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Behavioral Self-Handicapping Among Male and Female Athletes

Self-handicapping is a term used to refer to the strategic creation of obstacles that interfere with successful performance of a task. Self-handicapping allows a person to credit failure to an external cause (the handicap) or to credit success to an internal cause (e.g., ability to overcome an obstacle), thereby protecting self-esteem in either case. The general consensus among researchers has been that women do not behaviorally self-handicap. The goal of the present study is twofold. The first goal is to explore possible paradigms in which females behaviorally self-handicap. It is proposed that self-handicapping women do choose behavioral handicaps in high-importance, real-life situations. The performance task in the present study is competition in NCAA Division III college athletics at a small mid-western liberal arts college. Based upon current literature on behavioral self-handicapping in groups and in athletes, it is further hypothesized that members of individual sports will behaviorally self-handicap more than members of team sports. The sample included males and females from four different sports (basketball, soccer, track, and swimming). Sixty-six athletes received, completed, and returned a behavioral self-handicapping survey via campus mail. The experimental design was a 2 (men vs. women) X 2 (team vs. individual sport) factorial design. The results, analyzed in a two-way ANOVA, support the hypothesis that individual athletes behaviorally self-handicap significantly more than team athletes and that there are no sex differences.

We live in a high pressure, success-oriented society. People are constantly evaluated, whether it be for academic, career, personal, or athletic purposes. Why then, do some people inadequately prepare for such important evaluations: for example, the athlete who does not attend practice regularly or the student who does not begin a paper until the night before it is due? This inadequate preparation is for some people, a paradoxical way to protect self-esteem called self-handicapping.

Self-handicapping is a term coined by Berglas and Jones (1978) to refer to the strategic creation of obstacles that interfere with successful performance. Self-handicapping allows a person to either credit failure to an external cause (the handicap) or credit success to an internal cause (e.g., ability to overcome an obstacle), thereby protecting self-esteem in either case. There are two documented ways to self-handicap. The first way is self-reported self-handicapping (also referred to as a claimed

handicap), wherein a person excuses possible failure by claiming a subjective condition that cannot be tested. There is no way to know if the student was truly stressed, as there is no way to verify the claim. The second form of self-handicapping is behavioral self-handicapping (also referred to as an acquired handicap). This is the construction of an impediment that will likely lower the chance of success (Hirt, Deppe, & Gordon 1991).

The goal of the present study is twofold. The first goal is to explore possible paradigms in which females behaviorally self-handicap. It is proposed that self-handicapping women do choose behavioral handicaps in high-importance, real-life situations. It is further hypothesized that members of individual sports will behaviorally self-handicap more than members of team sports. Each of these paradigms will now be addressed.

SEX DIFFERENCES

The majority of research on behavioral self-handicapping has led to a general consensus among researchers that women do not behaviorally self-handicap. It has been found that both men and women will choose claimed handicaps, and that men will choose a claimed handicap over an acquired one; however that men and not women will choose an acquired handicap if a claimed handicap is not available (Hirt et al., 1991). A review of the literature (Rhodewalt, 1990, pg. 100-101), reveals that behavioral self-handicapping has been studied in a narrow range of circumstances. These circumstances have elicited behavioral self-handicapping in men but not women. The majority of the studies that have examined acquired handicaps have used IQ tests for their tasks. The studies which have looked at self-handicapping outside of intelligence tests have only looked at claimed handicaps (Arkin & Oleson, 1998). A look at more recent literature suggests that in order to elicit behavioral self-handicapping in women, researchers need to move beyond IQ tests and look at behavioral self-handicapping in tasks that are of high importance and therefore a threat to one's self-esteem.

The literature suggests that evaluations of intelligence, in and of itself, will not elicit behavioral self-handicapping behaviors in women. For example, studies that look at attributional

style and intelligence have indicated that women attribute failure to internal causes such as lack of ability, whereas men attribute failure to external causes such as lack of effort (Hirt et al., 1991; Galotti, 1994). In this case, a handicap will not serve as a self-esteem protector for many women. If the women already assume the cause of failure to be internal, they do not need to create an external impediment on which to blame failure, for they have already acknowledged the cause of their failure. Hence we would not expect women to choose behavioral self-handicaps on tasks involving intelligence.

