Self-esteem, self-conscious emotions, resilience, trait anxiety and their relation to self-handicapping tendencies

LILLA TÖRÖK, ZSOLT PÉTER SZABÓ and JUDIT BODA-UJLAKY

Jones and Berglas (1978) define self-handicapping as any action or choice of performance setting that enhances the opportunity to externalize (or excuse) failure and to internalize (reasonably accept credit for) success (p. 406). The present study examined the role of potential precursors in the self-handicapping process. A total of 626 undergraduates from various Hungarian universities completed measures of dispositional self-handicapping, self-esteem, self-conscious emotions, trait anxiety, trait resilience, and social desirability. Self-handicapping was related positively to trait anxiety, shame-proneness, externalization, and detachment, and negatively to self-esteem, resilience, and social desirability. These results provide additional evidence in support of previous studies about the deleterious effects and antecedents of self-handicapping. Since these results are correlational in nature, future investigations need to clarify the contribution (in a sense of causality) of each variable in the self-handicapping process.

Key words: self-handicapping, self-esteem, resilience, self-conscious emotions, trait anxiety

Jones and Berglas (1978) coined the term self-handicapping to describe the a priori strategy of protecting self-esteem in the face of potential danger. According to their definition, “self-handicapping involves any action or choice of performance setting that enhances the opportunity to externalize (or excuse) failure and to internalize (reasonably accept credit for) success” (p. 406). When handicapping himself or herself, e.g., by drinking alcohol or failing to prepare for a situation, or claiming pre-existing illness or fatigue, the individual is capitalizing on the attributional principles of discounting and augmentation at the same time (Kelley, 1972). Somebody who fails to prepare for an important upcoming test can attribute an external cause to the failure, that is, discount the role of ability. However, if the outcome is successful, the ability appears to be augmented, because success occurred in spite of the obstacle. In other words, self-protection is possible in case of failure, while self-enhancement occurs in the event of success. Subsequent studies have shown that different people use the self-handicapping strategy for different reasons: high-self-esteem participants self-handicapped to enhance success, whereas low-self-esteem participants self-handicapped to protect against the esteem-threatening implications of failure (e.g., Tice, 1991).

The connection between self-esteem and self-handicapping is an intriguing topic. First publications stated that uncertain or unstable self-esteem (either low or high) is related to use of self-handicapping strategies (Jones & Berglas, 1978). According to Harris and Snyder (1986, p. 451), “the person who is most likely to self-handicap is one who experiences at least some level of self-esteem but perhaps, an uncertain self-evaluation plagued by doubts of performing successfully in an esteem-threatening, evaluative situation”. In contrast with this theory, Rhodewalt (1990) proposed that low self-esteem individuals have nothing to protect, thus the ones who are inclined to self-handicap are the high self-esteem individuals. Recent studies propose that self-esteem relates negatively to self-handicapping, because low self-esteem individuals encounter more situations where they can doubt their ability to be successful (Coudevylle, Gernigon, & Martin Ginis, 2011; Martin & Brawley, 2002).

There is an ongoing debate about whether self-handicapping strategies are exclusively motivated by private self-esteem or whether self-handicapping is also a way to protect oneself from the judgment of others, i.e., one’s own public esteem. Berglas and Jones (1978) originally proposed that self-handicapping occurs in order to protect the private self. Kolditz and Arkin (1982) suggested that self-handicappers are mostly concerned with the management of others’ im-
pressions. While the majority of current studies treat self-handicapping primarily as a self-protective strategy, the impression management function is also acknowledged in the literature (e.g., Hendrix & Hirt, 2009). People who are concerned with the impression they generate in other people are more likely to score high on social desirability, and thus, it can be hypothesized that people who score high on social desirability are also more prone to use self-handicapping strategy.

Self-handicapping can be considered a coping mechanism (Shepperd & Arkin, 1989), as it has a buffering effect on levels of state anxiety experienced prior to the performance situation (Harris & Snyder, 1986). Despite the availability of considerable literature on anxiety and resilience (for reviews see Liebert & Morris, 1967; Zautra, Hall, & Murray, 2010), only a few studies have examined how these constructs relate to self-handicapping (Hendrix & Hirt, 2009; Martin, 2013). There are very few studies examining the relationship between trait anxiety and self-handicapping. Trait anxiety is considered the surface individual’s attribute of behavioural inhibition system functioning (Gray, 1987) and has been found to be positively correlated with measures of inhibition. Thus, individuals with high trait anxiety are presumed to be particularly sensitive to avoid being identified as incompetent, which leads to self-handicapping strategies (Covington, 1992). The few studies that examined the relationship between dispositional self-handicapping and trait anxiety found that self-handicapping appears to have a beneficial effect on the affective states of high trait anxious and high trait handicapping individuals (Arkin & Baumgardner, 1985), while others showed trait anxiety to be negatively related to self-reported handicaps (Ferrand, Champely, & Firaire, 2008; Hendrix & Hirt, 2009).

