

Self-Handicapping and Dimensions of Perfectionism: Self-Presentation vs Self-Protection

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After receiving contingent or noncontingent success feedback on a test, subjects were given the opportunity to self-handicap by selecting impairing (vs enhancing) music to listen to while taking a second test. Privacy of tape choice and posttest scores were manipulated. Overall, subjects were more likely to self-handicap after noncontingent than contingent success. In addition, high self-oriented perfectionists self-handicapped in public and in private, presumably for purposes of self-protection. High socially prescribed perfectionists self-handicapped more after noncontingent than contingent success in public but not in private. Presumably for this group, impression management is a primary concern. © 1995 Academic Press, Inc.

A great deal of research has demonstrated that individuals may purposefully procure impediments to performance if they feel uncertain of their ability to succeed (see Arkin & Baumgardner, 1985, for a review). The use of such self-handicapping strategies supposedly reflects their naive understanding of Kelley's (1971) discounting and augmentation principles. The presence of the handicap, an inhibitory cause for success, increases the plausibility with which failure can be attributed to external factors and success to internal factors. Thus, ability attributions are protected and/or enhanced. Berglas and Jones (1978) manipulated uncertainty by giving all subjects success feedback after they completed a set of either solvable or unsolvable analogies. Because, for the latter, success was noncontingent, subjects were presumably unsure of their ability to succeed on a similar task in the future. For the former, success was contingent and uncertainty low. After noncontingent success, subjects, expecting to take another test, were more likely to self-handicap by choosing to take a performance-impairing drug than after contingent success. Subsequent research has identified other behaviors which can serve as self-handicaps: drinking alcohol (Tucker, Vuchinich, & Sobell, 1981), selecting unattainable goals (Greenberg, 1985), choosing to listen to

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impairing music (Rhodewalt & Davison, 1986) or distracting noise (Ferrari, 1991), practicing inadequately (Tice & Baumeister, 1990), reducing effort (Ferrari, 1991), or giving a comparison other a performance advantage (Shepperd & Arkin, 1991). Subjects have also been shown to claim states and dispositions which could be expected to impair performance: shyness (Snyder, Smith, Augelli, & Ingram, 1985), test anxiety (Smith, Snyder, & Handelsman, 1982), physical symptoms (Smith, Snyder, & Perkins, 1983), or depression (Baumgardner, 1991).

There is some disagreement as to whether self-handicapping strategies are undertaken to control self-attributions or other-attributions. That is, is self-handicapping motivated by the desire to self-protect or to manage impressions? Berglas and Jones (1978) addressed this issue by varying the privacy of subjects' pretest scores; the experimenter either knew or did not know the scores. They reasoned that if self-handicapping is an impression management strategy, subjects should self-handicap only in the public condition. Alternatively, if these strategies are employed for self-protective purposes, then drug choice should be unaffected by pretest privacy. Because their privacy manipulation had no effect on drug choice, Berglas and Jones concluded that self-handicapping was primarily a self-protective strategy. Also consistent with the notion that self-handicapping has a self-protective motivation is Rhodewalt and Fairfield's (1991) finding that subjects self-handicapped when such behavior took place in private and anonymously, and, therefore, self-presentational concerns were presumably at a minimum.

Kolditz and Arkin (1982) criticized the effectiveness of Berglas and Jones' privacy manipulation and attempted a conceptual replication of the study using two different (and orthogonal) manipulations of privacy. After contingent or noncontingent success feedback, subjects selected and ingested a drug either in the presence or absence of the experimenter (public vs private drug choice) in the expectation that the experimenter would or would not be aware of their posttest scores (public vs private posttest). Noncontingent success subjects self-handicapped more than contingent success subjects when drug choice was public but not when the choice was private. Although the most self-handicapping occurred when both drug choice and posttest scores were public, there were no significant effects involving posttest privacy. These results led the authors to conclude that self-handicapping is motivated primarily by impression management rather than self-protective concerns. However, Kolditz and Arkin's manipulations of privacy could also be considered to be problematic. Conceivably, subjects may have been more reluctant to select and self-administer a debilitating drug when the experimenter was absent than present, decreasing the likelihood of the self-handicapping strategy in the private drug choice condition. Also, it is unclear whether subjects in the private posttest condition ever expected to get feedback. If they did, they certainly would not have expected it immediately, like subjects in the public posttest condition. Therefore, delay of feedback was con-

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