Another line of research within self-handicapping has looked specifically at task importance as a moderating effect on one's choice to behaviorally self-handicap. Sheppard and Arkin (1989) are one of the few research teams to find that women behaviorally self-handicap, and they found this looking at handicapping in a high-importance task. They looked at high task importance in two different studies: one looking at the moderating roles of public self-consciousness and task importance, and the other looking at high task importance and the effects of preexisting handicaps on self-generated handicaps. In both their studies, students were given a test described as a valid predictor of academic success and the available handicap was lack of practice. Earlier studies have shown that men behaviorally self-handicap more than women when the available handicap is lack of practice, but the tasks have always been of little importance to the subjects (i.e., a one time arithmetic problem). Sheppard and Arkin (1989) provide evidence which suggests that task importance is a strong predictor of behavioral self-handicapping. If a task is not important to a person, there is no need to create a handicap as a self-esteem protector because success or failure will have little influence on self-esteem. Take, for example, the importance of a math test in a lab experiment and compare it to the importance of the quantitative portion of the Graduate Record Examination (GRE). One would probably be more likely to handicap in effort to protect self-esteem on the GRE.

So why then has so little research been dedicated to studying behavioral self-handicapping in women using high-importance tasks? There are a handful of researchers who

have looked at behavioral self-handicapping in response to the general consensus that women do not behaviorally self-handicap. Bordini, Tucker, Vuchinich, and Rudd (1986) suggest that one possible reason for this common finding is that studies are not using situations which engage the self-esteem of the women enough to elicit self-handicapping (similar to the high task importance theory). Bordini et al. (1986) chose to use a social judgement task, predicting that a social task would be a more salient factor in women's self-esteem and would therefore elicit a tendency for some women to behaviorally self-handicap. In this study the women in the insolvable task chose the acquired handicap at higher rates than those who anticipated a solvable version of the task. This effect held true regardless of the feedback manipulation (positive vs. negative feedback). This is one of the only studies to specifically explore the conditions under which women will behaviorally self-handicap. However, because feedback had no effect, the authors note that there were inconsistencies with Berglas and Jones's (1978) hypothesis of self-handicapping that noncontingent success (feedback is not contingent upon actual success) will result in the greatest level of self-handicapping. They suggest a possible explanation for this inconsistency is that they were not observing genuine behavioral self-handicapping. Another explanation they offer is that the social task used was not of high enough importance to affect self-esteem and thereby elicit the increase of the use of a handicap in the noncontingent success condition. Self-handicapping has been studied in several domains, with several different handicap choices. Bordini et al. (1986) are applauded for being one of the few research teams that specifically chose a domain they thought would be appropriate for the observation of behavioral self-handicapping in women.

Unfortunately, most of the studies which have focused on behavioral self-handicapping in high importance tasks and used a sample with males and females, have not statistically analyzed for a sex difference. For example, Tice and Baumeister (1984) looked at behavioral self-handicapping in game performance. Although, game performance can be considered a high-importance task, the authors did not analyze sex

differences in rates of behavioral self-handicapping. Another example, a study done by Hausenblas and Carron (1996) suggests that women do in fact behaviorally self-handicap, but the authors do not conduct inferential statistics to look at behavioral self-handicapping directly. In this study, competitive athletes were asked to self-report all the distractions they had encountered the week prior to an upcoming competition. Claimed self-handicaps were reported at a higher rate than acquired handicaps, but acquired handicaps were reported. This indicates that some women, under certain circumstances do behaviorally self-handicap. The needed next step is for researchers to examine more carefully what those circumstances are.

GROUP EFFECTS

There is even less literature on behavioral self-handicapping in group situations than there is on sex differences. The research that has been done suggests that behavioral self-handicapping tendencies increase with group cohesion. Carron, Prapavessis, and Grove (1994) found group cohesion among teammates to be a moderator between the trait of self-handicapping and the degree to which self-handicaps were rated as disruptive to training/preparation prior to competition. They found that when social cohesion was high, self-reported handicappers reported greater disruptions to their preparation. Hausenblas and Carron (1996) found similar results, but looked at male and female athletes as opposed to just male. They found no sex differences in the moderating effect of group cohesion. Also, no studies have looked at differences in rates of acquired handicaps versus claimed handicaps in group situations. Hausenblas and Carron (1996) reported the different handicaps that were used but did not analyze for statistical significance between the rate in which claimed versus acquired handicaps were reported. The literature indicates that the tendency to report claimed self-handicaps will increase with group cohesion, but nothing has been stated regarding acquired handicaps. The present paper proposes that acquired handicaps will not occur in high cohesive groups. Rhodewalt, Saltzman, and Wittmer (1984) noted that high self-handicapping athletes do not

engage in behaviors that are blatantly self-defeating. The authors suggest that athletes may not choose certain handicaps, which may be too obvious resulting in disapproval from team members.

