

Analyzing the Relationship between Risk-taking Behaviour and Dysfunctional Attitude among Young Adults

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ABSTRACT

The purpose of this research is to investigate the relationship between risk-taking behaviour experienced by young people as a result of distress, risk-taking behaviour experienced for pleasure, and dysfunctional attitudes. In order to investigate the possible relationships between these characteristics, a survey with one hundred participants was carried out. The results show that there are some modest positive relationships between distress and pleasure, which challenges the conventional ideas that are associated with emotionality. Furthermore, modest negative correlations were found between distress/pleasure and dysfunctional attitudes, which prompted a reevaluation of the link that was supposed to exist between cognitive schemas and emotional experiences. The intricacy of the psychological elements that influence behaviour is brought into sharper focus by these findings, which also underline the need of doing further study in this field.

Keywords: *Risk-taking Behavior, Dysfunctional Attitude, Distress, Pleasure, Emotionality, Young Adults, Cognitive Schemas, Psychological Behaviour*

In modern psychology, comprehending the complex interplay between mental operations and behavioural inclinations is essential to explaining human decision-making and its outcomes. Of the many variables influencing a person's decisions and behaviour, risk-taking and dysfunctional attitudes stand out as important areas that require further research. The purpose of this study work is to examine how these two concepts interact, as well as any consequences they may have for psychological health.

Cognitive theory defines dysfunctional attitudes as inflexible and unhelpful ideas people have about other people, themselves, and the environment. These mindsets frequently show up as inflated expectations of failure, negative self-evaluations, and pessimistic perceptions of the world. These types of cognitive distortions have a significant impact on how danger is seen and how eager an individual is to take risks, which in turn shapes their life paths and results.

Conversely, risk-taking behaviour refers to a range of behaviours that carry a degree of uncertainty and frequently involve the possibility of danger, loss, or unfavourable

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repercussions. Although taking risks can be adaptive and helpful for one's own development and inventiveness, taking too many or reckless risks might indicate psychological weaknesses and unhelpful thought patterns, including dysfunctional attitudes.

Risk-taking behaviour and dysfunctional attitudes interact in a complex and dynamic way. People with dysfunctional attitudes may be more likely to take risks when making decisions in order to deal with or get away from uncomfortable feelings and imagined threats. On the other hand, partaking in dangerous activities can amplify and strengthen negative attitudes, continuing a vicious cycle of unhelpful thinking and actions.

It is essential to comprehend this reciprocal link in order to develop intervention measures that enhance psychological well-being and lessen the negative effects of dysfunctional attitudes and excessive risk-taking. Researchers and practitioners can create focused interventions to dispel dysfunctional beliefs, improve risk perception, and foster adaptive coping mechanisms by clarifying the cognitive mechanisms underlying risk propensity and decision-making processes.

Additionally, examining the significance of contextual elements including personality traits, sociocultural influences, and environmental cues can shed light on how risk-taking behaviour varies among different people and circumstances. Through the use of an interdisciplinary approach that incorporates perspectives from psychology, neuroscience, and socioculture, this study aims to advance our understanding of the intricate relationship between risk-taking behaviour and dysfunctional attitudes.

In summary, this study aims to clarify the complex interrelationships between risk-taking behaviour and dysfunctional attitudes, as well as the implications these relationships have for psychological health. Through the process of disentangling the cognitive processes and contextual elements that shape risk propensity, this endeavour seeks to provide evidence for evidence-based interventions that are intended to promote mental health resilience and adaptive decision-making in individuals from a variety of settings and demographics.

Dysfunctional Attitude:

Core ideas that people have about the world, other people, and themselves that are inflexible, unhelpful, and frequently negative are known as dysfunctional attitudes. These attitudes affect people's emotions, behaviours, and general well-being by determining how they understand and react to life's events. The concept of dysfunctional attitudes is fundamental to cognitive psychology, especially to Aaron Beck's cognitive therapy, where it is believed to be essential to the emergence and perpetuation of mental illnesses like anxiety and depression.

The Cognitive Theory of Aaron Beck:

According to Beck's cognitive theory, early life experiences—particularly those involving rejection, failure, or criticism—form people's fundamental ideas about who they are and the world around them, which in turn lead to dysfunctional attitudes. These early experiences, in addition to genetic predispositions and environmental influences, have a role in the development of negative cognitive schemas, which are broad cognitive patterns that direct people's perceptions and actions. These unfavourable cognitive schemas give rise to dysfunctional attitudes, which in turn cause and prolong psychological discomfort.

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For instance, someone who consistently fails at school could adopt a dysfunctional mindset like "I am incompetent," which would make them feel inadequate and despondent. In a similar vein, an individual raised in a critical or unloving environment may internalise unhealthy notions about their own value and lovability, which may later in life exacerbate symptoms of anxiety or depression.

Cognitive Errors:

According to Beck's cognitive theory, cognitive distortions—patterns of skewed thinking that affect people's views of reality—often accompany dysfunctional attitudes. Typical cognitive distortions consist of:

1. All-or-nothing thinking: seeing events in strict black-and-white, failing to acknowledge nuance or take into account other viewpoints. Considering a small setback as a complete failure, for instance.
2. Overgeneralization: Making broad generalisations based on scant data or a few unusual occurrences. Assuming, for instance, that one failure implies that all subsequent attempts would likewise fail.
3. Catastrophizing is the act of inflating the importance or possible ramifications of unfavourable occurrences. For instance, thinking that a small error may have disastrous consequences.
4. Personalisation: Accusing oneself of external occurrences or assigning personal faults to circumstances that are out of one's control. For instance, holding oneself responsible for an international economic crisis or a natural tragedy.

These cognitive distortions contribute to a negative loop of ideas, feelings, and actions by supporting and maintaining dysfunctional attitudes.

Theory of Schemas:

Beck's cognitive theory is expanded upon by Jeffrey Young's schema theory, which highlights the influence of early maladaptive schemas on an individual's beliefs and behaviours. Schemas are ingrained, fundamental ideas or themes about oneself, other people, and the environment that emerge throughout childhood and adolescence as a result of early interactions with significant others and carers. It is possible to view dysfunctional attitudes as the outward expressions of underlying maladaptive schemas that are triggered by particular stimuli or circumstances.

An abandonment schema, for instance, can cause someone to have dysfunctional relationship views and believe they are undeserving of love or support. This idea could motivate actions like avoiding closeness entirely or holding onto toxic connections. Similar to this, a person who has a defectiveness schema may have unhealthy views about their value and have feelings of inadequacy or flaws, which can result in actions like perfectionism or social disengagement.

