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Self-Sabotaging Tendencies and Their Impact on Students' Mental Health: A Study on the Mediating Role of Self-Efficacy

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Abstract

In today's highly competitive academic setting, university students are increasingly vulnerable to developing self-sabotaging tendencies, which can have a harmful impact on their mental health. This study explores the relationship between self-sabotaging tendencies and mental health among university students, with particular emphasis on the mediating role of self-efficacy. Data were collected from 600 students using a convenience sampling technique. Mental health was assessed using the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), self-sabotaging tendencies were measured through the Self-Sabotage Assessment Questionnaire (SSAQ), and self-efficacy was evaluated using the General Self-Efficacy Scale (GSE). The results demonstrated a significant negative correlation between self-sabotaging tendencies and mental health, suggesting that greater self-sabotage is linked to poorer psychological well-being. Mediation analysis further revealed that self-efficacy partially explains this relationship. These results highlight how crucial it is to implement interventions that lower self-destructive behaviors and boost self-efficacy in order to improve students' mental health and general wellbeing. The study offers practical implications for supporting students in competitive academic settings.

Introduction

University students are facing increased mental health risks all over the world, just about 450 million people affected by mental health conditions that are facing worsen in academic settings (WHO, 2022). The alteration from lower to higher education, develop more significant stressors, for example academic pressures, financial inability, and social adjustment and multimode challenges (Morton et al., 2014). Many students are able to pursue, but a third of them start using dysfunctional or negative behavior, for example delaying important task, comparing with others, lowering their self-esteem, not participating actively and such behaviors cause them to quit and have prominent negative effects on their mental health (Aldiabat et al., 2014). Self-sabotaging behaviors, especially self-limiting, rumination, and avoidance produce a damaging output in academic results and students' success (Berglas & Jones, 1978). These behaviors can cause a regular repeated pattern of avoidance behaviors that become a part of routine and unnoticeable, but it causes severe academic challenges. Theses can intensify mental health issues through many psychological disturbances like increased anxiety, depression, over thinking, and low self-esteem (Ntoumanis et al., 2020).

The Perspectives of Self-Sabotage Behaviors

Self-sabotage behavior that holds students unintentionally back from their success starts from repeated

harmful behaviors such as personal thoughts, behavior, and actions that move them back and decreases one's own future aspirations, goals and chances for success (Akın, 2012). These repeated patterns are stated to disturb the long-term objectives of individuals and causes several issues in their personal and academic lives (Sertel and Tanriögen, 2019). These malfunctioning behaviors show students' unhealthy enrolment in professional and social life, sometimes leads to procrastination or delaying task and avoidance (Collie et al., 2019). When our actions become the main hurdle to success, it's time to reduce such repeated patterns that hold us back. When asses the worth of success and failure, the self-sabotage behaviors can be defined as "individuals acting in ways that determine their success and failure to situational circumstances." Individuals with an inborn quality to present themselves as successful, hinders themselves, when they self-sabotage and overestimate that they fail. According to McCrea and Hirt (2001), the pursuit of self-esteem is the main motivating factor behind self-destructive behavior.

Types of self-sabotaging behaviors
Self-sabotaging behavior types can be divided into two distinct categories: behavioral and verbal sabotage. It is possible to classify the critical and negative statements we make to ourselves as verbal self-sabotage techniques and methods, which can impair our confidence, sense of self-worth, and general well-being. The inability to finish work or prepare for performance, persistent worries about upcoming tasks, poor mental health and unexpected events, abrupt trauma, and physical symptoms and signs of illness that reflect significant levels of pain or distress cannot all be addressed. The second type of sabotage, on the other hand, is behavioral self-sabotage, which includes the following tactics: not putting forth enough effort on necessary tasks or, on the other hand, putting in excessive amounts of time on unrelated activities; repeatedly postponing scheduled tasks; and setting goals that are unrealistic or appear impossible in the given situation (Leary and Shepperd, 1986).
Verbal and behavioral sabotage are the two specific categories into which self-sabotage falls. The negative and critical remarks we make to ourselves can be characterized as verbal self-sabotage strategies and approaches, which can lower our sense of self-worth, confidence, and general well-being. These physical symptoms and indications of illness, reflecting significant levels of pain or distress, perpetually voicing worries about the tasks ahead, reporting poor mental health and unforeseen events, sudden trauma, and the inability to complete work or prepare for performance cannot be accomplished.
Conversely, the second type of sabotage consists of behavioral self-sabotage, with strategies including: failing to exert effort on required tasks or, conversely, over-exerting oneself, overly concentrating on dedicating time to unrelated activities, repeatedly delaying scheduled tasks, setting unattainable or seemingly impossible goals given the context, insufficient sleep, using alcohol, substances, or drugs that hinder performance, overlooking benefits that could enhance success, and selecting settings and conditions that distort skills and abilities. The second type is verbal self-sabotage. Performance was affected by factors that were uncontrollable. In a verbal self-sabotage strategy, an individual expresses obstacle verbally (Leary and Shepperd, 1986).