In summary, the hypothesis is that there will be no sex differences in rates of behavioral self-handicapping when examined in a high-importance, real-life task and that the tendency to behaviorally self-handicap will be higher among athletes who participate in individual sports than among athletes on team sports.

METHOD

Participants

Participants were 66 NCAA Division III athletes from a small liberal arts college in the Midwest. Twenty-seven athletes (10 men and 17 women) were participants on individual sports (either swimming or track) and the other 39 athletes (19 men and 20 women) were participants on team sports (either basketball or soccer).

Design

The design was a 2 (men vs. women) X 2 (team vs. individual sport) factorial design. The dependent measure assessed the degree to which an individual behaviorally self-handicapped.

Materials and Measures

Materials included a personalized letter (see appendix A) to each of the athletes, and a questionnaire asking the athletes to rate how often they engage in specific behavioral self-handicaps (see appendix B). The behavioral self-handicapping questionnaire was designed to ascertain a general tendency to behaviorally self-handicap; none of the questions inquired about claimed handicaps. There were eight questions in the survey, four of which were designed to reflect a behavioral self-handicap. Two of the behavioral self-handicapping choices on the questionnaire were taken from the context of social handicaps. Social handicaps were chosen because Hausenblas and Carron (1996) found that there were no sex differences in the tendency for athletes to self-report social handicaps. Three of the behavioral self-handicapping choices (use of alcohol, use of a performance-debilitating drug, and lack of practice attendance) have been

examined in lab studies as handicapping choices and were found not to be used by women (Bordini, Tucker, Vuchinich, & Rudd 1986; Tice & Baumeister 1990; Berglas & Jones 1978). Lack of sleep was also assessed as a potential behavioral self-handicapping strategy that had not been examined prior to the present study. The remaining four questions were fillers (consumption of fatty foods, consumption of healthy foods, consumption of sugary foods, and description of any pre-competition rituals) which would later be used to determine if the athletes were actually self-handicapping or if they just had a generally _ unhealthy lifestyle. The only demographics assessed were sex and which sports team the athlete participated on. The survey did not inquire about age, event, or position played to assure anonymity. The athletes were instructed to choose only one answer per question. Participants rated the extent to which the handicapping behaviors occurred, on a point scale from 0 ("never") to 5 ("50% of the time") to 10 ("always"). The items were sequenced with filler questions.

Procedure

Participants were recruited through a personalized letter (see appendix A) sent via campus mail, to all members, both male and female, of the soccer and basketball teams (team sports) and the swimming and track teams (individual sports). These sports were selected because the men's and women's teams were of similar caliber and required rigorous practice for at least 10 hours a week.