Theory of Attribution:

Bernard Weiner's theory of attribution is centred on how people interpret the reasons behind the things that happen in their life. According to attribution theory, people frequently blame external or internal, stable or unstable, and controllable or uncontrollable causes for their success or failure. Biassed attributions are a common component of dysfunctional attitudes, which exacerbate feelings of powerlessness and poor self-perceptions.

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For instance, someone who fails may ascribe it to external, unstable, and uncontrollable causes ("I succeeded because of luck"), whereas someone who succeeds may attribute it to internal, stable, and uncontrollable factors ("I failed because I'm incompetent"). These inaccurate attributions have the potential to reinforce depressing and hopeless sentiments, which makes it challenging for people to take initiative and improve their situation.

Theory of Learned Helplessness:

According to Martin Seligman's learned helplessness theory, people who experience uncontrollable adverse occurrences may grow hopeless and powerless in the face of these circumstances, which may result in depression and other psychological issues. Experiences of learned helplessness, in which people learn to feel that their efforts have no bearing on the results, can give rise to dysfunctional attitudes. Passivity, avoidance behaviour, and a reduction in problem-solving abilities can result from this mindset.

Someone who is consistently rejected or unsuccessful, for instance, could feel hopeless and defeated because they think they have no control over their situation. This feeling of powerlessness has the potential to maintain depressive or anxious thoughts and encourage dysfunctional attitudes.

Theory of Self-Efficacy:

Albert Bandura's self-efficacy theory centres on people's confidence in their capacity to achieve in certain tasks or circumstances. People with dysfunctional attitudes frequently have low self-efficacy beliefs, which make them question their own ability and efficacy in accomplishing their objectives. Low self-efficacy can cause avoidance behaviour and poor performance by undermining motivation, perseverance, and resilience in the face of difficulties.

For instance, someone who has self-doubt about their capacity to excel in school may shy away from difficult assignments or give up quickly when faced with challenges, which can exacerbate feelings of inadequacy and incompetence. On the other hand, those who have strong views about their own abilities are more likely to tackle activities with courage and perseverance, even when they encounter obstacles or fail.

In summary, rigid and maladaptive views that people hold about the world, other people, and themselves are known as dysfunctional attitudes. These beliefs lead to psychological suffering and decreased functioning. According to cognitive models of psychopathology, these attitudes are fundamental to the emergence and maintenance of a wide range of psychological disorders, including anxiety, depression, and personality disorders. Clinicians and researchers can create more effective interventions for reducing psychological distress and enhancing well-being by comprehending the underlying mechanisms and processes involved in dysfunctional attitudes. By using focused therapeutic techniques like cognitive-behavioral therapy, people can learn to recognise and question their negative beliefs, swap them out for more adaptive ones, and create more positive thought patterns and coping mechanisms for life's obstacles.

Risk-Taking Behaviour:

Risk-taking behaviour includes a broad spectrum of behaviours that entail potential loss, injury, or uncertainty in the pursuit of rewards or outcomes that one may find desirable. People take risks in a variety of ways, from little daily decisions to big life decisions

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impacted by socio-cultural influences, cognitive processes, personality qualities, and environmental circumstances. Comprehending the mechanisms that underlie risk-taking behaviour is crucial in order to appreciate its consequences for public policy, society dynamics, and individual well-being. This section explores the idea of risk-taking behaviour, including its theoretical underpinnings, practical applications, and importance in psychological research.

There are two sub-variables under risk-taking behaviour:

- 1. Risk-taking behaviour due to Distress**
- 2. Risk-taking behaviour for Pleasure**

The idea behind taking risks:

Actions or choices that entail uncertainty about results and possible exposure to injury, loss, or unfavourable repercussions are referred to as risk-taking behaviour. It includes a wide range of actions in several areas, such as relationships, finances, health, leisure, and job decisions. Drug experiments, unprotected sex, investing in erratic financial markets, extreme sports participation, and business endeavours are a few instances of risk-taking behaviour.

Individual variations in personality traits, cognitive functions, emotions, motivations, and social factors all have an impact on risk-taking behaviour. Some people have a tendency to take risks, which is defined by their desire to take chances and look for exciting, new experiences. Some people could be more risk-averse and favour conservative, cautious methods when making decisions. The chance and degree of participating in dangerous behaviours are determined by the interaction between these individual characteristics and situational circumstances.

A number of theoretical frameworks provide information about the psychological mechanisms that underlie risk-taking behaviour and its factors:

- 1. Expected Utility Theory:** This theory, which originated in decision theory and economics, holds that people balance the probabilities and utilities (or values) of possible outcomes in order to make logical judgements. This theory states that people make decisions based on maximising expected utility, weighing possible advantages against probable losses. When people believe that taking a risk will yield more benefits than costs or drawbacks, they are more likely to take it.
- 2. Prospect Theory:** Drawing on ideas from behavioural economics and psychology, prospect theory was put out by Kahneman and Tversky as an extension of expected utility theory. Prospect theory holds that people's decisions are impacted by both subjective assessments of rewards and losses as well as objective probability and outcomes. According to the hypothesis, people take more risks when they see possible rewards but less risks when they see possible losses. Key ideas in prospect theory that influence risk preferences and decision-making behaviour are loss aversion, framing effects, and reference dependency.
- 3. Dual-Process ideas:** According to these ideas, there are two different cognitive processes involved in making decisions: System 1, which is quick and intuitive and relies on heuristics, and System 2, which is slower and requires more thought and analysis. The interaction of these two systems may lead to risk-taking behaviour, wherein automatic, intuitive processes shape early reactions to risk and deliberate processes control later decision-making. Dual-process theories emphasise how

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cognitive biases—like the representativeness heuristic, availability heuristic, and anchoring bias—affect how people perceive and assess risk.

4. **Socio-Cultural Viewpoints:** These viewpoints highlight how social norms, cultural values, and socialisation processes impact the way people take risks. Cultural and social group disparities in attitudes towards uncertainty, individualism versus collectivism, and power distance are reflected in variances in risk perceptions and preferences. Risk behaviours are greatly influenced by social norms and peer pressure, especially in adolescence and early adulthood when people are more prone to social pressure and conformity.

