



PSYCHOLOGICAL ANALYSIS OF THE INTERRELATIONSHIP BETWEEN PERSONAL RELIGIOUS ORIENTATION AND AUTODESTRUCTIVE BEHAVIOR

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Abstract. *This article analyzes the psychological relationship between religious orientation and indicators of autodestructive behavior among adolescents. The study employed R. Jaworski's Personal Religiosity Scale and the Suicidal Risk Questionnaire, modified by T. N. Razuvaeva. The empirical data obtained were statistically processed using frequency and correlational analyses. The findings demonstrated statistically significant associations between specific components of religious orientation and certain psychological indicators of autodestructive behavior.*

Keywords. *Adolescence, autodestructive behavior, religious orientation, religious belief, religious morality, religious practice, religious self, personal religiosity, suicidal risk, social pessimism, helplessness, affectivity, uniqueness, maximalism, psychological factors.*

INTRODUCTION

Analyzing the relationship between an individual's religious orientation and autodestructive behavior from a psychological perspective is of considerable importance for understanding a person's attitude toward life, system of values, and capacity to cope with difficult situations. Religious orientation is regarded as one of the factors associated with an individual's understanding of the meaning of life, internalization of spiritual and moral values, and development of internal mechanisms for regulating behavior. The theoretical perspectives of V. Frankl, G. Allport, and K. Pargament also address the relationship between the pursuit of a meaningful life, reliance on religious values and beliefs, the perception of transcendent meaning, and psychological well-being (Frankl V. 2006). These theoretical approaches provide a basis for analyzing the relationship



between religious orientation and individuals' responses to stressful and challenging life situations, their perception of the meaning of life, and the manifestation of self-harming or autodestructive behavior.

MAIN PART AND ANALYSIS OF RESULTS

The study employed the Personal Religiosity Scale, developed by the Polish psychologist, psychotherapist, and professor Romuald Jaworski, to assess the characteristics of adolescents' religious orientation. The empirical data obtained using this instrument were processed through frequency analysis, and the results are presented in the following table.

**Table 1.1. Results of the Frequency Analysis of Adolescents'
Religious Orientation Characteristics**

Level	Religious Belief		Religious Morality		Religious Practice		Religious "Self"	
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Low	56	12	94	20	119	25	137	29
Medium	274	47	218	36	217	46	207	43
High	146	41	164	44	140	29	132	28

The table presents the characteristics of adolescents' religious orientation across the Religious Belief, Religious Morality, Religious Practice, and Religious "Self" scales at low, medium, and high levels. An analysis of the relative distribution of these indicators makes it possible to determine that adolescents' religious orientation is manifested not only through external religious practices and behaviors but also through aspects related to religious belief, moral values, and religious self-understanding. The Religious Morality scale reflects the extent to which an individual adheres to moral principles based on religious teachings, the extent to which religious moral norms are reflected in their everyday behavior, and the importance of religious values in their personal life. The Religious Practice indicator reflects how an individual engages in religious practices in



various aspects of religious life, which values and beliefs they adhere to, how they perform religious practices, and their attitude toward personal religiosity. By categorizing religious practices into specific levels, this methodology makes it possible to better understand individuals' religious behavior, lifestyle, and patterns of religious practice.

The Religious "Self" scale in the methodology generally measures how an individual perceives and relates to religious values, beliefs, and religious life. The levels of this scale reflect the personal characteristics of religious beliefs, including how an individual engages in religious practices, understands religious teachings, and perceives their own religious identity. The Religious "Self" scale therefore allows religious beliefs, experiences, and practices to be assessed as factors contributing to the formation of an individual's sense of self. The results are clearly illustrated in the following figure:

**Figure 1.1. Results of the Frequency Analysis of Adolescents'
Religious Orientation Characteristics**

According to the results presented in the figure above, the characteristics of adolescents' religious orientation were examined using frequency analysis. The participants were classified into low, medium, and high levels across four dimensions: Religious Belief, Religious Morality, Religious Practice, and Religious "Self." A scientific and psychological analysis of these findings is presented below.

