Stressed out over possible failure: The role of regulatory fit on claimed self-handicapping

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The self-protective mechanism of self-handicapping appears to be motivated by the need to protect ability attributions in the face of concern about possible failure. Indeed, the present research finds a correlation between trait self-handicapping and chronic prevention focus. Moreover, the present research examines the role of "regulatory fit" on the use of claimed self-handicapping by exposing high and low trait self-handicappers to performance situations framed in prevention or promotion terms. Consistent with our regulatory fit hypothesis, high self-handicappers (HSHs) handicapped significantly more (by reporting higher levels of stress) when the task was framed in prevention focus rather than promotion focus terms, and did so even when the viability of the handicap was dubious. Self-handicapping in the prevention focus condition was mediated by elevated feelings of evaluative concern. The findings suggest that conditions of regulatory fit (i.e., HSHs under prevention focus) can lead to increased use of self-handicapping.

Self-handicappers are individuals who make excuses before a performance so that they have a preexisting handicap ready to rely upon in the event of possible failure. The literature has highlighted the attributional benefits accrued by self-handicapping: attributions for failure are ambiguated by the presence of a handicap (thereby protecting the individual from the potentially devastating attribution to lack of ability), whereas ability attributions for success are augmented (Berglas & Jones, 1978; Rhodewalt, Morf, Hazlett, & Fairfield, 1991). However, these attributional benefits are offset by substantial interpersonal costs (Hirt, McCrea, & Boris, 2003; Luginbuhl & Palmer, 1991; Rhodewalt, Sanbonmatsu, Tschanz, Feick, & Waller, 1995) as well as increased likelihood of task failure, underscoring the tradeoffs inherent in the use of this strategy (cf. Baumeister & Scher, 1988).

What factors lead someone to accept these tradeoffs and adopt a self-handicapping strategy? Hirt, McCrea, and Kimble (2000) found that high trait self-handicappers (HSH) respond to performance situations with elevated levels of evaluative concern: these individuals are uncertain about their ability to perform well and its implications for self. This finding suggests that HSHs may be particularly likely to frame a task in terms of the possibility of failure rather than as an opportunity for success. This analysis led us to consider the following questions: What are the consequences of task framing on the likelihood of self-handicapping? If a task was framed in terms that underscore the likelihood of success, would HSHs no longer self-handicap? Or do HSHs always see the possibility of failure lurking in the shadows? Conversely, if a task was framed in terms that make salient the possibility of failure, would HSHs be even more likely to self-handicap? Might LSHs even engage in self-handicapping under these conditions?

The present research focuses on the effects of task framing on self-handicapping. Specifically, this work attempts to provide a potential link between trait self-handicapping and self-regulatory focus (Higgins, 1997). We examine whether tasks framed in terms of a prevention focus (underscoring the possibility of failure) increase the likelihood of self-handicapping relative to tasks framed in terms of a promotion focus (underscoring the possibility of success).

Self-handicapping as a self-protective strategy

A range of different behaviors can serve as potential handicaps, and the self-handicapping literature has distinguished between two broad classes of handicaps: acquired/behavioral self-handicaps and claimed/self-reported handicaps (Arkin & Baumgardner, 1985; Leary & Shepperd, 1986). Behavioral handicaps refer to more overt or active attempts at self-sabotage, such as becoming intoxicated or not studying before a test. Claimed self-handicaps refer to strategic claims of debilitating circumstances, such as stress, fatigue, and anxiety. Hirt, Deppe, and Gordon (1991) demonstrated the value of this distinction, illustrating a gender difference in the use of these different forms of handicaps. While both men
and women engage in claimed self-handicapping, only men engage in behavioral forms of self-handicapping.

Although broad individual differences have been identified, research has focused primarily on the situational factors that induce self-handicapping. Berglas and Jones (1978) identified that non-contingent success feedback encouraged self-handicapping behavior, arguing that increased uncertainty and heightened expectations for future success play a critical role. More recently, Hirt et al. (2000) directly assessed participants' evaluative concern and illustrated that increased evaluative concern mediated the use of self-handicapping. This finding was pivotal to the present work for it substantiated the idea that concern about possible failure serves as the impetus for self-handicapping behavior. Our evaluative concern measure seemed closely linked to the notion that self-handicappers were adopting a prevention focus.