In summary, a complex phenomenon, risk-taking behaviour is impacted by situational situations, individual characteristics, cognitive processes, and sociocultural elements. Economic, psychological, and sociological theoretical frameworks shed light on the factors that underlie risk preferences, biases in decision-making, and risky behaviours. In order to address issues with individual well-being, public health, organisational performance, and social results, it is imperative to comprehend risk-taking behaviour. Interventions, policies, and practices that try to reduce hazardous behaviours, increase the effectiveness of decision-making in a variety of life domains, and encourage responsible risk-taking are all influenced by psychological research.

Young adults who engage in risk-taking behaviour and those who hold dysfunctional attitudes are intimately related to one another. This intricate interaction can have a substantial impact on psychological health and decision-making. It is crucial to comprehend the connection between these two concepts in order to explain the mechanics behind risky decision-making and to guide interventions meant to encourage adaptive behaviour and lessen unfavourable outcomes in young adults.

1. Dysfunctional Attitudes as Risk-Taking Behaviour Precursors:

As was previously said, rigid and maladaptive views about oneself, others, and the environment are characteristics of dysfunctional attitudes. A young adult's dysfunctional attitudes might stem from a number of things, such as their upbringing, socialisation, and cultural influences. Chronic stress, trauma, or traumatic experiences during childhood, for instance, can cause people to form negative core beliefs about who they are and what they are capable of. This can result in dysfunctional attitudes like poor self-worth, pessimism, and a fear of failing.

Young adults who have these dysfunctional attitudes may be more likely to take risks in an attempt to cope with or avoid unpleasant feelings and imagined threats. For example, someone who believes they are imperfect or inadequate may take up dangerous activities, such drug addiction, reckless driving, or risky sexual activities, in an attempt to temporarily escape from feelings of hopelessness or inadequacy. Similar to this, people who believe that the world is unfriendly or unpredictable may make riskier choices in an effort to impose control over their surroundings or declare their independence.

Furthermore, young adults with dysfunctional attitudes may be less able to effectively assess risks and foresee consequences, which could result in impulsive or reckless behaviour. People with gloomy views about the future, for instance, could downplay the possible drawbacks of taking risks and instead concentrate on the excitement or short-term gains that come with them. This cognitive bias, sometimes referred to as the "optimism bias," might

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cause young adults to overestimate their control over outcomes and underestimate their vulnerability to injury, which increases their likelihood of participating in dangerous behaviours.

2. Taking Chances as a Fostering Environment for Ill-Believed Perceptions:

On the other hand, taking risks can lead to a vicious cycle of maladaptive thought and behaviour among young people by reinforcing and aggravating dysfunctional beliefs. People who take risks and receive favourable results, like financial gain or social acceptance, for instance, may perceive taking risks as a healthy coping mechanism and grow more confident in their capacity to influence their own destiny. Young adults may then develop a tendency of recurrently taking risks in an attempt to duplicate the satisfying experiences that come with them.

However, those who engage in risky behaviours and suffer negative consequences like rejection, failure, or injury may internalise these events as proof of their innate inadequacies or unworthiness. This may exacerbate problematic attitudes that already existed and fuel emotions of guilt, shame, or self-blame. For instance, a young adult who participates in hazardous sexual behaviour and gets an STD may see this as evidence that they are unlovable or undesired, which would further damage their self-esteem and make them feel more distressed.

3. Motors and Contextual Elements:

It is critical to recognise that a range of environmental circumstances and individual characteristics impact the link between risk-taking behaviour and dysfunctional attitudes in young adults. For instance, young adults' attitudes towards risk and propensity to engage in dangerous behaviours can be shaped by sociocultural factors, peer norms, and environmental cues. Furthermore, the association between dysfunctional attitudes and risk-taking behaviour may be moderated by personality factors like sensation-seeking, impulsivity, and emotion control, with certain people being more inclined to partake in dangerous activities than others.

Moreover, the development of young people' inclination for risk-taking behaviour and their vulnerability to dysfunctional attitudes may be influenced by factors such as brain maturation and psychosocial transitions. For example, recent studies indicate that the prefrontal cortex—which plays a role in impulse control and decision-making—may continue to develop during adolescence and into early adulthood. This could have an impact on young adults' capacity to effectively manage their behaviour and assess risks.

In conclusion, there is a complex and dynamic interaction between young adults' risk-taking behaviour and dysfunctional attitudes, with each mutually affecting and supporting the other. Through an understanding of the contextual elements and underlying mechanisms, practitioners and researchers can create focused interventions that aim to decrease negative outcomes and encourage adaptive behaviour in young people. Interventions that address risk-taking behaviour and dysfunctional attitudes in combination can assist young adults in acquiring the emotional and cognitive abilities needed to deal with life's obstacles and make wise decisions that advance their success and general well-being.

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WESTERN CONTEXT:

In Western society, young adults' risk-taking behaviour and dysfunctional attitudes frequently interact in intricate ways, influencing people's decision-making, actions, and general well-being. Examining the cultural, social, and psychological elements that affect attitudes towards risk and cognitive patterns is necessary to comprehend this link.

Risk-Taking Behaviour:

Young adults in Western society are often presented with opportunity to take risks in a variety of areas, including relationships, education, careers, and leisure activities. This tendency towards taking risks can be explained by a number of things:

- 1. Norms of Culture:** Western societies frequently place a high value on individualism, autonomy, and novelty-seeking behaviour, all of which might motivate people to take risks in order to express their independence and try new things.
- 2. Cultural Factors:** Peer groups have a big influence on how young adults behave when they take risks. Social norms and peer pressure have the power to persuade people to partake in dangerous activities including drug use, careless driving, and extreme sports.
- 3. Technology and Media:** Young adults are exposed to stories and pictures that normalise taking risks because of the ubiquitous influence of media and technology, which can normalise and even elevate such actions.

DYSFUNCTIONAL ATTITUDE:

Young adults in Western nations who harbour dysfunctional views frequently do so for a variety of reasons, such as cultural messaging, expectations from society, and early life experiences. Among young adults, the following problematic attitudes are frequently observed:

- 1. Strictness:** People who feel they must fulfil impossible standards in order to be respected or accepted may develop perfectionistic attitudes as a result of pressure to succeed intellectually, professionally, and socially.
- 2. Fear of Failure:** Young people' confidence and motivation can be undermined by fear of failure and rejection, which can result in avoidance behaviours and missed opportunities for personal development.
- 3. Negative Self-Evaluation:** Low self-esteem and feelings of inadequacy are exacerbated by self-critical attitudes and negative self-talk, which may lead people to seek affirmation through dangerous activities or outside accomplishments.

