

Self-Handicapping

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1. Core Definition and Function

Self-Handicapping is defined as a cognitive and behavioral strategy wherein individuals create or claim obstacles to performance, thereby providing a non-ability-related attribution for potential failure. This mechanism serves a critical function: the preservation of **self-esteem** and the maintenance of a positive public image of competence. When failure is anticipated or perceived as highly threatening, the individual preemptively constructs an excuse that shifts the causal locus of the failure away from inherent skill or preparation and toward external, temporary factors.

The classic illustration of self-handicapping involves a student who, anticipating a difficult examination, proclaims a debilitating illness or engages in significant procrastination and partying immediately prior to the test. If the student subsequently performs poorly, the failure can be comfortably attributed to the external handicap (illness or lack of study time) rather than an innate lack of intelligence or capability. This strategy successfully shields the ego from the damaging inference that could otherwise be drawn from poor performance.

While highly effective in the short term for neutralizing the sting of failure, self-handicapping is fundamentally a **self-defeating behavior**. It necessitates avoiding genuine effort, responsibility, and preparatory actions that could actually lead to success. The cost of protecting one's perceived competence is often the deliberate undermining of actual competence, creating a vicious cycle where genuine effort is withheld to maintain the attributional shield.

2. Theoretical Origins and Proponents

The formal concept of self-handicapping was introduced into the psychological literature by psychologists Steven Berglas and Edward E. Jones in 1978. Their seminal work laid the groundwork for understanding how individuals manage uncertainty regarding their own competence. Berglas and Jones theorized that self-handicapping is most likely to occur in situations where individuals receive performance feedback that is non-contingent or ambiguous--meaning they have succeeded in the past, but they are uncertain whether that success was due to their stable abilities or merely luck.

This framework is deeply rooted in **Attribution Theory**, particularly the work of Bernard Weiner, which examines how individuals explain the causes of events and behaviors. Self-handicappers are driven by a need to control the attributions made for their outcomes. By introducing a handicap, they control the narrative: if they fail, the cause is unstable (the handicap); if they surprisingly succeed, the success is augmented and attributed strongly to their stable, innate ability, as they

overcame a significant obstacle.

The initial experimental studies conducted by Berglas and Jones involved providing subjects with drugs they believed would either impair or enhance their performance on a subsequent test. Subjects who had received non-contingent success feedback (and thus were uncertain of their ability) were significantly more likely to choose the "impairing" drug prior to the second test, thus providing a ready-made excuse for anticipated failure and illustrating the proactive nature of this strategy.

3. Behavioral versus Claimed Self-Handicapping

Psychological research differentiates between two primary modalities through which self-handicapping manifests: behavioral and claimed (or verbal) self-handicapping. This distinction is crucial for understanding the severity and visibility of the strategy used to protect self-esteem.

Behavioral self-handicapping involves the proactive implementation of a tangible, performance-inhibiting obstacle. Examples of behavioral handicaps include delaying preparation until the last minute (procrastination), consuming alcohol or drugs before a performance event, intentionally failing to practice, or reducing effort drastically. This form of handicapping carries significant real-world costs because the obstacle genuinely diminishes the chance of success, thereby ensuring the attributional protection is utilized.

In contrast, **claimed self-handicapping** involves the verbal articulation of excuses or external constraints without necessarily creating a genuine obstacle. This includes complaining about stress, anxiety, physical ailments (e.g., "I have a terrible migraine"), or external environmental factors (e.g., "The lighting in this room is distracting"). While less costly to actual performance than behavioral handicapping, claimed handicapping still serves the function of providing a ready-made external attribution. Research suggests that while men often favor behavioral handicaps (such as drug use or effort withdrawal), women are sometimes more likely to utilize claimed handicaps, particularly focusing on anxiety or stress, though this distinction is increasingly viewed as context-dependent rather than strictly gendered.

4. Mechanisms of Self-Esteem Protection

The protective function of self-handicapping relies heavily on the application of two related attributional principles described by Harold Kelley: the Discounting Principle and the Augmenting Principle. These principles govern how observers (including the self) interpret the relationship between potential causes and observed effects.

The **Discounting Principle** operates in the case of failure. When a self-handicapper fails, the existence of the obstacle (the handicap) provides a plausible, external cause for the poor outcome.