Effects of self –sabotaging behavior
Zuckerman and Tsai (2005) report self-sabotage that it hinders psychological well-being, compatibility and happiness in addition to decreasing people's physical accomplishment and having a detrimental impact on their enthusiasm and work-life balance.
sBy diminishing the person's social life, it also causes social isolation (Zuckerman, 2013; Huzurmaz, 2016). Self-sabotage can result in tiredness and is linked to ideas like emotional discontent, high levels of stress and worry, poor academic achievement, and self-deleting (Akun, 2012). Self-sabotage prevents the person from being perceived as a failure, even if they perform extremely poorly (Alter and Forgas, 2007)
Procrastination is the most prominent and common type of self-sabotage. It can narrate by the unconscious delay in tasks despite of knowing its side effects and negative outcomes. It differs from planned delay, which

is goal-oriented it is something like delaying intentionally or unintentionally and also knows it may harm them. According to research, students may exhibit particularly severe procrastination. Approximately half of the 75% of students who regularly procrastinate believe that this behavior is harmful for their academic life and future goals. Researchers claim that academic procrastination is caused by a few significant cognitive distortions. STUDENTS typically:

Overestimate the time they have left to complete their tasks

Overestimate their future level of motivation

Self-doubt is most active type of self-sabotage that reduces self-esteem and keeps people away from taking advantage of different opportunities. It mostly shows up internally as repeated feelings of insufficiency or low worth, especially when enrolled with a novel or difficult tasks. Fear, avoidance, and lost opportunities for development and achievement can result from this internalized belief system (Bandura, 1997).

Perfectionism, sometimes mistaken for a positive trait, can also be self-defeating. Corkin (2011) defines a trait setting excessively high standards, working for flawlessness, and being more self-critical, mostly paired with a fear of failure and intense worry about others' judgments, leading to high achievement but also significant stress, anxiety, procrastination, and difficulty enjoying success. While it involves drive and organization, perfectionism can become maladaptive; making individuals feel anything less than perfect is a failure.

Mental health

According to research on young age mental health issues, one-third of university students have impactful symptoms of a mental health issue, such as depression, generalized anxiety disorder, or suicidal ideation (World Health Organization, 2004). According to the World Health Organization (WHO), mental health not only defines by the absence of any illness; it also includes a person's general well-being and capacity for self-realization. This comprehensive conceptualization incorporates multiple dimensions, including emotional regulation (such as managing impulses and maintaining behavioral health), positive self-perception, and effective social functioning marked by cohesion and personal fulfillment. The inclusion of well-being as a core component of mental health has generated scholarly discussion, as noted by Keyes in the WHO report, highlighting its complex nature involving both internal emotional states and external social integration.

Signs and Symptoms

Mental health symptoms can be manifest as feeling overwhelmed by daily tasks, failing to maintain connections or passing changes in appetite or sleep patterns (Kessler et al., 2005). Some individuals may experience irritability, mood swings, difficulty concentrating, despair, detachment from others, unexplained physical pain, fatigue, loss of interest in conditioning, and patient worrying. Others may witness restlessness, agitation, or avoidance of social situations. Mental health conditions can demonstrate in different ways, and symptoms can vary depending on the specific condition (National Institute of Mental Health and sciences, 2020). Common symptoms of mental health conditions include changes in behavior, emotional shift, changes in mind set, bodily changes (Hofmann et al., 2010).

Components of mental health

Mental health includes the capacity to focus, retain and organize knowledge, solve issues, make decisions, and use one's own verbal and nonverbal skills to engage and communicate with others. The phrase "basic" is intended to imply that low degrees of impairment is consistent with mental health, even when moderate to severe levels of impairment especially if not balanced by other areas—may call for societal support and incentives. Funding, training initiatives, and supported career possibilities are examples of incentive in this context. The capacity to experience, expresses, and regulate one's own emotions is a crucial aspect of mental health; when it is compromised, it can lead to mental and physical illness and mediate stress adjustment. The

ability to feel and understand what others are feeling, or empathy, is essential for effective communication and interaction as well as for anticipating other people's intentions, actions, and feelings. Mental health may be influenced by cerebral factors, such as allowing patterns and managing mechanisms, as well as biological factors, such as brain chemistry and genetics (Kessler et al., 2003).