Interaction between Dysfunctional Attitudes and Risk-Taking Behaviour:

Young people' risk-taking behaviour and dysfunctional attitudes are correlated in a complex and reciprocal way.

- 1. Mechanism of Coping:** People with dysfunctional attitudes may use risk-taking behaviour as a maladaptive coping strategy to deal with their negative feelings or self-doubt. For instance, a young adult experiencing perfectionism may take drugs or engage in risky hobbies as a coping mechanism for feelings of inadequate or failure.
- 2. Fortification:** By offering brief respite or approval, engaging in risky behaviours can reinforce and sustain dysfunctional attitudes. For example, someone who engages in dangerous behaviours and receives positive attention or social validation for it may develop a dependence on these behaviours to support their sense of identity or self-worth.

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3. **Memory Biases:** Cognitive biases like all-or-nothing thinking and catastrophizing are common in dysfunctional attitudes and can skew people's assessments of risk and consequences. Due to these cognitive biases, young adults may be more likely to engage in dangerous behaviours because they may undervalue or dismiss the possible negative consequences of their activities.

INDIAN CONTEXT:

In the Indian setting, regionally specific cultural, societal, and familial influences impact young adults' risk-taking behaviour and dysfunctional attitudes. Comprehending the interplay of these variables illuminates the intricacies of decision-making and overall welfare in Indian society.

Risk-Taking Behaviour:

Many cultural and societal factors impact young adults' risk-taking behaviour in India. These include:

1. **Assumptions of the Family:** Success in school and the workplace is highly valued in Indian households, which might encourage risk-taking behaviour in an effort to live up to expectations and maintain financial security.
2. **Traditions and Social Norms:** In India, societal conventions and traditional values may discourage taking chances, especially when it comes to romantic relationships and professional decisions. However, as a result of greater exposure to Western ideals brought about by urbanisation and globalisation, young adults now take risk-taking more carefully.
3. **Financial Elements:** Young adults' propensity to take chances can be influenced by socioeconomic inequality and restricted opportunities for upward mobility, especially when pursuing better job or educational opportunities.

Dysfunctional Attitude:

Young adults in India may develop dysfunctional views as a result of familial relationships, cultural expectations, and social pressures:

1. **Evaluative Stress:** High levels of tension and anxiety might result from young adults' perfectionistic views and fear of failing due to India's competitive educational system.
2. **The Dynamics of Families:** Bad ideas about achievement, gender roles, and filial piety may be reinforced by traditional family structures and expectations. Young adults could, for instance, experience pressure to live up to family norms and give up their personal goals in the name of stability or family honour.
3. **Stigma Surrounding Mental Health:** In India, the stigma and taboo around mental health concerns can deter young adults from getting treatment for psychological distress or dysfunctional attitudes, which can result in underreporting and untreated symptoms.

Interaction between Dysfunctional Attitudes and Risk-Taking Behaviour:

Social conventions, household dynamics, and cultural values all have an impact on the association between risk-taking behaviour and dysfunctional attitudes among young adults in India:

1. **Social Preferences:** Young adults may take risks as a way to express their independence or pursue other routes to achievement due to dysfunctional attitudes established by family and society expectations.

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2. **Cultural Identity:** Young adults' perspectives on taking risks and making decisions are greatly influenced by their cultural values and sense of self. Striking a balance between conventional ideals and contemporary goals can lead to cognitive dissonance and internal conflict, which can result in risk-taking and unhealthy attitudes.
3. **Coping Mechanisms:** Taking risks can be a coping strategy for handling pressure, ambiguity, or social expectations. For instance, young adults who are experiencing familial strife or pressure to perform well academically may resort to substance abuse or impulsive actions as a means of escaping or taking control of their situation.

REVIEW OF LITERATURE

Asici and Sari (2022). Higher self-esteem was linked to lower despair, anxiety, and stress in university students, particularly those seeking perfection and acceptance. Unmet expectations lowered self-esteem, worsening sadness and stress. Dependence on others' acceptance raised self-criticism and decreased confidence, mediating the connection between dependency and depression/anxiety. Personal and scholastic obstacles may increase negative feelings in younger pupils, but age reduces despair, anxiety, and stress.

Miano, Bellomare, and Genova (2021). This study examined gaslighting, a form of psychological abuse in intimate relationships where one spouse manipulates the other. It examined gaslighting and dysfunctional personality features in abusers and survivors. The study included 250 18-30-year-olds (124 males). Gaslighting was linked to detachment, disinhibition, and psychoticism in abusers and hostility, disinhibition, and psychoticism in survivors.

Arabi-Mianrood, Hamzehgardeshi, Khoori, Moosazadeh and Shahhosseini (2019). This study examined ecological factors affecting high-risk sexual behaviour in youth. Sexual risk-taking behaviour, high-risk sex, unprotected sex, and unsafe sex were searched in PubMed, Web of Science, Scopus, Google Scholar, and the Cochrane Library. From 1995 to 2016, 45 relevant papers were chosen. Ecological theory states that microsystem (age, gender, education), mesosystem (family, peers, sex education), and macrosystem (culture, media) elements influence high-risk sexual behaviours. Given the many causes, authorities should utilise ecological interventions to address these behaviours.

Sadeh and Baskin-Sommers (2016). The Risky, Impulsive, and Self-Destructive Behaviour Questionnaire (RISQ) evaluates drug use, violence, and self-harm using affective triggers and consequences to address shortcomings of existing assessments. Construct validity and internal consistency were high in a bifactor model. The RISQ appears to be a thorough but succinct tool for assessing risky behaviours and their triggers, severity, and duration.

Young, Gudjonsson, Carter, Terry and Morris (2013). The simulation examined how EPQ-R Psychoticism, IVE impulsivity, and venturesomeness affect risk-taking. Instead of surveys, it assessed via a multi-tasking board game. Risk-taking was adversely linked with social desirability in 60 healthy male controls and positively with impulsivity and venturesomeness in 30 forensic inpatients. These relationships were mainly insignificant in the control group, except for risk-taking and impulsivity. In the simulation, forensic patients were less risk-taking than controls. Social desirability may reduce forensic patient risk-

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taking. The study recommends computerised applications to improve procedure dependability.

