

SELF-HANDICAPPING IN ADULTS: RELATIONSHIP WITH PERFECTIONISM, SELF-CRITICAL RUMINATION AND METACOGNITIVE BELIEFS

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Abstract

Self-handicapping refers to an individual creating verbal or behavioral obstacles to their own performance, adversely impacting psychological well-being and potentially leading to maladaptive behaviors such as procrastination and substance abuse. Previous studies have highlighted that perfectionists, individuals prone to self-critical rumination, and those with negative metacognitions employ diverse strategies to avoid failure and negative self-evaluation. This study aims to investigate the influence of perfectionism, self-critical rumination, and metacognitions (including positive beliefs, uncontrollability and danger, cognitive confidence, the need to control thoughts, and cognitive self-consciousness) on self-handicapping in adults, as well as explore the interrelationships among these variables. A total of 351 participants, aged 18-65 ($M = 29.39$, $SD = 9.18$), voluntarily participated in the study. Data collection instruments included a socio-demographic information form, Self-Handicapping Scale (SHS), Almost Perfect Scale-Revised (APS-R), Self-Critical Rumination Scale (SCRS), and Metacognitions Questionnaire-30 (MCQ-30). Data were collected online employing Multiple Linear Regression models to identify predictors of the self-handicapping. The results revealed that self-handicapping scores were positively predicted by self-critical rumination subscale, maladaptive perfectionism subscale of APS-R, and uncontrollability and danger beliefs subscale of MCQ-30, while they were negatively predicted by adaptive perfectionism subscale of APS-R. The findings suggest that self-handicapping tendencies are influenced positively by self-critical rumination, maladaptive perfectionism, and beliefs related to uncontrollability and danger. Conversely, adaptive perfectionism has a negative predictive effect on self-handicapping. Given these findings, intervention strategies aimed at reducing self-handicapping behaviors should acknowledge the multifaceted nature of perfectionism, considering its maladaptive elements alongside the potential protective factors residing within its adaptive aspects. Furthermore, the significant role of metacognitive beliefs concerning uncontrollability and danger in self-handicapping has been observed.

Keywords: *Perfectionism, self-critical rumination, metacognitions, self-handicapping, MLR.*

1. Introduction

It is known that people try to avoid negative feedbacks by reflecting their self-concepts positively to feel satisfied and happy. (Sedikides, 1993; Taylor, & Brown, 1988). Self-handicapping is one of the strategies that focused on avoiding negative feedback. It is defined as creating an obstacle before performance. to provide an external cause for failure (Jones, & Berglas, 1978). It is seen that those who self-handicap uses these obstacles to blur the connection between their abilities and performances (Török, & Szabó, 2018). Just as a person can handicap himself by creating obstacles to performance, he can also talk about his physical or psychobiological conditions and attribute his failures to these symptoms instead of their inadequacies (Snyder & Smith, 1982, 1986). It is stated that Jones and Berglas (1978) used the reduction and augmentation principles of Kelley's attribution model to explain this phenomenon. According to these principles, a person does not want failure to be attributed to his or her abilities. For this reason, the person creates an obstacle where he/she cannot perform adequately. In case of failure, he/she attributes the cause of the failure to the obstacle. If he/she is successful, his/her abilities will be highlighted even more because he/she will have succeeded despite the obstacle. It helps protects or increases self-esteem (Jones, & Berglas, 1978). These strategies can be exemplified by a student not studying the night before the exam or an athlete expressing the discomfort he feels before the sports competition starts (Török et al., 2016). However, it is known that people who self-handicapping use a

variety of excuses, from harmful health practices to incompetent problem-solving attempts (Zuckerman, & Tsai, 2005). Therefore, it is emphasized by Zuckerman et al. (1988) that the cumulative effect of using these strategies will be negative in the long term.