The Impact of Mental Health on Quality of Life
Mental health conditions may result in alterations in cognitive processes, mood regulation, and defense mechanisms, further causing impairments in daily routine tasks and standard of life. Moreover, mental health conditions can also lead to loneliness, embarrassment, and discrimination, further decreasing the standard of life. The future of mental health is characterized by an alarming pattern, the increasing frequency of mental health problems, particularly among young adults. This rise is frequently linked to factors similar to social media, pressure to succeed, and dropped, coordinating activities which can contribute to Self-sabotaging actions (Twenge, 2017).

The Concept of Self-Efficacy
According to Bandura (1997), self-efficacy is the conviction that one can carry out the actions required to achieve particular performance goals (Bandura, 1997). It stands for people's faith in their capacity to influence their own drive, conduct, and social surroundings in order to produce significant results. Strong self-efficacy beliefs are associated with increased initiative, perseverance in the face of difficulty, and resilience to adversity. These traits increase the likelihood of achieving goals and improve emotional well-being. (Schwarzer & Warner, 2013).

The role of self-efficacy in success and failure
Those who believe in their abilities also express high self-esteem and strong emotions of well-being. They are ready to take charge in academic environments, exert effort when needed, and persevere as long as they believe their efforts will be effective. In potentially stressful circumstances, such as homework or tests, highly self-efficient students report feeling less subjectively stressed. Although self-efficacy can help reduce stress, it may sometimes indirectly heighten it by encouraging overly ambitious students to take on more responsibilities than they can realistically handle (Bandura 1997; Flammer 1990).

Literature Review
According to recent studies, academic stress has been reported as one of the primary issues of concern when considering college students' mental health, with some groups under more stress than others, Consequently, there is extensive evidence that students with lower mental health, especially female students, and those who are in their second year of study, report higher levels of perceived academic stress. The findings provide a basis for assisting university students understand the stressors they encounter to help their mental health best (Barbayannis et al., 2022). Self-efficacy is a person's instinctive self-confidence to succeed in certain conditions or complete a process. Its relevance is vital in one's mental state and academic performance (Shehadeh et al., 2020). This review aims to analyze the importance of self-efficacy as a moderator on the interplay of self-sabotage and health among university students. The review intends to assess the impact of self-efficacy in the context of self-sabotaging actions to establish whether improving self-efficacy among students can be used as a major tool to mitigate the adverse impact of self-sabotage on mental health. 2.2 Self-Sabotage and Mental Health Self-sabotage consists of numerous behaviors and thought processes that counteract one's goals and overall personal health. Ultimately, they erode self-esteem and foster frustration and disillusionment while perpetually making it difficult to progress towards one's objectives (Neureiter, 2016). The past paper explored the issue of social tension and self-sabotage among middle school students with behavioral disorders. The researchers developed a tension scale and adopted a behavioral disorder

diagnosis scale. Construct validity and reliability were computed using the T-test and Pearson correlation coefficient. The findings indicate that out of 183 students with behavioral disorders, social tension and self-sabotage were prevalent. The study also showed that there was some level of correlation between social tensions and self-sabotaging behaviors. Based on the study findings, the researchers put forward some recommendations to improve the students' mental health (Nasser & al-Tamimi, 2022). The effects of self-sabotage on mental health may be severe and extensive. In addition, self-sabotage compels lack of motivation to initiate a damaging cycle of negative reinforcement: the suppressive outcome of undermining behavior strengthens negative self-evaluations. At the same time, pre-existing self-defeating beliefs perpetuate self-sabotage (SANDUA, 2025; Sedikides & Gregg, 2008). Moreover, it affects how a person attempts to meet challenges, cope with adversities, and sustain struggle through them. Self-efficacy is one of the leading constructs of social cognitive theory, which integrates personal, behavioral, and environmental factors as building blocks, which motivate and guide a person's actions. Self-efficacy influences not only one's motivation and behavior but also significantly on a person's emotional wellbeing (Cook & Artino Jr, 2016). The combination of academic activities, social support networks, individual traits, and self-efficacy is a constructive set of significant factors of university students' mental well-being and educational attainment. It has been studied that these factors shape the students' perceptions of their abilities and well-being. Systematic high grades and completion of complex endeavors are examples of positive academic realizations which increase self-efficacy. A certain research study analyzing the relationship between self-efficacy dimensions and self-reported academic behaviors noted that favorable educational experiences are closely linked to higher self-efficacy among university students (Borzone Valdebenito, 2017). Assistance from relatives, peers, and members of the academic community reinforces students' self-assurance, allowing them to navigate difficulties successfully. Studies have shown that social support has a constructive impact on one's academic self-efficacy, thereby enhancing the level of one's motivation towards academic endeavors (Cai & Lian, 2022). Resilience, self-discipline, a growth mindset as well as self-efficacy are crucial interrelated constructs.

