CONFRONTING THE ENEMY WITHIN: AN IN-DEPTH STUDY ON PSYCHOLOGICAL SELF-HANDICAPPING AMONG COLLEGIATE MUSICIANS

Michelle Clements Flowers, B.Mus., M.M.

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APPROVED:

Vern Kagarice, Major Professor
Tony Baker, Major Professor
Kris Chesky, Committee Member
Brian Bowman, Committee Member
Benjamin Brand, Director of Graduate Studies in the College of Music
John Richmond, Dean of the College of Music
Victor Prybutok, Vice Provost of the Toulouse Graduate School

Self-handicapping is a psychological behavior people engage in to protect their self-image, project a desired image to others, and to augment feelings of success and achievement. Self-handicapping occurs when individuals have a positive but uncertain self-image about their competence in an arena of life fundamental to their self-identity. Musicians have been underrepresented in self-handicapping studies; yet the very competitive nature of their education and craft, the strong identification musicians have as musicians, and the frequent challenges during all phases of development to their abilities would suggest they are extremely vulnerable to developing self-handicaps. This dissertation discusses the theoretical components of self-handicapping, the personality traits typically exhibited by high self-handicappers, causes, types, and possible motivations for self-handicapping, short and long term effects of the behavior, and the implications these concepts have to the musician community.
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CHAPTER I
INTRODUCTION

I’m not a coward I’ve just never been tested. I’d like to think that if I was I would pass. Look at the tested and think there but for the Grace go I. Might be a coward I’m afraid of what I might find out.

--- The Mighty Mighty Boss Tones

The study of music is often an arduous process which can be grueling on both body and mind. Musicians face innumerable obstacles in their quest to reach their artistic goals. Success as a musician is often determined through a process that can seem both capricious and judgmental, with the potential for rejection, failure, and embarrassment running high and often. The competitive nature of musical education and the strong identification musicians have with their art can potentially make musicians extremely vulnerable to self-handicapping, a psychological defense mechanism that protects one’s self-esteem, yet limits one’s ability to achieve. An expanded definition of self-handicapping, given by University of Kansas psychology professor C. R. Snyder, states that:

[s]elf-handicapping is a process of preserving the personal theory of self, wherein the person, experiencing uncertainty about success in an anticipated important performance arena, utilizes seeming impediments in order to (1) decrease the linkage to that impending performance should it prove to be poor (i.e., discounting), and (2) increase the linkage should the performance prove to be good (augmentation).\(^1\)

While most people engage in a certain amount of self-handicapping at times, the protections provided by these actions can be particularly tempting to individuals with low, high, or discrepant self-esteem as well as those suffering from imposter phenomenon who are already

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more likely to self-handicap.\(^2\) The seduction lies in the potential self-handicapping has to allow individuals to manipulate (or attempt to) their environment when that environment is deemed dangerous.\(^3\) Danger is here defined as a situation that could adversely affect one’s self-image through negative feedback at a task or skill that is integral to an individual’s sense of self. Conversely, self-handicapping can enhance success by augmenting the feeling of achievement when success is obtained in a dangerous environment.

This concept of self-identity is a crucial component in developing self-handicapping tendencies. Those who identify very strongly with a particular occupation or ability (e.g. “My job is who I am”) tend to be more at risk for self-handicapping in evaluative situations involving that skill or task. Failure at the that specific task becomes an attack on the individual’s concept of self; thus it becomes vitally important to the individual to protect their own self concept even at the risk of bringing about the very failure they are trying to avoid. By projecting the failure to some external cause through self-handicapping behaviors, self-handicappers are able to feel in control of their self image while paradoxically minimizing their chances of success.\(^4\)

Uncertainty plays a key role in developing self-handicapping. Possessing a positive image (something worth protecting) but also feeling uncertain about whether or not others hold the same belief or doubting one’s ability to recreate the success which have built such an image (for example those suffering from imposter phenomenon or after non-contingent success


experience) can lead to the triggering of self-protection behaviors such as self-handicapping.\textsuperscript{5}

Self-handicapping provides a way to avoid a definitive test which might ultimately prove that the individual’s positive image is erroneous. The individual would rather maintain an uncertain positive image of themselves rather than test the validity of said image and discover that the positive image was a false one. Therefore they engage in protective behaviors.\textsuperscript{6}

For example, if someone is a musician and that ability to make music is something the individual views as an important aspect of who they are, then a situation which could call that ability into question, such as juries or auditions, could trigger this protective process. Rather than exert all of their effort and facing the possibility that their full effort is not enough to be successful, the handicapper makes or claims the task more difficult through the construction of an obstacle which can now be blamed for any failure.

As will be seen later in this document, self-handicapping has been linked to a number of psychological constructs such as self-esteem, depression, and imposter phenomenon. Self-handicapping can manifest itself in a variety of behaviors including, but certainly not limited to, a lack of effort/practicing, over-preparing/practicing, procrastination, drug and alcohol use, and sleep disruption. Claimed factors can also be used to self-handicap. These could involve claiming undue stress, physical maladies such as sickness or pain, or distraction due to mood or mental preoccupation.

Two of the main populations examined specifically for self-handicapping tendencies are college students and student athletes. These studies on athletes have yielded interesting findings, showing correlations between self-handicapping and various elements such as group cohesion,


practice effort, goal motivation, self-esteem, depression, and others. Musicians face many of the same risk factors as athletes. Music is a physically and mentally intense field of study with which participants strongly identify. Success can be difficult to predict given that each performance features several uncontrollable variables and depends largely on an external response (audience) to determine success. Also the pedagogic traditions and educational process can lead to an uncertain self-image and non-contingent success. Therefore it seems logical that student musicians would struggle with self-handicapping.

As will be seen in the following section on the state of research, while self-handicapping has been extensively studied for decades. There is, however, only one known extant study on how self-handicapping effects the musician population. This study, conducted by myself with Dr. Kris Chesky as faculty advisor in 2014, showed a significant amount of self-handicapping among musicians. Nearly one third of those surveyed were classified as high self-handicappers. Furthermore, it raised several questions regarding the self-handicapping habits of the population.

The purpose of this dissertation, then, is to continue to build and expand upon the research begun in 2014, thereby gaining a further understanding of how self-handicapping effects student musicians while providing the background information necessary to enable readers, musicians, and educators to understand the concept of self-handicapping, its manifestations, and triggers in order to recognize and hopefully mitigate the effects of the behavior in themselves and students. It is hoped that this information will enable both the musicians and educators to gain a better understanding of the processes at work in self-handicapping, thereby making it easier to recognize and treat. Ultimately it could shape the way musicians approach high pressure performance situations and inform educators as they evaluate

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current educational practices and develop new pedagogical approaches and techniques. Additionally, administrators may find this information beneficial for providing adequate protections and counseling for students’ well-being as required by NASM’s accreditation standards.
CHAPTER II

SELF-HANDICAPPING: ORIGINS OF A THEORY

He who tries and fails loses everything. He who fails without trying maintains a precarious hold on the illusion of love and admiration.

---Edward Jones and Steven Berglas

Though unbeknownst at the time to Edward E. Jones and Steven Berglas, the initial proposers of the self-handicapping construct, historical observations on self-handicapping-like behaviors can be traced back to Alfred Adler, a contemporary of Sigmund Freud, and the early days of psycho-analysis. Adler observed that patients would often “[seek] distance through the construction of obstacles.” Adler, unlike the current view of such behavior, viewed this behavior as a “relatively positive one” because despite the fact that they were creating obstacles, it was giving the patients a way to face an otherwise daunting or “threatening task.” Adler’s reasoning behind this assumption is as follows:

The patient’s self-esteem is protected in his own judgment, and usually also his prestige in the estimation of others. If the decision falls against him, he can refer to his difficulties and to the proof of his illness [constructed obstacle] which he has himself constructed.

Berglas, however, argues that one of the key differences between Adler’s observations and the theory of self-handicapping lies in the motivation behind the action. Whereas those that Adler discusses use the obstacle-creating behavior in a manner that is “compensatory in the sense that it is a cover-up for a deficit”, for those who self-handicap the behavior is “defensive in

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8 Higgins, 7,9.
9 Ibid., 7.
10 Ibid.
11 Ibid., 7. Qtd. In text.
12 Ibid., 19.
the sense of preventing the loss of a valued resource."\textsuperscript{13} This explanation for self-handicapping then begs the question of what is this valued resource?

The answer to this question becomes a bit clearer by looking at other possible influences on the development of the self-handicapping concept. In the 1950s, two seminal theories of social psychology appeared: Erving Goffman’s article on impression management \textit{The Presentation of Self in Everyday Life} (1959) and also Fritz Heider’s book \textit{The Psychology of Interpersonal Relations} (1958). Higgins hypothesizes that self-handicapping is in many ways a fusion of these two theories.\textsuperscript{14} By looking at both theories we can begin to understand the motivation behind self-handicapping.

**Impression Management Theory**

In his work \textit{The Presentation of Self in Everyday Life}, Erving Goffman explains how impression management is similar to a play in which the individuals (in the initial study psychiatric patients) create their own characters which they then try to portray to society through a variety of ways.\textsuperscript{15} The rules of interaction, which Goffman points out are particular to each society and culture, enable a structure or framework to occur which gives individuals a sense of security and predictability.\textsuperscript{16}

However, this act of being on display, as it were, brings inherent risks. If a mistake is made it could lead to embarrassment for the individual and the audience (as Goffman terms those...
observing the individual’s performance). It could also cast not only the individual in a poor light but also those associated with the individual, further compounding the negative consequences.17

Not only do every day social interactions risk embarrassment and reputation damage to an individual, but in some instances can result in damage to one’s sense of self when the “disruption” that occurs involves “a particular part, establishment, and group” or when the disruption shakes an individual’s concept of his or her role within a particular group.18 “When a disruption occurs, then, we many find that the self-conceptions around which his personality has been built may become discredited.”19 This consequence can be unsettling and potentially devastating, leading an individual seeking ways to prevent it.

Goffman discusses two types of reactions to the realization of being constantly under observation by society. The first group behaves in a “gentlemanly” way, allowing the person to gain the information being sought giving “little conscious heed to the fact that impressions are being formed about them but rather act without guile or contrivance […] content in the belief that the individual will obtain a correct impression and give them their due because of it.”20 This attitude depends on the audience being “perceptive” enough to judge their true character accurately and “just” enough to reward it fairly.21

The other group, however, is far less forthright. This group manipulates the environment to create the image they wish to project to others. “Instead of attempting to achieve certain ends by acceptable means, they can attempt to achieve the impression that they are achieving certain ends by acceptable means.”22

17 Ibid., 3.
18 Ibid., 4.
19 Ibid.
20 Ibid., 8.
21 Ibid.
22 Ibid.
To illustrate the above point let us construct a hypothetical case of a student musician. This student wants to portray the image to his fellow students and teachers that he “has the goods” to become a professional musician. If he is to follow the “gentlemanly” way he will play by all the rules, show up to required and perhaps unrequired events, network, practice hard, and do everything in his power to perform to his utmost in key, evaluative performances such as juries and important ensemble concerts. He will do this trusting that his talent and work ethic will be noticed by his peers and professors alike, who will reward his efforts allowing him to move up the ladder into the professional world.

Now suppose that this musician decides to take the less forthright path and attempts to manipulate the environment in his favor. Perhaps he feels that he lacks the ability to become a professional or that his acceptance into an elite music school was a mistake somehow. It is in his best interests, he feels, to keep that knowledge secret from others – and perhaps even from himself – and so he attempts to manipulate the opinions of others. Many manipulation options would be available, such as name dropping, bragging, claiming to be gigging more frequently than he really is, hanging out with the more talented musicians, etc. By doing so he is attempting to “game” the system and convince others, and as mentioned perhaps himself as well, that he has the necessary skill to become professional.

What makes this concept of impression management important to the theory of self-handicapping is that the character one portrays is often equated as “self”. As a result, the self becomes somewhat disconnected from the individual but becomes dependent on the scene – or in other words the correct interpretation of the scene by the intended audience members – for its existence. As Goffman explains:

The self, then, as a performed character, is not an organic thing that has a specific location, whose fundamental fate is to be born, to mature, and to die; it is a dramatic
effect arising diffusely from a scene that is presented, and the characteristic issue, the crucial concern, is whether it will be credited or discredited.23

Fearing the discreditation of such a performance can cause the individual to “minimize the chances he takes of [exposing]” the deceit as such an event would prove devastating to his standing within society and also to the individual’s identity.24

Causal Attribution

The second theory that influences self-handicapping is causal attribution. Causal attribution (or attribution theory), as defined by Fiske and Taylor is “how the social perceiver uses information to arrive at causal explanations [cause and effect relationship] for events. It examines what information is gathered and how it is combined to form a causal judgment.”25

There are several different theories that are typically grouped together under the umbrella term attribution Theory.

The first of these was proposed by Fritz Heider as mentioned above and is referred to as “common sense psychology” in reference to the crux of his book The Psychology of Interpersonal Relations in which he postulates that people act as amateur psychologists experimenting on those they daily come in contact with to determine the actions behind their behaviors.

Attributions can be divided into two categories: internal (dispositional) and external (situational). The former is seen as a more permanent, stable, and immutable aspect of the individual. It is something that is attributable to who the person is (i.e., personality, beliefs, character, etc.). External attributions are less permanent and stable, and more fleeting. They

23 Ibid., 9.
24 Ibid., 10.
refer to causes outside the person’s “core” make up or influence. Because they often are the result of a particular situation, they are sometimes referred to as “situational attributions”. People tend to ascribe more importance to internal attributions than external ones since internally motivated behaviors are seen as being under the person’s control while externally attributed behaviors may be seen as being “out of character” and so the benefit of the doubt may greater.  

Jones and Davis (1965) expanded the idea of attribution theory by putting forward the idea, mentioned above, that internal attributions are viewed as more important than external ones. This theory is known as correspondent inference theory. Correspondent inference (aka dispositional attribution) occurs when someone attributes an action to a person’s personality. Correspondent inference is based on five criteria: choice, accidental vs. intentional behavior, social desirability [how socially acceptable was the action], hedonistic relevance [was this action deliberately meant to hurt or help someone], and personalism [was the actor’s behavior directly intended to impact the observer or was it “just a by-product of the situation.”]

To this idea Kelley (1967) added a covariation model (covariation being defined as “information from multiple observations”) which determines how people decide if they will attribute a behavior to an internal or external attribute. The evidence is based on whether or not other people would respond in a similar way in a similar situation (consensus), how consistently the person responds across multiple situations (distinctiveness), and how often the person responds in a similar manner to the same situation (consistency).

Jones and Nisbett (1971) observed that the participant in a behavior (actor) and the observer of that behavior (observer) often ascribe different motivations to the behavior. In their

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26 McLeod.
27 McLeod.
28 Ibid.
29 Ibid.
30 Ibid.
words, “actors tend to attribute the causes of their behavior to stimuli inherent in the situation, while observers tend to attribute behavior to stable dispositions of the actor.”31 In other words, people are more apt to give themselves the benefit of the doubt than they are others. Logically then, in order to get others to give them the same benefit of the doubt a way must be found to shift the attributions others make for any observed negative behaviors from an internal to an external source.

However, if frequently faced with the same situation—and reacting in similar ways—or when prodded by peers, the individual may begin to think his or her response is due to a character trait if no better solution or explanation presents itself.32 This in turn can lead the individual to behave in the way he or she expects people with this trait to act (see section on dispositional handicapping).33 For example, a girl does badly on several math tests (for whatever reason, including poor instruction). Her friends tell her it is because she is a girl and girls aren’t good at math. She begins to believe them and stops applying herself in math class and subsequently begins to fail math on a regular basis. In her mind she has failed because of the immutable “fact” told to her that girls are not good at math, when in reality it had nothing to do with her gender, but rather her lack of effort.

Let us now return to our student musician. In order to address the aforementioned doubts he has about his ability to succeed as a musician, he may decide (instead of, or even in addition to the actions listed above describing his impression management techniques) to draw away any negative attributions about his playing to an external source. This source would need to be seen as being at least partially out of his control, changeable, possibly even extenuating. But what if

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32 Ibid.
33 Ibid.
such a situation does not readily or naturally present itself? He then chooses the option of creating the impediment so that any failure can be deflected onto it.

For example, he might drink too much, or claim to be ill, lessen his practice time before an important performance, or stay up too late the night before his recital. Then in the face of disaster he can point to being hung over, sick, under-practiced, or exhausted as the reason for the poor performance. Under “normal” circumstances the test of his ability would have gone off swimmingly; unfortunately he was faced with “mitigating circumstances”. Therefore any judgment that might be leveled at him or his playing is invalidated, as it does not reflect an accurate picture of what he can do. His fragile self-image lives to fight another day, but his long-term progress, particularly if he regularly engages in such behavior, is damaged in the process.

This process just described is the process of self-handicapping. Self-handicappers play on the basic human characteristic of seeking the motivation behind other’s actions and instinctively grasp on to the phenomenon that individuals tend to excuse behaviors which can be externally attributed. By creating an external locus for any possible failure, the self-handicapper bases any attributions others might make on a more unstable, less permanent, transitory condition than something as fundamental as personal ability or character. “Thus, self-handicapping behaviors are designed to result in desirable attributions in the event of either success or failure.”34 If taken too far though, the handicap begins to be seen as a permanent part of the handicapper’s personality which can lead to much bigger problems (see section on dispositional handicaps).