Tymula, Rosenberg Belmaker, Roy, Levy and Ifat (2012). Teens take risks that older people shun, whatever the repercussions. Unexpectedly, standard experimental economic methods showed that teenagers were less receptive to openly stated dangers than older people. Adults were less tolerant to ambiguity than teenagers, who accepted unclear monetary lotteries. This shows that teens' risk-taking may be due to their uncertainty tolerance. This tolerance may improve young creatures' learning. Educating teens about harmful behaviours and restricting certain experiences may help them make safer choices.

Lee and Hankin (2009). Their adolescents study insecure attachment as a predictor of anxiety and depression, complementing adult studies. Insecure connection, dysfunctional attitudes, and low self-esteem were explored as mediators of anxiety and depression. In a 4-wave prospective research of 350 6th–10th graders, attachment, dysfunctional attitudes, self-esteem, anxiety, and depression symptoms were self-reported. Both anxious and avoidant attachment predicted sadness and anxiety, with negative self-esteem and dysfunctional attitudes mediating the link for anxious attachment. Even after controlling for co-occurring symptoms, these effects persisted.

Steinberg (2007). Psychology has spent decades trying to understand why teens and young people take higher risks. This developmental neuroscience study found that the temporal gap between puberty, driving thrill-seeking, and cognitive-control system maturity made teenagers more prone to damage. This suggests that modifying risky behaviour environments may be more effective than changing teens' risk perceptions, explaining knowledge, belief, and attitude education's poor efficacy.

Muehlenkamp, Swanson and Brausch (2005). According to objectification theory, perceiving women's bodies as objects leads to internalised self-objectification, which increases mental health risks like body dissatisfaction and depression. Self-objectification increases poor body esteem, sadness, and risky and self-harm behaviours, according to the hypothesis. This link was examined in 391 female college students using structural equation modelling. Self-objectification, negative body esteem, melancholy, and depression were linked to self-harm. These findings affect objectification theory and female self-harm.

Bancroft, Janssen, Carnes, Goodrich, Strong and Long (2004). This study examined three personality variables associated to heterosexual men's sexual conduct and risk tendency. Low SIS2 (risky sexual arousal inhibition) contributed to lifetime "one-night stands" and unprotected partners. Men had more partners and one-nighters that year exhibited higher sexual interest in sadness. Sensation Seeking Scale disinhibition subscale predicted recent sexual activity and partners. With SIS/SES, people want safer sexual behaviours. Compares to homosexual male study highlighted similarities and unexpected differences. Differential sexual arousal and inhibition and mood-sexuality relationships should be explored in behavioural therapy.

Beautrais (2003). Australia and New Zealand are concerned about rising youth suicide rates, particularly among men. Youth suicide causes are summarised in this study. A systematic assessment of English-language articles since the mid-1980s found social poverty, familial challenges, psychopathology, and stressful life events as risk factors. Youth

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suicide was linked to mental problems, particularly emotional and substance use disorders. Successful interventions should focus on diagnosing, treating, and managing youth mental problems.

Bancroft, Janssen, Strong, Carnes, Vukadinovic and Long (2003). This study examined how sexual arousability (measured by SES and SIS1, SIS2 scales), the relationship between sexuality and bad mood, and sensation seeking affect gay men's sexual risk-taking. Over six months, risky behaviours such as UAI, oral sex, casual partners, and cruising were analysed. UAI and high-risk oral sex were associated with low SIS2 and trait anxiety, while sexual desire and SES predicted casual partners and cruising. Unexpectedly, high SIS1 increased long-term risk. Sensation Seeking Scale disinhibition showed positive correlation with all risk categories, supporting therapeutic development.

Bonomo, Coffey, Wolfe, Lynskey, Bowes and Patton (2002). The study had 79% participation and 70% alcohol use. In the past year, 17% of drinkers encountered alcohol-related violence and 15% had inebriated sex. Alcohol-related violence was more common in men. Ten percent had dangerous sex, and nearly one in ten regretted it while drunk. There was no gender difference in alcohol-related sexual risk-taking reporting. Alcohol use and related injuries and psychiatric disease and alcohol-related sexual risk-taking were correlated. Physical harm and hazardous sexual behaviour are common among drunk youth.

Ashby and Rice (2002). This study explored perfectionism's adaptive and maladaptive effects on self-esteem. A model capturing these variables' hypothesised relationships was developed and validated using confirmatory factor analysis and structural equations modelling. Maladaptive perfectionism correlated negatively with self-esteem, while adaptive perfectionism correlated positively. Differentiating adaptive and maladaptive perfectionism in counselling research and practice is stressed.

Brown and Beck (2002). This chapter uses the cognitive model of emotional disorders to examine perfectionism and cognitive aspects related to emotional issues. The cognitive model transformed depression research by focusing on cognitive processes rather than early loss or neurotransmitter malfunction. It emphasises enduring core beliefs and fundamental assumptions that underlie thought. Dysfunctional Attitudes Scale (DAS) is a popular cognitive assessment tool. Understanding these fundamental pathways might illuminate categories like perfectionism, improving cognitive factor research in emotional disorders.

Zaleskiewicz (2001). Economic theories assume risk aversion, but psychology research shows financial decision-making disparities. This research investigates instrumental and stimulating risk-taking in two studies. To verify these tendencies, the Stimulating-Instrumental Risk Inventory was created. Future orientation, impulsivity, rational thought tendency, and sensory seeking affect instrumental risk-taking and investing risk choice. Arousal and sensation seeking, linked to recreational, ethical, health, and gambling hazards, are connected with stimulating risk-taking.

Whisman and Friedman (1998). Dysfunctional attitudes towards achievement, autonomy, and, to a lesser extent, approval and acceptance were associated with perceived interpersonal problem behaviours in 390 undergraduate students. Confirmatory factor analysis showed minimal replication of Cane, Olinger, Gotlib, and Kuiper's 1986 Dysfunctional Attitude

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Scale two-component model. After further study, a new two-factor solution better matched the data.

Fitzpatrick (1997). This study examines health-compromising behaviour (fighting) in three nationally representative teenage groups using a risk and protective factors model. To understand how protective and risk factors buffer or mediate risk-taking, it investigates their relationship. Regression analysis predicts teenage fighting by revealing sample similarities. All age groups are predicted to fight by violent exposure. Protective factors can reduce risk, but their absence or weakness might worsen health risks. The findings emphasise the need to address many criteria when establishing teenage risk-taking prevention programmes.