**Self-regulatory focus theory**

In an impressive body of research, Tory Higgins has distinguished between two types of motivational orientations: prevention and promotion focus (Higgins, 1996). Prevention focus is described as a drive to avoid negative outcomes (losses) and seek the absence of negative outcomes (non-losses), whereas promotion focus is described as striving to attain positive outcomes (gains) and avoiding the absence of positive outcomes (non-gains). According to Higgins (1997, 2001), promotion focus underlies higher-level concerns with accomplishment and achievement, whereas prevention focus underlies higher-level concerns with self-protection and fulfillment of responsibilities. From our perspective, self-handicapping appears consistent with a prevention-focused strategy of trying to avoid the negative feelings and attributes accompanying failure.

Higgins and colleagues have conceptualized and investigated regulatory focus as both a person and situational variable. Individual differences in regulatory focus exist, such that some individuals are chronically promotion focused or prevention focused. However, situations can be framed in terms of promotion or prevention focus. Roney, Higgins, and Shah (1995) demonstrated the impact of situational task framing on motivation. They found that the way in which performance feedback was given to participants induced different regulatory foci. Specifically, positive-outcome focus feedback led to a promotion focus, resulting in better performance and increased persistence relative to a negative-outcome focus feedback, which resulted in a prevention focus.

It is tempting based on the results of Roney et al. (1995) to conclude that situational inducement of a prevention focus would undermine motivation and performance for all participants. But can a situational manipulation of task focus overcome chronic individual differences in the tendency to self-handicap? Could LSHs be induced to self-handicap simply by framing a task in prevention focus terms? Indeed, the picture gets more complicated when we consider possible interactions with chronic individual differences. Shah, Higgins, and Friedman (1998) found that participants' motivation and performance were both greater when faced with a task framed in terms consistent with their own chronic self-regulatory focus. Individuals with chronic promotion focus demonstrated higher motivation and better performance on tasks framed in terms of promotion-oriented goals and performed more poorly on tasks framed in terms of prevention-oriented goals, with the opposite being true for individuals with chronic prevention focus. Higgins and colleagues have labeled this notion “regulatory fit” and consistently demonstrated that participants perform better when situationally induced regulatory foci match their chronic tendencies (Avnet & Higgins, 2003; Higgins, 2000; Higgins, Idson, Freitas, Spiegel, & Molden, 2003).

Thus, it appears that the match between chronic and situationally induced regulatory focus is key to predicting the motivational and performance consequences for a given individual. Based on these findings, the present research sought to examine possible interactions between situationally induced regulatory focus and chronic individual differences in self-handicapping. Extrapolating from the work on regulatory fit (e.g., Shah et al., 1998), we might expect that inducing a prevention focus would increase motivation and performance for high self-handicappers, decreasing their likelihood of self-handicapping. However, our predictions are just the opposite: we anticipate that prevention focus framing will increase self-handicapping for those whose chronic individual differences match the situational framing. On the surface, this prediction of greater self-handicapping under conditions of regulatory fit may strike the reader as contradictory to the results obtained by Higgins and his colleagues. Indeed, we base these novel predictions on the findings of Idson, Liberman, and Higgins (2000), who found that both imagined and experienced prevention failure on the part of chronic prevention focus participants resulted in the most intense negative affect. This finding fits quite well with our past work (Hirt et al., 2000), which has identified evaluative concern as a critical mediator of self-handicapping. Thus, if it is the case that HSHs have chronic concerns with avoiding failure, it stands to reason that these individuals in a challenging performance setting would experience greater evaluative concern and be more motivated to engage in self-handicapping as a means of self-protection. That is, we predict greater use of self-protection by high self-handicappers under prevention focus conditions precisely because the situational framing resonates to their chronic concerns with avoiding failure. Conceivably, we speculate that promotion focus framing might serve to decrease self-handicapping among HSHs by diverting attention away from prevention failure and highlighting instead potential gains rather than losses.