Due to the effects of self-sabotage and low self-efficacy, mental health of university students is impacted substantially. Hence, effective strategies aimed at their prevention and resolving these problems need to be devised and put into practice. Such strategies should directly deal with behaviors and cognitions such as self-sabotaging activities and those which affect self-efficacy including academic participation, social networks, and personal factors. By dealing with self-sabotage, procrastination, perfectionism, and negative self-talk, these strategies may assist students in overcoming their defeatist attitudes and adopting positive habits. For instance, through cognitive behavioral approaches, students' harmful thoughts can be challenged and replaced with more motivating and helpful ones, thus enhancing self-efficacy and mental health (Nakao et al., 2021).

Objectives
- To illustrate the relationship between self-sabotage, mental health, and self-efficacy among different university students.
- To explore the mediating role of self-efficacy in the relationship between self-sabotage and mental health.

Hypotheses
1. Self-sabotage will negatively correlate with both mental health and self-efficacy among university students.
2. The self-efficacy will mediate the relationship between self-sabotage and mental health.

Materials and Method
Research design
This study uses survey research method to explore the relationship between self-sabotage and mental health

through quantitative research method. The approach provides clear guidance for collecting, analyzing, and interpreting data to produce valid, reliable, and generalizable findings.

Sample

This study work on currently enrolled university students of different educational departments from many universities multi discipline. It applied convenience sampling technique through survey method and data was collected from 600 participants.

Data collection and procedure

To effectively measure the relevant aspects of participants' experiences, the study employed questionnaires and psychological evaluation instruments. Specifically, three instruments were used:

- The Self-Assessment Questionnaire for Self-Sabotage,
- The Warwick-Edinburgh mental Well-being scale and
- The General Self Efficacy Scale (GSES)

Inclusion Criteria

This study will include students from different universities of different programs that usually age from 18-30. These students are able to understand nature of questionnaire.

Exclusion Criteria

Exclusion criteria are students who are not enrolled in university.

Instruments

Self-Sabotage Assessment Questionnaire (SSAQ)

This scale consists of 20 items like 5-point Likert scale that is ranging from 1 to 5, 1= never and 5=never. This scale is used to measure self-destroying abilities of students and have different measuring range from 20 -100. Here 20 scores show minimal self-sabotage, 40 scores show moderate and 60 above shows significant destroying habits.

Warwick-Edinburgh Mental Well-being Scale (WEMWBS)

This scale consists of 14 items design to measure mental health tendencies of students.
It measures scored on a 1-5 frequency scale, yielding a total score from 14 to 70 where greater scores indicate better mental well-being, and it is valued for its brevity, positive focus, and high reliability.

The General Self-Efficacy Scale (GSES)

The General Self-Efficacy (GSE) scale is used to measure self-efficacy among university students, it is a 10-itemscale measure using a 4-point Likert scale (1="not at all true" to 4="exactly true"). This scale is used to measure self-efficacy having total scores of 40. Higher scores indicate great self-efficacy tendencies and lower scores show low efficacy

Results

This study investigated how self-sabotage affects college students' mental health and looked at how self-efficacy functions as a mediator. Using Cronbach's alpha, the measurement scales' reliability was verified. After that, Pearson's correlation analysis was used to look at how the variables related to one another. A later mediation analysis revealed that self-efficacy plays a mediating role in the effect of self-sabotage on mental health.

Table 1

Demographic frequencies of the sample of students (600)

Variable	F	%
Age		
18—20 years	*228*	*38*
21—23 years	*228*	*47.4*
24 years	*87*	*14.5*
Gender		
Male	*105*	*17.5*
Female	*493*	*8*
Academic Performance		
Excellent (GPA ≥ 3.5)289	*289*	*48.0*
Good (GPA 3.0– 2.0)	*202*	*33.7*
Fair (GPA 2.5–2.9	*63*	*10.5*
Poor (GPA < 2.5)	*27*	*4.5*
Socioeconomic Status		
Low class	*294*	*49.1*
Middle class	*305*	*50.9*

Note. The participants were predominantly female, aged 18-24, with a majority reporting high GPAs and a relatively balanced socioeconomic background between low and middle class.