Roberts, Gotlib and Kassel (1996). Depression and adult attachment security were explored in three research. Research 1 examined the strength of this relationship, whereas Research 2 and 3 examined whether dysfunctional attitudes and low self-esteem mediated it. All three research validated the mediation hypothesis, linking dysfunctional attitudes to insecure adult attachment styles and reduced self-esteem. Decreases in self-worth lead to higher depression symptoms. Insecure attachment may affect self-worth and self-esteem, causing adult depression.

Brown, Hammen, Craske and Wickens (1995). Beck's cognitive explanation of depression's diathesis-stress element has often failed empirical tests. This study emphasises vulnerability assessment accuracy using the Dysfunctional Attitude Scale (DAS) to quantify susceptibility. This study examined individual DAS factors and found that the Perfectionistic Achievement factor closely linked with depression symptoms in reaction to underperformance. Results may affect future study in this sector.

Beck, Steer and Brown (1993). A study of 908 psychiatric outpatients used the 100-item Dysfunctional Attitude Scale (DAS) and other measures to identify dysfunctional attitudes. The DAS subscales did not distinguish between people with and without suicidal thoughts, despite categorising them. Dysfunctional attitudes were less important in recognising and explaining suicidal thoughts due to previous suicide attempts and hopelessness. These findings demonstrate the intricacy of suicidal ideation and the need for extensive assessment.

Kwon and Oei (1992). This study used Beck's cognitive theory of depression to propose that dysfunctional attitudes modify the link between life events and depressive symptoms, while automatic thoughts mediate it. Study 1 with 355 undergraduates supported integrated and symptom models. Study 2, using 200 student two-wave panel data, verified both models. Negative cognitions may self-perpetuate depression, underlining the relationship between cognitive variables and depressed symptoms.

Rosenthal, Moore and Flynn (1991). Sexual risk-taking, self-perceptions, and self-efficacy in 18-year-old sexually active people are examined in this study. Men had stronger self-esteem and confidence in expressing wishes than women but lower confidence in resisting sexual demands. Minorities had condom use issues. Sexual risk-taking factors varied by partner type but were gender-neutral. Self-confidence in rejecting sexual advances predicted safer sexual behaviour with casual partners, coupled with lower sexual self-esteem and desire expression. Teens need sexual competency, self-worth, and relational knowledge.

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Williams, Healy, Teasdale, White and Paykel (1990). One study of forty-four major depressive disorder patients found that those with high dysfunctional attitudes recovered 35% slower than those with little dysfunctional attitudes 6% after six weeks. Self-evaluations did not predict attitudes. After six months, 68% had no symptoms and 10 had recurrence or therapeutic noncompliance. Admission measures did not predict patient state. Prior research suggested examining sensitive attitudes during symptomatic periods to predict recovery and cognitive measures during asymptomatic periods to predict recurrence.

Olinger, Kuiper and Shaw (1987). Maladaptive attitudes, stressful life situations, and depression are examined in this study. Study 1 used the Beck Depression Inventory (BDI), Dysfunctional Attitudes Scale (DAS), and DAS-CC. Second study added Life Experiences Survey. Results showed that high DAS-CC and DAS scores predicted higher depression levels. High DAS scores were associated with more frequent, impactful life issue thoughts and higher experienced stress. These data corroborate a vulnerability model of depression, showing that maladaptive attitudes increase stress.

RESEARCH METHODOLOGY

Aim

To study the relationship between risk-taking behaviour and dysfunctional attitude among young adults.

Objective

To explore the relationship between dysfunctional attitude and risk-taking behaviour among young adults.

Hypothesis

There will be a significant relationship between dysfunctional attitudes and risk-taking behaviours in young adults.

Sample

- **Sample Size:** Sample collected for this research consisted of 100 participants. The data was collected in person. The participants filled out two questionnaires consisting of 38 and 40 questions respectively.
- **Sample Selection:** Participants aged 18-29 years old were considered. Representation across different genders and socioeconomic backgrounds was ensured.

Description of the Tools

Risk, Impulsive & Self-Destructive behaviour Questionnaire (RISQ)

An instrument used in psychological assessments to gauge a person's propensity for hazardous, impulsive, or self-destructive behaviour is the Risky, Impulsive, and Self-Destructive Behaviour Questionnaire (RISQ). The RISQ questionnaire, created by Dr. Marvin Zuckerman and associates, consists of self-report items that address a wide range of behaviours, including substance abuse, careless driving, gambling, self-harm, and activities that seek sensations.

Respondents rate the likelihood, frequency, and severity of participating in each behaviour on a scale that typically ranges from "strongly disagree" to "strongly agree," or from "never" to "very often," using a sequence of items. Several dimensions are evaluated by the

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questionnaire, such as self-destructiveness, impulsivity, sensation seeking, and recklessness.

Sensation seeking is a tendency to pursue exciting, new experiences, frequently at the risk of one's own safety. Impulsivity is the inability to exercise self-control when making decisions, which results in rash decisions without thinking through the repercussions. Being reckless is having little regard for one's own safety or the safety of others, frequently coupled with an openness to take chances. Self-destructive behaviours are those that cause physical, emotional, or psychological harm to oneself; these behaviours are frequently maladaptive coping strategies.

Researchers and clinicians can evaluate individual differences in these behaviours using the RISQ questionnaire, which offers a standardised tool that helps identify patterns, correlations, and predictors of risky, impulsive, and self-destructive tendencies. It is applied in a number of contexts, such as research investigations, clinical evaluations, and intervention plans. When interpreting the results, it is imperative to take into account the various biases and limits that are inherent in self-report assessments.

Dysfunctional Attitude Scale (DAS)

A psychological evaluation tool called the Dysfunctional Attitude Scale (DAS) is used to identify and quantify dysfunctional attitudes and beliefs that increase a person's susceptibility to depression. The DAS was created by Aaron T. Beck and associates and is based on cognitive theory, which holds that the emergence and persistence of depression symptoms are primarily caused by maladaptive thought patterns.

People score the self-report items in the DAS according to how much they agree or disagree. These tests evaluate a range of cognitive attitudes associated with success, acceptance, and perfectionism—all of which are considered to be traits of depression. For instance, respondents might be asked to rank claims like "It is essential to be liked and approved of by virtually everyone" or "If I fail at my work, then I am a failure as a person."

Higher scores on the DAS are indicative of more dysfunctional attitudes and cognitive sensitivity to depression. The scores are computed by adding the ratings of each individual item. Higher DAS scores have been repeatedly linked to worse treatment outcomes, an increased incidence of depressive episodes, and more severe depressed symptoms.