The research conducted by Warner and Moore (2004) revealed that people who self-handicap use more dysfunctional coping strategies and people are handicapping themselves for the purpose of preventing negative affects of rumination. It is emphasized that content of ruminations is important in explaining the specific symptoms that are characterized by many different psychological problems or disorders (Smart et al, 2016). By the light of this information, it is thought that, in our research, determining the one of the contents of rumination that increases self-handicapping; contribute to improve interventions for its treatment. One of the phenomena that focuses on specific content of rumination is self-critical rumination. It is stated that self-criticism, which becomes ruminative, turns into a more serious problem (Smart et al., 2016). Besides Self-criticism found relational with self handicapping in study of Yavuzer (2015), and rumination are known in relation with self-handicapping (Warner, & Moore, 2004); the relationship between of self-critical rumination and self-handicapping is unknown due to the lack of any research on literature.

Considering the psychological distress, they experience in the face of failure, it appears that self-handicapping is one of the strategies that perfectionists use to avoid negative consequences of failure (Kearns et al., 2008). It is stated by Kearns et al. (2008) that perfectionism goes hand in hand with the concept of self-handicapping. Considering this relationship; to reduce self-handicapping, interventions addressing perfectionistic personality tendencies and cognitions appear important. In addition, it is thought that elaborating the relationship between maladaptive and adaptive perfectionism and self-handicapping would be useful in specifying intervention areas. (Kearns et al., 2008).

Perfectionism and self-critical rumination are desired to be investigated as variables that can help us explain self-handicapping. In addition, although there are different opinions, it is seen that a cognitive theory or framework that explains self-handicapping has not yet been established in the literature, and the frameworks that are tried to be created are either based only on perfectionism. For this reason, it is thought that an explanation of self-handicapping can be provided by the S-REF Model developed by Matthews and Wells (2003), which tries to explain how metacognitions predict psychological disorders. At this point, it seems that there are not any studies explaining the relationship between self-handicapping and metacognitive beliefs, which are widely researched in the literature. It is thought that seeing whether the metacognitive beliefs that play a role in the S-REF model are in any relationship with self-handicapping, may help us to create a cognitive frame for self-handicapping both for better understanding and treatment.

2. Design

This study aims to reveal the relationships between self-handicapping tendencies and perfectionism, self-critical rumination and metacognitive beliefs in adults. In the study, correlational research design was used for this purpose. The relationships between variables were examined without any manipulation or influence.

3. Methods

3.1. Participants

The study group of the research consists of adults between the ages of 18-65 who reached our form through social media. The data of the study were obtained from 352 volunteer participants via snowballing method. The ages of the participants ranged from 18 to 64 (\bar{X} =29.39, S.D.=9.18, Mode=24).

It is seen that 294 (82.8%) of the participants in the research are women and 58 (16.3%) are men. 3 participants (0.8%) do not identify as male or female. 53 (14.9%) of the participants are aged 18-20, 172 (48.5%) are aged 21-30, 79 (22.3%) are aged 31-40, 43 (12.1%) are aged 41-50, 7 It is seen that 2% of them are between the ages of 51-60 and 1 (0.3%) is between the ages of 61-65. At the same time, 140 (39.4%) of the participants are married and 215 (60.6%) are single. Regarding education levels, there are 11 (3.1%) participants at the primary level, 44 (12.4%) at the high school level, 261 (73.5%) at the University level, and 39 (11%) at the Postgraduate level. Of the 355 participants, 157 (44.2%) appear to be working and 91 (25.6%) are not working. 95 (26.8%) of them are students who are not working in any job, and 12 (3.4%) are working students.

3.2. Scales

Data were collected by, the Demographic Information Form prepared by the researcher, Self-Handicapping Scale, Almost Perfect Scale-Revised, Self-Critical Rumination Scale and Metacognitions Questionnaire-30 were used.

3.3. Statistical analysis

SPSS (Statistical Package for the Social Sciences) version 27 was used for data analysis. The cases were assumed to be normally distributed and Pearson Correlation Analysis was performed to examine the relationship between the dependent variable, self-handicapping total score, and other scale subscales and total scores. Subsequently, Multiple Linear Regression Models were used to examine the effects of perfectionism sub-dimensions, self-critical rumination and metacognitive beliefs sub-dimension scores on self-handicapping scores. The significance value was accepted as $p < .05$.