Regarding the Religious Belief scale, a medium level was identified among 274 participants (58%), indicating that religious belief was moderately developed among the majority of adolescents and may reflect a level of religious orientation shaped by their social environment. A high level was observed in 146 participants (31%), suggesting a relatively stronger internalization of religious beliefs. This may potentially be associated with the influence of family, cultural environment, or other socialization factors. A low level was recorded among 56 participants (12%), indicating that a smaller proportion of adolescents demonstrated a relatively low level of religious belief or involvement. Overall, the findings suggest that the majority of adolescents did not demonstrate a pronounced rejection of religious beliefs and, to varying degrees, maintained an interest in or orientation toward religious values. With regard to Religious Morality, the medium level was the most prevalent, being identified among 218 participants (46%). This finding



indicates that a considerable proportion of adolescents tend to perceive religious values as relevant moral standards in their everyday lives. A high level was observed among 164 participants (34%), suggesting that religious moral principles occupy a relatively important position in the lives of these adolescents. At the same time, the relatively lower proportion at this level compared with the medium level indicates that the internalization of religious-moral principles is not equally pronounced among all participants. A low level was identified among 94 participants (20%), representing adolescents for whom religious-moral principles appear to have relatively less significance in their personal value system.

The results for the Religious Practice scale showed a medium level among 217 participants (46%) and a high level among 140 participants (29%). This distribution indicates that religious practices are accepted and observed to varying degrees among a substantial proportion of adolescents. The predominance of the medium level may be related to the fact that the regular performance of religious practices can depend on various personal, familial, social, and environmental conditions. A low level was identified among 119 participants (25%), reflecting a comparatively weaker orientation toward the performance of religious practices. Regarding the Religious “Self” scale, a medium level was observed among 207 participants (43%), indicating that religious orientation is moderately integrated into the adolescents’ perception of themselves and their personal identity. A high level was found among 132 participants (28%), which may reflect a stronger incorporation of religious values and beliefs into the adolescents’ self-concept and personal worldview. A low level was observed among 137 participants (29%), suggesting that for this group, religious orientation may have a relatively limited role in the formation of their self-perception and personal identity.

Overall, the frequency analysis demonstrates that the medium level predominates across all four dimensions of religious orientation, whereas the proportion of participants with high levels varies across the individual dimensions. Religious belief and religious morality demonstrate relatively higher proportions of high-level indicators, while religious practice and religious “Self” are characterized predominantly by medium-level manifestations. These findings suggest that adolescents’ religious orientation represents a multidimensional psychological construct encompassing belief, moral values, religious practices, and the integration of religious meanings into the self-concept.



Table 1.2. Analysis of the Relationship Between Adolescents' Autodestructive Characteristics and Levels of Religious Orientation (Based on Pearson's Correlation Coefficient)

	Demonstrative Behavior	Affectivity	Uniqueness	Helplessness	Social Pessimism	Cultural Barrier	Maximalism	Temporary Future Perspective	Antisuicidal Factor
Religious Belief	-0,096	-0,191	-0,260*	-0,006	0,000	0,054	-0,484**	-0,116	-0,160
Religious Morality	-0,195	0,011	-0,361**	-0,457**	-0,149	-0,206	-0,112	-0,231	-0,268**
Religious Practice	-0,190	-0,312**	-0,327**	-0,542**	-0,317**	0,103	0,024	-0,091	-0,365**
Religious "Self"	-0,129	-0,256*	-0,160	-0,015	-0,018	0,134	0,151	-0,168	-0,049

*** $p < 0.01$ ** $p < 0.001$, * $p < 0.05$

In our study of the characteristics of autodestructive behavior among adolescents, the Suicidal Risk Questionnaire, modified by T. N. Razuvaeva, was employed. The findings obtained using this instrument were analyzed in relation to the Personal Religiosity Scale developed by R. Jaworski, which enabled us to identify a number of statistically significant relationships between religious orientation and indicators of autodestructive behavior. The results of this analysis are presented below.