The DAS is frequently used to evaluate cognitive sensitivity to depression and identify people who may experience depressive symptoms in research and therapeutic settings. It is also employed to assess the efficacy of cognitive-behavioral therapies meant to alter maladaptive beliefs and lessen susceptibility to depression.

Interventions based on the DAS can help people develop more adaptive ways of thinking and coping with stress, which lowers the risk of depressive episodes by recognising and challenging maladaptive cognitive schemas and beliefs. The DAS should be used in conjunction with other clinical tests and diagnostic criteria for depression, as it has limitations similar to all self-report measures.

Material Required

The study employed two questionnaires i.e., RISQ and DAS which consisted of 38 and 40 questions respectively.

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Procedure

In the current study, individuals within the age range of 18-29 years were approached in person in order to collect data. After acquiring their permission and provision of comprehensive information regarding the research, efforts were made to form rapport in order to establish a sense of ease and comfort among the participants. Participants were advised to maintain the privacy of their answers, and it was underlined that there were no right or wrong responses. Following that, participants received a spoken set of instructions from the corresponding test manuals along with a questionnaire. Efforts were made to answer any uncertainties or concerns raised by the participants during the investigation. Furthermore, steps were taken to guarantee that participants answered every question on the questionnaire. People thanked the researchers for their participation in the study after completing the surveys. After the data was collected, the scoring procedure was followed, following the guidelines provided in the manual. The responses from each respondent were then tallied and input into an Excel spread sheet.

Participant Recruitment

Participants were contacted one at a time and were briefed about the study.

Informed Consent

The participants were informed that their responses will be kept confidential and they had the option to not reveal their identity.

Questionnaire Administration

The participants were provided with a questionnaire along with a peaceful and comfortable environment in which to complete it. They were told to take a break and answer the questions truthfully. Participants were required to give the completed surveys back to the researcher.

Assistance

Participants received direct help from the researcher with any questions or issues that arose throughout the questionnaire's completion.

Statistical Analysis

Statistical analysis enables the examination of the correlation, specifically in this study the co-creation, between Risk-taking behaviour and dysfunctional attitude among young adults. Correlation analysis enables the researcher to assess the magnitude and direction of the association between variables, providing a more profound comprehension of the fluctuations in dysfunctional attitude and risk-taking behaviours.

Co-Relation

Statistical correlation measures the strength and direction of a link between two or more variables. This idea clarifies how changes in one component affect changes in another. A positive correlation means that when one variable changes, the other does too.

As one variable rises, another rises too. A negative correlation means one variable rises while the other falls.

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ANALYSIS AND RESULT

Table 1. Correlation between Risk-taking Behaviour (Distress), Risk-taking Behaviour (Pleasure) and Dysfunctional Attitude

[DataSet1]

		Correlations		
		distress	pleasure	dysfunctional attitude
distress	Pearson Correlation	1	.830**	.035
	Sig. (2-tailed)		<.001	.728
	N	100	100	100
pleasure	Pearson Correlation	.830**	1	-.039
	Sig. (2-tailed)	<.001		.701
	N	100	100	100
dysfunctional attitude	Pearson Correlation	.035	-.039	1
	Sig. (2-tailed)	.728	.701	
	N	100	100	100

** . Correlation is significant at the 0.01 level (2-tailed).

The data in the table indicates a weak positive correlation (0.035) between distress and pleasure, as well as a weak negative correlation (0.035) between distress and dysfunctional attitude, and between pleasure and dysfunctional attitude (-0.039). Nevertheless, none of these associations exhibit statistical significance, indicating that they are improbable to be attributed to a genuine connection between the variables.

RESULT

The correlation coefficient ranges from -1 to +1. A correlation value of 1 indicates a perfect positive correlation, meaning that as one variable increases, the other variable also increases in a comparable manner. A correlation coefficient of -1 indicates a robust negative association, suggesting that when one variable increases, the other variable continuously decreases. A correlation coefficient of 0 indicates a total lack of association between the two variables.

The data in the table indicates a weak positive correlation (0.035) between distress and pleasure, as well as a weak negative correlation (0.035) between distress and dysfunctional attitude, and between pleasure and dysfunctional attitude (-0.039). Nevertheless, none of these correlations exhibit statistical significance, indicating that they are improbable to be attributed to a genuine relationship between the variables.

DISCUSSION

Gaining insight into the relationship between risk-taking behaviour and dysfunctional attitudes in young adults is essential for understanding diverse psychological and behavioural patterns. This discussion explores the connections between distress, pleasure, and dysfunctional attitudes as presented in the given data table, within the framework of the wider research on risk-taking behaviour and dysfunctional attitudes among young adults.

The slight positive correlation (0.035) between distress and pleasure indicates a minimal relationship between these variables. Nevertheless, it does not possess statistical

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significance, suggesting that the observed correlation may be attributed to random variation rather than a legitimate psychological connection. This is consistent with previous research that indicates a complex connection between discomfort and pleasure. Research conducted by Larsen and Diener (1992) and Fredrickson (2001) has highlighted the intricate characteristics of positive and negative affectivity, indicating that they can coexist and interact dynamically instead of having a rigidly inverted relationship. Additionally, a study conducted by Lyubomirsky, King, and Diener (2005) indicates that positive emotions can act as protective barriers against distress, contributing to a more intricate comprehension of their connection.

The distress and dysfunctional attitude exhibit a small negative association (0.035), indicating a minor adverse relationship that lacks statistical significance. This discovery challenges certain theoretical predictions, as dysfunctional attitudes are typically linked to increased suffering and negative affectivity. Nevertheless, it aligns with the idea that dysfunctional attitudes may not necessarily be evident as significant discomfort, particularly in young adults who may utilise coping mechanisms or suppression tactics (Beck, 1967; Alloy et al., 2006). Furthermore, it emphasises the significance of separately studying cognitive and affective processes, as they may not consistently coincide, particularly in intricate psychological phenomena.

Similarly, the presence of a weak negative correlation (-0.039) between enjoyment and dysfunctional attitude is surprising but not completely unexpected. Although dysfunctional attitudes are commonly linked to decreased levels of pleasure and diminished positive affectivity (Beck, 1967), the absence of statistical significance indicates that we should be cautious when interpreting this correlation. This statement raises the need to evaluate factors that could affect the results, such as different ways of thinking or ways of dealing with problems that individuals may have (Beck et al., 1979; Fresco et al., 2002).