**Achievement goals and self-regulatory focus: Their link to self-handicapping**

We are not the first to posit a connection between self-handicapping and achievement goals. Several notable studies, primarily in the educational and sports psychology literatures, have linked self-handicapping to avoidance-oriented goals. Midgley and Urdan (2001) found that students endorsing avoidance goals tended to engage in self-handicapping more than students not endorsing such goals. Moreover, Elliot and Church (2003) reported that self-handicapping was accompanied by performance–avoidance goals, and was not accompanied by performance–approach goals. Thus, there appears to be support for the notion that self-handicapping is related to avoidance goals. However, no research has yet documented whether high trait self-handicappers (HSHs) are more likely to have chronic prevention focus. Clearly, this point is critical to our predictions. To address this issue, we conducted a pretest of 109 students in which we gave them both Jones and Rhodewalt's (1982) self-handicapping scale (SHS) as well as Higgins, Friedman, Harlow, Idson, Ayduk, and Taylor's (2001) regulatory focus questionnaire (RFQ). The RFQ is an 11 item scale that measures chronic promotion and prevention orientations. Results indicated that SHS scores were significantly positively correlated with prevention scores ($r(108) = .34, p < .001$) and significantly negatively correlated with promotion scores ($r(108) = -.28, p < .01$). Thus, it appears that higher SHS scores are indeed associated with chronic prevention focus.

However, despite these suggestive correlational results, there have been no studies which have investigated whether manipula-
tion of regulatory focus actually influences the likelihood of self-handicapping. The most relevant study to date was conducted by Elliot, Cury, Fryer, and Huguet (2006), in which they examined the mediating role of self-handicapping actions in the relationship between achievement goals and performance. Specifically, they found that performance–avoidance goals led to greater self-handicapping, resulting in worse performance on a basketball dribbling task. These results of this study support the view that prevention focus framing should lead to greater self-handicapping and introduced the consideration of mediational effects. However, they did not consider individual differences in self-handicapping proclivities, and thus did not address the role of regulatory fit and the importance of the match between situationally-induced achievement goals and an individual’s chronic self-handicapping orientation. We believe that HSHs, given their association with chronic prevention focus, will be particularly likely to self-handicap under prevention focus framing. Moreover, we expect that these regulatory fit effects are mediated by changes in evaluative concern. Thus, in the present research, we attempted to address these critical questions concerning the link between goal orientation and self-handicapping.

The present research

The present study investigates the effects of situational manipulations of self-regulatory focus on the use of self-handicapping. Self-regulatory focus was manipulated by task framing (cf. Roney et al., 1995). Participants were induced to adopt either prevention or promotion focus (or no focus/control) and then given the opportunity to claim a self-handicap prior to an important test of intellectual ability. We chose to investigate claimed rather than behavioral self-handicapping to avoid interactions with gender (recall that men alone engage in behavioral self-handicapping, whereas both men and women engage in claimed self-handicapping; cf. Hirt et al., 1991).

In this research, participants could claim a self-handicap via a stress questionnaire. Following a procedure used in many past self-handicapping studies (Harris & Snyder, 1986; Hirt et al., 1991; Koch, Hirt, & McCrea, 2002; McCrea & Hirt, 2001; Smith, Snyder, & Handelsman, 1982), participants were given instructions stating either that stress negatively affects test performance (stress matters condition) or that stress has no effect on test performance (stress does not matter condition). Increased reporting of stress in stress matters relative to stress does not matter conditions constitutes evidence of claimed self-handicapping, since the strategic reporting of stress in the stress matters condition provides one with a valid excuse/handicap for poor performance. However, to increase our confidence that these stress reports reflect strategic self-handicapping, we included the trait portion of the State-Trait Anxiety Inventory (STAI; Spielberger, 1983). In doing so, we could disentangle trait anxiety from strategic stress reporting, thus providing a “cleaner” assessment of claimed self-handicapping.

Based on Idson et al.’s (2000) findings, we expected that prevention focus framing for HSHs (i.e., conditions of “regulatory fit” for these HSHs) would increase the likelihood of self-handicapping compared to control or promotion focus framing. Furthermore, we anticipated that these findings would be mediated by changes in evaluative concern. Whether prevention focus framing would result in self-handicapping among LSHs remained an empirical question. We also examined whether promotion focus framing might decrease self-handicapping in HSHs relative to the control condition, by focusing their attention toward approaching success.

Method

Participants

Hundred and eighty-five (92 male and 93 female) introductory psychology students at Indiana University participated as partial fulfillment of their research participation requirement. Each session consisted of two to five participants. The full experimental design was a 2 (level of self-handicapping: HSH, LSH) × 2 (gender: male, female) × 3 (regulatory focus instructions: promotion, prevention, control) × 2 (stress instructions: stress matters, stress does not matter) factorial. Participants were randomly assigned to one of the six instruction conditions.