According to Richardson and his colleagues (1990; 2002), internal and external stressors are ubiquitous and one’s ability to cope with these events is influenced by both successful and unsuccessful adaptations to previous disruptions. In some situations, such adaptations or protective factors are ineffective and the response to this disruption is a reintegrative process, leading to one of four outcomes. Resilience is an individual’s ability to properly cope with and adapt to stress and adversity (Connor & Davidson, 2003). Trait resilient individuals have optimistic and energetic approaches to life and experience positive emotions even in the midst of stressful events, which may explain their ability to rebound successfully despite adversity (Klohnen, 1996). There is some emerging evidence suggesting that the construct of trait resilience, the ability to adapt to the demands of stressful experiences, may be important in facilitating positive feelings of self-worth (Bonanno, 2004). The connection between self-handicapping and resilience is not well studied.

Tesser (2001) argued that “many self-defense mechanisms are mediated by affect” (p. 68), but did not specify which emotions are involved (Tracy & Robins, 2004). Self-conscious emotions (e.g., shame, guilt, embarrassment, pride), by their nature, are self-evaluative emotions (Tracy & Robins, 2004, 2007). As Scheff (1988, p. 399) notes, self-esteem is “the balance between pride and shame states in a person’s life, taking into account both duration and intensity”, so these emotions can be linked to self-handicapping strategies. Pride indicates that a person merits high social status, whereas shame informs individuals about the potential threat of group rejection - these emotions serve as links between self-esteem and social status (for a review see Tracy & Robins, 2007). Guilt is related to the behavior, whereas shame is related to the self - shame judges the whole self negatively, guilt reflects on an immoral behavior (Lewis, 1971). According to this logic, self-handicapping is not related to guilt, but shame, as it aims to maintain global self-esteem. Cowman and Ferrari (2002) found a significant positive correlation between shame-proneness (i.e., trait shame) and self-handicapping. Bartels and Herman (2011) argue that self-handicapping is a strategy for eliminating shame and, to a lesser extent, guilt feelings related to personal performance. Therefore, we meet two opposing phenomena, low self-esteem and shame in face of performance situations as potential causes of self-handicapping, and self-handicapping as a means to cope with low self-esteem and shame. Other emotions of interest are blame and detachment. Externalization of blame means that the individual does not admit his or her contribution to an unwanted event, and transfers the causation to someone else. It can be parallel with self-handicapping. Detachment means that the individual is not concerned about the consequences of his or her acts, which indicates no relationship with shame or guilt.

The present study aims to examine the possible links between self-handicapping tendencies and trait anxiety, resilience, social desirability, and self-conscious emotions, like shame, guilt, and pride. It is hypothesized that self-handicapping will relate positively to anxiety and social desirability, and negatively to global self-esteem and resilience. With regard to self-conscious emotions, a positive relationship was expected between dispositional self-handicapping, shame-proneness, detachment, and externalization, but no such hypotheses have been proposed relating to guilt-proneness and pride considering the absence of previous empirical research.

**METHOD**

**Participants**

Participants in this study were 626 undergraduate students (Nmales = 267) from a variety of Hungarian Universities from Budapest. The study fields included sports, engineering, economics, communication, linguistics, psychology, philosophy, business, law etc. The mean age of the students was 22.5 years (SD = 4.87). Participants’ confidentiality and anonymity were assured, and they were informed
about the main purposes of the study. Participation in the study was voluntary.

**Measures**

**Self-Handicapping.** The Hungarian form of Self-Handicapping Scale (SHS; Jones & Rhodewalt, 1982) was used to assess the individual’s tendency toward self-handicapping strategies. This self-descriptive scale is widely used for measuring self-handicapping among various samples (e.g., athletes, students). It includes 25 items that probe the tendency to use self-handicaps, such as lack of effort, illness, or procrastination with regard to evaluative performance. Participants indicated their agreement with each item on a 6-point scale ranging from absolutely disagree to absolutely agree. In this study SHS was used as a unidimensional scale. The questionnaire showed adequate reliability ($\alpha = .66$).