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CHAPTER III

SELF-HANDICAPPING DEFINED

*If you hide your ignorance, no one will hit you and you’ll never learn.*
--- Ray Bradbury

It was not until 1978 that the term “self-handicapping” was used to describe the type of protective strategy described above. Self-handicapping both as a term and a field of study was introduced by Edward E. Jones and Steven Berglas in their article “Control of Attributions About the Self Through Self-Handicapping Strategies: The Appeal of Alcohol and the Role of Underachievement.”

The theory of self-handicapping arose, in part, as a counter Festinger’s hypothesis that people seek out accurate feedback about themselves as a way to gain control and stability in their lives and environment. Festinger and others argue there is material benefit to understanding the exact nature of one’s abilities as this allows the individual to optimize the chances of achievement and success. In response to Festinger’s work, Jones and Berglas ask the question, “But do people always want to know precisely who they are and exactly what they are capable of accomplishing at their best? We doubt it, and we suggest that social psychologists have overlooked each person’s need for certain kinds of ambiguity to allow room for self-sustaining and self-embellishing fantasies.

By creating obstacles (or excuses) for any expected or feared failure, the individual is able to externalize the failure onto this obstacle, thereby protecting his or her self image. As Jones and Berglas explain:

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36 Ibid., 200.

37 Ibid.
[t]he self-handicapper […] reaches out for impediments, exaggerates handicaps, embraces any factor reducing personal responsibility for mediocrity and enhancing personal responsibility for success. One does this to shape the implications of performance feedback both in one’s own eyes and in the eyes of others. 38

The two main self-handicapping behaviors that Jones and Berglas address in their initial paper on self-handicapping are alcoholism and underachievement, which previous research shows (Beckett 1974 and Jesser et al. 1973) are associated. 39 Jones and Berglas, however, take this association one step further by positing that both behaviors are “symptoms of the same self-protective strategy.” 40 They argue that alcohol use and underachievement may be strategies that people employ in order to deflect criticism away from themselves while maintaining any positive feedback that may arise from success. 41

What, however, drives this behavior? Jones and Berglas suggest two possible scenarios that could drive individuals to be so fiercely protective of their perceived competence. The first theory is that at some point in childhood the individual developed the idea that his or her parents’ love was not unconditional but rather was based on the child’s performance and was only present when the child succeed.

This discovery – that love is conditional – can have a couple of possible outcomes. The child may become an overachiever, determined to win at any and all costs in order to secure the continued affection of his or her parents. Under certain circumstances this strategy can work, however “[t]he more one tries, the more essential it is that one avoids failure, for failure under conditions of high effort carries unequivocal implications about ability.” 42 The high-stakes situation that over-achievers of this type are in can spur the individual to greatness and an

38 Ibid., 202.
39 Ibid., 202.
40 Ibid., 203.
41 Ibid., 200.
42 Ibid., 204.
internal sense of emotional security and stability, but it allows little margin for error in carefully considered arenas to be a successful strategy.

The other path that can be followed subsequent to a discovery that love is conditional is self-handicapping. Jones and Berglas describe it as follows:

The feedback from the child’s conditional love experiment goes beyond the simple exchange implication to carry a more complicated message. The child reads the message as saying “You can do it if you try, and that’s why we love you.” And if the child does occasionally succeed, the only reward is a “We knew it all along,” which vindicates the parents more than it reinforces the child. These messages create the bind of the underachiever. He who tries and fails loses everything. He who fails without trying maintains a precarious hold on the illusion of love and admiration. 43

Jones and Berglas go on to explain that most people would rather be seen as “a highly competent low achiever” than “a highly motivated dummy.” 44 The preference relies on the societal belief that a low achiever can at any point turn on the motivation and become greater than even the hardest working dummy. The belief in potential becomes more important than the actual outcome, and so maintenance of that belief in potential is paramount.

The second condition that can lead to the development of self-handicapping is non-contingent success. Non-contingent success, or success which is given without a strong correlation between an action and the praise, creates the fear that future successes cannot be replicated and therefore drives the individual to create mitigating circumstances to excuse any failure which may occur. When success is given noncontingently the individual is unable to develop certainty about how to recreate the desired success. This can lead to protective measures such as self-handicapping or even feelings of phoniness (like those experienced in imposter

43 Ibid.
44 Jones and Berglas, 205.
phenomenon). “There has to have been some experience of success, something in the person’s history that has created a fragile and ambiguous, but not a wholly negative, self-concept.”

Of those who have developed noncontingent success self-handicapping Jones and Berglas write:

Perhaps the self-handicapping path is followed by those whose reinforcement history has been capricious or chaotic. It is not that they have been unrewarded; it is that they have not been able to determine consistently what the reward was for, or they suspect that they have been rewarded for extraneous reasons such as beauty or the ascribed status of simply being a family member.

Alcohol as a Self-Handicapping Method

The main self-handicap that Jones and Berglas examined in their first study was that of alcohol use. While there are many reasons a person may drink in excess, Jones and Berglas suggest that the one of primary importance to self-handicapping is the invalidation of the test at hand. Self-handicapping behaviors, including alcohol consumption, are “part of a general pattern of self-presentation […]” and people “sometimes do things to avoid diagnostic information about [their] own characteristics and capacities.”

Alcohol has a social implication attached to it that consuming it diminishes performance capabilities and lessens one’s self control; therefore anyone who drinks before a diagnostic test of competence would have a more difficult time succeeding on the test. This general assumption allows the self-handicapping strategy to work – any failure is perceived as being due to the alcohol, not a lack of skill, while success is aggrandized because it was achieved in spite of the

45 Ibid.
46 Ibid.
47 Ibid., 200.
alcohol. In terms of self-handicapping, alcohol and drug use are very effective. One study describes their effectiveness as follows:

As an attribution-shifting excuse strategy, alcohol-drug intoxication is nearly perfect; it is widely acknowledged to impair performance [...] it is not an inherent part of the individual, it is temporary, and it operates beyond the individual’s voluntary control once the substance is ingested.49

Alcohol has long been known to have “physiological effects on nervous system functioning” with “[t]he appeal of alcohol [being] commonly attributed to its euphoric and anxiety reducing effects.”50 Looking again at the musician population, many believe that a small drink before a performance can aid in calming the pre-performance nerves, however many may as well be (consciously or not) providing an excuse for their performance should the performance not go was well as planned. The pre-performance drink can become a ritual for some, insofar that they cannot or will not perform without it. Some musicians even begin to use alcohol in excess leading to alcoholism; c.f. section on dispositional handicapping).

Thus the alcohol acts as a psychological crutch. But is it so bad to have a ritual that calms the nerves, be it alcohol or something else? Researchers would argue that in many instances no. When used with extreme caution a mild self-handicap (such as alcohol consumption) can at times strike a balance between anxiety relief and minimal impairment for some individuals.

Jones and Berglas cite a study done by Weiner and Sierad (1975) in which subjects were given what they thought was a performance-inhibiting drug (in reality the drug was a placebo). “The high fear of failure subjects actually performed better after taking the performance-

48 Ibid., 201.
49 Higgins and Berglas, 198
50 Jones and Berglas, 203.
inhibiting placebo than those in the control condition.”51 From this Jones and Berglas conjecture that the placebo actually allowed the high fear of failure subjects to perform better because it took the pressure off them to maintain an image of competence. “[T]his reduction in anxiety actually releases energy for attention, motivation and therefore improved performance.”52 It would seem then that perhaps there are some short-term positive benefits to self-handicapping; this aspect of self-handicapping, however, will be explored later in the dissertation.

Empirical Evidence for the Theory

Shortly after their initial publication, Berglas and Jones published a follow-up article entitled Drug Choice as a Self-Handicapping Strategy in Response to Noncontingent Success detailing the experiments they had devised to test their theory of self-handicapping. The experiment consisted of enlisting college age psychology students, ostensibly to help test performance enhancing and decreasing drugs but in actuality to ascertain which drugs the students would choose in different situations, specifically in situations of noncontingent vs. contingent success.53

In the first of two experiments detailed in the study, subjects were given a series of questions. The control group were given solvable problems and the experimental group was given unsolvable problems. After the initial testing, both groups were told they performed well, creating a situation in the experimental group where success appeared to be attributable to luck (non-contingent success). Meanwhile the “contingent-success outcome was achieved by tailoring the problems given to subjects in such a way as to tax them but nevertheless insure that

51 Ibid.
52 Ibid.
they would perform quite well.” Participants were then given a choice between various doses of a performance enhancing drug (Actavil) and a performance inhibiting drug (Pandocrin). Both drugs were in fact placebos.

After the drug selection had taken place, subjects were given a posttest of similar questions. For some subjects the pre-test score was made public, others it was kept private to see if this had any effect on the drug selection choice. In the second test a penalty was leveled for guessing in order to “exacerbate the concern of subjects in the noncontingent condition with ‘being discovered’ [i.e., not being as successful on the post test as the pre test].”

The result of this initial experiment revealed a difference in the reactions between contingent and noncontingent groups. The contingent group felt their achievement was based more on ability than luck particularly when in the public group. Generally speaking, those in the noncontingent success group found the test more difficult than those in the contingent group. Berglas and Jones hypothesize “it was important for subjects not to claim that the problems were very easy (which puts down the other subjects who did not do as well and which may seem to contradict the congratulating experimenter) or very difficult (which suggests boastfulness).”

From this study emerged the surprising result of a strong gender difference in self-handicapping. The only group to predictably select the performance inhibiting drug were the male subjects in the experimental group. They choose this drug despite knowing it would affect their performance. “The overall effect of performance contingency on drug choice using the

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54 Ibid., 408.
55 Ibid., 408, 409.
56 Ibid., 409.
57 Ibid.
58 Ibid., 411.
59 Ibid.
60 Ibid., 416.
scale value measure is highly significant […] however] the effect is attributable largely to the male subjects” (emphasis added).\textsuperscript{61}

So strong was this effect among the male subjects that 70\% of those experiencing noncontingent success (by comparison 13\% of males in the contingent success group) chose to ingest Pandocrin over Actavil.\textsuperscript{62} For female subjects 40\% of the noncontingent and 26\% of the contingent group chose Pandocrin.\textsuperscript{63} However, Pandocrin was not everyone’s drug choice; in fact, a correlation was established showing that those who did better in the contingent success were less likely to choose Pandocrin.\textsuperscript{64} Further differences between the genders began to manifest themselves. The women subjects “were less inclined than males to attribute their performance to ability” and “[t]he males were more confident than the females in the contingent conditions and less confident than the females in the noncontingent condition.”\textsuperscript{65}

A second experiment was designed to correct for any flaws and to see if this gender difference would be recreated. Instead of giving actual test scores in the contingent group (as had been done in the previous experiment) all subjects were told they got 16 out of 20 questions right in the hopes that this would correct for the high contingent score/choice of Actavil relationship. Second, a condition was added to not give any feedback of any kind following the test.\textsuperscript{66}

In this second experiment results were parallel to the first in difficulty, attribution of success to ability vs. luck and solubility. However those receiving no feed back found the test harder than those receiving feedback and men rated the test as more difficult than the women.\textsuperscript{67}
Furthermore the statistical analysis showed that “solubility, feedback, and sex all play a role as determinants of drug choice.” 68

The hypothesis of the second experiment was “that subjects would prefer the performance-inhibiting drug only in the condition in which the problems were insoluble and they had received success feedback.” 69 The results confirmed that the hypothesis was correct with regards to the male test subjects. 70 Berglas and Jones concluded:

The basic assumption underlying the present experiments is that people arrange their environments to influence the dispositions that can be attributed to them - by themselves as well as by others. In the particular case of the present experiments, people are shown to select the available environment best designed to protect their image of self-competence in the event of poor performance. Male subjects choose a performance-inhibiting drug in a condition in which they have just experienced a success apparently based substantially on luck. In this way, their claim on this success cannot be rudely challenged by a subsequent failure. At least their choice has provided them with a ready external attribution for any downward change in performance. 71

The female subjects had a less significant and less predictable reaction to the various conditions. Berglas and Jones acknowledged this ambiguity by stating, “It is difficult to know what conclusion to draw about the females, given the discrepancy between experiments and the public-private conditions of Experiment 1.” 72

The results of this study fly in the face of older theories (Festinger 1954; Heider 1958; Kelley 1971) which assume that individuals desire “accurate information about the nature of their environment and reliable diagnostic feedback about their capacities to act on that environment.” 73 Self-handicapping is also at odds with achievement motivation theory in which high achievement motivation leads to a compelling need for individuals to “[obtain] accurate

68 Ibid., 415.
69 Ibid.
70 Ibid., 416.
71 Ibid.
72 Ibid.
73 Ibid., 405.
feedback concerning their abilities.”

However, in the Trope (1975) and Trope & Brickman (1975) studies it can be seen that those who are high in fear of failure “show a tendency to prefer either very simple or very difficult tasks, tasks typically low in diagnosticity.”

On the opposite end of the spectrum, those who have come to accept their lower abilities have no need to self-handicap as they have come to lower their expectations about what they are capable of. Of this group of people Berglas and Jones write:

They have learned to avoid chronic failure by tackling only the most attainable objectives and, perhaps, by aligning themselves with others more capable of control and mastery over the environment. But they do not succumb to the ready self-delusion implicit in self-handicapping because they are also dependent on an accurate reading of “task difficulty.” They need to know on a given occasion whether there is any point in trying, and to find out they must monitor environmental demands and challenges with a certain detached realism.

This, then, leaves the group in the middle – those who are typically low in self-esteem and uncertain about whether they are high achievers or low achievers and who would rather stay in this comfortable ambiguity then risk finding out for sure they are a member of the latter group. It is a matter of confidence, specifically a manifestation of “a basic uncertainty concerning how competent one is. People who know they have the talent and resources to master life’s challenges are not likely to hide behind the attributional shield of self-handicapping.” This group of people “do not primarily set out to insure failure; they are willing to accept (probable) failure if it can be explained away and if (possible) success will have augmented value for self-esteem.”

Hence they resort to self-handicapping strategies which Berglas and Jones define in this study “as any action or choice of performance setting that enhances the opportunity to

\[\text{footnotes}\]

\[\text{footnotes continued}\]\n
\[\text{23}\]
They resort to such strategies in order to maintain a semblance of control over the outside environment, however often find themselves out of control and mired in the grip of their self-handicapping strategies.  

Timing is Everything: How Self-handicapping and Excuse Making Differ

Everyone makes excuses to justify a bad performance; this is a perfectly normal reaction to a disappointing situation. A distinction should be made, therefore, between self-handicapping and general excuse making. The difference lies in the timing of the event. Excuse making occurs after the event whereas self-handicapping occurs “before performance (and before knowledge of the outcome) to strategically control the attributions that can be drawn from their performance.” An example is given of a runner who, after losing, complains of a sore leg vs. a runner who makes it very evident through actions that his leg is sore prior to the race. The latter could be seen as excuse making, the former as self-handicapping.

How an audience would react to each runner is noteworthy. The excuse making runner could likely be construed as a poor loser, making excuses for a race he or she was unable to win (lacks ability) instead of graciously acknowledging the superior effort of the winner; meanwhile the self-handicapping runner would likely be met with admiration, perhaps even hero status depending on the stage (e.g., the Olympics) for bravely competing in the face of adversity.

No one would expect the injured runner to perform at full capacity and so neither the runner nor the audience (theoretically) should be disappointed by a loss and would be even more

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79 Ibid.
80 Ibid., 407.
81 Hirt, Deppe, and Gordon, 981.
82 Higgins and Berglas, 192-193.
excited about a win. The audience would be left wondering what the runner could have
accomplished had he been healthy, perhaps even attributing greater potential to the runner than
what in reality existed. It is in this ambiguity of “what if” that self-handicaps thrive and as will
be seen later in this study, the “benefit of the doubt” that the audience is willing to give self-
handicappers may very well reinforce the behavior.
CHAPTER IV

SELF-HANDICAPPING AND IMPRESSION MANAGEMENT

*What you do in this world is a matter of no consequence. The question is what can you make people believe you have done.*

--- Sir Arthur Conan Doyle, “A Study in Scarlet”

The first major challenge to Jones and Berglas’ theory came as an impression management interpretation of self-handicapping. Previous to working on self-handicapping, Jones and other psychologists had taken Goffman’s impression management theory (which, as mentioned earlier, initially was applied to psychiatric patients) and applied it to more mainstream groups (primarily college students). By doing so, “impression management came increasingly to be seen as serving important social approval, self-esteem, and interpersonal control or power needs.” In order to achieve these ends a certain amount of circumstantial manipulation could be expected, even required and some psychologists argued that this could be at the root of self-handicapping, rather than the protection of self-esteem.

This position was initially presented by Thomas A. Kolditz and Robert M. Arkin (1982). Kolditz and Arkin argued that “because there were no measures of subjects’ perceived publicity of their behavior [in the Berglas and Jones experiment], the effectiveness of the private condition is somewhat suspect.” Additionally, they felt that the male subjects may have been trying to impress the female experimental assistant and “therefore [may] have felt an enhanced pressure to impression manage.”

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83 Higgins, 10.
84 Ibid.
86 Ibid.
If this is indeed the case then Berglas and Jones’ assertion that self-handicapping is about controlling one’s self-image would be invalidated. Kolditz and Arkin suggested that “[i]t is possible that a self-presentational concern existed among the subjects but that the publicity manipulation [in the original study] was too weak to elicit significant variation in drug choice.”87 To this end, Kolditz and Arkin initiated their own study into self-handicapping.

