11. Recommendations

Based on the findings of this study, the researchers recommend the following:

 - Plan of action is needed to enhance or eliminate people's self-defeating behavior and cognitive distortion among people in the general population.

-Future research is needed with a larger sample to clarify the significant relationship between these two variables.

References

1. Alshawashreh, O. M., Alrabee, F. K., & Sammour, Q. M. (2013). The Relationships between Self – Defeating Behavior and self-esteem among Jordanian College Students. *International Journal of Humanities and Social Science*, 3(6),255- 269. https://doi.org/10.30845/ijhss.
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders.* (5thed). Washington.
3. Atkinson, B. E. (2017). The SELF-DISS: A comprehensive measure of self-defeating interpersonal style.
4. Barratt, E. S. (1994). *Impulsiveness and aggression in Monahan Steadman HJ, editors*. Violence and mental disorders: developments in risk assessment.
5. Bastiaens, T., Claes, L., Smits, D., De Wachter, D., van der Gaag, M., & De Hert, M. (2013). The Cognitive Biases Questionnaire for Psychosis (CBQ-P) and the Davos Assessment of Cognitive Biases (DACOBS): Validation in a Flemish sample of psychotic patients and healthy controls. *Schizophrenia Research*, *147*(2-3), 310-314. https://doi.org/10.1016/j.schres.2013.04.037
6. Baumeister, R. F., & Scher, S. J. (1988). Self-defeating behavior patterns among normal respondents: review and analysis of common self-destructive tendencies. *Psychological Bulletin*, *104*(1), 3-22.DOI: 10.1037/0033-2909.104.1.3
7. Baumeister, R. F. (1997). Esteem threat, self-regulatory breakdown, and emotional distress as factors in self-defeating behavior. *Review of general psychology*, *1*(2), 145-174. https://doi.org/10.1037%2F1089-2680.1.2.145
8. Baumeister, R.F & Bushman, B. (2008). *Social Psychology and Human Nature*. Thompson Learning Inc. 3-4, 136-137.
9. Beck, A. T. (1991). Cognitive therapy: A 30-year retrospective. *American psychologist*, *46*(4), 368-375. https://doi.org//10.1037/0003-066X.46.4.368.
10. Callan, M. J., Kay, A. C., & Dawtry, R. J. (2014). Making sense of misfortune: Deservingness, self-esteem, and patterns of self-defeat. *Journal of Personality and Social Psychology*, *107*(1), 142-162. https://doi.org/10.1037/a0036640.
11. Castilho, P., Pinto-Gouveia, J., Amaral, V., & Duarte, J. (2014). Recall of threat and submissiveness in childhood and psychopathology: The mediator effect of self-criticism. *Clinical psychology & psychotherapy*, *21*(1), 73-81. https://doi.org/10.1002/cpp.1821.
12. Chiang, Y. T., Lin, S. S., & Liu, E. Z. F. (2012). The effects of online discussion forum aggressive messages and cognitive distortion on users' negative effect and aggression. *Turkish Online Journal of Educational Technology-TOJET*, *11*(2), 238-245.

13. Dinger, U., Barrett, M. S., Zimmermann, J., Schauenburg, H., Wright, A. G., Renner, F., ... & Barber, J. P. (2015). Interpersonal problems, dependency, and self-criticism in major depressive disorder. *Journal of clinical psychology*, *71*(1), 93-104. https://doi.org/10.1002/jclp.22120.

14. Everaert, J., Grahek, I., Duyck, W., Buelens, J., Van den Bergh, N., & Koster, E. H. (2017). Mapping the interplay among cognitive biases, emotion regulation, and depressive symptoms. *Cognition and Emotion*, *31*(4), 726-735. https://doi.org/10.1080/02699931.2016.1144561.

15. Goldstein, B. (2015). *Cognitive psychology, connecting mind, research, and everyday experience*. (4 th ed.). USA, Boston: Cengage Learning.

16. Greenman, S. (2015). *Help Your Clients Stop Self-Defeating Behaviors. Psych Central.* Retrieved on January 6, 2020, https://pro. psychcentral.com/help-your- clients stop-self-defeating-behaviors.

17. Gvion, Y., & Fachler, A. (2015). Traumatic experiences and their relationship to self-destructive behavior in adolescence. *Journal of Infant, Child, and Adolescent Psychotherapy*, *14*(4), 406-422. https://doi.org/10.1080/15289168.2015.1090863.

18. Joeng, J. R., & Turner, S. L. (2015). Mediators between self-criticism and depression: Fear of compassion, self-compassion, and importance to others. *Journal of Counseling Psychology*, *62*(3), 453-463. https://doi.org/10.1037/cou0000071.

19. Kopetz, C., & Orehek, E. (2015). When the end justifies the means: Self-defeating behaviors as "rational" and "successful" self-regulation. *Current Directions in Psychological Science*, *24*(5), 386-391. https://doi.org/10.1177/0963721415589329.

20. Kuru, E., Safak, Y., Özdemir, İ., Tulacı, R. G., Özdel, K., Özkula, N. G., & Örsel, S. (2018). Cognitive distortions in patients with social anxiety disorder: Comparison of a clinical group and healthy controls. *The European Journal of Psychiatry*, *32*(2), 97-104. https://doi.org/10.1016/j.ejpsy.2017.08.004.

21. Rnic, K., Dozois, D. J., & Martin, R. A. (2016). Cognitive distortions, humor styles, and depression. *Europe's journal of psychology*, *12*(3), 348-362. https://doi.org/10.5964%2Fejop.v12i3.1118.

22. Schluter, M. G., Kim, H. S., Poole, J. C., Hodgins, D. C., McGrath, D. S., Dobson, K. S., & Taveres, H. (2019). Gambling-related cognitive distortions mediate the relationship between depression and disordered gambling severity. *Addictive Behaviors*, *90*, 318-323. https://doi.org/10.1016/j.addbeh.2018.11.038.

23. Self-Destructive Behavior. (2019). *Signs, Causes & Effects - Video & Lesson Transcript". Study.com.* Retrieved 2/22/2020.

24. Strohmeier, C. W., Rosenfield, B., DiTomasso, R. A., & Ramsay, J. R. (2016). Assessment of the relationship between self-reported cognitive distortions and adult ADHD, anxiety, depression, and hopelessness. *Psychiatry Research*, *238*, 153-158 https://doi.org/10.1016/j.psychres.2016.02.034.

25. Twenge, J. M., Catanese, K. R., & Baumeister, R. F. (2002). Social exclusion causes self-defeating behavior. *Journal of personality and social psychology*, *83*(3), 606-615. doi.org/doi/10.1037/0022-3514.83.3.606.

26. Van der Gaag, M., Schütz, C., ten Napel, A., Landa, Y., Delespaul, P., Bak, M. & De Hert,M.(2013). Development of the Davis assessment of cognitive biases (DACOBS*). Schizophrenia Research*, *144*(1), 63-71. https://doi.org/10.1016/j.schres.2012.12.010.

27. Wei, M., & Ku, T. Y. (2007). Testing a conceptual model of working through self-defeating patterns. *Journal of Counseling Psychology*, *54*(3), 295-305. https://doi.org/10.1037/0022-0167.54.3.295.