**Self-esteem.** In the present study, the Hungarian form (Kiss, 2012) of the unidimensional Rosenberg Self-Esteem Scale was used (RSE; Rosenberg, 1965). It consists of 10 items assessing global self-esteem which are rated on a 6-point scale from strongly disagree to strongly agree. The questionnaire showed excellent reliability ($\alpha = .89$).

**Trait anxiety.** The Hungarian form (Sipos & Sipos, 1983) of State-Trait Anxiety Inventory was used to assess the individual tendency toward anxiety (STAI; Spielberger, 1983) of State-Trait Anxiety Inventory was used to assess the individual’s tendency to be anxious. The originally multidimensional scale has an unstable factor structure across studies and samples (e.g., Karairmak, 2010), thus the current study used CD-RISC as a unidimensional tool. The Hungarian form was developed by Járai and his colleagues (2010). The scale showed excellent internal consistency ($\alpha = .90$).

**Resilience.** The Connor-Davidson Resilience Scale is widely used to assess resilience (CD-RISC; Connor & Davidson, 2003). The scale includes 25 items, each rated on a 5-point scale from not true at all to true nearly all of the time. Higher scores reflect greater resilience. The originally multidimensional scale has an unstable factor structure across studies and samples (e.g., Karairmak, 2010), thus the current study used CD-RISC as a unidimensional tool. The Hungarian form was developed by Járai and his colleagues (2010). The scale showed excellent internal consistency ($\alpha = .90$).

**Self-conscious affects.** The Test of Self-Conscious Affect-3 (TOSCA-3; Tangney, Dearing, Wagner, & Grammow, 2000) was translated into Hungarian according to the guidelines specified by the International Test Commission. This multidimensional test is used to assess the experience of self-conscious emotions. The TOSCA-3 is composed of 11 negative and five positive scenarios yielding indices of Shame-Proneness, Guilt-Proneness, Externalization (of blame), Detachment/Unconcern, Pride in Self (Alpha or Hubristic Pride) and Pride in Behavior (Beta or Authentic Pride). Proneness to shame is considered as the tendency to make global negative evaluations of the whole self and guilt as the tendency to make negative self-evaluations about specific time- and situation-limited behaviors. The Externalization of blame scale assesses a person’s tendency to blame others in an unpleasant situation and to direct their anger against them. The Detachment scale measures an individual’s tendency to minimize problems or to distance oneself emotionally from an unpleasant event. Alpha pride refers to a general pride in oneself (global pride), and Beta pride refers to a pride in a specific behavior or accomplishment. Respondents are asked to rate a series of associated responses which represent four possible reactions to hypothetical scenarios on a 5-point rating scale ranging from not likely to very likely. One scenario, for example, is as follows: “You are driving down the road and you hit a small animal.”, and presented reactions are: “You would think: ‘I’m terrible’” (shame-proneness); “You would think: ‘Well, it’s an accident’” (detachment); and “You’d feel bad you hadn’t been more alert driving down the road” (guilt-proneness). For each scenario, all four reactions are rated. Reliability coefficients for the TOSCA-3 range from .49 to .82 in our sample.

**Social desirability.** The Balanced Inventory of Desirable Responding is a self-report measure used for quantifying self-deception and the proclivity to use deliberate impression management tactics (BIDR; Paulhus, 1988). The BIDR comprises 40 statements that belong to two subscales: Self-deceptive Positivity and Impression Management. The former refers to the individuals’ tendency to give self-reports that are honest, but positively biased, the latter means deliberate self-presentation to an audience. Participants were asked to indicate their response on a 7-point scale (with the endpoints not true and very true), and after reversing the negatively coded items, one point is added for each extreme response (6 or 7), hence total scores for each subscale can range from 0 to 20. A higher score indicates higher degree of Self-deceptive Positivity and Impression Management.