Their study mirrored the experiment done by Berglas and Jones to see if subjects would chose Pandocrin over Actavil in the face of non-contingent success. The difference was the experiment was tweaked to “address directly the influence of publicity on self-handicapping strategies.”88 Their hypothesis was that if the drug choice was made private the likelihood that a subject would choose it would be diminished because it would no longer help the subject protect their image in the eyes of the other people involved in the experiment. They also hypothesized that with a private post test score the subjects would be less likely to choose Pandocrin (the performance inhibiting choice) “because there is no threat to public esteem to defend against.”89 The highest self-handicappers according to this study would be those with the most public exposure.

The results of this study showed that whether the post test was private or public did not have the intended result, although “subjects in the public drug-choice condition […] rated themselves as more relaxed than subjects in the private drug-choice condition”, perhaps because they could point to their drug choice to explain any poor results.90 The experiment replicated the results of Berglas and Jones with regard to non-contingent success. Those in the non-contingent

87 Ibid.
88 Ibid.
89 Ibid., 494-495.
90 Ibid., 498.
success groups were more likely to choose Pandocrin, especially if the subject had a public drug choice and public posttest. Kolditz and Arkin concluded:

No subject given a private drug-choice and anonymity on the posttest chose the debilitating drug. Three-fourths of the subjects given a public drug-choice and anticipating a public posttest chose a substantial dose of the debilitating drug. Of all subjects choosing their drug with the experimenter present, 42% chose the debilitating drug. Of those who made a private choice, less than 7% elected to self-handicap by choosing the debilitating Pandocrin.91

While this study seems to strongly suggest that an element of impression management exists within self-handicapping, Kolditz and Arkin point out that the two concepts are not necessarily mutually exclusive stating “[s]uccessful attempts at impressing others and successful attempts to avoid the disapproval of others may allow or justify feelings of self-competence […] saying may often become believing.”92

The most common and current view on self-handicapping is that it is a mixture of both image maintenance and self-esteem protection. As the triggers of self-handicapping tend to be varied, individual, circumstantial, and based on numerous factors, whether a handicapper is focusing primarily on self-image protection or social image protection depends on the individual and the situation.

91 Ibid., 499.
92 Ibid., 501.
CHAPTER V
THREE CATEGORIES OF SELF-HANDICAPPING

[T]he highest prices we can pay in return for having our most cherished self-conceptions (i.e., good/in-control person) exempted from debasement are [...] to sacrifice other, less cherished self-conceptions. In other words, we can invoke such powerful handicaps that they virtually compel that causal attributions be directed to them (and probably guarantee impaired performance), or we can focus causal attributions on dispositional characteristics of ourselves that are less central to our core sense of self-esteem and personal control [...]--- Raymond L. Higgins and Steven Berglas

Behavioral vs. Claimed Self-handicapping

As the study of self-handicapping continued to develop, two different categories of handicaps began to emerge. Beginning with Snyder et al. (1983) self-handicapping began to take another dimension as psychologists reported “excuses in general, and self-handicaps in particular, can take a verbalized form, or they may be manifested in a physical form that is observable.”94 In other words, the handicap could take the form of an action or a verbal statement. Taking this idea further, Leary and Sheppard (1986) labeled the two types of handicaps behavioral and self-reported (referred to in later literature as “claimed”).

Behavioral handicaps are defined as “the actions of people who construct handicaps that augment nonability attributions for possible failure” and self-reported handicaps as “the use of verbal claims that one possesses handicaps that interfere with one’s performance ….’”95 Or to put it another way, a behavioral handicap requires the handicapper to do or not do something. This action is readily visible to any observer and can be readily tested for validity (an explanation of “I am playing badly because I am drunk” can be readily verified by smell, bloodshot eyes, etc.).

94 Snyder, 112.
95 Ibid., qtd in text.
A claimed self-handicap is less observable and far less verifiable (“I missed my entrance in the Brahms Symphony because I had a terrible migraine that was distracting me” cannot be verified easily by someone not actually experiencing the migraine), nor can the amount of distraction it caused be ascertained. Because of the nature of the two handicaps, a behavioral handicap is often more believable but more likely to hinder performance while a claimed handicap may not actually hinder the performance at all.

Types of behavioral self-handicaps that have been studied include drug and alcohol abuse, lack of effort, procrastination, and performance in adverse circumstances. Self-reported handicaps include making excuses, claiming to be sick or to be experiencing anxiety (test, performance, social), in a bad mood, or depressed.96

As mentioned above, the interesting aspect of claimed self-handicaps is that the subject may or may not actually be experiencing the symptoms reported (as opposed to behavioral self-handicaps which must be performed and observed in order to take effect) so they may not cause any actual obstacle to the self-handicapper. As Snyder writes:

[i]n point of fact, there are no empirical demonstrations of whether actual behavior impediments accompany the self-report of a handicapping state. The closest finding in this vein is that persons who strategically employ the report of test anxiety as a self-handicap do not also evidence the predicted cognitive, interfering thoughts (Greenberg, Pyszczynski, and Paisley 1985).97

Although it could be the case that a behavioral self-handicap is employed at the same time as a claimed one, thereby giving the subject a tangible impediment to success as well as a verbal excuse to fall back on.98

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96 Ibid., 112-113.
97 Ibid., 113.
98 Ibid.
Motivational Differences Between Behavioral and Claimed Self-handicapping

Owing to their different natures, are there then different motivations behind the two types of behaviors? In their 1991 study Hirt, Deppe, and Gordon tested the premise that high self-handicappers when given the option between two valid forms of self-handicapping – one behavioral and one claimed – both men and women would chose the claimed (referred to in the study as “self-reported”) handicap over the behavioral one.99 The authors of this study argue that claimed self-handicapping has a lower risk and cost involved as it might not actually impair the performance and carries less social stigma than behavioral self-handicapping, thus making it more desirable. As they write:

These options [behavioral vs. self-reported] clearly differ from one another in terms of cost. Taking a performance-inhibiting drug before performing will serve as an excuse for poor performance but will also decrease one’s chances of successful performance; in contrast, simply reporting high anxiety may serve as an excuse for poor performance without actually lowering one’s chances of success.100

However, there is a draw back to relying solely on self-reported handicapping. Claimed self-handicaps are not as readily apparent as behavioral ones. They are “less disputable and [more] prone to suspicion” and so their ability to thwart causal attribution is not as strong.101 Behavioral handicaps are in many cases undeniable. If a musician shows up for a gig clearly drunk and plays poorly, no one will question his or her ability but rather immediately point the finger at his or her intoxicated state. While this may protect the question of the musician’s ability it will also most likely ensure that person is never called back for a similar gig as the social stigma associated with arriving to a performance drunk is high and in a business based on referrals and reputation, very few fellow musicians would be willing to vouch for the inebriated musician again. The net trade-off of the self-handicapping musician’s choice to arrive at a gig

99 Hirt, Deppe, and Gordon, 982.
100 Ibid.
101 Ibid.
drunk would be a protected ego via keeping his or her actual playing ability in doubt but
damaged reputation and a potentially destroyed career. This may be deemed an acceptable trade-off to an individual who is extremely fearful and protective of his or her ability as a musician.

On the other hand a musician who plays poorly at a gig but blames the difficulties on a physical ailment such as a migraine, anxiety, a problem with the instrument (e.g., “my valve got stuck”), or mitigating circumstances (“Sorry I did not play as well as I should have/usually would have, I got a troubling phone call right before the downbeat”) might not be viewed as harshly by the other musicians, but the ability of the self-handicapping musician might also not be as protected; the other musicians could view the excuses offered skeptically as there is no proof that the bad performance was in fact due to a migraine, instrument malfunction, anxiety, or troubling phone call and could be a result of inability.

To test the motivational forces behind the two types of self-handicaps, Hirt, Deppe, and Gordon created an experiment wherein four groups were assigned to different conditions defined by whether stress or practice would impact test scores, namely 1. stress but not practice would negatively impact scores, 2. practice but not stress would negatively impact scores, 3. both stress and practice would negatively impact scores, and 4. neither stress nor practice would negatively impact scores. By doing so the experimenters were able to test under which scenarios high self-handicappers would chose claimed over behavioral self-handicaps (and vice versa). Low self-handicappers were used as a control.102

The results of the study showed that when told that practice would improve their test scores all the groups practiced significantly more except for high self-handicapping men who “showed no significant increase in practice as a function of instruction condition […]. Thus, because instructions that practice facilitates test performance failed to increase the amount of

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102 Ibid., 983.
practice, it appears that only high self-handicapping men engaged in behavioral self-handicapping.”

The stress impacts score group showed greater levels of self-reported stress among the high self-handicappers than those in the stress does not impact score group. In particular, “[w]omen reported significantly greater stress (M=0.24) than did men (M=-0.25).” Low self-handicappers’ level of stress reporting did not change based on the instructions about stress (whether or not it mattered). Again, a gender difference emerged with regards to self-handicapping.

What is especially important was the finding that the higher levels of stress reporting only occurred in the group where stress could be used as a viable self-handicap (the stress impacts score group). In the stress does not impact score group, both high and low self-handicappers:

reported similar amounts of stress […] This pattern of results indicates that high and low self-handicapping individuals strategically report stress when it can serve as a viable excuse for poor task performance. Also noteworthy is that, in contrast to the results obtained with the behavioral self-handicapping measure, no sex differences were obtained in the use of self-reported handicapping Thus, it appears that both high self-handicapping men and high self-handicapping women strategically used stress as a self-handicap.

The experimenters then looked at the stress and practice impact scores group. They hypothesized that when given a choice between a behavioral and claimed self-handicap both men and women would choose the claimed self-handicap as it posed less risk to their actual performance and social standing. This hypothesis was borne out by the results Furthermore, this preference for claimed self-handicapping was also seen in the group in which no instructions

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103 Ibid., 985.
104 Ibid., 986.
105 Ibid., 985-6.
106 Ibid., 986.
107 Ibid., 982.
about how stress and practice would affect test scores was given (a scenario which more closely simulates a “real world” experience).\textsuperscript{108}

Numerous implications can be made from the results of this study. One of which is that, despite initial appearances, self-handicapping is not necessarily a self-destructive behavior. Rather it “suggests that high self-handicapping subjects are interested not only in self-protection against the negative implications of failure but also in self-enhancement and maximizing their chances for success.”\textsuperscript{109} Rather than choose the handicap that would most likely result in failure, when given a choice handicappers overwhelmingly chose the option that would give them the greatest chance at success while still maintaining a scape goat should their efforts fail.

This shows that self-handicapping is in a very real sense a cost/benefit analysis in which the individual weighs the chances of success against the importance of maintaining a positive image. Those who engage in it are not simply looking to excuse failure or engage in learned helplessness\textsuperscript{110} but rather, at least in their minds, are trying to find the best path to win whatever the outcome of the test.\textsuperscript{111}

The choice of handicap is largely decided by how ego relevant the task is and whether or not the individual is protecting self-esteem or enhancing it. Depending on the audience, the situation, and what is deemed most important to protect, the individual may choose from a variety of self-handicaps, both behavioral and claimed, to manipulate the desired outcome. To quote researcher Dianne Tice on the matter, “[b]ecause of the greater chance of failure associated with behavioral self-handicapping […], it would be highly maladaptive for people to use self-

\textsuperscript{108} Ibid., 987-8.
\textsuperscript{109} Ibid., 988.
\textsuperscript{110} A state wherein an individual, after repeated exposure to negative stimuli outside their control to stop, escape, or avoid, becomes unable to remove or protect themselves from future negative stimuli even when an escape is provided or available. See Seligman (1967).
\textsuperscript{111} Hirt, Deppe, and Gordon, 989.
handicapping as a strategic approach to all tasks."\textsuperscript{112} Consequently even habitual self-handicappers may vary their modus operandi to fit the circumstances and to avoid detection.\textsuperscript{113} Choosing to resort to the same handicap (particularly behavioral) for all situations can lead to greater attributional implications (see section on dispositional handicaps) and ultimately greatly hinder success.

Hirt, Deppe, and Gordon further suggest that the difference between the two types of self-handicapping could be used to reconcile the debate over whether self-handicapping is a self-esteem protecting behavior as argued by Jones and Berglas or an impression management behavior as argued by Kolditz and Arkin. Hirt et al write that:

Although it is likely that self-handicapping strategies serve both purposes, it would appear that these two different types of self-handicapping may differ in terms of the primary motive underlying their use. Because behavioral self-handicaps decrease one’s chances for success and necessarily make the process of drawing attributions from performance ambiguous for self as well as for others, we argue that these behaviors are likely to serve primarily to protect one’s own self-esteem (and belief in one’s ability). On the other hand, self-reported handicaps, because they do not necessarily have consequences for performance, appear more likely to serve primarily self-presentational concerns.\textsuperscript{114}

Dispositional Handicaps: Self-handicapping Escalated

The types of self-handicapping discussed so far have been situational ones. That is they occur in a very specific arena of the individual’s life (e.g., when a musician performs in a jury) and do not necessary impact other areas of the individual’s life (e.g., when that same musician is playing in the finals of the intramurals single tennis tournament). Not every challenging

\textsuperscript{113} Tice, 712.
\textsuperscript{114} Hirt, Deppe, and Gordon, 988.
situation the individual faces will be/needs to be confronted with self-handicapping. However, if allowed to develop, the handicap can begin to bleed over into other venues and situations in the individual’s life. This is called incorporation or dispositional self-handicapping.

Dispositional self-handicapping is, as the name would suggest, self-handicapping which uses an attribute or trait of the individual to externalize failure (such as anxiety, shyness, etc.). These are behaviors that have grown to the point that they can be labeled by others (e.g. “That soprano is very hypochondriacal. She always claims to have a sore throat before a big performance, but she seems just fine to me.”) and are the type most often presented to psychologist for treatment.

As the quote at the beginning of this chapter states, some self-handicappers are so protective of their image of ability that they are willing to sacrifice a less fundamental aspect of their identity in order to protect this concept. They will gladly be thought of as lazy, unreliable, hypochondriacal, depressed, or anxious if it will protect them from being thought of as incompetent in the arena of life they have built their identity around (e.g., singing soprano). Would they rather not make this trade-off? One can easily assume yes (very few people like to be labeled with a weakness or illness) but such is their fear of proving inadequate that they are willing to sacrifice a less vital aspect of their character to protect it.

But incorporated handicaps are not all negative, at least from the prospective of the handicapper. One rather large benefit is that it now allows the handicap to creep into other areas of life. For example, take the musician mentioned early who handicapped during juries but not during tennis matches. As that person’s handicap becomes incorporated soon, bad tennis performances can be blamed on it (“I can’t play in the finals”, says our hypothetical soprano, “I have a sore throat”), as well as low test scores, getting fired from work … any difficulty the

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115 Higgins and Berglas, 201.
individual faces can now be externalized onto the handicap. As Higgins and Berglas write “the individual ceases ‘making’ excuses and begins ‘being’ the excuse.”

Snyder and Higgins go on to explain it this way:

> The excuse is incorporated in the sense that it becomes an ongoing part of who the person is. Thus, the person with an incorporated excuse has an always-available excuse that may serve to weaken the perceived linkage to a nearly endless succession of bad acts. Unlike the anticipatory excuse that is strategically invoked prior to a probable bad performance, the incorporated excuse is simply ‘there’ and available for most failure experiences.

The simple act of labeling the handicap often comes as a relief to the sufferer. Having now named the thing holding them back, they can point to it in a crisis and simultaneously acknowledge and relieve themselves of the responsibility inherent to the situation (i.e. “I can’t help it; it’s genetic. I get sick a lot.”), but in order for this benefit (if it can indeed be called that) to remain in effect the person must “‘suffer’ and, occasionally, demonstrate the handicap’s continuing effects” lest the audience forget that this person has a problem.

To many, getting preferential treatment or sympathy for a poor performance may become, in a way, a type of addiction making it harder and harder for them to let go of this handicap which in turn slowly becomes, or is incorporated into, their identity.

There are, unsurprisingly, many downsides of dispositional handicapping. One of which is that once the audience is aware that an individual has one, they may begin to attach the negative attributions the handicap was initially invoked to ward off. Our soprano may suddenly find herself gigless as her fellow musicians doubt her ability to perform owing to her constant health issues. The musician who relies on depressive episodes to avoid playing in stress filled gigs may not be called back for gigs at all because his or her fellow musicians fear exacerbating

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116 Ibid., 203.
117 Ibid., qtd in text.
118 Ibid., 203-205.
the depression. Or the jazz musician who in his own words can “only play when drunk” may gain the reputation of being a drunkard and thus lose the trust and esteem of his colleagues. Other arenas of the handicapper’s life may be put under scrutiny resulting “in the imposition of limits on the individual’s range of opportunities.”\textsuperscript{119} By becoming accustomed to shirking off responsibility onto a handicap, the handicappers may find their realms of potential shrinking proportionately.

With such high stakes being played for, one wonders what could tempt an individual to dispositionally handicap. Higgins and Berglas speculate that three factors are to likely to blame: “(1) the negativeness of the outcomes to which the individual anticipates being linked; (2) the frequency or regularity with which the threatening arenas occur; and (3) the perceived availability of alternative, more externalizing, face-saving options.”\textsuperscript{120}

The second one is of particular interest to musicians who are brought up in a system that frequently puts them under scrutiny. Often musicians are required to audition for ensemble placement once or twice during the school year and each semester ends with a nerve-wracking jury – a performance in which it often feels (and occasionally does require) that one must prove one’s worthiness to stay in the music program. Add to this additional juries, upper divisional performance tests that must be passed, competitions, departmental performances, master classes … the list goes on and on.

