

## Sabotaging The Self - A Trait? and It's Relationship with Neuroticism

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### Abstract

**Introduction:** The present study examines the extent to which self-defeating ideation, measured through the use of the Self-Defeating Quotient discrepancy scores, and behaviour reflect a single unitary trait of self-defeatedness, and the extent to which levels of this underlying trait are related to Neuroticism.

**Results:** The results of a Structural Equation Model provide support for a single-factor model of Self-defeatedness using the Self-Defeating Quotient (S. D. Q.). Additionally, the one factor model of the relationship between self-defeating ideation and neuroticism indicated a significant path between SDQ Discrepancy scores and Neuroticism.

**Conclusion:** The results indicate a significant relationship between the Self-Defeating Quotient and neuroticism. Combining information from multiple measures into a composite trait measure, and using SEM to take measurement error into consideration, may provide a more accurate estimate of the strength of this relationship. These results provide support for the view that self-defeating ideation is a unitary trait and a possible contender for joining the big five as number six.

**Keywords:** Trait; Personality; Self-defeating ideation; Self-defeating behaviour; Structural equation modeling; Neuroticism; Self-defeating quotient

### Introduction

The definition of a trait for this study is a genetically influenced or a distinguishing quality or characteristic. A trait is not to be confused with a state, which is a temporary way of interacting and dealing with the self and others [1]. Understanding traits using the various assessment instruments allows comparisons and various inferences to be made about people, in an objective non-biased manner. Among the theorists who developed tools to investigate traits are Hans and Sybil Eysenck [2], who developed the Eysenck Personality Questionnaire, and Raymond Cattell [3], who authored the Sixteen Personality Factor (16-PF) measure. Most of the assessment devices that result from trait theory adopt a self-report type test, and incorporate an element which attempts to prevent faking good or lies which may compromise the integrity of the results. The main traits include disorder-related categories such as depression, psychosis, histrionic (neurotic), introversion, masculinity/femininity (gender role), and hypochondriasis.

These assessment devices have provided a platform for gathering large amounts of information, which can then be reduced using statistical factoring techniques allowing comparisons regarding a person's personality, interaction, and beliefs about the self and the world. While different theorists may use different terminology, there is some consistency regarding factors or personality traits. Eysenck and Eysenck [2] demonstrated Introversion-Extraversion, Neuroticism and Psychoticism, while there is some agreement between these traits, and those now known as the Big Five, which are Openness to Experience, Conscientiousness, Extraversion/Introversion, Agreeableness, and Neuroticism. Like all of these five traits, people will fall somewhere on a continuum, with most falling somewhere in the middle.

The present study will examine the Self-Defeating Quotient as a trait. Earlier research by the author Thomson [4] found higher levels of premature mortality among individuals who had been diagnosed with clinical depression. Subsequent work [5] sought to identify processes that mediated the relationship between depression and mortality. Clinically depressed individuals, and those with elevated levels of Neuroticism (a risk factor for depression) had higher scores on the Self-

Defeating Quotient. Initial studies suggest that self-defeatedness is a trait, in the sense of being a stable and pervasive feature of personality [6]. Further, individuals who are high on this trait are also more likely to exhibit behaviours that have the potential to compromise physical health and lead to premature death. High levels of self-defeatedness have been found to be associated with higher levels of coronary-prone behaviour and drug use [6], as well as suicidal ideation [7]. Higher levels of self-defeating ideation are also related to poorer self-health care habits, such as longer delays in initiating screening tests for cancer [6], and higher risk-taking behavior [6].

The study by Thomson [5] utilized discrepancy scores between real and ideal behaviours to assess levels of self-defeating behaviour. Higher levels of neuroticism were related significantly to discrepancy scores in the following domains: emotional well-being, community affairs, personal habits, developmental contexts, and social control. Two questions that arise from the results of this earlier investigation will be addressed in the present study. First, to what extent do the relationships between levels of self-defeating ideation in these specific domains reflect an underlying relationship between a general trait of self-defeat and neuroticism? Secondly, to more adequately address the previous question, we must consider a methodological issue in the use of discrepancy scores to measure traits. Discrepancy scores may systematically underestimate the true strength of the relationship between variables. Cronbach [8] states that discrepancy scores are vulnerable to the effects of measurement error. When the difference between two correlated scale scores is computed, the resulting discrepancy between scores retains the same amount of random measurement error as the original scale scores had, but less