**Procedure**

Survey data for this study were collected in the autumn of 2013. Self-report questionnaires were administered in a quiet classroom setting at the beginning of university classes. As the whole booklet would have required too long to complete given the limited time at disposal, there were three types of questionnaire packages (SHS-RSE-STAI-CD-RISC; SHS-RSE-TOSCA-3-BIDR; SHS-RSE-STAI) and participants were randomly assigned to one of the three. Each package contained a demographic questionnaire (age, sex, educational level). The scales were administered to the participants in groups of five to 54 members, SHS and RSE were counterbalanced in order, and all subjects were tested by the same experimenter. The booklet took approximately 15 minutes to complete.
RESULTS

Descriptive statistics and preliminary analyses

Means, standard deviations, and ranges for all variables are presented in Table 1. The scales showed acceptable reliability, except for Beta Pride (α = .49). Prior to testing our hypotheses, ANOVAs were conducted to examine possible sex differences in self-handicapping (see Hirt & McCrea, 2009) and the possible influence of the order of the questionnaires. As the effects of gender and order were not significant, these factors were excluded from all subsequent analyses.

Correlations between variables

Table 2 shows that, as predicted, trait self-handicapping was significantly negatively correlated with global self-esteem and resilience, in such a way that participants with lower self-esteem and lower resilience are characterized by

Table 1

<table>
<thead>
<tr>
<th>Factor</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>M (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>RSE</td>
<td>622</td>
<td>.30</td>
<td>3.00</td>
<td>2.12 (.52)</td>
</tr>
<tr>
<td>STAI-T</td>
<td>461</td>
<td>1.20</td>
<td>3.45</td>
<td>2.17 (.45)</td>
</tr>
<tr>
<td>SHS</td>
<td>581</td>
<td>1.84</td>
<td>4.84</td>
<td>3.19 (.46)</td>
</tr>
<tr>
<td>TOSCA-SP</td>
<td>138</td>
<td>1.19</td>
<td>4.50</td>
<td>2.81 (.66)</td>
</tr>
<tr>
<td>TOSCA-GP</td>
<td>141</td>
<td>2.06</td>
<td>4.88</td>
<td>3.99 (.45)</td>
</tr>
<tr>
<td>TOSCA-D</td>
<td>145</td>
<td>1.64</td>
<td>4.64</td>
<td>2.87 (.60)</td>
</tr>
<tr>
<td>TOSCA-E</td>
<td>139</td>
<td>1.25</td>
<td>3.58</td>
<td>2.38 (.51)</td>
</tr>
<tr>
<td>TOSCA-AP</td>
<td>150</td>
<td>1.60</td>
<td>5.00</td>
<td>3.55 (.71)</td>
</tr>
<tr>
<td>TOSCA-BP</td>
<td>133</td>
<td>1.00</td>
<td>5.00</td>
<td>3.72 (.65)</td>
</tr>
<tr>
<td>CD-RISC</td>
<td>141</td>
<td>1.60</td>
<td>5.00</td>
<td>3.84 (.53)</td>
</tr>
<tr>
<td>BIDR-SDE</td>
<td>126</td>
<td>.00</td>
<td>15.00</td>
<td>5.36 (3.11)</td>
</tr>
<tr>
<td>BIDR-IM</td>
<td>121</td>
<td>.00</td>
<td>17.00</td>
<td>6.9 (3.17)</td>
</tr>
</tbody>
</table>

Note. RSE = Rosenberg Self-Esteem Scale; STAI-T = State-Trait Anxiety Inventory – Trait subscale; TOSCA = Test of Self-Conscious Affect; SP = Shame-Proneness; GP = Guilt-Proneness; D = Detachment/Unconcern; E = Externalization of blame; AP = Pride in Self; BP = Pride in Behavior; CD-RISC = Connor-Davidson Resilience Scale; BIDR = Balanced Inventory of Desirable Responding; SDE = Self-deceptive Positivity; IM = Impression Management.