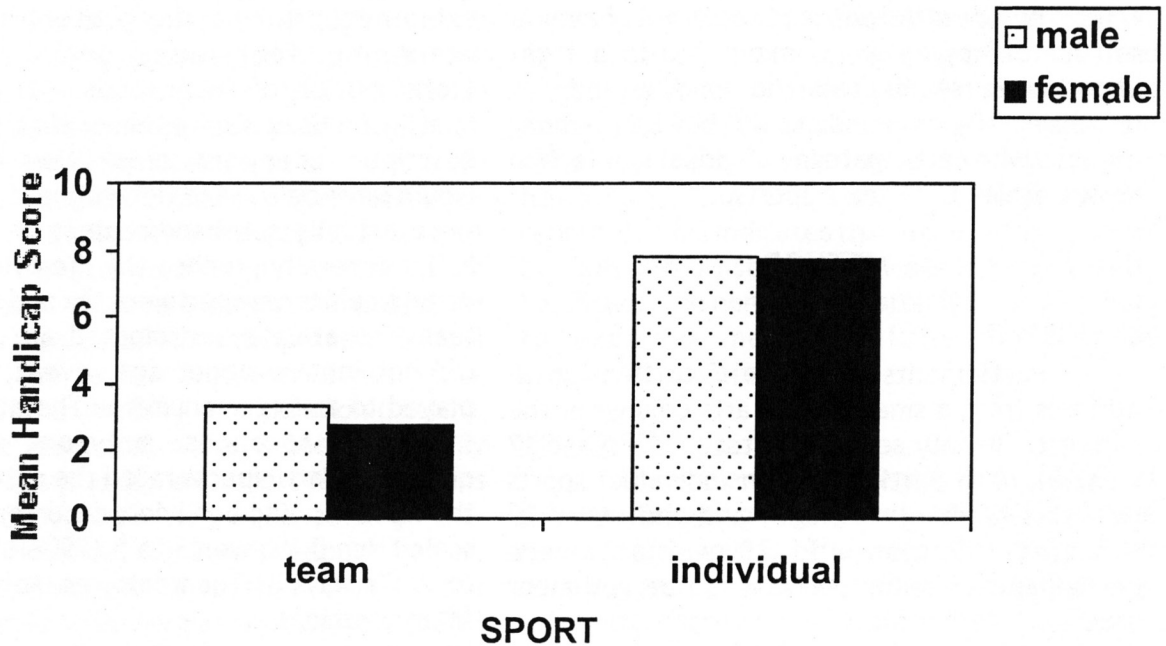
The letters included specific instructions for the athletes to report on actions performed not just in the current season or most recent season, but for their entire college career in the sport.

Furthermore, athletes were asked to only indicate one sport per questionnaire. Because questionnaires were sent to all athletes on each of the selected teams, an athlete on more than one team would receive as many questionnaires as sports s/he participated on and was therefore asked to fill out a separate questionnaire

for each sport. It would have been interesting to look at differences in reported behavioral self-handicapping between individual and team sports within the same athlete, although we could not

FIGURE ONE

Mean behavioral self-handicapping scores by gender and type of team. Possible scores range from 0-10



ask the athletes to report on team overlap for the sake of anonymity. The cover letters assured anonymity and requested an immediate response. One hundred and twenty-five letters and questionnaires were sent; 66 were completed and returned. For

team sports, 19 men and 20 women returned their surveys and for individual sports, 10 men and 17 women returned their surveys. There were fewer men on individual sports than in any of the other conditions, accounting for the lower number of returned surveys. Overall, the response rate was 53%, thus meeting Miller's (1994) criterion that a well-conducted mail-out/mail-back survey should net a 45-55 percent response rate.

RESULTS

Participant responses were analyzed in a two-way analysis of variance. Scores for alcohol consumption, marijuana consumption, amount of sleep, and practice were summed to form a single behavioral self-handicapping score to represent overall tendency to behaviorally self-handicap. These scores represent the dependent measure, and the independent variables were sex and

sport. There was a significant main effect for sport [$F(1, 62) = 16.409, p < .001$]; no main effect for sex [$F(1, 62) = .006, NS$] and no significant interaction.

ANOVAS were also done on each of the individual elements that made up the composite handicapping score. For each individual component there was no main effect for sex, indicating no particular preference for handicap choice across the four available options. There was however, a main effect for sport for all of the handicap choices except for use of marijuana which only approached significance (sleep, $F(1, 62) = 16.924, p < .001$; alcohol, $F(1, 62) = 9.579, p < .003$; marijuana, $F(1, 62) = 2.549, p < .115$; and practice $F(1, 62) = 9.15, p < .004$). Means for the sport conditions are presented in table 1. There was no correlation between

the handicapping score and the scores for any of the "healthy" filler items, suggesting that the handicapping score accurately represented self-handicapping

DISCUSSION

OVERVIEW OF THE FINDINGS

TABLE ONE

Mean Behavioral Self-Handicapping Scores By Participant's Type of Sport		
TYPE OF SPORT		
Handicap	Team	Individual
Lack of Sleep	2.46	4.15
Use of Alcohol	.15	1.52
Use of Marijuana	.23	1.00
Lack of Practice	.17	1.09
Composite Score	3.01	7.76

Note: Possible scores range from 0-10.

The results support the hypothesis: team athletes self-handicapped less than individual athletes and males and females reported behavioral self-handicaps at similar rates. The results of this study suggest that more extensive research is needed in both the areas of sex differences in, and group effects on, behavioral self-handicapping.