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Received: November 08, 2017; Accepted: November 28, 2017; Published: December 05, 2017

Citation: Thomson W (2017) Sabotaging The Self - A Trait? and It's Relationship with Neuroticism. Clin Exp Psychol 3: 175. doi: [10.4172/2471-2701.1000175](https://doi.org/10.4172/2471-2701.1000175)

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true score variance (since true score variance in one measure has been subtracted from true score variance in the other). To the extent that discrepancy scores include random measurement error, computation of the correlation between a discrepancy score and another variable will be attenuated: i.e., the computed correlation will be lower than the correlation between actual scores [9].

To address the issue of self-defeating ideation as a trait, while considering the role of measurement error, the present study will utilize structural equation modeling [10] to examine the relationship between measures of self-defeating ideation and neuroticism and to better understand the extent to which measures of self-defeating ideation reflect a unitary trait. SEM also provides an opportunity to examine the relationship of self-defeating ideation to psychological adjustment after taking into consideration the effects of random measurement error in fallible indicators [10].

## Methods

### Sample

The present study utilized data from 159 participants. A substantial portion of the sample received psychiatric care for depression: 34.2% of the sample received treatment for depression while the remaining 65.8% of the sample served as normal controls. Females comprised 64% of the sample while 36% were male. The median age of the study participants was 39 years old. Concerning employment status, 40.9% of the sample was employed full-time, 30.8% were employed part-time, and 1.9% were self-employed. A further 6.3% were full-time students without employment, 10.1% were unemployed, 5.0% were disabled, 2.5% were retired, and 2.5% were homemakers. Pre-existing medical conditions were present in 35.1% of the sample.

### Procedures

The test group consisted of patients referred to a psychiatrist and diagnosed as depressed in an outpatient department. The questionnaires were enclosed in a stamped addressed envelope and accompanied by an information sheet that explained the purposes of the study. Potential participants were informed that their involvement in the study was voluntary, that they could withdraw from the study at any time after they started, and that responses to the survey would be anonymous. Every patient who was referred as possibly depressed by their General Practitioner was invited to complete a questionnaire while they awaited the consultation with the psychiatrist. Control subjects were not being treated for mental illness.

### Instruments

**Eysenck personality questionnaire:** The Eysenck Personality Questionnaire [2] consists of 90 yes-no items that are designed to measure three dimensions of personality: Neuroticism, Extraversion, and Psychoticism. The measure also includes a Dissimulation scale to screen out respondents who give distorted answers to appear socially desirable. The EPQ scales have shown high levels of reliability, both in terms of internal consistency and test-retest reliability coefficients [2]. Alpha coefficients and test-retest correlations for the EPQ scales are higher than 0.8 across demographic sub-samples. The dimensional structure of the EPQ has proved to be robust in numerous factor-analytic studies: simple structure factor rotation yields three dimensions [11]. Further, these three dimensions appear to underlie the factor structure of many other widely used personality inventories [12]. Considerable evidence for the external validity of the EPQ dimensions has been provided by numerous studies relating differential performance on experimental tasks, as well as behavioural patterns in real-world settings, to levels of Neuroticism, Extraversion, and Psychoticism [13].

**Self-defeating quotient:** The Self-Defeating Quotient (SDQ) was developed by the author Thomson [5] to assess factors that mediate the relationship between depression and premature mortality among depressed patients. Items for the SDQ were piloted with patients who were undergoing treatment for depression and were revised in consultation with psychiatrists. The SDQ consists of 33 statements describing elements of the respondent's behaviour and feelings, and is administered in two parallel forms: one describing the extent to which the statement describes the actual behaviour or feelings of the respondent (the Now form), and the other indicating the Ideal level of each item (the Ideal form). The response scale used was a 100 mm line, which represented a continuum of response. The Control item asks participants to indicate how much control they have over "things that made them feel optimistic and content". Participants responded to this item by indicating whether they had Total Control or No Control. Subjects were asked to mark their response to each item on the line. Responses were coded from 0 to 100. At the one extreme, the preferential state or behaviour was represented by a score of 0, while a negative response was indicated by a score of 100.