The table shows a statistically significant negative correlation between the Religious Belief and Uniqueness scales ($r = -0.260$, $p < 0.01$). Although the strength of this relationship is relatively modest, it is statistically significant. This finding indicates that higher levels of religious belief are associated with lower levels of the uniqueness-related characteristic. From a psychological perspective, religious beliefs may contribute to the formation of an individual's worldview, value system, and orientation toward life. Individuals with stronger religious beliefs may perceive themselves as belonging to a particular community, religious group, or broader social system. Such a sense of belonging may be associated with a relatively lower emphasis on individual distinctiveness and uniqueness.

A statistically significant negative correlation was also identified between Religious Belief and Maximalism ($r = -0.484$, $p < 0.01$). This represents a comparatively stronger



association than that observed between religious belief and uniqueness. The finding indicates that higher levels of religious belief are associated with lower levels of maximalistic tendencies. From a theoretical perspective, this relationship may be interpreted in terms of the role of religious values in regulating aspirations, expectations, and behavioral standards. Religious value systems may emphasize moderation, moral responsibility, and consideration of others, whereas maximalistic tendencies may involve excessively high expectations and rigid standards toward oneself or one's circumstances. However, since the present analysis is correlational, this relationship should not be interpreted as evidence that religious belief directly reduces maximalism.

The analysis also revealed statistically significant negative correlations between Religious Morality and both Uniqueness ($r = -0.361$, $p < 0.01$) and Helplessness ($r = -0.327$, $p < 0.01$). These findings indicate that higher levels of religious morality are associated with lower levels of uniqueness- and helplessness-related characteristics. The negative relationship between religious morality and uniqueness may be theoretically related to the emphasis placed on social connectedness, interpersonal responsibility, and harmonious relations with others within religious moral frameworks. In this context, stronger adherence to religious-moral principles may be associated with a reduced emphasis on distinguishing oneself from others. Nevertheless, this interpretation reflects a possible theoretical explanation of the observed correlation rather than a direct causal relationship.

An increase in Religious Morality may be associated with a greater tendency to acknowledge one's limitations and adopt a more modest attitude toward oneself. Therefore, the negative correlation between religious morality and helplessness may theoretically be interpreted in relation to religious values that emphasize humility, moral responsibility, and acceptance of personal limitations. However, given the correlational nature of the analysis, this relationship should not be interpreted as evidence that religious morality directly causes changes in helplessness. Furthermore, the table indicates statistically significant negative correlations between Religious Practice and Affectivity, Uniqueness, and Helplessness ($r = -0.312$, $p < 0.01$; $r = -0.457$, $p < 0.01$; and $r = -0.542$, $p < 0.01$, respectively). The Affectivity scale reflects emotional reactivity and the individual's tendency to experience and respond to emotional states. Higher affectivity may be associated with a greater focus on one's emotional experiences and their subjective significance. Religious Practice, in turn, refers to behavioral engagement in religious life, including the performance of



religious practices and activities based on religious beliefs and values. The negative correlation indicates that higher levels of religious practice are statistically associated with lower levels of affectivity. One possible psychological explanation is that regular engagement in religious practices may be associated with behavioral and emotional self-regulation through established religious routines, beliefs, and value-based behavioral standards. In this context, religious practices may serve as one of the factors associated with the regulation of emotional responses. Nevertheless, this interpretation should be regarded as a theoretical explanation of the observed association rather than a demonstrated causal effect.