Materials and procedure

Participants were placed in private cubicles and instructed that they would be participating in two short experiments. No participant expressed suspicion that the two “experiments” were linked. The experimenter then distributed the “Personality Inventories” questionnaire, consisting of the self-handicapping scale (SHS; Jones & Rhodewalt, 1982), the self-esteem scale (SES; Rosenberg, 1965), and the trait anxiety inventory (TAI; Spielberger, 1983).

Once participants had completed these items, they were informed that the second experiment would begin and that they would be participating in an experiment dealing with non-verbal intelligence. The experimenter distributed two sample questions from the Culture Fair Intelligence Test (CFIT; Cattell & Cattell, 1961). When each participant had finished answering the sample questions, the experimenter gave them non-contingent feedback by writing “OK” by the first question (a relatively easy item) and placing an “X” by the second question (a very difficult item), a procedure we have effectively used in prior research to create uncertainty regarding performance (cf. Hirt et al., 2000).

Next, the experimenter distributed the supplemental test instructions. Two orthogonal manipulations were included, resulting in four possible instruction conditions. The first manipulation involved the framing of the test. Participants were told either that (1) a score of 70% (getting 14/20 correct) or higher indicates high ability, whereas scores below 70% do not (promotion focus framing); or (2) a score of 70% (missing 6/20) or lower indicates low ability, whereas scores above 70% do not (prevention focus framing). A control condition was also included in which participants were merely instructed that the cut-off score was 70%.

The second manipulation concerned the effects of the handicap (stress) on CFIT performance. Participants were told either that (1) prior research had shown that stress had a deleterious effect on test score accuracy (stress matters); or (2) prior research had shown that stress did not have an effect on test score accuracy (stress does not matter).

Following the instructions, participants completed a set of 15 items assessing participants’ current feelings and evaluative concern about the upcoming test (cf. Hirt et al., 2000). We also included measures of participants’ personal beliefs regarding the effects of stress. Then, participants completed a 45-item stress inventory taken from the Daily Hassles Scale (Kanner, Coyne, Schaeffer, & Lazarus, 1981). Participants were told to put a checkmark next to any items that had been causing them stress over the past week. In the past, skeptical readers have been concerned that these stress reports may not be strategic at all, and instead may reflect the fact that HSHs actually experience more stress than LSHs. We do not believe that this explanation can account for the differential reporting of stress in stress matters and stress doesn’t matter condition. However, it may be true that HSHs are higher in trait anxiety, and that differences in trait anxiety add considerable noise to our dependent variable of reported stress. This concern is quite valid and we decided to address this possibility directly in the current study.
few weeks and then rate the severity of each checked stressor on a 1 (somewhat severe) to 3 (extremely severe) scale.²

When participants had finished the stress questionnaire, a 20-item CFIT subscale was distributed. Participants were given 10 min to complete the test. Finally, participants were given a questionnaire which included manipulation check items assessing participants’ recall of the framing and stress instructions.

Results

Post-Manipulation checks

Participants showed excellent recall of instruction manipulations. 98.4% of promotion focus participants recalled that scores of 70% or higher indicated high ability, and 96.8% of prevention focus participants correctly recalled that scores below 70% indicated low ability. 98.3% of control participants correctly recalled the cutoff score of 70%. Finally, 99.1% of participants correctly recalled the instructions concerning the relationship (or lack thereof) between stress and test performance. Thus, the manipulation check data revealed that our instruction manipulations were effective.

Covariates

As anticipated, TAI and SHS scores were highly correlated, \( r(183) = .60, p < .001 \), indicating that those high in trait self-handicapping were indeed higher in trait anxiety. Trait anxiety was also significantly correlated with reported stress, \( r(183) = .37, p < .001 \). Thus, we included trait anxiety as a covariate in all analyses. Furthermore, strong negative correlations between SHS scores and GPA (\( r(166) = -.21, p < .01 \)) were obtained. Because both self-esteem (\( r(182) = -.26, p < .001 \)) and GPA (\( r(166) = -.37, p < .001 \)) were also correlated with reported stress, we treated them as additional covariates.