The scoring of the SDQ is based on factor analysis of the item ratings, as described by Thomson [5]. Four factor ally based scores are computed for the SDQ-Now, and four parallel scales are computed for the SDQ-Ideal. The Emotions, Habits, and Community scale is computed as the average rating of items dealing with control, initiative, contentment, stress, problems, temper, jealousy, elections, neighbours, country, community, diet, weight, and debt. The Social Control scale was computed as the average rating for items dealing with honesty, caring, aggression, conservation, exercise, vandalism, and destruction. The Developmental Contexts scale was computed as the average of items related to early education, adult learning, colleagues, childhood, work, family, family time, law, and altruism. Finally, the Drugs, Alcohol, Smoking, and Frustration scale was computed as the average rating of these four constituent items. A discrepancy score for each of the SDQ scales is computed by subtracting the SDQ Ideal rating from the SDQ Now rating. Higher discrepancy scores indicate that the SDQ Now rating reflects a more negative evaluation of present circumstances compared with the SDQ Ideal rating.

## Results

Preliminary analyses examined the mean response of subjects to the EPQ and SDQ scales. The main analyses of the present study then examined a causal model relating SDQ now-ideal dimensions to differential levels of Psychoticism, Neuroticism, and Extraversion.

### Sample descriptive statistics

**Eysenck personality questionnaire:** Of the 159 subjects who participated in the present study, 125 provided complete data on the EPQ. Mean scores for the sample on the EPQ scales are shown in Table 1. Compared with the EPQ norms [2], scores on the Neuroticism scale are notably higher, as would be expected in a sample that is comprised predominantly of individuals with clinical depression.

**Self-defeating questionnaire:** The valid sample size with respect to the four Ideal and four Now factors varied from 123 to 147 depending upon the factor in question. Mean scores for the SDQ items in Now and Ideal forms are shown in Table 2. Scale scores on the SDQ-Now form are higher than scores on the SDQ-Ideal form, indicating that, on average, subjects say their actual behaviour and feelings are less than Ideal.

**SDQ now-ideal discrepancy and neuroticism:** To examine the

Scale	Mean	SD
Neuroticism	14.2	5.1
Extraversion	11.1	4.8
Psychoticism	3.2	2.3
Dissimulation	7.2	3.2

**Table 1:** Descriptive statistics for EPQ scales.

SDQ Scale	Now Mean	SD	Ideal Mean	SD
Emotions, Habits, Community	39.5	15.6	15	9.7
Social Control	26.6	14.0	10.4	10.5
Developmental Contexts	30.3	14.0	14.0	11.5
Drugs, Alc., Smoking, Frus.	28.7	15.9	14.5	11.3

**Table 2:** Descriptive statistics for SDQ now and ideal scales.

structure of the relationship between SDQ Now-Ideal Discrepancy scores and Neuroticism, Structural Equation Modelling (SEM) was employed.

The SEM model conducted tested a one-dimensional model of the relationship between self-defeating ideation and neuroticism. Here, higher SDQ discrepancy scores on the Emotions, Habits, and Community-scale, Social Control scale, Developmental Contexts scale, and Drugs, Alcohol, Smoking, and Frustration scales were treated as indicators of a single unitary dimension of Self-defeating ideation which in turn were used to predict differential levels of Neuroticism. This one factor model of the relationship between self-defeating ideation and neuroticism indicated statistical significance in the path between SDQ Discrepancy scores and Neuroticism, Beta=0.980,  $p < 0.001$ . Perfect model fit was indicated in this case as this model was just-identified.

To aid in the interpretation of this model, parameter estimates are presented below. Standardized regression coefficients relating to the latent dimension of Self-Defeating ideation to the four SDQ discrepancy scores are shown in Table 3. Only the initial scale included in the analysis was related significantly to the SDQ discrepancy dimension. The strength of the relationship between the latent dimension and each SDQ discrepancy score can be assessed by computing the square of the standardized regression weight. Discrepancy scores in the Emotions, Habits, and Community-scale exhibit the strongest relationship with the latent dimension (Beta=-0.636): slightly over 40 percent of the variance in the Emotions, Habits, and Community discrepancy score is accounted for by the latent dimension. Discrepancy scores on the other three SDQ scales also exhibit reduced, though still strong and statistically significant associations with the latent dimension. The latent dimension of self-defeating ideation accounts for approximately 9% to 20% of the variance in discrepancy scores on the remaining three factors.