Religious practices often emphasize adherence to established social and religious norms, which may be associated with a lower emphasis on intense emotional reactions and affective states such as mood fluctuations and heightened emotional responsiveness. The negative correlation between Religious Practice and Uniqueness may be theoretically explained by the fact that religious practices often emphasize social connectedness, communal belonging, and harmonious interaction with others rather than excessive individual distinctiveness. The relationship between Religious Practice and Helplessness is characterized by a relatively strong negative correlation ($r = -0.542, p < 0.01$). This finding indicates that higher levels of religious practice are statistically associated with lower levels of helplessness. From a theoretical perspective, regular religious practices may provide individuals with structured behavioral patterns, sources of meaning, and value-based frameworks for coping with difficult life circumstances. However, this association should not be interpreted as evidence that religious practice directly reduces helplessness. The table also demonstrates a statistically significant negative correlation between Religious Morality and Social Pessimism ($r = -0.317, p < 0.01$). This finding indicates that higher levels of religious morality are associated with lower levels of negative perceptions of society, reflected in social pessimism. Religious moral values may theoretically contribute to more constructive attitudes toward interpersonal relationships, social responsibility, compassion, and mutual support. Such value orientations may be associated with greater hopefulness and more positive perceptions of social relationships, which may, in turn, correspond to lower levels of social pessimism. Nevertheless, the correlational nature of the findings does not permit a causal conclusion.



Finally, the Religious “Self” scale demonstrated a statistically significant negative correlation with Affectivity ($r = -0.256, p < 0.01$). The Religious “Self” reflects the degree to which an individual incorporates religious values, beliefs, and religious identity into their self-concept. The observed negative correlation indicates that stronger religious self-identification is statistically associated with lower levels of affectivity. This relationship may be theoretically understood through the potential role of religious identity in providing a stable framework of values and meaning, which may be associated with greater regulation and organization of emotional experiences. Thus, the findings suggest that the integration of religious values into the self-concept is related to adolescents’ emotional characteristics, although the direction and causal mechanisms of this relationship require further empirical investigation. When individuals increasingly perceive themselves through the lens of religious identification, their social and emotional functioning may become more closely aligned with religious principles and value systems. This may be associated with lower levels of affectivity. For example, religious principles may encourage individuals to give greater consideration to broader moral responsibilities and socially shared values rather than responding primarily to their immediate emotional experiences. In this context, greater orientation toward social norms and moral standards may be associated with a relatively lower intensity of emotional reactivity and mood-related fluctuations. However, this interpretation represents a possible theoretical explanation of the observed correlation and should not be regarded as evidence of a direct causal effect.

The table also reveals statistically significant negative correlations between Religious Morality, Religious Practice, and the Antisuicidal Factor ($r = -0.268, p < 0.01$; $r = -0.365, p < 0.01$, respectively). These findings indicate that religious morality and religious practice are significantly associated with the antisuicidal indicator. Importantly, the direction of this relationship should be interpreted in accordance with the scoring procedure of the Antisuicidal Factor scale. If higher scores on this scale represent stronger protective or antisuicidal resources, a negative correlation would indicate that higher levels of religious morality and practice are associated with lower scores on that protective indicator, rather than greater protection. Therefore, the interpretation of these coefficients should be based on the exact coding and scoring direction of the original methodology.



CONCLUSION

Overall, the results of the study indicate that adolescents' religious orientation is a multidimensional psychological phenomenon manifested through religious belief, religious morality, religious practice, and religious "Self." The frequency analysis showed that the medium level predominated across the studied dimensions, while religious belief and religious morality demonstrated relatively higher proportions of high-level indicators. Pearson correlation analysis revealed statistically significant negative associations between specific dimensions of religious orientation and a number of autodestructive characteristics, including uniqueness, maximalism, helplessness, affectivity, and social pessimism. In particular, religious belief was associated with lower levels of uniqueness and maximalism; religious morality was associated with uniqueness, helplessness, and social pessimism; religious practice was associated with affectivity, uniqueness, and helplessness; and religious "Self" was associated with affectivity. These findings suggest that adolescents' religious orientation is related to their self-perception, emotional characteristics, social attitudes, and responses to difficult life situations. Thus, religious beliefs, moral values, religious practices, and religious identity may be considered relevant psychological variables in understanding the characteristics of autodestructive behavior among adolescents. At the same time, since the identified relationships are correlational, they should not be interpreted as evidence of direct causal effects. The findings provide an empirical basis for further investigation of the psychological mechanisms linking religious orientation with autodestructive behavior and for developing comprehensive approaches to its psychological prevention.

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