It is unknown if any extant studies show that frequency or habituation increases the likelihood of incorporating a handicap. But the link seems a logical one. Indeed, Higgins and Berglas rationalize “[t]he weight of our speculation [that frequency increases the chance of incorporation] must be born primarily by the logic that repeated performances in particular

\textsuperscript{119} Ibid., 201.
\textsuperscript{120} Ibid., 206.
evaluation arenas should incrementally raise the individual’s sense of perceived causal linkage to associated outcomes and lead to an eventual exhaustion of credible, more externalizing excuse options.” 121 Further validating this claim they give the clinical example of Tom, which is recounted below:

At the time he sought treatment for his speech phobia, Tom was a college junior. Dating from a grade school incident when his classmates ridiculed his nervous mannerisms during a poetry recitation, Tom had been terrified of public speaking. Throughout the ensuing years, he had deftly found ways to avoid every public speaking “opportunity” that came along. He avoided taking particular classes, he failed to prepare, he got “sick,” and he flat-out refused. Finally, while taking a required college course that involved mandatory presentations, Tom ran out of options […]. But his time was up. At the beginning of the class when he was to make his presentation, Tom did what he had never done before – he told his instructor that he had a speech phobia.

The point of this clinical illustration is that, due to the nature of public educational experiences, Tom was repeatedly confronted with evaluations that threatened his self-esteem and sense of control. Moreover, these same experiences gave him ample opportunity to conclude that he was somehow “different” […]. Ultimately, he “went public” with his incorporated handicap because he felt he had no choice [emphasis added]. 122

It does not take much of a leap of the imagination to conjure up a similar situation with a music student. One bad jury performance or audition leads the student to question his or her ability. A harsh comment from a peer or an overly critical teacher exacerbates this fear. A downward spiral begins to take effect until soon the poor student becomes paralyzed at the very thought of a jury performance, or indeed any performance. Concluding there is something wrong with them since no else seems to suffer this problem, the student begins looking for an answer. Finally it is time for confirmation juries. They must be passed in order to continue in the program. The student has done everything possible to avoid this moment but now, having been given no other options for escape, reluctantly admits to the professor that he or she cannot play the jury at this time due to a crippling bout of performance anxiety. Every bad performance

121 Ibid., 208.
122 Ibid., 208-9.
from this point on in the student’s life can be blamed on this performance anxiety, which, even after being treated (with counseling or perhaps necessitating beta blockers), may very well haunt the student during every performance and throughout his or her musical career.

Often the abundance of high pressure performance opportunities in music degrees is justified both out of necessity to the professors (students must be ranked, they argue, for a number of reasons) and to acclimate students to the environment they will face as professionals. Nevertheless, one cannot help but wonder if in some cases the very process meant to prepare student musicians for the future is in fact impairing them both musically and in every day life. How deeply this impact is felt could very well mean the difference between a failed degree and a professional career.
CHAPTER VI
CAUSES AND DEVELOPMENT OF SELF-HANDICAPPING

Self-handicappers appear to believe that they can never meet the inexorably upward-spiraling criteria for success that they are expected to attain in a particular realm. Thus, rather than attempting to perform as expected, self-handicappers adopt a permanently impaired self-image to prevent being exposed as deficient and ‘losing it all’.  

--- Steven Berglas

Self-handicapping, as previously mentioned is a way to break the linkage between the self and an undesirable outcome. This fear of a negative outcome can stem from non-contingent success, which creates an uncertain sense of self and ability. Non-contingent success is an important factor in the rise of self-handicapping – its importance originating, in the words of Snyder, “from its role in engendering uncertainty and from its role in producing a positive, though tenuous, image to protect from debasement.”124 It can also come from other sources such as childhood, “new or somewhat different tasks or environments, rising or ambiguous expectations on the part of others [n.b. or self], [or] erratic previous performances [this could be particular relevance to musician self-handicappers].”125 This uncertainty is “the driving force behind any self-handicapping behaviors”; if the outcome is certain (even if it is certain failure) then there is no need to protect against it.126

Berglas proposes that two types on non-contingent success exist. The first is praise given based on an external characteristic, such as appearance, which is not necessarily immutable or directly responsible for the praise being given. The other type of non-contingent success that could lead to developing self-handicapping behavior is praise which is out of scale with the task

124 Snyder, 110.
125 Ibid., 111.
126 Snyder, 110.
being performed (over praising).\(^\text{127}\) This type of praise is “administered on the basis of skilled or successful behaviors [internal attributes], but they are of a quality or intensity inappropriate to the activity that secured them. […] they obligate an individual to act in accordance with the performance expectations they convey, thereby imposing performance demands that cause stress […].”\(^\text{128}\)

It could be that individuals suffering from self-handicapping, success depression, or other praise induced disorders were raised in such a way as to pin all of their self-worth on one particular aspect, ability, or character trait. Such a foundation, while positive and strong, would necessarily be shaky as it allows for no fall-back plan should that ability or trait be thrown into question.\(^\text{129}\) Several case studies of self-handicapping suggest that:

praise linked to either the possession or manifestation of one attribute figures prominently in the etiology of this disorder. When asked to discuss their understanding of the consequences of failure on important tasks, self-handicappers uniformly report a feeling of “losing everything” or being a “complete failure” should one significant performance go poorly (Berglas 1986a).\(^\text{130}\)

Self-handicappers, like certain types of depressives, have an all or nothing outlook: succeed gloriously or go down in flames.\(^\text{131}\) With this sort of an outlook, playing for such high stakes, it is easy to understand why some people choose to hedge their bets and manufacture a win/sort of win, sort of lose scenario through self-handicap.

However, it is important to note that non-contingent success and uncertainty do not necessarily lead down the path of self-handicapping. As Rhodewalt points out, “The same experiences [noncontingent positive reinforcements] could just as well lead individuals to over

\(^{127}\) Berglas, 174.
\(^{128}\) Ibid., 174.
\(^{129}\) Ibid., 175.
\(^{130}\) Ibid.
\(^{131}\) Ibid.
prepare, perseverate, and overachieve [...].”

What then is the necessary condition for self-handicapping to develop?

The answer may lie in the individual differences and attitudes toward self-handicapping. An individual may choose to self-handicap in a particular way in one set of circumstances or in a particular arena but not in other arenas. As can be seen in the section on behavioral vs. claimed self-handicapping even the method of handicapping can be in a state of flux depending on the situation. Research has shown, however, that the likelihood of self-handicapping goes up when the individual views a particular event as personally important, particularly if that event is diagnostic of exceptional skill in a particular arena (Pyszczynski and Greenberg 1983; DeGree and Snyder 1985; Tice 1991; Lupien 2010).

Another possible reason for engaging in self-handicapping is the shift in responsibility from self to something external. Higgins and Berglas relate a case study of a self-handicapper they call Mary. To paraphrase, Mary is attempting to put together a bookshelf but instead of applying herself to the task she becomes preoccupied with a perceived mental block about mechanical tasks. Instead of attempting the task herself, she seeks the help of her male neighbor who assembles the bookcase for her. During the assembly process Mary does not do anything to try to learn how to solve the problem herself in the future, but rather spends the time lamenting her upbringing and that no one had taken the time to teach her how to follow mechanical instructions. Higgins and Berglas sum up the outcome of this situation by stating, “[t]he irony of

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133 Snyder, 111.
her own inattentiveness to her friend’s potentially instructive activities never occurred to her: When the bookcase was finally finished, Mary was just as helpless as ever.”

Instead of accepting responsibility for her perceived inability to perform mechanical tasks and therefore also accepting the implied responsibility of addressing the problem to avoid it in the future, Mary was able to blame a host of other people for never providing her the necessary skills while ironically passing up an opportunity to learn. The tragedy of such a situation was that it worked to an extent. Mary was able to get her bookcase, spend time with a friend, and in the process make him feel good for being able to help her in a time of stress. With such rewards available, it is easy to see why self-handicapping can become a habit for some people.

Higgins and Snyder point out that initially it might seem more damaging to one’s self-esteem to admit to a problem (e.g. an inability to successfully complete mechanical tasks) but by doing so individuals are often able to deflect some of the social stigma that might come from their task failure. Musicians have been known to engage in similar situations revolving around various things such as a particular orchestral excerpt, scale pattern, extended technique, or any aspect of their playing that they feel is weak. The excuses can be as varied as “this problem is the result of bad pedagogy in my past ("no one taught me how to do this") to “I physically can’t play this particular passage”. Sadly, I have even observed some people blaming gender and race for inabilities that could and should be (and in many of my personally observed cases have been) overcome with a frank acknowledgement of the playing problem and hard work.

Returning to the story of Mary, her inattentiveness to how her behavior was maintaining the inability that was frustrating her is interesting to note. This very inattentiveness may be crucial to maintaining a self-handicap. Higgins and Berglas consider “that the maintenance of

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134 Higgins and Berglas, 188.
135 Ibid., 188-9.
self-handicapping is facilitated by our motivated self-deception (i.e., our lack of awareness) in regard to its enactment. This self-deception is associated with our capacity to distort information that conflicts with our positive self-theories [...].”

Higgins and Berglas suggest that this type of self-unaware development of self-handicapping may be more prominent in individuals that view themselves as “competent” and “in control”. They cite studies which demonstrate that “ordinary people think of themselves as good and in control, and reflexively ‘honor’ the excuses that distance them from outcomes that are inconsistent with those positive self-conceptions.” They embrace the lie of self-handicapping to maintain their fantasy of being unflappable, confident, and in control.

Researchers contend that a self-handicap could develop as a reaction to the strong emotions the individual expects to feel during performances that threaten self-esteem. For example, brass musicians experiencing shortness of breath due to anxiety may interpret the symptom as an allergy attack or on-coming cold. After dwelling on the symptom and the perceived illness for a while, the individuals may be able to convince themselves that they actually are feeling sick which becomes a perfectly valid excuse to withdraw effort and not perform to the best of their ability. Thus the uncertainty begets the handicap without the individual realizing it.

Research has shown that self-handicaps work best when they do not need explaining. This is often cited as one of the reasons that behavioral self-handicapping is more effective. This self-evident nature of the self-handicap not only makes it more obvious for the audience to externalize attributions, but also for one’s self to make the connections between the obstacle and

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136 Ibid., 192.
137 Ibid.
138 Ibid., 191-93.
the unwanted outcome. It can become such a strong connect that the individual may not even realize the self-handicap is occurring.\textsuperscript{139}

It is also possible, and probable, that the individual genuinely has no idea how deeply his or her self-handicapping behaviors are affecting his or her overall success and potential. As mentioned before, the obfuscation of feedback and the obliviousness of the handicapper may make it difficult to see the extent of the damage caused by handicapping. This problem is compounded by the reaction of the intended audience. Think back to Mary and her friend who assembled her bookcase. It is unlikely he chided her for her inattentiveness to how the bookcase was assembled. Likely he tried to downplay her inability to spare her feelings and to boost his own. Returning again to the theories of Higgins and Berglas:

\begin{quote}
[…] external audiences are poor communicators (i.e., they pull their punches) when it comes to delivering negative or critical feedback. The net effect of these considerations is that, in the process of reality negotiation, the self-handicapper is unlikely to receive un laundered feedback about the negative interpersonal consequences of his or her behavior (cf. Strack and Coyne 1983). \textit{The self-handicapper, therefore, is likely to perceive that the costs of his or her behavior are less than they actually are} [emphasis added]. In effect, we are suggesting that audiences passively ‘collude’ with the self-handicapper’s motivated need to remain unaware of the darker side of his or her behavior […]]. The result may be a face-saving deal that is too good to be true.\textsuperscript{140}
\end{quote}

\textbf{Susceptibility to Self-handicapping}

What an individual finds motivating may determine whether or not the individual is susceptible to self-handicapping. Researchers Kuczka and Treasure\textsuperscript{(2005)} examined how the motivational climate influenced self-handicapping behavior in elite college athletes. Their findings suggest examining achievement goal theory to help gain a greater understanding of how self-handicapping behavior develops.

\textsuperscript{139} Ibid., 192.
\textsuperscript{140} Ibid., 195.
This aforementioned theory states that there are two motivating factors for people: task (internal – “I did really well at this”) and ego (external – “I did so much better than everyone else at this”). A task state finds its motivation in achievement or ability and is “demonstrated when learning and mastery at the task are achieved and high effort is exerted.”141 The satisfaction is derived from achieving a goal, doing something well or gaining a new skill. For ego motivation, on the other hand, achievement is determined in comparison to others, in doing better than the other competitors, in particular if the individual did not work as hard as the other competitors, thereby denoting an innate superiority.142 Whether or not an individual is task or ego oriented “is thought to be reflected by an individual’s dispositional goal orientation [whether or not they are ego or task driven].”143

The research of Ryska et al (1999) showed strong correlation between ego motivation and predicted self-handicapping. Of Ryska et al’s study, Kuczka and Treasure write, “[t]he researchers [Ryska et al] argued that the results of their study showed that athletes who participate on teams that emphasize norm-based comparisons are those most likely to engage in self-handicapping,” results which corroborate previous work done by Rhodewalt.144

From a pedagogical stand point, teachers should be aware of the different motivational states and strive to assign task-oriented goals rather than ego-oriented goals. Unfortunately, owing to the audition process employed in most schools and professional situations, young (and old) musicians can easily be sucked into an ego state, gaining pleasure not from their mastery of their art but how much higher they were in the rankings than other students. This could lead to self-handicapping problems which ultimately will prevent them from reaching their potential.

142 Ibid.
143 Ibid.
144 Ibid., 542.
By redirecting a student’s focus onto internal successes and personal achievement the educator may be able to mitigate the self-handicapping behavior somewhat and guide the student towards a healthier and more sustainable outlook towards their personal musical growth. As the oft repeated saying goes, “the only musician you are in competition with is the musician you were yesterday.” It would appear there is more truth in that statement than is superficially evident and for self-handicapping prone individuals, embracing this philosophy could have a considerable impact on whether or not they achieve their goals.

Success Depression

Another factor that could lead to an increased susceptibility for self-handicapping is the specific type of depression known as success depression as suggested by Jones and Berglas in their initial paper on the topic.\(^{145}\) Success depression is a condition in which “rewards have been ample, but uninformative regarding one’s competence image.”\(^{146}\) It differs from non-contingent success in that the praise given has been earned and contingent, however for some reason the person does not accept or internalize the praise. Like non-contingent success this can lead to a feeling of uncertainty in one’s abilities.

Initial research into the field of depression by Seligman and others argued that repeated exposure to negative stimuli can lead to “a wide range of negative consequence, most notably depression.”\(^{147}\) Seligman argued that an individual’s attributional style can have an impact on the development of depression. In order to determine an individual’s attributional style researchers look at three different aspects: internal vs. external, stability vs. instability (i.e.,

\(^{145}\) Jones and Berglas, 205.
\(^{146}\) Jones and Berglas, 205.
\(^{147}\) Berglas, 169.
mutable vs. immutable), and globality vs. specificity (e.g., I’m a bad student vs. I am terrible at this one subject).\textsuperscript{148} Certain types of attributional styles are more at risk for developing mental health issues and maladaptive behaviors. For example, “an individual who explains negative outcomes by attributing them to internal, stable, and global causes is more prone to experience depression than the individual who makes external, unstable, and specific causal explanations for the same outcome(s).”\textsuperscript{149}

Certain attributional styles can also be more prone to developing success depression – specifically those who “[attribute] positive outcomes to external, variable, and specific attributional styles.”\textsuperscript{150} This attributional style deflects praise to outside sources which, as mentioned before can lead to uncertainty and self-doubt. The positive feedback they receive is, in their minds if not in reality, tied to past success or traits outside their inner self (e.g., looks, social status, etc.) and so the success does not feel earned.

Berglas argues that the development of success depression may not necessarily be linked to parental styles since it “is thought to develop after an individual has attained a status capable of securing praise and is independent of ongoing instrumental behaviors.”\textsuperscript{151} However, women have a stronger propensity to this behavior than men (Dweck, Davidson, Nelson, & Enna, 1978; Dweck & Goetz, 1978).

According to Berglas, Dweck and Goetz argue that this is because women more frequently exhibit the attributional style connected to success depression.\textsuperscript{152} One explanation for why this occurs may be a difference in how genders are treated in school and during early

\begin{flushright}
\textsuperscript{148} Ibid., 170.  \\
\textsuperscript{150} Berglas, 170.  \\
\textsuperscript{151} Ibid., 171.  \\
\textsuperscript{152} Ibid.
\end{flushright}
development by their teachers. When a girl receives negative feedback for a task she did not excel in, generally it is directed at her intelligence; boys on the other hand are told it was their behavior that should be blamed. Behavior can be changed and improved, but intelligence is often believed to be fixed – either you are born with it or you are not. Girls therefore tend to develop a belief that they as a person are lacking and there is nothing that can be done to change that, whereas boys develop a belief that in order to succeed they need to change their behavior, something that is relatively easy to amend.