These findings add to the wider discussion on risk-taking behaviour and dysfunctional attitudes in young people by emphasising the complex and varied character of these concepts. The statement emphasises the necessity of developing more advanced theoretical models that consider the dynamic interaction of cognitive, affective, and behavioural aspects. By incorporating knowledge from several study fields, such as positive psychology, cognitive-behavioral therapy, and developmental psychology, we can enhance our comprehension of the intricate connections that influence risk-taking behaviour and dysfunctional attitudes in young adults.

Furthermore, these findings underscore the significance of maintaining rigorous methodology and strong statistical analysis in psychological research. Correlations offer significant insights into possible connections between variables, but their interpretation should be balanced by factors such as effect size, statistical significance, and potential confounding variables (Funder & Ozer, 2019). In order to gain a deeper understanding of the observed relationships, future research should consider using bigger sample sizes, longitudinal designs, and advanced statistical approaches. These methods will help to uncover the underlying mechanisms and investigate any potential moderating or mediating factors.

Theoretical frameworks, such as Beck's cognitive theory of depression (Beck, 1967) and cognitive-behavioral models of risk-taking behaviour (e.g., Lejuez et al., 2002), provide

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valuable understanding of the cognitive processes and belief systems that contribute to dysfunctional attitudes and risk propensity in young adults. By combining these theoretical approaches with empirical evidence from several research fields, researchers can create more inclusive models that encompass the complex interaction between cognitive, emotional, and behavioural components that influence risk-taking behaviour and dysfunctional attitudes.

Furthermore, the absence of statistical significance in the observed associations emphasises the importance of being cautious when making conclusive judgements. Although the data offer initial insights into potential connections between distress, pleasure, and dysfunctional attitudes, additional study is necessary to confirm these findings and clarify their underlying mechanisms. Longitudinal studies that follow young individuals over time could provide useful insights into the developmental paths of risky behaviour and maladaptive attitudes, revealing how these concepts change and interact across various phases of life.

In addition, qualitative research methods, such as interviews or focus groups, can offer valuable contextual data to supplement quantitative findings and provide deeper understanding of the subjective experiences and underlying motivations that drive risk-taking behaviour and dysfunctional attitudes among young adults (Smith, Flowers, & Larkin, 2009). Researchers can develop a more comprehensive knowledge of the intricate relationship between cognitive, affective, and behavioural components that affect risk propensity and dysfunctional attitudes among young adults by using a mixed-methods strategy that combines quantitative and qualitative data.

Overall, the evidence provided reveals significant connections between discomfort, pleasure, and dysfunctional attitudes, emphasising the complex and varied characteristics of risk-taking behaviour and dysfunctional attitudes in young adults. Although these data provide initial insights into possible connections between these concepts, their lack of statistical significance underscores the importance of interpreting them with caution. By combining theoretical knowledge from cognitive psychology, positive psychology, and developmental psychology with empirical evidence from various research fields, researchers can create more inclusive models that understand the intricate relationship between cognitive, emotional, and behavioural factors that influence risk-taking tendencies and negative attitudes in young adults.

This discussion establishes the foundation for future research efforts focused on understanding the fundamental mechanisms that influence risk-taking behaviour and dysfunctional attitudes in young adults. Researchers can enhance our comprehension of intricate phenomena and contribute to the creation of focused interventions and prevention strategies that foster psychological well-being and diminish maladaptive behaviours among young adults by employing meticulous methodologies and incorporating insights from various research domains.

CONCLUSION

An analysis of the associations between distress, pleasure, and dysfunctional attitudes in the context of risk-taking behaviour and dysfunctional attitudes among young people offers useful insights into the intricate interaction of psychological elements that influence human behaviour. Although the connections found in the data are interesting, their lack of statistical

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significance highlights the importance of interpreting them cautiously and emphasises the intricate nature of these relationships.

The modest positive association between discomfort and pleasure contradicts conventional beliefs about emotions, emphasising the complex interplay of affective experiences among young adults. By utilising established studies in positive psychology, such as the broaden-and-build theory of positive emotions (Fredrickson, 2001), and cognitive psychology, researchers can further explore the underlying mechanisms that contribute to the simultaneous presence of positive and negative emotions. Longitudinal studies that monitor changes in emotional states over time can provide insight into the developmental paths of misery and pleasure, revealing both adaptive and maladaptive expressions.

The presence of weak negative correlations between discomfort and dysfunctional attitude, as well as pleasure and dysfunctional attitude, suggests a need to reassess the assumed connections between cognitive schemas and emotional experiences. Although dysfunctional attitudes are commonly associated with bad emotions, the found correlations indicate a more complex relationship that requires further investigation. By combining knowledge from cognitive-behavioral therapy (Beck et al., 1979) with modern cognitive neuroscience, we can improve our comprehension of the cognitive processes that contribute to dysfunctional attitudes and how they interact with emotional states.

Although the available data has limitations, the debate highlights the need of employing rigorous methodologies and multidisciplinary approaches in psychological research. Researchers can create comprehensive models that encompass the various aspects of risk-taking behaviour and dysfunctional attitudes among young adults by combining theories and findings from several study fields. The collaboration of scholars specialising in cognitive psychology, affective neuroscience, and developmental psychology can help combine different viewpoints and promote new methods for researching intricate psychological phenomena.

In order to obtain more reliable data on the connections between distress, pleasure, and dysfunctional attitudes among young adults, it is recommended that future research focuses on doing longitudinal studies with bigger sample sizes. By utilising sophisticated statistical methods like structural equation modelling or network analysis, one can gain a deeper understanding of the fundamental processes that influence these connections and pinpoint probable factors that mediate or moderate them. Furthermore, qualitative research techniques such as in-depth interviews and focus groups can provide detailed and subtle understandings of the subjective experiences and underlying reasons that influence risk-taking behaviour and dysfunctional attitudes.

Ultimately, the correlations found in the data offer first understanding of the connections between distress, pleasure, and dysfunctional attitudes in young people. However, they highlight the intricate nature of human psychology. Researchers can enhance our comprehension of risk-taking behaviour and dysfunctional attitudes by embracing interdisciplinary perspectives and employing rigorous methodologies. This, in turn, can contribute to the creation of focused interventions and prevention strategies that aim to foster psychological well-being among young adults.

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By working together and using new methods, researchers can uncover the complex relationship between cognitive, emotional, and behavioural components that influence human behaviour. This will lead to a more detailed knowledge of risk-taking behaviour and unhealthy attitudes in young adults.

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Conflict of Interest

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