## Discussion

The results of the present study provide support for the view that self-defeating ideation is a unitary trait. Consistent with this view, a one-factor model provided adequate fit to subjects' scores on a measure of self-defeating ideation that encompassed multiple life domains. Findings from the structural equation modelling analysis also suggested that self-defeating ideation and neuroticism are more closely associated than they might appear to be in simple correlational analysis. In an earlier investigation, Thomson [5] found that higher discrepancy scores on all four SDQ dimensions were associated with higher levels of Neuroticism. The size of the significant bivariate correlations between these SDQ measures and EPQ Neuroticism scores ranged from 0.284 to 0.608 (median=0.430). This pattern of findings suggests that,

SDQ Now Scale	Coefficient
Emotions, Habits, Community	-0.636***
Social Control	-0.347
Developmental Contexts	-0.444
Drugs, Alc., Smoking, Frus.	-0.306

**Note:** \*\*\*  $p < 0.001$

**Table 3:** Standardized regression coefficients relating sdq discrepancy scales with self-defeatedness dimension.

individually, the SDQ scales account for between approximately 8 and 18 percent of the variance in Neuroticism scores.

The effects of the self-defeating ideation dimension on neuroticism may have been larger in the present investigation for two reasons. First, composite levels of self-defeating ideation, summed across multiple life contexts, might be more strongly related to neuroticism than are the more limited and specific aspects of self-defeating ideation that are measured by single SDQ scales. In other words, the effects of self-defeating ideation may be clearer when it is considered as a pervasive trait, rather than as a situation-specific issue. A second reason the relationship between defeating ideation and neuroticism might have been stronger in the present investigation arises from the use of an analytic approach, structural equation modelling, which takes into consideration the effects of random measurement error in the discrepancy scores. Using SEM, the regression between self-defeating ideation and neuroticism reflects an estimate of the impact of variation in actual scores on the self-defeating measure. By contrast, the simple correlation between self-defeating discrepancy scores and neuroticism does not adjust for the attenuating effects of random measurement error on the correlation. Further investigation of the impact of discrepancy score measures should utilize SEM to assess the effects of measurement error on correlations.

## Summary

Trait theory and the individual traits contributes to the canvas which makes up the unique identity of each individual which in turn impacts on communities and the wider spectrum.

As a therapist I've been concerned with the need to confront the plethora of issues associated with psychopathology aiming not just to make the present manageable but to prevent problems in the future. As a researcher I've been able to objectify the various hypotheses I've formulated as a therapist. This research brings together both these aspects.

The hypothesis I offer is that underlying disorder, however it is manifested, there is a self-sabotaging element present to a greater or lesser extent in everyone. Making this element conscious by objectifying this trait is vitally important to the success of prevention and intervention in both the short and long-term with the prospect of altering the personal dynamics.

My landmark paper Evans [14] on stress and personality overturned the then accepted view that stress emanates from without. Research followed Evans [15,16] which dug down deeper. This paper similarly attempts to address a misconception: that many of the biopsychosocial difficulties experienced by people owe their origins and are blamed and accounted for by living in a stressful influential society rendering them unable to sustain the lifestyle they have orchestrated. This culture of blame is unhelpful to the individual, and costly in terms of efficiency and effectiveness within the wider social and economic community: It removes the responsibility from the individual and therefore

undermines any opportunity for personal change [17].

It is timely during these times of rapid change when many succumb to the stresses and strains they impose upon themselves to introduce the notion of a self-sabotaging trait. Society offers on the one hand limitless opportunity and freedom but on the other its influence can have a negative consequence, seductive in nature, leading to unsustainable choices in which individuals become the victims and captive to their own exploitation. The SDQ is a start towards a realistic but confrontational measure: useful for the individual, the therapist and research.

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