Table 2

<table>
<thead>
<tr>
<th></th>
<th>RSE</th>
<th>STAI-T</th>
<th>TOSCA-SP</th>
<th>TOSCA-GP</th>
<th>TOSCA-D</th>
<th>TOSCA-E</th>
<th>TOSCA-AP</th>
<th>TOSCA-BP</th>
<th>CD-RISC</th>
<th>BIDR-SDE</th>
<th>BIDR-IM</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHS</td>
<td>- .439**</td>
<td>- .734**</td>
<td>.533*</td>
<td>-</td>
<td>- .228**</td>
<td>- .139</td>
<td>- .029</td>
<td>- .090</td>
<td>- .284**</td>
<td>- .010</td>
<td>- .237*</td>
</tr>
<tr>
<td></td>
<td>(578)</td>
<td>(458)</td>
<td>(16)</td>
<td></td>
<td>(141)</td>
<td>(17)</td>
<td>(16)</td>
<td>(136)</td>
<td>(140)</td>
<td>(125)</td>
<td>(114)</td>
</tr>
<tr>
<td></td>
<td>.523**</td>
<td>.347</td>
<td>.286**</td>
<td>.029</td>
<td>.139</td>
<td>.152</td>
<td>.132</td>
<td>.036</td>
<td>.284**</td>
<td>.010</td>
<td>- .162</td>
</tr>
<tr>
<td>STAI-T</td>
<td>(430)</td>
<td>(134)</td>
<td>(138)</td>
<td>(104)</td>
<td>(141)</td>
<td>(136)</td>
<td>(134)</td>
<td>(125)</td>
<td>(132)</td>
<td>(119)</td>
<td>(114)</td>
</tr>
<tr>
<td>TOSCA-SP</td>
<td>(129)</td>
<td>(16)</td>
<td>(17)</td>
<td>(137)</td>
<td>(139)</td>
<td>(141)</td>
<td>(138)</td>
<td>(126)</td>
<td>(149)</td>
<td>(112)</td>
<td>(115)</td>
</tr>
<tr>
<td></td>
<td>.368**</td>
<td>.533*</td>
<td>- .149</td>
<td>.286**</td>
<td>.036**</td>
<td>- .029</td>
<td>.343**</td>
<td>-.238**</td>
<td>-.090</td>
<td>-.057</td>
<td>-.286**</td>
</tr>
<tr>
<td></td>
<td>-.036</td>
<td>.343**</td>
<td>.033</td>
<td>-.266**</td>
<td>-.139</td>
<td>.372**</td>
<td>.273**</td>
<td>.343**</td>
<td>.147</td>
<td>.317</td>
<td>- .106</td>
</tr>
<tr>
<td>TOSCA-D</td>
<td>(130)</td>
<td>(17)</td>
<td>(17)</td>
<td>(134)</td>
<td>(138)</td>
<td>(135)</td>
<td>(141)</td>
<td>(145)</td>
<td>(139)</td>
<td>(117)</td>
<td>(114)</td>
</tr>
<tr>
<td></td>
<td>.247*</td>
<td>-.174*</td>
<td>-.268*</td>
<td>-.268*</td>
<td>-.139</td>
<td>.372**</td>
<td>.273**</td>
<td>.343**</td>
<td>.147</td>
<td>.317</td>
<td>- .106</td>
</tr>
<tr>
<td></td>
<td>.331**</td>
<td>.152</td>
<td>.033</td>
<td>.343**</td>
<td>.273**</td>
<td>.766**</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>TOSCA-AP</td>
<td>(149)</td>
<td>(17)</td>
<td>(17)</td>
<td>(136)</td>
<td>(141)</td>
<td>(145)</td>
<td>(139)</td>
<td>(133)</td>
<td>(132)</td>
<td>(112)</td>
<td>(115)</td>
</tr>
<tr>
<td></td>
<td>-.010</td>
<td>.284**</td>
<td>-.161</td>
<td>.343**</td>
<td>-.091</td>
<td>-.106</td>
<td>-.226*</td>
<td>-.057</td>
<td>-.106</td>
<td>-.068</td>
<td>-.213*</td>
</tr>
<tr>
<td>TOSCA-BP</td>
<td>(125)</td>
<td>(14)</td>
<td>(14)</td>
<td>(126)</td>
<td>(126)</td>
<td>(130)</td>
<td>(125)</td>
<td>(123)</td>
<td>(125)</td>
<td>(125)</td>
<td>(115)</td>
</tr>
<tr>
<td></td>
<td>.473**</td>
<td>-.686**</td>
<td>-.716</td>
<td>.500</td>
<td>-.477</td>
<td>-.577</td>
<td>-.226*</td>
<td>-.106</td>
<td>-.213*</td>
<td>-.322**</td>
<td>-</td>
</tr>
<tr>
<td>CD-RISC</td>
<td>(131)</td>
<td>(132)</td>
<td>(132)</td>
<td>(131)</td>
<td>(130)</td>
<td>(125)</td>
<td>(123)</td>
<td>(115)</td>
<td>(117)</td>
<td>(111)</td>
<td>(111)</td>
</tr>
<tr>
<td></td>
<td>-.532**</td>
<td>-.148</td>
<td>-.474**</td>
<td>-.080</td>
<td>-.063</td>
<td>-.091</td>
<td>-.029</td>
<td>-.162</td>
<td>-.173</td>
<td>-.322**</td>
<td>-</td>
</tr>
<tr>
<td>BIDR-SDE</td>
<td>(119)</td>
<td>(15)</td>
<td>(115)</td>
<td>(118)</td>
<td>(122)</td>
<td>(116)</td>
<td>(125)</td>
<td>(112)</td>
<td>(111)</td>
<td>(110)</td>
<td>(110)</td>
</tr>
<tr>
<td></td>
<td>-.237*</td>
<td>-.101</td>
<td>-.015</td>
<td>.136</td>
<td>-.286**</td>
<td>-.226*</td>
<td>-.068</td>
<td>-.213*</td>
<td>-.322**</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>BIDR-IM</td>
<td>(114)</td>
<td>(13)</td>
<td>(113)</td>
<td>(113)</td>
<td>(117)</td>
<td>(111)</td>
<td>(120)</td>
<td>(108)</td>
<td>(115)</td>
<td>(111)</td>
<td>(111)</td>
</tr>
</tbody>
</table>