Table 2

Summary to measure the reliability of Self-Sabotage Scale, Warwick-Edinburgh Mental Well-being Scale, and general Self-Efficacy scale with their items.

Scales	No. of items	A
Self-Sabotage scale	*20*	*.90*
Mental health	*14*	*.89*
Self –efficacy scale	*10*	*.81*

Note. The study employed three reliable self-report scales: the 20-item Self-Sabotage Scale, the 14-item Mental Health Scale, and the 10-item Self-Efficacy Scale, all demonstrating strong internal consistency.

Table 3

Pearson correlation of Self-Sabotage, Mental Health and Self- efficacy among university (students 600).

Variables	1	2	3
1. Self-Sabotage	-	-	-
2. Mental Health	-.81	-	-
3. Self-Efficacy	-.17	16	-

Note. A strong negative correlation was found between self-sabotage and mental health, and a slight negative correlation between self-sabotage and self-efficacy.

Table 4

Mediation Analysis Summary Using PROCESS Model 4 (N = 600)

Path	B	SE	T	P	95% CI (LLCI, ULCI)
SS → SE	-0.17	0.04	-4.10	< .001	[-0.24, -0.089]
SE → MH	0.02	0.02	1.06	.292	[-0.02, 0.07]
SS → MH (Direct	-0.74	0.02	-33.28	< .001	[-0.78, -0.70]

Effect)					
SS →SE → MH	-.004	.005			[-0.14, .0041]
SS → MH (Total Effect)	-0.74	0.02	-33.92	< .001	[-0.79, -0.70]

Note. SE = Self-Esteem; MH = Mental Health; SS = Self-Sabotage. Bootstrap sample size = 5,000. Self-sabotage was found to directly and significantly reduce both self-efficacy and mental well-being, but self-efficacy did not function as a mediating factor in the relationship between self-sabotage and mental health.

Conclusion
University students sometimes enroll with self-sabotaging behaviors like delaying task, fear of failure, negative self-talk and self-neglect. These behaviors can cause harm to academic performance and mental well-being (Aldiabat et al., 2014; Morton et al., 2014). Such unknown and uncontrolled behaviors are responsible for low self-efficacy, causes an increase to depressive environment (Bandura, 1986; Khalil et al., 2021). Ultimately it causes severe turnover and burnout (Akın et al., 2011; Üzbe, 2013).
Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavior Therapy (REBT) are some evidence-based interventions that are used as effective coping strategies to rule out such intentional and unintentional behaviors. CBT can improve and restructure negative thought patterns (Beck, 2011), while REBT works on perfectionism and other irrational beliefs (Ellis, 1994). Moreover, working on self-efficacy by a definite goal-setting, expertise in different areas, and closely mentoring every aspect can improve student trust level and resilience (Bandura, 1997; Jungert & Koestner, 2015). There's a great role of universities because the management and faculty can play a great and supportive role in this situation. If university with their management and programming focus on students' well-being and mental health so it's easy for them to figure out disturbing behaviors, they should run out several mindfulness programs to improve focus (Kabat-Zinn, 2003). Furthermore, there are some structured planning's and interventions like time-management training and counseling services are useful in such areas (Park & Yun, 2018; Misra & Castillo, 2004).

Implications
Integrating these implications can help break the cycle of self-sabotage, promote mental health, and unlock students' academic potential. Cognitive-Behavioral Therapy (CBT) can most effective in helping students to identify and reframe their negative thoughts that can be useful in reducing self-sabotaging thoughts and improves mental health. Universities should promote structured mental health programs that increases emotional awareness, coping skills, and psychological resilience. In addition, encouraging students to gradually expose themselves to change and challenging situations can reduce avoidance behaviors and build confidence, ultimately supporting healthier adjustment and improved mental health outcomes.
 To mitigate student self-sabotage, universities should implement proactive measures including awareness workshops on self-defeating behaviors and accessible counseling utilizing CBT and REBT to reshape negative thought patterns (Beck, 2011; Ellis, 1994). Academic support programs emphasized on time management and goal-setting, and most effective in building self-efficacy and reduce avoidance behaviors (Bandura, 1997; Jungert & Koestner, 2015). Also encouraging peer networks and engaging families in parents' teachers meeting about academic performance and stress can produce more supportive student environment.

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