SEX DIFFERENCES

The present study has taken the theoretical framework set up by Sheppard and Arkin (1989) in their studies of behavioral self-handicapping in high-importance tasks and applied it to the study of behavioral self-handicapping in women. Although the general consensus has been that women tend not to choose behavioral self-handicaps, people continue to suggest there is a need to further examine sex differences in behavioral self-handicapping. As previously stated, there is literature to suggest that the higher the importance of a task, the larger the threat to one's self-esteem and therefore the higher the chances are for someone with self-handicapping tendencies to choose to handicap. The results of this study support the hypothesis that women will behaviorally self-handicap at a rate similar to men in high-importance tasks. There were, however, some limitations to the study. For example, the questionnaire used was designed to determine rates of specific handicap use. It has not been tested for reliability or validity,

hence future studies should use such questionnaires only supplemental to the Self-Handicapping Scale (Jones and Rhodewalt, 1982).

Some researchers such as Bordini et al. (1986), suggest that another possible reason for sex differences in rates of behavioral self-handicapping may be due to studying handicaps which do not appeal to women. For example, Arkin and Oleson (1998) discuss the possibility that acquired handicaps are often stigmatizing. They suggest that perhaps handicaps such as alcohol consumption, are more stigmatizing for women than men, and therefore are less likely to be chosen by women as a behavioral handicap choice. In the present study, t-tests were scored for each of the individual handicap choices to see if there is a stronger preference for either men or women to choose a specific handicap. The results showed that there were no sex differences on any of the handicap choices (lack of sleep, lack of practice attendance, alcohol consumption, or marijuana use). Finding no sex differences for alcohol consumption and marijuana use, replicates the findings of Hausenblas and Carron (1996) that there are no sex differences in the rate of behavioral self-handicapping when examined with social handicaps. Furthermore our findings suggest that women choose behavioral self-handicaps in other contexts besides social paradigms (lack of practice attendance, and lack of sleep). However, it is quite clear that before any conclusions are made about the circumstances under which

women behaviorally self-handicap, further studies are necessary. Furthermore, the results of the present study suggest it would be beneficial to continue to explore the phenomenon of behavioral self-handicapping in the paradigm of high task importance.

GROUP EFFECTS

Very little research has looked at how groups facilitate, or prohibit, the use of self-handicapping. A recent literature review reveals that none of these studies specifically look at behavioral self-handicapping. More studies are needed before a definitive statement can be made as to the moderating effect of group cohesion on behavioral self-handicapping. As stated previously, Carron et al. (1994) found that as group cohesion increases so does the tendency to self-handicap, although they only looked at claimed handicaps. Based upon the suggestion made by Rhodewalt et al. (1984) that athletes may not choose certain handicaps because of possible disapproval from team members, it was hypothesized in the current study that acquired handicaps would have the opposite correlation as claimed handicaps, to group cohesion (in this case, team sports represent the group effect), resulting in less behavioral self-handicapping from individuals on team sports. This is in fact what the results suggest.

One possible explanation for this pattern is that team athletes may have less need for behavioral self-handicapping because their success or failure is contingent on the entire team as opposed to just on the individual. Also, in team sport situations, other team members probably discourage any behaviors that lower the chance of success. If a member of a team sport behaviorally self-handicaps, s/he may experience greater feelings of discomfort from telling members of his/her team about the handicap, than simply blaming the poor performance on an off day. Luginbuhl and Palmer (1991) conducted two experiments to examine how observers react to an individual who self-handicaps. They found that self-handicapping reduces negative attributions to ability but produces more negative attributions about personal characteristics. These negative attributions to personal characteristics and their effects on team cohesion may be less desirable to a team athlete, relative

to the threat of failure. A limitation to the present study is that it failed to test specifically for team cohesion. Before any conclusions can be drawn regarding the differences in claimed versus acquired self-handicapping in groups, more studies need to be conducted looking specifically at high versus low self-handicappers, claimed versus acquired handicaps, and high versus low cohesive groups.

It is important for research on self-handicapping to continue. We need to know more about both sex differences in self-handicapping and the situations in which self-handicapping occurs. Although behavioral self-handicapping can be a positive self-esteem protector, it also can lower levels of performance. It is important to determine whether, and in what situations, the benefits of self-handicapping outweigh the costs. If people self-handicap, they are holding themselves back, thereby limiting the possibility of optimizing their performance.

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