Success depression is very similar to imposter phenomenon in that both create a vacuum wherein positive reinforcement is not acknowledged or internalized as it should be. Those suffering from success depression feel helpless to adapt because the problem (as they perceive it) is within them, innate, and immutable. “Thus, when an ostensibly desirable outcome such as praise is attributed to who someone is (one’s character) as opposed to controllable or modifiable behavioral attributes, it can lead the recipients to fear that they will be unable to adapt to or control the performance expectations it imposes.” This in turn leaves the individual in a constant state of doubt about their abilities which can lead to anxiety, depression, frustration, low self-esteem, and a greater tendency towards self-handicapping.

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153 Ibid., 170-1.
154 It should be noted that this study was conducted in the 1970s and hopefully this gender bias is not as pronounced, though in the author’s experience it still does exist at least to an extent. A first hand example of this bias being present in music is that as a woman trombone player if I had playing difficulties often I was told it was “because I was a girl” with the strong implication that that particular trombonic skill would forever allude me despite my efforts, a belief which has been proven many times to be untrue. My male colleagues on the other hand would be told to “work harder and be patient”. Every single one of my female trombone (or other traditionally male-dominated instrument) colleagues has related a similar experience in their educational past.
155 Berglas, 172.
Is Self-Handicapping a Self-Defeating or Self-Protective Behavior

As discussed in the chapter on behavioral vs. claimed, the two types of self-handicapping may serve different purposes – protecting the self-esteem/belief in one’s ability and the image projected to others respectively – and often self-handicappers choose the handicap that will minimize the hindrance and maximize the chance of success. However, a question of definition arises: is self-handicapping a self-defeating or self-protective behavior? Psychologists have come down on both sides of the argument and the answer depends on the context of the action and on what definition of “self-defeating” you prefer. One definition, proposed by Baumeister and Scher (1988) characterizes self-defeating as “any deliberate or intentional behavior that has … negative effects on the self or on the self’s projects (p.3).” In order to be truly self-defeating the act must possess “deliberateness and intentionality.” This definition, however, requires a level of self-awareness of the act that self-handicappers may simply not have (see above discussion on inattentiveness).

Another definition of self-defeating behavior proposed by Higgins and Snyder defines it as “characterized by one or more of the following: (1) They undermine the maintenance of or interfere with the attainment of important external rewards […] (2) they undermine or interfere with the actualization of the individual’s potential […] (3) they result in the long-range undermining of the individual’s self-esteem or personal control.” By this definition self-handicapping is not necessarily a self-defeating behavior.

“The key issue,” as Higgins and Berglas write, “is whether the costs of such behavior outweigh the benefits” (emphasis added). If the self-handicapping is of the claimed variety,

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156 Hirt, Deppe, Gordon, 988.
157 Higgins and Berglas, 196. Qtd in text
158 Ibid., 196.
159 Ibid.
situational, and serves to decrease anxiety it could very well allow the handicapper to perform better than without it – for instance, the high self-handicapping golfer Rhodewalt references or the small subset of athletes in the Bailis (2001) study.160 These milder cases of self-handicapping may not prove too costly to the individual and, as Higgins and Berglas go on to say “while there is no doubt that self-handicapping behaviors prevent an individual from realizing his or her maximum potential, their short-term costs are often relatively subtle. They are, therefore, frequently more difficult to treat than overtly self-defeating acts.”161 In addition, the successful self-handicapper enjoys an augmentation of success, which can make the behavior more appealing, particularly to ego motivated individuals, which may in the mind of the handicapper outweigh any perceived trivial costs associated with it.

The long term effects, however, are less subtle. Writing of the Bailis study of athlete self-handicappers, Kuczka and Treasure highlight that “[i]t is significant to note that the results from the same study found dispositional self-handicapping to be associated with poorer practice and nutrition before important events over four months of the regular competitive season in both sports.”162 If fostered too long the handicap can become a “maladaptive coping strategy,” a crutch allowing for a disassociation from personal responsibility and lower motivation.163

One must look also at the negative connotations and labels (and the subsequent consequences that would come with such designations) that can be attached to an individual who frequently self-handicaps. The habitual self-handicapper may inadvertently create an image which leads to others deeming them lower in intelligence or skill. Self-handicapping that is “seen through” or viewed as deliberate can backfire, creating the very attributions the handicaps

160 Rhodewalt, 69-70; Kuczka and Treasure, 540-1.
161 Higgins and Berglas, 196-7.
162 Kuczka and Treasure, 540.
163 Ibid.
were enacted to thwart. These considerations are all part of what must be considered in the cost/benefit analysis of self-handicapping but which often go unconsidered owing to the handicapper being unaware of their actions.

Self-handicapping acts as a dual edged sword and it is difficult to predict whether the risk of engaging in the activity will pay off in the short run, let alone the long run. Higgins and Berglas (in summarizing the work of Baumeister and Schur) perhaps said it best when they characterized it as:

a type of trade-off in which two desirable goals are in opposition. On one hand, there is a desire to succeed; on the other hand, there is a desire to maximize the positive (and minimize the negative) attributional inferences drawn from personal performances. In their [Baumeister and Schur] words, the self-defeating aspect of self-handicapping ‘is evident in the deliberate acquisition of obstacles to success. There are both costs and benefits … in the short run, but in the long run, self-handicapping is likely to lead to a performance record that falls short of one’s true capabilities …’.165

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164 Higgins and Berglas, 197.
165 Higgins and Berglas, 195-6. Qtd in text
CHAPTER VII

PSYCHOLOGICAL CONSTRUCTS RELATED TO SELF-HANDICAPPING

To fail after minimal practice is no disgrace, because everyone can assume that more practice would have resulted in better performance. Success after minimal practice is doubly impressive, for it presumably requires great ability or talent to succeed without really trying.

--- Dianne Tice

Self-Esteem and the Role it Plays

Several psychological constructs appear to be related and even predictive of self-handicapping behavior. As self-handicapping is a behavior with the specific purpose of protecting or enhancing self-esteem (Jones and Berglas 1978; Snyder & Smith 1982) it is logical to assume that self-esteem would be one of these constructs. However, self-esteem alone has proved to be an inconsistent predictor of self-handicapping “suggesting that neither high nor low self-esteem alone appears to predict the use of self-handicapping.” One possible explanation for this occurrence is that both high and low self-esteem subjects self-handicap but for different reasons.

Let us first look at low self-esteem individuals. These people engage in self-handicapping in order to protect a fragile self-image (Tice 1991; Tice and Baumeister 1990). Low self-esteem individuals “are more likely than people high in self-esteem to expect failure (Choen, 1959; McFarlin & Blascovich 1981), and therefore they may be more likely to adopt self-handicapping strategies to excuse the anticipated failure.” The motivation that drives this type of self-handicapping comes from the external excuse it provides for any failure. Interestingly enough, high self-esteem individuals may also self-handicap to protect their image.

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167 Hirt, Deppe, and Gordon, 983.
168 Tice and Baumeister, 445.
In fact, it has been argued that “there are several bases for predicting that individuals with high self-esteem would be more likely to self-handicap than individuals with low self-esteem. A failure may be a greater blow to people with high self-esteem because they are not accustomed to failure and, under most conditions, do not expect to fail at important, self-relevant tasks.”\(^{169}\)

There is, however, another side to self-handicapping: the self-presentational benefits that high self-esteem people enjoy by self-handicapping. Those who have high self-esteem may engage in self-handicapping in order to enhance their self and public image. To succeed despite the obstacle must mean the individual is truly exceptional and skilled, right?\(^{170}\) To a high self-esteem self-handicappers, the answer would be yes and so on tests of particular importance and self-relevance, high self-esteem self-handicappers utilize the self-presentational aspects and attributions afforded by self-handicapping to increase the image of their ability.\(^{171}\) In fact, high self-esteem individuals tend to “strive to appear outstanding or much above average” and are more likely to present themselves in an “unrealistically positive manner” (see also Roth, Harris & Snyder 1988; Roth, Snyder & Pace 1986).\(^{172}\)

Tice suggests that some individuals may self-handicap to enjoy both the protections and enhancement benefits. She goes on to say, “[h]owever, a person may engage in self-handicapping behavior primarily for one of the two motives and simply receive the benefits of the other as a bonus.”\(^{173}\) Whether a person self-handicaps for protection or enhancement is determined by what attributes they wish to have attached to their performance. “Both high-and low-self-esteem people,” Tice writes, “may desire a favorable public (and perhaps self-) image, but low-self-esteem people may not believe they have the resources to maintain a highly positive

\(^{169}\) Ibid.
\(^{170}\) Tice and Baumeister, 443.
\(^{171}\) Tice, 711-712.
\(^{172}\) Ibid., 712.
\(^{173}\) Ibid., 711.
image […] Both high and low self-esteem people seek a positive identity but […] low self-esteem people are more constrained in their pursuit of this goal by doubts that a favorable identity could be maintained.”¹⁷⁴

In order to test the hypothesis that trait self-esteem would lead to different motivations behind self-handicapping, Tice engaged in a series of four different studies. The first looked specifically to offer a handicap that would appeal to high self-esteem people (provide enhancement) and low self-esteem people (provide protection). The reasoning behind this, she argued, was that “[a] handicap that offers enhancement of success but no protection against failure should appeal mainly to people with high self-esteem. A handicap that offers the opposite – namely, protection but not enhancement – should appeal primarily to those with low self-esteem.”¹⁷⁵

The first study focused on practice effort, a well-established type of self-handicapping which has been mentioned in conjunction with self-handicapping from the beginning (see Jones and Berglas 1978 where lack of practice is referred to as “underachievers”). So well established and common is it this type of self-handicapping, Tice claims that, “[l]ack of preparation may be the most ubiquitous form of self-handicapping in the real world because of the ease of its implementation […] and because of the variety of circumstances in which it can be implemented […].”¹⁷⁶

Along with this, it is perhaps one of the most intuitive of the self-handicaps. As Tice goes on to say, “To fail after minimal practice is no disgrace, because everyone can assume that more practice would have resulted in better performance. Success after minimal practice is

¹⁷⁴ Ibid., 723-4.
¹⁷⁵ Ibid.,712.
¹⁷⁶ Ibid.,716.
doubly impressive, for it presumably requires great ability or talent to succeed without really trying.”

The results of Tice’s four studies showed that high self-esteem individuals do indeed engage in self-handicapping in order to enhance their presentational attributions. The first of the studies showed that both high and low self-esteem individuals practiced less when the task was important and ego relevant (i.e., engaged in self-handicapping). The desired benefits behind this action, however, were different; the high self-esteem handicappers withdrew effort to enhance the attributions that would be made to their innate ability, while the low self-esteem self-handicappers withdrew effort in order to excuse any potential failure and keep their ability levels in question.

In the unimportant task group both high and low self-esteem individuals increased their practice – the high self-esteem group did so to prove themselves more outstanding (under the condition that a high score equated to excellence), the low self-esteem individuals did so to prevent failure (under the condition that a low score meant failure). In other words, the opposite practice habits were seen in the unimportant condition than in the important condition.

But despite the opposite behaviors, the underlying motives behind the actions remained unchanged. The difference was a product of how the task was perceived. It is this level of perceived importance that seems to trigger the self-handicapping in both high and low self-esteem self-handicappers (see also DeGree & Snyder 1985; Pyszczynski & Greenberg 1983; Rhodewalt et al 1984; Shepperd & Arkin 1989a; and others). As the task becomes more important, the focus of the individual shifts from the actual task to the attributes that will be drawn about the performer from the performance (e.g., “I will play my best” to “If I play my best

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177 Ibid., 712.
178 Ibid., 714-6.
179 Ibid., 715-6.
in this situation people will respect me as a musician” or vice versa in the case of failure). To put it another way by quoting Tice:

Making a task appear important and relevant to the self shifts the person’s concern from the level of performance per se to the attributional implications of the performance. Thus, when things are unimportant, people with high self-esteem seek to maximize their performance when there is a chance to appear outstanding; but when things are highly important, they focus instead on maximizing their possible credit for success when there is a chance to appear outstanding. In the unimportant conditions, subjects attempted to enhance their image by preparing a great deal to increase their chances of getting an outstanding score. When the task was more self-relevant, however, they used the strategic ploy of reduced practice, which, although decreasing their chances of receiving an outstanding score, would make that score more meaningful and would enhance their credit for success should they succeed despite the handicap.

The other three studies conducted by Tice corroborated the findings of the initial study while also ruling out additional cause for a lack of practice (such as over-confidence or a lack of concern). Together they provide empirical evidence that self-handicapping is linked to trait self-esteem and the self-presentational models suggested by Arkin (1981).

Implicit vs. Explicit Self-Esteem

The research that has emerged since Tice’s study now suggest there may be different components to a person’s self-esteem (implicit and explicit) which could influence self-handicapping behavior and the motivation behind it. Implicit self-esteem refers to how someone unconsciously feels about him or her self, while the explicit self-esteem is the more reasoned, conscious feelings about one’s self. If someone has high explicit but low implicit self-esteem they are said to have discrepant self-esteem.

180 Ibid., 716.
181 Ibid.
182 Ibid., 716-8.
183 Ibid.,723.
Lupien, Seery, and Almonte posit that those who have discrepant self-esteem, owing to their more defensive nature which has been observed in previous studies on self-esteem, would be more likely to self-handicap defensively rather than for enhancement purposes. Lupien et al. base this hypothesis on the work of Jordan et al. (2003) which suggests “that defensive reactions among people with discrepant HSE [high self-esteem] stem from a self-view that although positive, is fragile and vulnerable to the personal implications of daily life events.”

A person with discrepant high self-esteem could be described as a person who has more to prove and more to lose. “Testing,” Lupien et al. write, “if one’s ability is exceptionally high should create the greatest risk for the fragile positive self-views of people with discrepant HSE.” Those who have congruent high self-esteem (high implicit and explicit self-esteem), on the other hand have more confidence in their abilities and therefore have a more positive self-image. Lupien et al. characterize those with discrepant high self-esteem as having:

relatively consistent, nagging doubts. Importantly, our study suggests that the self-doubts of people with discrepant HSE do no uniformly permeate all situations in which upcoming performance is uncertain. Instead, self-doubts may differ in level of activation depending on the nature of what is at stake.

After reading this rather bleak description of what living with discrepant self-esteem feels like, is it any wonder that such an individual would want to protect what positive self-image he or she possesses? Additionally, those with discrepant high self-esteem may also be playing on the enhancement benefits offered by self-handicapping. Lupien et al. continue by saying:

For individuals with discrepant HSE, demonstrating exceptional status could offer the potential to generate concrete evidence countering self-doubt, thus making the attainment of exceptional status especially appealing. Paradoxically, however, if demonstrating
exceptional ability can alleviate self-doubt, but greater self-doubt motivates greater behavioral self-handicapping, individuals with discrepant HSE may be willing to risk sabotaging the very outcome that could conceivably quell their doubts. [...] Excused failure may be preferable to failure attributed to low competence, but explaining away failure seems unlikely to resolve self-doubts for people prone to experiencing them. Avoiding diagnostic information about one’s capabilities by behaviorally self-handicapping thus seems likely to result in a continuing cycle of uncertainty, self-doubt, and defensive behavior for people with discrepant HSE.\textsuperscript{189}

Lupien et al.’s study determined that in instances of diagnostic tests (i.e., if the test showed extreme ability or inability) “participants with discrepant high self-esteem engaged in significantly greater behavioral self-handicapping than other participants.”\textsuperscript{190} The implication of this finding is that the defensive reactions discrepant high self-esteem people display also engage preemptively when faced with a diagnostic task.\textsuperscript{191}

The construct of implicit and explicit self-esteem is relatively new; however, it may well be then, that – unlike the explanation offered by Tice – the fear of failure can also be the most powerful motivating factor for a certain type of high self-esteem self-handicapper. Further research would be required to determine this definitively, particularly with regards to musicians. But what is very clear from the body of research is that self-esteem plays a vital function in the process of self-handicapping and that, as Tice wrote, “[t]he fact that different people will perform the same behavior for different reasons and under different circumstances points to a need to appreciate the multiplicity of causal processes in attempting to understand complex behavior.”\textsuperscript{192}

\begin{footnotes}
\item[189] Ibid.
\item[190] Ibid.
\item[191] Ibid., 1107.
\item[192] Tice, 724.
\end{footnotes}
Imposter Phenomenon

Many people suffer from an intense feeling of phoniness – that the success they enjoy has not be rightfully earned. They live in fear that the day will come when they will be “found out” for the fraud they feel themselves to be. In order to stave off that day as long as possible they attempt to negate the results of evaluative feedback, often through self-handicapping behaviors.193 Not surprisingly, the weight of such a belief, and the measures engaged in to cover up their perceived inability can cause other psychiatric problems such as excessive stress, anxiety, depression, low self-esteem, low self-confidence, and frustration.194

The ironic thing is, these people are often extremely accomplished and even admired in their fields but instead of internalizing their accomplishments, they attribute them to external factors “such as luck, exceptionally hard work, or being in the right place at the right time.”195 Attributing success to an external event is unlikely to change the individual’s expectations for future outcomes; therefore, they continue to feel uncertainty and phony while constantly fearing failure. To exacerbate this condition they develop “an unstable sense of self-worth” and “[depend] heavily on the feedback of others in order to maintain their sense of self.”196 They are uncomfortable receiving praise and often brush it off, secretly feeling it is undeserved and is just a product of their ability to trick people into thinking they are more than what they really know themselves to be, rather than accepting the praise as a manifestation of their inherent ability or skill.197

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193 Want and Kleitman, 961.
196 Want and Kleitman, 962.
197 Leary, 727.
This feeling is known as “Impostor Phenomenon” and was first reported by Clance and Imes in 1978 in very accomplished women professionals and academics. These women, Clance and Imes write, “despite their earned degrees, scholastic honors, high achievement on standardized tests, praise and professional recognition from colleagues and respected authorities […] do not experience an internal sense of success. […] They] maintain a strong belief that they are not intelligent; in fact they are convinced that they have fooled anyone who thinks otherwise.”