Note. SHS = Self-Handicapping Scale; RSE = Rosenberg Self-Esteem Scale; STAI-T = State-Trait Anxiety Inventory – Trait subscale; TOSCA = Test of Self-Conscious Affect; SP = Shame-Proneness; GP = Guilt-Proneness; D = Detachment/Unconcern; E = Externalization of blame; AP = Pride in Self; BP = Pride in Behavior; CD-RISC = Connor-Davidson Resilience Scale; BIDR = Balanced Inventory of Desirable Responding; SDE = Self-deceptive Positivity; IM = Impression Management.

* p < .05. ** p < .01.
a greater tendency to self-handicap. Also, as predicted, trait self-handicapping was significantly positively correlated with trait anxiety and shame-proneness, thus, as self-handicapping increased, anxiety and shame-proneness decreased. Self-handicapping was positively related to externalization and detachment. A significant negative correlation was found between self-handicapping tendencies and both the Self-deception and Impression Management subscales of BIDR. Guilt-proneness, alpha or authentic pride, and beta or hubristic pride did not yield significant correlations with trait self-handicapping.

DISCUSSION

The primary purpose of this study was to examine how global self-esteem, resilience, trait anxiety, social desirability, and self-conscious affects relate to self-handicapping tendencies. The results supported the hypotheses and demonstrated that higher trait self-handicapping is related to higher shame-proneness, low self-esteem, and low resilience. In addition, it is related to higher levels of externalization and detachment and lower levels both aspects of social desirability.

In line with previous studies (Coudevyille et al., 2011; Prapasissi & Grove, 1998), we found a negative connection between general self-esteem and dispositional self-handicapping. The most likely explanation for this result is that low self-esteem individuals encounter more situations where they doubt their ability to be successful, thus they tend to self-handicap in order to preserve their self-esteem (Jones & Berglas, 1978).

According to our results, there is a relatively strong relationship between anxiety and self-handicapping tendencies. Former studies primarily explored the role of state anxiety in the self-handicapping process, and found an elevated level of state anxiety before and after engaging in self-handicapping (Coudevyille et al., 2011; Ryska, 2002). Our results support this by stating that individuals who tend to use self-handicapping strategies are more likely to be characterized by anxious tendencies (Hendrix & Hirt, 2009). However, it is equally possible that anxious individuals are more likely to be self-handicappers. One can speculate that low general self-esteem leads to anxiety, which an individual is constantly willing to avert by using (among others) self-handicapping strategies. Future investigations should be conducted in order to test this hypothesis.

In contrast with our hypothesis, there is a negative correlation between self-handicapping and both subscales of social desirability. At first glance, this result is somewhat interesting considering that self-handicapping can be considered as a self-presenting method (Kolditz & Arkin, 1982). However, reading the items of the BIDR (e.g., “I’m fully in control of my own fate”) could provide an answer. An individual who has an elevated social desirability score will most likely disagree with self-handicapping statements such as “I tend to put things off until the last moment”. This result raises questions about the adequacy of self-reported methods in investigating self-handicapping.