4. Results

According to the results of the Multiple Linear Regression Analysis Model, the fixed parameter ($t(346) = 22.754$; $p < 0.001$); and The slope parameters of the scores of Self-critical Rumination ($t(346) = 6.941$; $p < 0.001$), Maladaptive Perfectionism ($t(346) = 6.450$; $p < 0.001$), Adaptive Perfectionism ($t(346) = 6.710$, $p < 0.001$) and Uncontrollability and Danger ($t(346) = 3.598$; $p < 0.001$) were found to be statistically significant. According to the F test results performed to determine whether the model is generally significant or not ($F(4,346) = 91.427$; $p < 0.001$), it was concluded that the model was statistically significant and the coefficient of determination was 0.525. According to this result, approximately 53% of the participants' Self-Handicapping Scores are explained by Self-Critical Rumination, Maladaptive Perfectionism, Adaptive Perfectionism and Uncontrollability and Danger scores. According to these results, when other scores are kept constant; A 1-unit increase in the Self-Critical Rumination score increases the Self-Handicapping score by 0.651 units; A 1-unit increase in the Maladaptive Perfectionism score will increase the Self-Handicapping score by 0.255 units, a 1-unit increase in the Uncontrollability and Dangerscore will increase the Self-Handicapping score by 0.457 units, and a 1-unit increase in the Adaptive Perfectionism score will decrease the Self-Handicapping by 0.331 units.

Table 1. Multiple Linear Regression Analysis Results for the Prediction of Self-Handicapping Scale Scores by Perfectionism, Self-Critical Rumination and Metacognitive Beliefs Variables.

Bağımsız Değişkenler	B	B' nin Standart Hatası	Beta	t	R ²	F
Self-Critical Rumination	0,651	0,094	0,370	6,941***		
Maladaptive Perfectionism	0,255	0,040	0,331	6,45***		
Adaptive Perfectionism	-0,331	0,049	-0,275	-6,71***	0,525	91,427***
Uncontrollability and Danger	0,457	0,127	0,179	3,598***		
Sabit (a)	65,034	2,858	-	22,754***		

* $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$

5. Discussion

Previous studies indicate that an increase in the level of self-criticism, appears to be associated with higher self-handicapping and self-handicapping can be reduced with the use of cognitive behavioral techniques (Yavuzer, 2015). Also, Zuckerman's (1998) research states that self-handicapping is designed to protect oneself against the negative effects of rumination. Since self-critical rumination is a new concept, It is only possible to see any relation of it with self handicapping through rumination or self-criticism (Warner, & Moore, 2004). In our study, self-critical rumination, was found as an important variable predicting self-handicapping.

In a study conducted with university students, it was shown that maladaptive perfectionism positively predicted self-handicapping (Özlu et al., 2020). Likewise, it was found by Sherry et al. (2001) that individuals who exhibit high levels of maladaptive perfectionism are more likely to engage in self-handicapping behaviors. The other result of our research is that; maladaptive perfectionism is a positive predictor of self-handicapping strategies which supports the relevant results.

It is stated in the research of Firoozi et al. that positive (adaptive) perfectionism has a negative relationship with self-handicapping (2015) and Török et al.'s (2022) study exemplify the result we found in our study by showing that perfectionist strivings, which are considered to be adaptive perfectionist characteristics, are negatively related to self-handicapping. Consistent with these findings, our study shows that adaptive perfectionism negatively predicts self-handicapping, which is in line with our expectations and the literature.

One of the findings that guided our research was that only one of the five sub-dimensions covering metacognitive beliefs was related to self-handicapping. The results indicate that there is a positive prediction between Self-handicapping and Uncontrollability and Danger sample, and that other sub-dimensions do not have a predictive effect; It is thought that it will contribute to the literature in terms of specifying the metacognitive beliefs that should be focused on when working with self-handicapping. No other research has been found in the literature that directly demonstrates the relationship between metacognitions and self-handicapping. However, it can be stated that our result is consistent with and exemplifies this finding: Beliefs of uncontrollability and danger are thought to be of particular importance in psychological dysfunction because they lead to a feeling of loss of control of thinking and a sense of threat arising from cognition itself (Capobianco et al., 2020).