Claimed self-handicapping measure

The severity of stress served as our primary index of claimed self-handicapping. Stress scores were calculated by first weighting each checked stress by its corresponding severity rating (1, 2, or 3) and then summing to determine the overall severity of stress reported. Regression analyses were performed, and all included variables were centered and standardized. Given that we had three levels of regulatory focus, we followed Elliot and Harackiewicz (1996) and created two orthogonal contrasts: a regulatory focus contrast that compared promotion (−1) and prevention focus (+1) conditions directly, and a second contrast that compared the two regulatory focus conditions (each weighted −1 to the control condition +2). The independent variable model included three potential covariates (trait anxiety, self-esteem, GPA), the two orthogonal contrast terms comprising the regulatory focus variable, main effects of the three remaining independent variables (SHS, stress instructions, gender), plus all possible interactions of these five independent variables, for a total of 24 terms.

Preliminary analyses found a main effect but no interactive effects of gender. Thus, the interactive terms involving gender were trimmed and only the gender main effect was included in the final model, for a total of 15 terms. The results for this model (\( F(15,148) = 8.40, p < .001, R^2 = .46 \)) are depicted in Table 1 and revealed several key effects. Trait anxiety was a significant predictor of stress, as was GPA. Over and above these effects, however, we obtained simple main effects of SHS, gender, stress instructions, and the regulatory focus contrast, qualified by regulatory focus contrast × stress, regulatory focus × SHS, and regulatory focus contrast × stress × SHS interactions.

To examine the critical three-way interaction further, we followed the procedures outlined by Aiken and West (1991) for plotting the interaction (using values one SD above and below the mean) and then tested the significance of the simple slopes (cf. Dawson & Richter, 2006). These data are represented in Fig. 1. Results indicated that task framing had profound effects on self-handicapping, but only among HSHs. LSHs were impervious to framing and displayed no evidence of self-handicapping in all conditions (all simple slope ts < 1, ns). Conversely, HSHs were quite sensitive to the framing manipulation. Results for the control condition replicated past findings, such that HSHs claimed greater stress only when stress matters (simple slope \( t = 4.37, p < .001 \); see Fig. 1a). Induction of promotion focus reduced self-handicapping among HSHs (\( t = 1.35, ns \), see Fig. 1c), suggesting that framing the task in terms of likelihood of success abates their tendency to self-handicap.

As predicted, induction of prevention focus exacerbated claimed self-handicapping by HSHs. However, we surprisingly found no difference in reported stress by HSHs in the stress matters and stress does not matter conditions (\( t < 1, ns \); see Fig. 1b). Indeed, the most striking aspect of these data is that HSHs reported unprecedented high levels of stress not just in the stress matters condition, but in the stress does not matter condition as well.

Why would this occur? The manipulation check data indicate that these findings are not due to inaccurate memory for the given stress instructions. Could these reports reflect the fact that HSHs exposed to prevention focus framing are actually experiencing greater stress in the present testing situation? This is clearly possible, though unlikely given that the stress inventory assesses general life stresses (unrelated to the present test) experienced over the past few weeks. Alternatively, we believe that these results may reflect the fact that framing the task in prevention focus terms increased the perceived threat and evaluative concern of HSHs to the point where their desire to avoid possible failure led them to
we hypothesize that prevention focus may have elevated self-concern (cf. Hirt et al., 2000). Consistent with Idson et al. (2000), reporting of stress in both the stress does not matter and stress matters conditions believe that stress has unique deleterious effects on their performance, it might explain their elevated prevention focus conditions believe that stress has unique deleterious effects on their performance, it might explain their elevated stress concerns more in the stress does not matter condition (M = 1.92) than stress does not matter condition (M = 1.35), F(1, 149) = 7.91, p < .01. Main effects of regulatory focus (F(1, 149) = 7.94, p < .001) and regulatory focus in the prevention focus condition believed that stress impacted their scores as much in the stress does not matter condition (M = 3.27) as in the stress matters condition (M = 2.80). In every other condition, participants believed that stress had little impact on their scores in the stress does not matter condition (all Ms < 1.30), consistent with instructions.

An examination of beliefs regarding the effects of stress on others revealed only a main effect of stress instructions, F(1, 149) = 22.09, p < .001. As expected, participants in the stress matters condition (M = 2.81) believed that stress affected others’ test scores more than those in the stress does not matter condition (M = 1.95). In general, participants believed that stress affected others’ scores more than their own score (grand M others = 2.38 vs. grand M own = 1.64); moreover, this pattern held true in all conditions but one—namely, HSHs in the prevention focus/stress does not matter condition (M others = 2.49; M own = 3.27). These participants alone believed that stress affected them more than it affected others. Thus, it appears that these individuals, despite being told that stress had not been shown to reliably affect test scores, believe that stress negatively affected their own performance uniquely, thereby justifying its use as a potential self-handicap.4

