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Predictive ability of self-handicapping and self-esteem in physical activity achievement context

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Abstract

Self-handicapping and self-esteem were assessed as predictors of completion of or withdrawal from military recruit training. Three hundred and fifty three male recruits completed trait self-handicapping and self-esteem measures. Discriminant function analysis indicated that successful completion of training could be correctly predicted from these two constructs, with 92.6% accuracy. Moreover, recruits voluntarily withdrawing from training were correctly predicted with 58.8% accuracy. These prediction rates were significantly better than chance, based on known pass rates, and represent an improvement over current prediction based solely on physical fitness testing. Results show that psychological measures can provide a significant source of information from which to predict performance in real, multifaceted achievement domains. The relevance of the results to theoretical and applied perspectives is discussed. © 2002 Elsevier Science Ltd. All rights reserved.

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1. Introduction

In demanding situations, where performance occurs under conditions of threat or challenge and where the outcome has a high degree of personal salience, individuals are likely to employ behavioural and cognitive strategies in order to maximise potential benefits and minimise potential costs. Kelley (1972) explained how specific attributions could be made to either augment or

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discount the effect of an outcome. To achieve maximum benefits after a successful outcome, attributions would be made to internal and stable factors (e.g. skill). Conversely, to minimise the cost of an unsuccessful outcome, attributions would be made to external and unstable factors (e.g. bad luck or task difficulty). However, instead of awaiting the outcome before making self-serving attributions, individuals can also employ strategies before the outcome is known, or self-handicap, in order to maximise benefits or minimise costs. In his review, Rhodewalt (1990) outlined research that supported the existence of individual differences in general disposition to use self-handicaps, across a range of situations. The construct of self-handicapping is closely associated with self-esteem and different levels of esteem have been shown to determine whether the motive to self-handicap was to augment or discount an outcome (Tice, 1991).

1.1. Self-handicapping and self-esteem

Self-handicapping has been defined as “any action or choice of performance setting that enhances the opportunity to externalise (or excuse) failure and to internalise (or reasonably accept credit for) success” (Berglas & Jones, 1978, p. 406). Actions that constitute self-handicapping can be construed on a scale with gradually increasing protection often associated with commensurate loss of opportunity for enhancement. Thus, an individual who falsely complains of flu before giving an important presentation has a ready excuse for poor performance. However, if the presentation is good then the individual accrues even more credit for performing well, against the odds. It is important to note that self-handicapping by symptom report can be achieved without any actual detrimental effect upon performance. By contrast other strategies such as alcohol consumption (Kolditz & Arkin, 1982), lack of practice or reduced effort (Rhodewalt, Saltzman, & Wittmer, 1984) and physical over-training all offer similar protection from failure but at the cost of reduced chance of success, since performance will be negatively affected by such behaviours. It is suggested that this repertoire of self-handicapping behaviours could be extended and that ultimately, individuals seeking maximum protection from failure could withdraw before the outcome is decided (Zuckerman, Kieffer, & Knee, 1998) or engineer situations that enable them to avoid the evaluative performance demands altogether (Snyder & Smith, 1982). Under these circumstances the high level of protection from potential costs is achieved by relinquishing any possible chance of success.

Jones and Rhodewalt (1982) developed the Self-Handicapping Scale (SHS) to assess the general disposition to use self-handicapping strategies and to distinguish between individuals with different propensities to use behavioural and self-reported handicaps (see Rhodewalt, 1990, for review). The original SHS showed negative correlations (r 's 0.30 to 0.50) with measures of self-esteem that suggested a straightforward inverse relationship between the two. However, in a review of the literature Baumeister, Tice, and Hutton (1989) revealed that the relationship between self-handicapping and self-esteem was more complicated and could be explained in terms of the different motives to engage in self-handicapping. They suggested that high esteem individuals were driven to enhance their public image whilst low esteem individuals were more motivated to protect their self-image. Tice (1991) confirmed this, demonstrating that high-self esteem individuals used self-handicapping strategies to enhance their public image whereas individuals with low self-esteem used the same strategies to protect their public image. The significant role of self-esteem in determining motivation for self-handicapping behaviour is consistent with its central

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