Initially it was thought that this syndrome affected women more frequently than men (subsequent studies have cast doubt on this by showing no gender differences in imposter feelings). As such, psychologists looked to the different ways genders form attributes as a possible cause of the behavior. Clance and Imes reference Deaux’s (1976) research which asserts, according to Clance and Imes, that “women consistently have lower expectancies than men of their ability to perform successfully on a wide variety of tasks” and that “women tend to attribute their successes to temporary causes, such as luck or effort, in contrast to men who are much more likely to attribute their successes to the internal, stable factor of ability.” Clance and Imes also point to the societal view (particularly strong in the 1970s when this paper was published) which belittles women’s abilities, especially in comparison to men. Successful women, therefore, are going against the societal norms (which according to Kelley’s covariance model leads to negative attributions, see section on attribution theory), creating further guilt and confusion about their success.

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198 Clance and Imes, 241.
200 Clance and Imes, 242.
201 Ibid.
202 Ibid., 244.
Clance and Imes suggest there are two pathways to the development of imposter phenomenon, both of which are rooted in the individual’s early childhood. The first proposed method of development occurs in individuals who are designated by their family as the “sensitive” or “socially adept” child as opposed to his or her sibling who is labeled the “intelligent” child. Now feeling the need to prove themselves as equally intelligent as their siblings, these children apply themselves in school and excel. “However,” Clance and Imes write, “the family seems unimpressed” which results in the individual becoming even more “driven to find ways of getting validation for [his or her] intellectual competence” while at the same time wondering if the accolades thus far received have not really been for intelligence but for external characteristics (e.g., appearance, popularity, etc.).

The second path to impostor phenomenon occurs when the child is told he or she “is superior in every way – intellect, personality, appearance, and talents. There is nothing that she cannot do if she wants to, and she can do it with ease.” However, the child encounters situations where she cannot easily accomplish or readily excel at and so begins to doubt her parents’ evaluation of her abilities and worst of all begins to develop self-doubt. “Having internalized her parents’ definition of brightness as ‘perfection with ease,’ and realizing that she cannot live up to this standard; she jumps to the conclusion that she must be dumb. She is not a genius; therefore, she must be an intellectual imposter.”

There are several ways that impostor behavior is manifested. The first suggested by Clance and Imes is hard work and diligence. The individual, fearful of being discovered as a failure, works extremely hard to succeed, hence staving off the discovery. While it would seem

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203 Ibid., 243.
204 Ibid.
205 Ibid.
206 Ibid.
207 Clance and Imes, 244.
that this would lead to more confidence, in actuality it is a self-perpetuating cycle as the individual feels that the success is only superficial and the hard work merely a dodge to avoid a revelation of the shocking truth of inadequacy.\textsuperscript{208} Other behaviors include withholding real opinions to parrot the opinion of others or to give the opinion they know will be most popular, (which Clance and Imes call “intellectual flattery”) and using charm to gain the approval of a mentor figure (at which point any approbation given by the mentor is thought to be the result of their charms rather than actually deserved).\textsuperscript{209}

Over the past several years researchers have continued to look at the link between upbringing and the development of impostor phenomenon and discovered that “[g]reater parental control/overprotection is reported to be related to higher impostor scores […]\textsuperscript{210} For example, a parent not wanting to look bad if their child fails, takes over a school project. The child receives a high grade but does not feel it is deserved because the work was done by a parent; thus the child begins to disbelieve praise and “fails to develop a sense of self based on their own abilities.”\textsuperscript{211}

Want and Kleitman delved deeper into the idea that upbringing can be a predictor of impostor phenomenon and also self-handicapping. Using a battery of psychometrics designed to test impostor phenomenon, self-handicapping, parental bonding, and confidence in ability, they discovered that not only is there a significant link between impostor phenomenon and self-handicapping but that the parenting styles could act as a predictor of these behaviors.\textsuperscript{212} Their study showed that the paternal parenting style was the strongest predictor of impostor phenomenon whereas maternal parenting styles showed a link with self-handicapping behaviors.

\textsuperscript{208} Ibid.
\textsuperscript{209} Ibid., 245.
\textsuperscript{210} Want and Kleitman, 963.
\textsuperscript{211} Ibid., 963-4.
\textsuperscript{212} Ibid., 961, 969.
Specifically subjects who indicated overprotection or a lack of care from their father were more likely to experience impostor phenomenon, while those who “perceived lack of maternal care” were more likely to self-handicap.\textsuperscript{213} Want and Kleitman speculate that the overprotective father, whether motivated out of narcissism (vicariously succeeding or failing through his child) or love, prevented the child from “the opportunity to earn their feelings of competence.” This effect could be off-set and even possibly avoided through increased “paternal warmth” which acted as a “protective buffer.”\textsuperscript{214}

As previously stated impostor phenomenon research was originally directed towards women but a number of studies examining a range of occupations from university faculty to business and medical professionals found that men also suffer from the condition (Topping and Kimmel 1985; Fried-Buchalter 1992; Oriel, Plane, & Mundt 2004; Mattie, Gietzen, Davis, & Prata 2008 among others).\textsuperscript{215} Furthermore, the condition appears to occur in equal measure to both men and women. Researchers attribute the equalization of the genders to the rising number of women in the workplace; the women were able to serve as mentor figures to the next generation of women who, as a result, felt less uncertain and fake.\textsuperscript{216} The social climate becoming more accepting of intelligent women in the workplace also probably plays a factor. In general, nearly a third of all professionals (regardless of profession or gender) exhibit signs of impostor phenomenon.\textsuperscript{217}

In their study of imposter phenomenon in the physician assistant community, Mattie et al discovered that rates of imposter phenomenon tended to go down with experience and practice in their field. However, in a similar study of family practice residents results indicated that

\textsuperscript{213} Ibid., 969.
\textsuperscript{214} Ibid., 970.
\textsuperscript{215} Mattie et. al, 6.
\textsuperscript{216} Ibid.
\textsuperscript{217} Ibid., 9.
imposter feelings “did not dissipate through years of residency.” Whether these findings indicate that imposter phenomenon is transient or the result of a physician’s assistant being “always in a dependent positions to a supervising physician” is unclear.

However, they were able to show a relationship between depression and imposter feelings – a link which had been seen in earlier research. This link has been hypothesized to be a result of the negative and critical thought imposter phenomenon suffers constantly barrage themselves with unintentionally (some researchers even contend that the feelings of mild depression and imposter phenomenon are so similar they can mask each other).

Returning to the study on physician assistants with imposter phenomenon, they discovered that a “higher than predicted” sample “[met] the diagnostic criteria for major depressive disorder.” They attributed this to the schooling medical personnel must go through stating, “[d]ue to the multitude of stressors that accompany a medical education and training, it is not surprising that health professionals report high levels of anxiety, depression, and psychological distress.” Musical education is also a specialized field that presents a rigorous and intensive form of training; therefore one might expect a similar outcome among musicians with higher than average rates of depression and imposter phenomenon.

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218 Ibid.
219 Ibid.
220 Ibid., 6, 9-10.
222 Mattie et. al, 9.
223 Mattie, 10.
CHAPTER VIII

EXPLAINING THE GENDER DIFFERENCE IN SELF-HANDICAPPING

*Life has enough torturers as it is, without you going around moonlighting as a Grand Inquisitor against yourself.*

--- Carlos Ruiz Zafon

As was touched upon in the previous chapter, researchers have found that self-handicapping, as well as many of the constructs related to it, manifest themselves differently between the genders. In fact, this gender difference has been declared by Rhodewalt as “one of ‘the most consistent findings’ in the self-handicapping literature.” But what is the root cause of this difference and what makes it so clear cut? Researchers have tested a number of theories to determine what the basis of this difference is.

The first of these theories examined here is that women do not fear public failure as much as men or need a greater threat than men to tempt them to engage in self-handicapping. Rhodewalt wrote, basing his statement on the research extant at that time, “almost every study in which concerns about ability to perform have been directly manipulated or assessed as an individual difference, males have self-handicapped.” He further went on to state that uncertainty and non-contingent success do not appear to have as strong a motivating factor for women to exhibit self-handicapping.

This theory, though, was disproved by E. R. Hirt et al (2000) when they observed that “controlling for [evaluative] concern did not reduce the effects of gender on self-handicapping within the public self-focus condition.” Moreover, the importance of the event did not seem to

225 Ibid.
226 Rhodewalt, 88.
227 Ibid.
228 McCrea, Hirt, and Milner, 293.
have an effect on the gender differences either but rather tended to increase the levels of claimed self-handicapping in both genders (Koch, Hirt, and McCrea 2003) “suggesting it is the type of handicap, not the level of threat to self or the presence of public scrutiny, that underlies this gender difference.” 229

Researchers then turned to self-esteem levels for answers. According to McCrea, Hirt, and Milner (2008) “[m]en tend to report higher self-esteem than do women (Feingold 1994; Kling, Hyde, Showers, and Buswell 1999).” 230 Could it be that having more to protect triggered the instinct to self-handicap more strongly? Subsequent research demonstrated this was also not the case. 231

This lead to an examination of domains. Perhaps women do not behaviorally self-handicap in academic domains but would in other, more traditionally feminine domains such as social. Some research (Kimble, Funk, and DaPolito 1990) found evidence this might be the case but this would not still not explain why women self-report self-handicapping in the academic domain or why men behaviorally self-handicap in social domains. 232

Current theories suggest that this gender discrepancy could be due to work ethic and how women perceive lack of effort versus lack of ability. It is possible that the image maintenance benefits afforded to men by behaviorally self-handicapping do not apply equally to women. As McCrea et al write; 233

[p]ast work has shown that failure by women is more likely to be attributed to lack of ability, whereas failure by men is attributed to lack of effort, at least for masculine tasks (Dweck, Davidson, Nelson, and Enna 1978; Swim and Sanna 1996). Therefore, it could be that women do not behaviorally handicap because they expect observers will blame their failures on lack of ability rather than lack of effort. 233

229 Ibid.
230 Ibid.
231 Ibid.
232 Hirt, Deppe, and Gordon, 989; McCrea, Hirt, and Milner, 293.
233 McCrea, Hirt, and Milner 293.
To put it another way, “effort withdrawal may simply not ‘work’ as a self-handicap (and accrue the same attributional benefits) for women as it does for men. As a result, women presented only with the option of effort withdrawal as a self-handicap would be better off expending effort to minimize their chances of failure.”

This perception of work effort could be fueled by the societal belief (as shown in the work of Dweck, Davidson, Nelson, and Enna 1978; Dweck, Goetz, and Strauss 1980) that when men fail it is ascribed to a lack of effort, whereas when women fail it is considered to be due to a lack of ability (see discussion on gender attribution in the section on success depression). 

Therefore it is not in a woman’s best interest to self-handicap through a lack of effort as it may not afford the protective aspects being sought but rather would be viewed as evidence of a lack of ability. Hirt et al’s study (discussed above) bore some evidence that this was the case with women high self-handicappers scoring “significantly more (73.2%) than high self-handicapping men (61.4%)” on SHS question which asks “I always try to do my best, no matter what.”

McCrea et al suggest that women view and value effort differently than men. This position is based on a study by Hirt, McCrea, and Boris (2003) in which men and women were asked to read a short example about Chris (whose gender varied in different groups). Chris is described as being concerned with an upcoming test. In the various experimental groups Chris either stays home to study or goes out to a movie (simulating behavioral self-handicapping).

The study hypothesized that the reaction of participants to Chris’s actions would vary depending on whether Chris was a man or a woman. However, the results showed that Chris’s gender had no effect while the gender of the test subject:

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234 Hirt, Deppe, and Gordon, 989.
235 Hirt, Deppe, and Gordon, 989.
236 Ibid.
played a crucial role in determining reactions to the target. Women were more critical of the self-handicapping target (male or female) than men on both ability-related and interpersonal dimensions. Subsequent replications revealed that men were willing to give the self-handicapper the “benefit of the doubt” when an alternative explanation for the behavior was available (e.g., target felt peer pressure to go out), whereas women did not.\textsuperscript{237}

McCrea et al go on to explain that women perceived Chris’s self-handicapping behavior “as indicative of a stable character defect, such as dispositional laziness or a lack of self-control.”\textsuperscript{238} Women also tended to be more suspicious of the self-handicapping behavior, that it was engaged in in order to provide an excuse for later failure. This increased level of suspicion and belief in the importance of work could explain the lower levels of behavioral self-handicapping exhibited by women. They do not self-handicap this way “not because they are less motivated to do so, but because they view certain types of self-handicaps negatively.[…] Thus women may come to disapprove of a lack of effort by others as well as in their own behavior, and therefore do not self-handicap in this manner.”\textsuperscript{239}

According to McCrea et al (2008), the negative view women take towards a withdrawal of effort can be mitigated if such effort is withdrawn for a reason other than work avoidance. They state:

[w]omen more positively evaluated a target who withdrew effort in order to help a friend, even if such behavior was unnecessary.[…] Women are likely to be more forgiving of a self-handicapper when the behavior satisfies other socially prescribed norms, such as helping others. However, when the behavior is not justified by such selfless action, women are less tolerant and expect adequate effort.”\textsuperscript{240}

These results corroborate the hypothesis that women do not behaviorally self-handicap as much as men because they view the behavior more negatively. The studies detailed in McCrea et al (2008) “provide the first viable explanation of which we [the authors of the study] are aware

\textsuperscript{237} McCrea, Hirt, and Milner, 294.
\textsuperscript{238} Ibid.
\textsuperscript{239} Ibid.
\textsuperscript{240} McCrea, Hirt, and Milner, 303-4.
that account for these robust gender differences, but also allow us to rule out a number of alternative explanations for these findings.”241 Nevertheless, it is important to note that just because an individual views a lack of effort negatively and therefore tends not to engage in behavioral self-handicapping, does not mean that same individual will also refrain from choosing another type of self-handicap to engage in.242

241 Ibid., 307.
242 Ibid.
CHAPTER IX

THE ENEMY WITHIN: POTENTIAL RISK FACTORS FOR MUSICIANS

*A musician is more likely than other people to be sensitive to ills, real or imaginary.*

--- Dmitri Tiomkin

Having now looked at many of the facets of self-handicapping, let us turn our discussion to how these could potentially impact the musician community and why it seems reasonable to assume that this is behavior many musicians exhibit.

The first aspect that has been touched on throughout this paper is that musicians strongly identify with their art and feel it is an important aspect of their daily lives. Something that is so highly prized would seem quite naturally to trigger a protective or enhancement instinct particularly when that ability is under scrutiny, which it constantly is in the music education system and professional world.

As was mentioned in the section discussing dispositional handicaps, while there are no known extant studies examining the impact frequent exposure to threatening situations has on self-handicapping behaviors, it makes sense that repeated exposure can lead to a greater feeling of uncertainty and a greater urge to self-handicap. Each new diagnostic situation brings the risk of failure, which risk can be perceived as greater the more time passes and the more one has established a reputation as a competent, reliable musician.

With each new level achieved and career milestone crossed there is not only a sense of success but also a new level of challenges to be confronted. Greater challenges bring with them even greater fear of failure as the stakes continually are raised. Each successful audition places the musician into an increasingly smaller and more elite group, and so competitive is the field that the understanding is always lurking that even the smallest mistake can have wide-ranging implications about one’s ability level and competence. Therefore, those who fear failure may
find it easier or more comfortable to never pass a certain threshold of achievement – deriving contentment instead by being successful at a lower level of competition, rather than a failure at an elite level. Self-handicappers would rather “forego success to protect the illusion that they have the competence to be consistently successful.” 243

It was also discussed in a previous section of this paper how personal importance of a diagnostic situation impacts one’s practicing habits. Both high and low self-esteem individuals were shown to lessen practice when a task is viewed as personally important (see section on self-esteem). It is important to remember that studies have shown that as a performance becomes more personally important, the focus tends to shift away from the actual performance to the performer and the attributes that will be attached to him or her by the audience. This alteration of practice habits observed by Tice was a way for the self-handicappers to manage their image and try to control the attributions made by others about their performance – to either enhance or protect their image of competence and ability.

Musicians are frequently required to play in high-importance arenas. Student musicians in particular are often asked to play for guest artists, in master class situations, competitions, etc. The more personally important these playing opportunities become to the self-handicapping musician (for example, to play for a well-known guest artist), the more the focus can shift from an internal one of “I want to play my best” to an external one of “If I play well my peers will admire me, my teacher will be proud, etc.”. This shifts the motivation from a task-based to ego-based perspective, which has been shown (c. f. Susceptibility to Self-Handicapping) to increase the rates of self-handicapping in susceptible individuals.

The thought of making one’s teacher proud also could potentially act as a trigger for self-handicapping. As Jones and Berglas proposed in the initial paper on the subject of self-

243 Ibid. Jones and Berglas
handicapping, learning that love from a parent is not unconditional can strongly motivate an individual to self-handicap. Rather than risk loosing the positive feelings and approbation being offered by that parent, the child chooses not to engage fully. Better to be labeled an underachiever than to be thought of as incompetent and therefore unworthy of love.