In our study, with the inclusion of sub-dimensions of independent variables, it was possible to determine more specific predictors of self-handicapping. Given this new findings from our study, adapting and expanding interventions for self-critical rumination would be beneficial for helping clients with self-handicapping strategies. Besides our study provide support for intervention strategies that focused on perfectionism in the treatment of self-handicapping, the importance of intervening by separating the adaptive and maladaptive aspects of perfectionism was emphasized. Accordingly, intervention strategies should aimed to reduce maladaptive perfectionism, considering its positive relationship and acknowledge higher level of adaptive perfectionist properties may be protective factors while considering its negative relationship with self-handicapping. The results provide the possibility of expanding cognitive behavioral interventions that can be used in the treatment of self-handicapping. Furthermore, the significant role of metacognitive beliefs concerning uncontrollability and danger in self-handicapping has been observed. Considering the relationship between self-handicapping and self-critical rumination, related metacognitive belief, adaptive and maladaptive perfectionism; Metacognitive Therapy techniques may provide better intervention strategies aiming to reduce self-handicapping.

The given study has some limitations. First of all, the snowball sampling technique chosen as the data collection method prevents the generalization of the results for the entire population. The fact that the majority of the sample consisted of women and the participation of more people with university education made it difficult to represent the population. No information regarding the clinical characteristics of the participants was collected at the beginning of the study. Taking into account the clinical history of the participants may help understand the relationship between self-handicapping and psychopathologies in future studies. Since it is not an experimental study, it does not present a cause-effect relationship.

References

- Capobianco, L., Faija, C., Husain, Z., & Wells, A. (2020). Metacognitive beliefs and their relationship with anxiety and depression in physical illnesses: A systematic review. *PLoS One*, 15(9), e0238457.
- Jones, E. E., & Berglas, S. (1978). Control of attributions about the self through self-handicapping strategies: The appeal of alcohol and the role of underachievement. *Personality and Social Psychology Bulletin*, 4(2), 200-206.
- Kearns, H., Forbes, A., Gardiner, M., & Marshall, K. (2008). When a high distinction isn't good enough: A review of perfectionism and self-handicapping. *Australian Educational Researcher*, 35(3), 21-36.
- Matthews, G., & Wells, A. (2003). Rumination, depression, and metacognition: The S-REF model. In C. Papageorgiou, & A. Wells (Eds.), *Depressive rumination: Nature, theory and treatment* (pp. 125-151). John Wiley & Sons Ltd.
- Sedikides, C. (1993). Assessment, enhancement, and verification determinants of the self-evaluation process. *Journal of personality and social psychology*, 65(2), 317-338.
- Smart, L. M., Peters, J. R., & Baer, R. A. (2016). Development and validation of a measure of self-critical rumination. *Assessment*, 23(3), 321-332.

- Snyder, C. R., & Smith, T. W. (1982). Symptoms as self-handicapping strategies: The virtues of old wine in a new bottle. In G. Weary & H. Mirels (Eds.), *Integrations of clinical and social psychology* (pp. 104-127). New York: Oxford University Press.
- Snyder, C. R., & Smith, T. W. (1986). On Being 'Shy like a Fox'. In W. H. Jones, J. M. Cheek, & S. R. Briggs (Eds.), *Shyness. Emotions, Personality, and Psychotherapy* (pp. 161-172). Boston, MA: Springer.
- Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: a social psychological perspective on mental health. *Psychological bulletin*, *103*(2), 193-210.
- Török, L., & Szabó, Z. P. (2018). The theory of self-handicapping: Forms, influencing factors and measurement. *Ceskoslovenska Psychologie*, *62*(2), 173-188.
- Warner, S., & Moore, S. (2004). Excuses, excuses: Self-handicapping in an Australian adolescent sample. *Journal of Youth and Adolescence*, *33*(4), 271-281.
- Yavuzer, Y. (2015). Investigating the Relationship between Self-Handicapping Tendencies, Self-Esteem and Cognitive Distortions. *Educational Sciences: Theory and Practice*, *15*(4), 879-890.
- Zuckerman, M., Kieffer, S. C., & Knee, C. R. (1998). Consequences of self-handicapping: Effects on coping, academic performance, and adjustment. *Journal of Personality and Social Psychology*, *74*(6), 1619-1628.
- Zuckerman, M., & Tsai, F. (2005). Costs of self-handicapping. *Journal of Personality*, *73*(2), 411-442.