Therefore, the observer discounts the role of low ability as the primary cause of the failure. The failure is viewed as less informative about the individual's inherent competence because the negative outcome can be fully explained by the debilitating circumstance created by the self-handicapper.

The **Augmenting Principle** provides the ego boost in the rare instance of success. If the self-handicapper succeeds despite the self-imposed obstacle (e.g., achieving a high grade after pulling an all-nighter), the perceived importance of their underlying ability is augmented. Success occurred even though a strong inhibitory factor was present, leading to the inference that the person must possess exceptional skill or competence to have overcome the handicap.

Crucially, this system allows the individual to maintain high self-regard regardless of the outcome. Failure is externalized and non-threatening, while success is internalized and highly reinforcing. This strategy is particularly alluring for individuals with unstable or fragile self-esteem who are highly motivated to avoid any evidence that contradicts their desire to be viewed as competent.

5. Antecedents and Triggers

Several psychological and situational factors predispose individuals to employ self-handicapping strategies. The presence of evaluation apprehension, the nature of self-esteem, and the type of performance goals pursued all contribute to the likelihood of this behavior.

A primary trigger is the context of **performance-contingent self-esteem**, where a person's sense of worth is heavily dependent on achieving success in specific domains. When a high-stakes task threatens a potential loss of status or self-worth, the motivation to protect that ego investment drives the implementation of a handicap. High evaluation anxiety, often stemming from the public nature of the performance or the presence of significant others, further intensifies the need for an attributional shield.

Furthermore, individuals whose self-views are unstable, meaning they fluctuate widely based on recent feedback, are highly susceptible to self-handicapping. They use the handicap to stabilize their self-perception, insulating themselves from the negative data that failure would otherwise provide. Conversely, individuals who pursue **mastery goals**--focusing on learning, improvement, and effort--are far less likely to handicap themselves, as their self-worth is not tied solely to the outcome but to the process of engagement.

6. Consequences and Maladaptive Outcomes

Despite its immediate utility in managing self-perception, self-handicapping is fundamentally a maladaptive strategy that generates significant negative long-term consequences across psychological, academic, and social domains.

Academically and professionally, the most immediate consequence is the **reduction in actual performance**. By reducing effort or creating tangible obstacles, self-handicappers ensure they never reach their full potential. This reinforces a pattern of underachievement and prevents the development of effective coping and study strategies. Over time, the repeated failure to exert genuine effort can lead to a decline in intrinsic motivation and competence beliefs, paradoxically eroding the very self-esteem the behavior was designed to protect.

Socially, although self-handicappers aim to control external perceptions, this strategy is often transparent and viewed negatively by others. Research indicates that observers typically view self-handicappers as less motivated, less reliable, and even less likable than non-handicappers. While the self-handicapper attempts to convey competence, the lack of demonstrated effort conveys irresponsibility, leading to potential social rejection and interpersonal difficulties. This further isolates the individual and may exacerbate existing anxieties about performance.

7. Remediation and Intervention Strategies

Interventions aimed at reducing self-handicapping focus primarily on shifting the individual's attributional patterns and reducing the perceived threat of failure. The goal is to encourage effort expenditure and reframe competence as a mutable trait developed through hard work, rather than a fixed quality tested by performance outcomes.

One effective strategy involves encouraging the adoption of **mastery or learning goals** over purely performance goals. When the focus shifts from demonstrating superiority to personal improvement, failure becomes less threatening and is reinterpreted as valuable feedback necessary for growth. This reduces the imperative to protect the ego through external excuses.

Furthermore, interventions may involve cognitive behavioral techniques designed to challenge the underlying fear of failure and anxiety associated with high-stakes evaluations. Strategies such as self-affirmation, which reminds individuals of their competence and worth in unrelated domains, can buffer the ego against potential setbacks, reducing the immediate need for a handicap. Ultimately, effective remediation requires convincing the individual that the long-term benefits of sustained effort far outweigh the short-term comfort provided by the self-defeating attributional shield.

Further Reading

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Self-handicapping (Wikipedia)

Rhodewalt, F. (2008). Self-handicapping. In M. R. Leary & R. H. Hoyle (Eds.), *Handbook of Social Psychology*.