It has been suggested that often the teacher-student role, particularly in the one-on-one situation that music education fosters, takes on a parental nature. Noel Wallace, in his dissertation *The Collective Pedagogy Utilized by the Trombone Instructors at the Rotterdam Conservatory of the Netherlands*, describes the function of two of the trombone instructors at Rotterdam, George Wiegel and Ben van Dijk as assuming a paternal role. Wallace bases his characterizations on the work of Clifford Mayes, a noted Jungian scholar, who drew similarities between Jungian archetypes and educational styles in his book *Jung and Education: Elements of an Archetypal Education*.

If, then, some teachers are viewed in parental roles by their students, it stands to reason that the same parenting styles that drive a child to self-handicap could also be at work in the artistic lives of music students. Teachers who bestow upon their students what could be seen as conditional approbation (“My teacher will only like me if I am successful”) could be unwittingly driving the mechanisms preventing some students (and arguably the ones that are in many ways the most desperate to succeed) from reaching their full potential. However, in order to maintain what prestige and esteem their mentor already gives them rather than risk it all, they are content to not try, fearing the outcome an unsuccessful attempt might have on their relationship with their mentor. This dimension was not explored specifically in this paper, however it bears

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245 Ibid., 16-17.
following up in future research to determine what pedagogical styles are most strongly associated with this and other types of self-handicapping.

Pedagogical practices could also be responsible for creating an uncertain self-image in developing student musicians, leading to self-handicapping habits. Music, like all arts, is subjective and students must learn to navigate this changing and capricious environment in order to be successful. As students, musical achievement and opportunity is largely determined by the preferences of their professor, adjudicators, or jury panel. What was adequate one day may be wildly insufficient the next as the tastes and priorities of different clinicians, professors, and musical mentors move in and out of the student’s life. In addition, uncertainty can also come from an unsuccessful performance or audition, changing schools, changing instruments (e.g. from tenor to bass trombone), learning a new style, tackling too difficult of a challenge, and so forth.

Music educators need to be aware of the dangers of non-contingent success which could take many forms in music education, such as over-praising, giving empty compliments, or failing to draw a strong correlation between the action/performance being praised and the praise being given. Unwittingly, educators may confuse their students or create in them the feeling of not being able to live up to expectations or past successes, leading to self-handicapping behaviors, success depression, and other praise-induced disorders.

Finally, in addition to the behaviors already listed, self-handicapping can also be exhibited by declining to express “[one’s] true preferences or opinions” in order to “[protect oneself] from the ultimate implications of rejection as a person,” such as the actor who is always in character for fear of his or her true self being deemed not good enough. Any rejection that
might come to these types of self-handicappers would be mitigated because they “held [their] true self in reserve.”

This type of self-handicapping could be particularly tempting to musicians as it offers a wide range of subtle excuses for potential failure. By subliminating his or her own musical interpretation to that of a known authority or performer, or by strictly and mechanically adhering to the editorial markings on the page rather than striving to attain a deeper musical understanding of the work, or by following someone else’s interpretation despite believing a different and equally acceptable interpretation would better suit the music, the musician is able to maintain emotional distance from the audience and their potential rejection of the musician’s ideas.

Rather than express their own opinions or the ideas they wish to communicate, these types of self-handicapping musicians defer to another more popular or supposedly more educated interpretation out of the fear that their interpretation would be rejected or ridiculed. Any negative reception of the performance could be (theoretically) shrugged off more easily because the musician had protected his or her identity by reserving some sense of self from the performance. The audience would then be seen as rejecting someone else, and someone else’s ideas and musical communication that the artist was simply repeating, not the actual artist. While this type of rejection could hold much less sting, the question will always linger of what could that musician have accomplished if he or she had but dared to try.

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246 Jones and Berglas, 201.
CHAPTER X

SELF-HANDICAPPING AMONG UNIVERSITY OF NORTH TEXAS MUSICIANS

If one is excessively worried about his basic competence and simply cannot face the prospect of being judged incompetent, it is better to exert less than total effort, thus inviting probably (but not inevitable) failure, than to try and risk a possible failure that would implicate the self more irrevocably.

--- Edward Jones and Steven Berglas

My interest in this topic began anecdotally and through observation of the musician population at both my undergraduate and graduate school. I noticed that many of the people that I performed with – capable and talented musicians – would always have a ready excuse for any performance that did not go well. Several of my female colleagues would claim illness before a major performance or audition, some to the extent that they became infamously unreliable and unemployable. My male colleagues, on the other hand, would frequently resort to drug and alcohol usage to explain away any bad performances. These people were frequently “middle of the pack” musicians frustrated by their inability to progress through the ranks of students but who always blamed this lack of mobility on external forces beyond their control. I also noticed but failed to understand why, among equally talented musicians, some succeeded easily while others seemed to have no end of bad luck.

As I mentioned this perplexing observation to my trombone professor, Dr. Vern Kagarice, he began sharing stories of students he knew who could have been professional players but never seemed to “get it all together.” They were afraid of failing or afraid of the consequences of their success and so they never seemed to gain the momentum necessary to achieve the next level. It was not a question of ability – they had, in the professor’s opinion, the necessary talent to succeed – but for some reason failed to capitalize on that.
Puzzled by these stories and my peers’ (and on occasion my own) tendencies toward excuse-making, I began some cursory research into this phenomenon and came across the term “self-handicapping”. The theory seemed like a plausible explanation for these behaviors but no known literature applying it to musicians could be found.

For the purpose of ascertaining what, if any, effect self-handicapping had on musicians and whether or not this topic warranted further investigation, I launched a pilot study in conjunction with Dr. Kris Chesky on self-handicapping among the student musician population at the University of North Texas. My initial hypothesis was that only a handful of people of either gender would exhibit self-handicapping behaviors and that it would occur primarily among the younger students. I also thought that there might be a correlation between instrument and level of self-handicapping as some instruments are more competitive than others (because of the number of people who play them) and anecdotal evidence suggests each instrument attracts a particular personality type – some of which have reputations for being more high strung than others.

Method

In order to assess the degree to which self-handicapping was present within the musical population a convenient sample of college musicians were asked to complete a survey consisting of general demographic information and the Rhodewalt Self-handicapping Survey, an often used and well documented measure of self-handicapping tendencies which uses a six point Likert scale ranging from 0 (disagree very much) to 5 (agree very much). This survey was administered at the end of the semester during the time the final semester solo performances, known as juries, were taking place. The survey, which was conducted on paper, was distributed
at random as students were entering or exiting their juries and also in a handful of classes including the jazz ensembles (known as lab bands). The data from these surveys were then calculated and analyzed using SPSS. All data collection was done under the approval of the IRB.

Results

The self-handicapping survey was completed by 157 students, 111 of whom identified as male, 43 as female. On average both genders were about 22 years old; however, men indicated nearly four more years of musical study (10.8 for men vs. 6.9 for women). The average number of years spent studying music in college was also higher for men (3.2 years) than it was for women (1.7).

Women scored higher overall on the self-handicapping scale with an average score of 56.3. Men averaged 53.4. Nearly one third of the students (29%) surveyed reported a score on the Self-Handicapping Scale greater than the threshold score of 62 (indicating a high level of self-handicapping). Of the high self-handicappers, women had a higher average score of 72.8 (very high) than their male colleagues whose average score was 67.6 (sig .005). No correlation was present between a high self-handicapping score and the demographic variables tested (age, ethnicity, years of musical study, education level, number of instruments studied, or type of instrument).

Discussion

This study confirmed that self-handicapping is a substantial problem for a number of music students. Particularly surprising was the high number of women who self-handicapped
compared to men, which is contrary to expectations suggested by the literature. Also, as there were no correlating factors between demographics and self-handicapping, some other process or processes must be at work driving the self-handicapping behaviors. Because of the sampling method used and the disproportionate number of men and women who answered the survey, it was determined that new sample would yield a clearer picture of the scope of musician self-handicapping. Consequently, a new survey was devised and launched to not only determine if these results could be replicated but to measure self-handicapping musicians outside of the UNT system for comparison.

CHAPTER XI
SELF-HANDICAPPING AMONG MUSICIANS: THE BIGGER PICTURE

To play it safe is not to play. --- Robert Altman

The previous study opened up many avenues for further examination. After a review of the literature and owing to the high number of women who self-handicap (as well as their high scores in comparison to men) it seemed natural to look at depression and imposter phenomenon as possible predictors of self-handicapping. Also the question arose of whether the results from the University of North Texas corresponded to results from other schools or if it represented an isolated problem particular to that school. Finally, to see how prevalent self-handicapping was in the top levels of the profession (and explore if indeed self-handicapping was hindering potential) several professionals were also surveyed to see how their results corresponded to that of the student musicians.

The predicted results were that imposter phenomenon and depression scores would correlate and predict self-handicapping behavior. It was predicted that there would be greater reported depression and imposter phenomenon among women than men. Women were also expected to score higher on the claimed self-handicapping subscore, while men were expected to score higher on the behavioral self-handicapping subscore. Professionals were expected to have a lower score on self-handicapping. The large difference between men and women high self-handicappers was not expected to be repeated as that is suspected to be a result of the large difference between of respondents’ gender in the previous study.

Specifically this study will look at the following:

- The demographics of the participants
- Pertinent resultant scores musicians reported for the psychometrics tested including overall self-handicapping scores
- How gender interacts with the reported self-handicapping
- How self-esteem interacts with self-handicapping
- How one’s musical level (whether a professional or student) interacts with self-handicapping
- How much of the self-handicapping behaviors can be accounted for/predicted by comparing them to the other constructs tested

Method

The survey consisted of an expanded and clarified version of the demographic information gathered in the previous study, the Rhodewalt Self-handicapping Survey, Zung Self-rating Depression Scale, Rosenberg Self-esteem Scale, and the Clance IP Scale. The scales were chosen based on their use in previous literature, reliability, and ease of use. Each scale used a Likert system for scoring. The survey closed with a statement on what self-handicapping is and an option to request further information about this study via email. The survey was conducted online through Qualtrics. All data collection was done under approval of the IRB and analysis was done using SPSS.

Several dissemination methods were used in order to reach the most musicians possible. First was word of mouth where I explained either in person or through email the study to friends and colleagues and asked them to participate and to recruit their friends. Flyers were then printed and placed on bulletin boards throughout the University of North Texas College of Music. Social media announcements were placed on personal and musician specific websites. The final approach was to email several professors both at UNT and several universities across
the country asking for their help to disseminate the survey, thereby creating a snowball effect. The survey was also kindly sent through the CODA (College Orchestra Directors Association) membership by one of CODA’s members.

**Statistical Procedures**

Independent sample t-tests were used in order to test for differences between dichotomous groups (i.e., gender, professional vs. amateur). Two-way analysis of variance (ANOVA) was used to test group differences across two separate grouping variables/factors (primary instrument type and gender). The primary instrument type contained six levels and gender contained two levels. Therefore, a 6 (instrument type) x 2 (gender) ANOVA was run. Tukey’s post-hoc tests were used following the ANOVA to examine all pair wise comparisons. These correct for family-wise error-rate, thus reducing type 1 error rate inflation. The Wilcoxon rank-sum test is a type of nonparametric test that is robust to non-normal data. This was used to analyze differences between groups on responses to single items (Likert-scale) of questionnaires. Pearson bivariate correlations were used to analyze the linear relationship between variables. Finally, multiple regression analyses were used to investigate the relationship between variables using multiple predictors (independent variables). A strength of multiple regressions is that it accounts for shared variances and reveals the best predictors of a characteristic (e.g., self-handicapping).

**Participants**

After cleaning the data for incomplete survey responses, 443 valid surveys were collected. The average age of the participants was 28.9 years. The gender breakdown was
nearly 50/50, with 223 women and 220 men. The ethnicity was predominantly White/Caucasian (N=378, 85.9%) with a small sample of Hispanics (N=24, 5.5%) and Asians (N=9, 2.1%), and a smattering of other ethnicities (see Table 1 for complete breakdown).

Table 2. Ethnicity of Participants by Percentage

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>N</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>378</td>
<td>85.91</td>
<td>85.91</td>
</tr>
<tr>
<td>African American</td>
<td>5</td>
<td>1.14</td>
<td>87.05</td>
</tr>
<tr>
<td>Hispanic</td>
<td>24</td>
<td>5.45</td>
<td>92.5</td>
</tr>
<tr>
<td>Asian</td>
<td>9</td>
<td>2.05</td>
<td>94.55</td>
</tr>
<tr>
<td>Native American</td>
<td>2</td>
<td>0.45</td>
<td>95</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>4</td>
<td>0.91</td>
<td>95.91</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
<td>2.05</td>
<td>97.95</td>
</tr>
<tr>
<td>Prefer not to say</td>
<td>9</td>
<td>2.05</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>440</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Unlike the pilot study where instruments were sorted individually, the instruments were grouped into families. From largest to smallest the instrument breakdown is as follows: brass players (N=124, 28.1%), strings (N=107, 24.2%), voice (N=79, 17.9%), woodwinds (N=66, 14.9%), keyboards (N=51, 11.5%), percussion (N=13, 2.9%), and those who listed themselves primarily as conductors (N=2, .45%). See Table 2 below:

Table 3. Instruments Represented by Percentage

<table>
<thead>
<tr>
<th>Instrument</th>
<th>N</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strings</td>
<td>107</td>
<td>24.21</td>
<td>24.21</td>
</tr>
<tr>
<td>Woodwinds</td>
<td>66</td>
<td>14.93</td>
<td>39.14</td>
</tr>
<tr>
<td>Brass</td>
<td>124</td>
<td>28.05</td>
<td>67.19</td>
</tr>
</tbody>
</table>
Participants who responded that they were currently studying music on a collegiate level were given the opportunity to write in which school they were attending. It was an optional question and many chose to leave this question blank, but of those who did answer it, large sample sizes came from the University of North Texas (N=64, 25%), Brigham Young University-Idaho (N=56, 21.9%), Utah State University (N=35, 13.7%), University of Utah (N=32, 12.5%), University of Colorado-Boulder (N=27, 10.6%), Indiana University Bloomington (N=12, 4.7%), University of Portland (N=10, 3.9%), and Ohio University (N=5, 1.9%). Several other schools were represented by one or two students. For the complete list, see Table 3.

The ratio of amateur to professional musicians was 2:1. 294 (66.4%) of respondents categorized themselves as “amateur” whereas 149 (33.6%) categorized themselves as “professional”. For the purposes of this study “professional” was specifically defined in the question as an individual who makes > 60% of their income from music. This included both teaching and performing.
Table 4. Schools Represented by Current Students

<table>
<thead>
<tr>
<th>School</th>
<th>N</th>
<th>Percent</th>
<th>Cum.</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of North Texas</td>
<td>64</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Ohio University</td>
<td>5</td>
<td>1.95</td>
<td>26.95</td>
</tr>
<tr>
<td>University of Colorado-Boulder</td>
<td>27</td>
<td>10.55</td>
<td>37.5</td>
</tr>
<tr>
<td>Utah State University</td>
<td>35</td>
<td>13.67</td>
<td>51.17</td>
</tr>
<tr>
<td>Indiana University Bloomington</td>
<td>12</td>
<td>4.69</td>
<td>55.86</td>
</tr>
<tr>
<td>Brigham Young University-Idaho</td>
<td>56</td>
<td>21.88</td>
<td>77.73</td>
</tr>
<tr>
<td>Colorado State University</td>
<td>2</td>
<td>0.78</td>
<td>78.52</td>
</tr>
<tr>
<td>University of Utah</td>
<td>32</td>
<td>12.5</td>
<td>91.02</td>
</tr>
<tr>
<td>University of Portland</td>
<td>10</td>
<td>3.91</td>
<td>94.92</td>
</tr>
<tr>
<td>Northwestern University</td>
<td>1</td>
<td>0.39</td>
<td>95.31</td>
</tr>
<tr>
<td>Charleston Southern University</td>
<td>1</td>
<td>0.39</td>
<td>95.7</td>
</tr>
<tr>
<td>Youngstown State University</td>
<td>1</td>
<td>0.39</td>
<td>96.09</td>
</tr>
<tr>
<td>University of Texas-Austin</td>
<td>1</td>
<td>0.39</td>
<td>96.48</td>
</tr>
<tr>
<td>University of Michigan-Ann Arbor</td>
<td>1</td>
<td>0.39</td>
<td>96.88</td>
</tr>
<tr>
<td>Sam Houston State</td>
<td>1</td>
<td>0.39</td>
<td>97.27</td>
</tr>
<tr>
<td>New York University</td>
<td>1</td>
<td>0.39</td>
<td>97.66</td>
</tr>
<tr>
<td>University of North Carolina-Greensboro</td>
<td>1</td>
<td>0.39</td>
<td>98.05</td>
</tr>
<tr>
<td>University of Idaho</td>
<td>1</td>
<td>0.39</td>
<td>98.44</td>
</tr>
<tr>
<td>University of Maine</td>
<td>1</td>
<td>0.39</td>
<td>98.83</td>
</tr>
<tr>
<td>Northern Arizona University</td>
<td>1</td>
<td>0.39</td>
<td>99.22</td>
</tr>
<tr>
<td>University of Colorado</td>
<td>1</td>
<td>0.39</td>
<td>99.61</td>
</tr>
<tr>
<td>University of Cincinnati, CCM</td>
<td>1</td>
<td>0.39</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>256</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the course of the survey participants were asked to describe how important their ability to make music was, with 1 being defined as “not at all” and 10 being defined as “the single most important aspect of their life”. While it was expected that musicians would rate this as important (and therefore possibly warranting protection through self-handicapping behaviors),
the results were rather surprising, with most participants choosing to rate the importance of music-making in their lives at between 8-10. The graph below shows the complete results.

