Comparing self-handicapping among blind and deaf students

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Abstract

In the present study, self-handicapping among blind and deaf students is compared. In this causal-comparative study, 84 blind students and 64 deaf students were selected through multi-cluster sampling. They were required to answer Jones and Rodvelt self-handicapping Questionnaire. The collected data were analyzed through the use of SPSS16 statistical package and by means of multi-variable variance analysis MANOVA. Research results demonstrate that the blinds and the deaf don't differ in adopting claimed self-handicapping mechanism and general self-handicapping. Comparing the blind students, the deaf students showed a greater use of behavioural self-handicapping mechanism, however. Regarding the results of this study (i.e. difference between the deaf and the blinds in adopting self-handicapping mechanism), contributes to instructional and rehabilitating programs in the two groups.

Keywords: self-handicapping, deaf, blind, students;

1. Introduction

Individuals high in fear of failure prefer either very easy or very difficult tasks, whereas individuals high in need achievement prefer tasks of moderate difficulty (Hobden, 1997). Berglas and Jones (1978) argued that in order to protect their self-esteem, individuals who fear failure select situations in which success can be attributed internally and failure is attributed to external factors. Self-handicapping is defined as any behaviour or set of behaviours that encourages external attributions for failure and internal attributions for success and protects the individual from the adverse effects of failure. Self-handicapping is virtually placing obstacle or claim obstacle to successful performance by which failure is attributed to the existing obstacles and the individual is not blamed (Berglas and Jones, 1978). People who are not prepared enough for a test and claim to suffer from a kind of self-handicapping problem (Rosenfarb and Arom, 1992) or to have a lack of confidence (Arkin and Baumgardner, 1985) are examples of self-handicapped individuals.

Self-handicapping has two forms of behavioral self-handicapping and claim self-handicapping (Rhodewalt and Tragakis, 2002). Behavioral self-handicapping consists of performing or not performing a task in order to make excuses and to claim self-handicaps, a verbal effort to convince the others about the reasons behind the failure so that the individual is not being questioned or blamed (Leary and Shepperd, 1986). Studies have indicated that at the
time of failure not only do making excuses preserve reputation but also it is consistent with better psychoanalysis, self-esteem and higher physical fitness (Kleinke et al., 1992).

According to Berglas and Jones (1975) self-handicapping behaviours stems from a fragile sense of self-worth. Studies have pointed out that a sense of both high self-worth and low self-worth in different contexts are related to self-handicapping (Tice, 1991). Results of many studies showed that hearing impaired and visually impaired students have lower self-esteem compared with normal students.

Jambor and Elliot (2005) stated that in order to adjust to the hearing world and to protect their self-esteem, deaf people use coping strategies. Linderman (1997) argued that they need to overcome or nullify the adverse effect of stress in a world replete with communication challenges, prejudices and discriminations. Some of these coping strategies which disabled people, particularly deaf people, adopt to manage their daily life and to protect their self-esteem are regression to the blind or deaf community, getting secretive, withdrawal and etc.

By focusing on the self-worth in deaf and blind people, Schlesinger (2000) argued that although there is a considerable variation in self-worth in deaf community, the deaf have generally lower self-worth compared with the blind.

The rationale behind self-handicapping is to preserve reputation and self-esteem and according to which disability seems to be a convincing excuse for self-handicapping. Self-handicapping can be used by blind or deaf people as coping strategies in situations where there is possibility of failure. The purpose of this study was a comparative analysis of the degree of using self-handicapping mechanism in the two groups of blind and deaf students.

2. Method & Materials

2.1. Participants

This study adopted a post-test causal-comparative design. The statistical population consisted of blind and deaf students in Tehran. The participants were 40 students for each group who were selected through random sampling. The sample constituted first grade, second grade and third grade high school blind and deaf students.

2.2. Instruments.

Self-handicapping scale (SHS): this 25-item scale was developed by Jones and Rhodewalt (1982). The correlation between the scale and its construct was reported 0.27 to 0.60; also its internal consistency was reported 0.38 to 0.70 (Kathleen and Lawrence, 1999). The self-handicapping scale has been translated into Farsi by Heidari, Khodapanahi and Dehqani (2009). The reliability of the scale through the use of test-retest was calculated 0.86 and by the use of internal consistency measured 0.60 for the sub-scale of excuse making and 0.72 for the sub-scale of negative mood.

3. Results

Considering the multiple dependent variables (the sub-scales of self-handicapping) and the two-component independent variable, the multivariate analysis of covariance (ANCOVA) was used. Accordingly, Wilks' lambda (P < 0.01, F=6.83) is statistically significant. For examining the variables separately, the single variable analysis of covariance (ANOVA) was used and the results of which are presented in Table 1.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Deaf</th>
<th>Blind</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>claim</td>
<td>60/42</td>
<td>11/14</td>
<td>1</td>
<td>5/47</td>
<td>0/047</td>
<td>p&gt; 0/05</td>
</tr>
<tr>
<td>behavioral</td>
<td>59/45</td>
<td>12/24</td>
<td>1</td>
<td>890/73</td>
<td>7/98</td>
<td>P&lt; 0/01</td>
</tr>
<tr>
<td>total</td>
<td>88/07</td>
<td>16/43</td>
<td>1</td>
<td>601/12</td>
<td>2/78</td>
<td>p&gt; 0/05</td>
</tr>
</tbody>
</table>
According to Table 1, two groups of deaf and blind are only significantly different in the sub-scale of behavioral self-handicapping which is higher in the deaf group but they are not different in the other two factors.

4. Discussion

The findings of the study indicate that self-handicapping has been adopted differently in the two groups of deaf and blind. Behavioural self-handicapping differs significantly in the two groups. In other words, the deaf children significantly use more self-handicapping in the behavioural domain, compared with the blind children. This finding is indirectly consistent with the studies of Berglas and Jones (1978) and Schlesinger (2000). Berglas and Jones (1978) argued that people with fragile self-worth use more self-handicapping and Schlesinger (2000) pointed out that the deaf possess lower self-worth compared with the blind. These studies testify to the higher self-handicapping in deaf children.

That deaf children have lower grade in the claim domain compared with the behavioural domain, however, can indicate the role of language in using claim self-handicapping, since this sub-scale is defined as “a verbal endeavour to justify the reasons for failure to others”. As we know, because of the importance of listening in communication, deaf children have greater problems compared with blind children and their verbal language is much less used in communications. This vividly illustrates the reason behind the low grade in claim self-handicapping in these children.

Overall, the results point out the significance and the role of the level of self-worth in using self-handicapping, since in these two handicap groups, children who have lower or fragile self-worth use further self-handicapping.

References


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