As expected, higher levels of dispositional self-handicapping are related to lower level of resilience. This is in line with former research where a negative correlation has been found between self-handicapping and academic resilience (Martin, 2013). As such, academic resilience was more salient (compared to academic buoyancy) in predicting negative outcomes like self-handicapping and disengagement. In our study general resilience was investigated, which is an individual’s ability to properly adapt to adversities and stress, i.e., a measure of the ability to cope with stress. While individuals with a high level of resilience are characterized by well-being, effective coping strategies, high self-esteem (Dumont & Provost, 1999), realistic optimism (Reivich & Shatte, 2002), and setting realistic goals (Brooks & Goldstein, 2001), self-handicappers’ features are the opposite: poor well-being (Zuckerman & Tsai, 2005), maladaptive coping strategies (Zuckerman, Kieffer, & Knee, 1998), low self-esteem (Coudevyille et al., 2011), unattainable goals, or maladaptive perfectionism (Steward & De George-Walker, 2014), and they are similar with respect to motivational basis to their defensive pessimistic peers (Elliot & Church, 2003). It follows that the strong negative relationship between these variables is plausible, although future studies need to clarify the causal connections. With regard to self-esteem, our results are in accordance with a previous study that found that resilience is strongly associated with positive affect, which in turn is positively related to self-esteem (Benetti & Kambouropoulos, 2006).

With regard to self-conscious emotions, the strongest relation was found between shame-proneness and self-handicapping. Moreover, detachment and externalization also seem to be linked to self-handicapping. However, Fontaine, Luyten, De Boeck, and Corveleyn (2001) point to the fact that TOSCA-3 scales are almost identical, as shame is related to guilt, externalization, and detachment, since the latter two can function as protection against shame feelings, and moreover, externalization and detachment are also interrelated. In spite of these problems, they found that “TOSCA scales largely demonstrate the theoretically expected pattern of relationships with long-term affects, the present results offer a strong support for the validity of the TOSCA” (p. 460). Thus, here we decided to consider only the relatively strong relationship with shame. Shame reflects a global negative evaluation of the self, and the negative evaluation of abilities take part in this negative evaluation. Our result can be fitted into the theoretical framework, as shame is related to self-handicapping either as a cause, or as a consequence, whereas guilt is unrelated. Future studies need to clarify the exact role of shame in the self-handicapping process. The positive correlations between externalization, detachment, and self-handicapping are understandable as self-handicap-
pers are characterized by the external attributional orientation (Martin, Marsh, & Debus, 2001) and avoidance motivation (Elliot & Church, 2003).

Our results make an important contribution to the field of self-handicapping by exploring poorly examined relationships. We have shown that self-handicapping tendencies are related to a list of psychologically maladaptive variables, like trait anxiety, shame-proneness, detachment, low self-esteem, and lack of resilience, thus providing additional evidence in support of previous studies about the deleterious effects and antecedents of self-handicapping (Zuckerman & Tsai, 2005), and in support of considering self-handicapping a negative coping mechanism (e.g., Shepperd & Arkin, 1989). There are some limitations of this study. The main limitation of the study is its reliance on self-reports as a source of data. The conscious accessibility of using self-handicapping strategies has not been undoubtedly proven yet (McCrea, Myers, & Hirt, 2009), and social desirability may result in biases. Another problem is the relatively low internal consistency of the SHS, which has also been found in other studies (Kraiem & Bertsch, 2011; McCrea, Hirt, Hendrix, Milner, & Steele, 2008). The SHS has been used in many studies as a unidimensional construct (Feick & Rhodewalt, 1997; Thompson & Richardson, 2001), while the factor analysis of the scale does not support this unidimensional approach. The low internal consistency of the SHS suggests that self-handicapping is a heterogeneous construct which raises questions about the suitability of the SHS in probing self-handicapping. Unfortunately, the presentation of the factor-structure of the SHS and suggestions for possible improvements in the measurement are beyond the scope of this paper. Third limitation is that the design of the study enabled us to make conclusion only about correlational and not causal connections between variables. The fourth limitation is rooted in the fact of unequal number of participants in the test conditions that, among other issues, did not allow us to perform comprehensive analyses. Future studies should utilize these preliminary results to develop a systematic research model with regard to the role of self-handicapping and the aforementioned variables in protecting and/or enhancing the self.

REFERENCES