![Histogram of Responses to Question Regarding Music Importance](image)

**Figure 1. Responses to Importance of Creating Music. Musicians in the study indicated this ability as a very important aspect of their life.**

**Results**

**Overall Results**

The average score for overall self-handicapping was 55.87 (SD = 13.36). This puts the average above that recorded in the pilot study. 34% scored > 62 points on the SHS, classifying them as high self-handicappers. On the depression scale, the median response was 39.12 (SD = 9.84) which puts it below the threshold for mildly depressed (45). Scores ranged from 20-67. Most respondents fell into the “normal” category (N=306); however, 116 scored in the mildly depressed range and 13 were moderately depressed. There were no severely depressed respondents.
A comparison was run between the two universities with the greatest number of current student respondents (University of North Texas and Brigham Young University- Idaho respectively) to see if there was a significant difference in the depression rates between the schools. Participants from the University of North Texas reported a higher level of depression with 22 responses of mild depression and 3 moderate out of 67 total responses compared to Brigham Young University-Idaho’s reported 13 responses of mild depression out of 56 total responses. The results bordered on significance \( (p = .057) \) and seem to warrant follow-up in a future study to determine if there are significantly different levels of depression between music schools.

**Overall Self-Handicapping Scores by Gender**

In terms of overall self-handicapping scores, there was no statistical difference between male \( (M = 54.67, SD = 13.63) \) and female \( (M = 57.05, SD = 13.01) \) participants \( t(443) = -1.89, p = .06, d = 0.17 \). These results can be seen in Figure 2.
Figure 2. Self-Handicapping Scores by Gender. No significant difference was found on the overall self-handicapping scores between the genders. M = 54.67, SD = 13.63) and female (M = 57.05, SD = 13.01) participants t(443) = -1.89, p = .06, d = 0.17

There were two questions on the Rhodewalt SHS which were cited in the literature as having significantly different answers based on the gender of the respondent. These questions were analyzed using the Wilcoxon rank-sum test to see if a similar difference occurred in the present study. On the first question (question #5) “I always try to do my best, no matter what” no difference was found, Z = 1.43, p = .15. The second question, (question #20) “I would rather not take any drug that interfered with my ability to think clearly and do the right thing” showed a significant difference between genders, Z = 3.33, p < .001 showing men are much more comfortable taking drugs or alcohol than women are.

To test for differences in levels of self-handicapping between instrument groups, a 6 (primary instrument type) X 2 (gender) ANOVA was run. No main effect was found for primary instrument, $F(5, 430) = 0.72, p = .61, \eta^2 = .01$; or gender, $F(1, 430) = 0.40, p = .53, \eta^2 < .001$. Interestingly, however, there was a significant interaction effect, $F(5, 430) = 2.61, p = .02, \eta^2 =
Tukey’s post hoc analyses showed that, in the vocal musicians group, men had significantly lower levels of self-handicapping than women. Female vocalists also reported the highest level of self-handicapping of any gender/instrument group. Genders within the other instrument groups were not statistically different. (see figure 2).

![Average SH Scores across Instruments](image)

**Figure 3. Gender and Instrument Interaction for Self-Handicapping Results.** Only voice showed a significant interaction effect between genders. Male vocalists reported the lowest levels of self-handicapping of any group while female vocalists reported the highest. $F(5, 430) = 2.61, p = .02, \eta^2 = .03$. Note: Error bars represent ± 1 standard error of the mean.

**Amateur vs. Professional**

The most striking difference in self-handicapping came between the different skill levels of players: amateur and professional. Results showed that the professional group reported significantly less self-handicapping than amateurs ((Pro: $M = 51.51, SD = 13.63$; Amateur: $M = 58.08, SD = 12.69$), $t(-5.03), p < .001, d = 0.50$. (see figure 2). The significant difference held even after controlling for age.
Figure 4. Professional vs. Amateur Musician Self-Handicapping Scores. Significantly higher levels of self-handicapping were reported by amateur musicians than by professionals. Pro: $M = 51.51$, $SD = 13.63$; Amateur: $M = 58.08$, $SD = 12.69$), $t(-5.03)$, $p<.001$, $d = 0.50$.

**Claimed vs. Behavioral**

Looking at the claimed subscale, women reported a significantly higher score than men (Women: $M = 27.32$, $SD = 9.10$; Men: $M = 24.19$, $SD = 9.35$), $t(3.57)$, $p < .001$, $d = 0.34$). The reverse was true for the behavioral subscale with men scoring significantly higher (Men: $M = 15.95$, $SD = 5.08$; Women: $M = 14.33$, $SD = 5.10$), $t(3.38)$, $p < .001$, $d = 0.32$. (See figure 5).
Figure 5. Subscale Scores by Gender. Women scored higher on the claimed subscale, while men scored higher on the behavioral. This finding is consistent with the literature. Note: Error bars represent ± 1 standard error of the mean.

There was a moderate-strong negative correlation between the claimed subscale and self-esteem (r = -.64, p < .001) and a weak negative correlation between the behavioral subscale and self-esteem (r = -.17, p < .001) (see figures 6 & 7).
Figure 6. Correlation Between Claimed Self-Handicapping and Self-Esteem. A moderate-strong negative relationship was found ($r = -0.64, p < .001$).
Figure 7: Relationship Between Behavioral Self-Handicapping and Self-Esteem. Only a weak relationship was found between these two constructs ($r = -0.17$, $p < 0.001$).

**Regression Analyses**

Simultaneous multiple regression analyses were used to predict SHS total and subscales scores. Predictors included IP, depression, self-esteem, professional-amateur status, gender, and age. The results of the multiple regressions can be seen below in Tables 4-6. The tables have been presented together to allow for easy comparison.
### Table 5. Results of Multiple Regression Predicting SHS – Total Score

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE(B)</th>
<th>β</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imposter</td>
<td>0.35</td>
<td>0.06</td>
<td>.31</td>
<td>5.49</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Zung</td>
<td>0.47</td>
<td>0.07</td>
<td>.35</td>
<td>6.32</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Rosenberg</td>
<td>-0.10</td>
<td>0.13</td>
<td>-0.05</td>
<td>-0.77</td>
<td>.44</td>
</tr>
<tr>
<td>Gender</td>
<td>-0.52</td>
<td>0.96</td>
<td>-0.02</td>
<td>-0.54</td>
<td>.59</td>
</tr>
<tr>
<td>Music Level</td>
<td>3.07</td>
<td>1.10</td>
<td>.11</td>
<td>2.80</td>
<td>.01</td>
</tr>
<tr>
<td>Age</td>
<td>-0.06</td>
<td>0.04</td>
<td>-0.06</td>
<td>-1.39</td>
<td>.17</td>
</tr>
<tr>
<td>_cons</td>
<td>17.23</td>
<td>7.04</td>
<td>.</td>
<td>2.45</td>
<td>.02</td>
</tr>
</tbody>
</table>

*Note: R² = .46; Bolded values are significant at p < .05*

### Table 6. Results of Multiple Regression Predicting SHS – Claimed Score

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE(B)</th>
<th>β</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imposter</td>
<td>0.27</td>
<td>0.04</td>
<td>.34</td>
<td>6.72</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Zung</td>
<td>0.31</td>
<td>0.05</td>
<td>.33</td>
<td>6.61</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Rosenberg</td>
<td>-0.19</td>
<td>0.08</td>
<td>-0.13</td>
<td>-2.31</td>
<td>.02</td>
</tr>
<tr>
<td>Gender</td>
<td>1.10</td>
<td>0.61</td>
<td>.06</td>
<td>1.81</td>
<td>.07</td>
</tr>
<tr>
<td>Music Level</td>
<td>1.86</td>
<td>0.69</td>
<td>.09</td>
<td>2.69</td>
<td>.01</td>
</tr>
<tr>
<td>Age</td>
<td>-0.01</td>
<td>0.03</td>
<td>-0.01</td>
<td>-0.25</td>
<td>.80</td>
</tr>
<tr>
<td>_cons</td>
<td>-2.37</td>
<td>4.45</td>
<td>.</td>
<td>-0.53</td>
<td>.59</td>
</tr>
</tbody>
</table>

*Note: R² = .56; bolded values are significant at p < .05*

### Table 7. Results of Multiple Regression Predicting SHS – Behavioral Score

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE(B)</th>
<th>β</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imposter</td>
<td>-0.02</td>
<td>0.03</td>
<td>-0.04</td>
<td>-0.56</td>
<td>.57</td>
</tr>
<tr>
<td>Zung</td>
<td>0.11</td>
<td>0.04</td>
<td>.21</td>
<td>2.97</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Rosenberg</td>
<td>-0.04</td>
<td>0.07</td>
<td>-0.04</td>
<td>-0.55</td>
<td>.58</td>
</tr>
<tr>
<td>Gender</td>
<td>-2.02</td>
<td>0.48</td>
<td>-0.20</td>
<td>-4.18</td>
<td>&lt; .001</td>
</tr>
<tr>
<td>Music Level</td>
<td>0.72</td>
<td>0.55</td>
<td>.07</td>
<td>1.31</td>
<td>.19</td>
</tr>
<tr>
<td>Age</td>
<td>-0.01</td>
<td>0.02</td>
<td>-0.02</td>
<td>-0.36</td>
<td>.72</td>
</tr>
<tr>
<td>_cons</td>
<td>14.55</td>
<td>3.53</td>
<td>.</td>
<td>4.13</td>
<td>&lt; .001</td>
</tr>
</tbody>
</table>

*Note: R² = .09; bolded values are significant at p < .05*
As can be seen from the above tables, the biggest predictors of overall self-handicapping were imposter phenomenon and depression. The group difference between professionals and amateurs (labeled “Music Level”) remained, even when controlling for the other predictors such as age. For the claimed self-handicapping subscale again imposter phenomenon, depression, and music level (professional or amateur) were significant predictors. However, in this subscale self-esteem also emerged as a significant predictor.

Perhaps the most interesting of the regressions is the behavioral subscale. This was the only regression where gender was significant. Depression was the only other significant predictor. Note the R² is quite small (.09) particularly when compared to the other R² values, showing much of the variance in this category, unlike the others, is left to be explained and was not accounted for by the study variables.

Discussion

The results show there is a large portion of the musician population that exhibit self-handicapping behaviors. The constructs expected to interact with self-handicapping did indeed account for much of the self-handicapping behavior as can be seen in the regression tables. Imposter phenomenon and depression showed strong significance in nearly every category. The exception being the behavioral subscale where imposter phenomenon did not show significance, however gender did show significance in this, and only this, category.

The levels of depression reported were lower than I excepted, given the stereotype of the brooding, lonely artist. It was refreshing to find that there was actually skew towards the lower

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248 It should be noted that a glitch in the online system caused some data from the imposter phenomenon to be lost, however, owing to the large significance shown and the vast amount of literature showing the correlation between the two constructs, it is highly likely the results obtained still reliably show a strong correlation between imposter phenomenon and self-handicapping.
end on the depression scores and that none of the respondents self-reported as severely depressed. The almost significant difference between the two schools represented by the largest group of current students was intriguing and opens up several new lines of inquiry for follow up studies. Among them are the questions of whether the size, eliteness, or religiosity of the music school play a factor in the overall depression rates experienced by the musicians.

While I did not in reality expect to see difference not accounted for by the margin of error between the instruments or genders, I thought that if any results did appear it would be for “gender-bending” players – for example male flute players or female low brass players. This assumption was based on these players often being seen as “outside the norm” when in their section and perhaps internalizing any feelings of not belonging that might be leveled at them unconsciously or consciously by other musicians thus creating an uncertainty about their ability to succeed on their instrument. So the large difference between genders in the vocal group came as a surprise. Not only did they have a significant difference between the genders but the men reported the lowest amount of self-handicapping of any group in either gender. The reverse held true for the women who self-handicap more than any other instrument group in either gender.

Anecdotally, female vocalists have a reputation for creating drama in their lives. Now it appears there may actually be some statistical proof to the rumors. What drives this self-handicapping disparity between the genders in this specific area of music is a topic that warrants further research.

The large difference between men and women seen in the pilot study was, as predicted, not repeated. However, a possible answer for the higher score that women self-handicappers reported in the pilot study could have been found in that women vocalists report higher levels of
self-handicapping and many of the women in the pilot study were vocalists (the distribution center for the pilot survey was just outside the room where the vocalists were performing juries).

While there was a significant gender difference on the subscales, there was not a significant difference in overall self-handicapping based on gender. The gender difference on the subscales was as predicted by the literature. Men are far more likely to behaviorally self-handicap than women. They also seemed more willing to take drugs and alcohol in order to relieve themselves of responsibility as can be seen by their response to the question “I would rather not take any drug that interfered with my ability to think clearly and do the right thing”. This result supports that of Jones and Berglas’ initial studies as well as several subsequent studies.

This study was specifically designed to test for self-handicapping against the best known predictors in the literature; the $R^2$ results of the overall self-handicapping score and the claimed subscore suggest that in this, the study design was successful. However, the $R^2$ number for the behavioral subscale is very small (.09), especially in comparison to the overall and claimed $R^2$ amounts (.46 and .56 respectively) suggesting only 9% of the variance is accounted for. This could mean that there are several factors impacting musicians’ behavioral self-handicapping. Possibly these unknown factors make the musician group unique in their self-handicapping habits, but further study will be required to identify these factors and how they affect musicians.

Surprisingly there was no significant difference between women and men in response to the question “I always try to do my best, no matter what”. This question was specifically examined to test whether a withdrawal of effort was an acceptable form of self-handicapping as suggested by Hirt, Deppe, and Gordon (1991) who found in their study that women were more prone to agree with the above statement than men. This finding suggests that in the music world,
little to no excuse is made for a lack of practice or work effort, thereby rendering a withdrawal of effort’s excuse value nil. Possibly the competitive and collaborative nature of the field places a higher importance on work ethic than other non-musical situations would.

If this is the case, it makes the tendency to behaviorally handicap all the more puzzling. One of the leading theories behind women’s reluctance to behaviorally self-handicap is that women value effort more highly than men do and are suspicious of those who withdraw effort. However, the lack of statistical difference would suggest than neither gender would benefit from a withdrawal of effort. What then is driving the behavioral handicapping seen in the study? And what type of handicap is being used, if the most universal and easiest to engage in has lost its power?

The most telling results, however, are those of the amateur vs. the professional. The amateur on average scored nearly 7 points higher ($M = 58.08$) on the SHS than the professionals ($M = 51.51$), putting the amateurs’ mean score very close to the 62 point threshold that denotes a high/problematic self-handicapper. It has been contended repeatedly throughout this paper and the self-handicapping literature in general, that self-handicapping can lead to a diminished potential and statistically the numbers in this study support this assertion. The question now becomes are professionals less inclined to self-handicap because of their personality, or do those high in self-handicapping traits become weeded out of the music world before gaining professional status? Or do professionals become accustomed to high pressure situations and so no longer feel the need to self-handicap as has been proposed by researchers studying other highly trained, specified, stressful professions?250

249 McCrea, Hirt, and Milner, 292-294.
250 Mattie et. al, 9.


CHAPTER XII

CONCLUSION

*The bravest people are the ones who don’t mind looking like cowards.*

---T. H. White

The results of this study and the self-handicapping literature imply that the effects of self-handicapping are often small (and perhaps even mildly helpful) in the short run. However, in the long run it can result in a devastating loss of potential and unfulfilled dreams. As such, it seems advisable to limit one’s engagement in the behavior and to curb the temptation to self-handicap.

There appears to be only limited research directly regarding the treatment of self-handicapping, however some courses of action can be inferred. The first line of defense is simply being aware that the behavior exists, what triggers it, and the signs of the behavior. Self-handicapping requires a level of unawareness in the handicapper in order for the illusion to work. Being vigilante for manifestations of self-handicapping, particularly in situations that are likely to trigger the behavior, can go a long way towards consciously over-powering the temptation to self-handicap. Finally, seeking the help of a trained professional is also advisable for those suffering from self-handicapping, particularly if the handicap has become dispositional.

Teachers should be aware of the concept of self-handicapping in order to create a studio environment which does not foster self-handicapping and to guide students away, as much as possible, from the harmful effects of this behavior. Conscientiously creating task-motivated goals (centered on the individual) as opposed to ego-motivated goals (centered on competing against others), giving realistic and achievable goals, making sure that praise is contingent and commensurate to the performance, and creating an environment where students feel they are validated and respected for who they are, and not exclusively how they perform, could potentially decrease the tendency for self-handicapping.
This study is merely the beginning of understanding how, precisely, musicians are impacted by self-handicapping and other psychological constructs, and there is still much work to be done. However, it is hoped that it can form the basis of a new approach to musician mental health and pedagogy. By becoming better informed and aware of self-handicapping practices, musicians can be better equipped to confront their own fear of failure and ultimately learn to defeat the enemy within.
BIBLIOGRAPHY