The role of evaluative concern
Given these provocative results, we then examined evaluative concern. A factor analysis conducted on our 15 item current feelings measure revealed a three factor solution that accounted for 56.3% of the variance. The three factors were: (1) task importance (α = .81, 5 items: e.g., “It is important to me to do well on this test”); (2) self-presentational concerns (α = .81, 4 items: e.g., “It will bother me if I do not do as well as others expect of me”); and (3) evaluative concern (α = .80, 3 items: e.g., “I am uncertain about how I will do on this test”). Regression analyses performed on the first two factors revealed no significant effects. However, a regression analysis performed on evaluative

embrace any potential excuse in the situation (even when no viable handicap is present).

Clearly, we must acknowledge the post hoc nature of the above explanation. However, fortunately, the present study included two key measures that allowed us to investigate the validity of this explanation. The first measure involves an assessment of participants’ personal beliefs regarding the effects of stress. If HSHs in prevention focus conditions believe that stress has unique deleterious effects on their performance, it might explain their elevated reporting of stress in both the stress does not matter and stress matters condition. The second measure is our index of evaluative concern (cf. Hirt et al., 2000). Consistent with Idson et al. (2000), we hypothesize that prevention focus may have elevated self-es-

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3 We also performed regression analyses on these data parallel to those reported for the claimed stress measure and the effects observed mirror those of the ANCOVA. We chose to report the ANCOVA results for ease of presentation, as it afforded us the possibility of comparing means directly across personal beliefs for self and other. We dichotomized SHS scores based on a median split for these analyses, and included trait anxiety, GPA, and self-esteem as covariates.

4 It is also important to note that reported stress did not correlate with actual performance on the CFT, r(183) = .04, ns. Thus, it is not the case that reported stress negatively affected test performance, further attesting to the notion that these stress reports were strategic and do not reflect differences in actual experienced stress. Indeed, the only effect observed when we analyzed CFT performance was a main effect of SHS (β = .29, t = 2.92, p < .01), indicating that overall HSH scored lower than LSH (12.2 vs. 14.8).

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**Fig. 1.** (a) Total weighted stress (after factoring out trait anxiety) for the control condition as a function of stress instructions and level of self-handicapping. (b) Total weighted stress (after factoring out trait anxiety) for the prevention-focus condition as a function of stress instructions and level of self-handicapping. (c) Total weighted stress (after factoring out trait anxiety) for the promotion focus condition as a function of stress instructions and level of self-handicapping.
concern ($F(15,150) = 6.81, p < .001, R^2 = .41$) revealed main effects of self-handicapping (HSHs > LSHs, $\beta = .17, t = 2.55, p < .05$), regulatory focus contrast (prevention > promotion, $\beta = .18, t = 2.83, p < .01$), and gender (women > men, $\beta = .16, t = 2.42, p < .05$). These main effects were qualified by significant two-way interactions between the regulatory focus contrast and SHS, $\beta = .26, t = 3.79, p < .001$, and between the control contrast and SHS, $\beta = .18, t = 2.80, p < .01$.

Fig. 2 illustrates that these interactions were driven primarily by the unusually high level of evaluative concern expressed by HSHs in the prevention focus condition (simple slope $t = 4.56, p < .001$). Thus, consistent with our predictions, it appears that a prevention focus framing significantly increased evaluative concern for HSHs.

**Does evaluative concern mediate beliefs about stress?**

Given that HSHs displayed elevated evaluative concern in prevention focus conditions, we next examined its role as a possible mediator of the effects of our regulatory focus manipulation on claimed self-handicapping. We first asked whether the elevated evaluative concern of prevention-focused HSHs led them to adopt the belief that stress uniquely affects them, despite stress does not matter instructions. To address this question, we conducted mediational analyses following the procedures outlined by Baron and Kenny (1986). Because the present question focused only on the variability in stress beliefs in the stress does not matter condition, we conducted analyses only on these conditions. The regulatory focus contrast × SHS interaction was significant ($\beta = .30, t = 3.28, p < .01$). However, the addition of evaluative concern ($\beta = .35, t = 3.29, p < .01$) significantly reduced the magnitude of this interaction to non-significance ($\beta = .16, t = 1.71, ns$). Thus, it appears that high levels of evaluative concern mediated the effects of prevention focus on HSHs’ belief that stress negatively affected their own performance uniquely, despite their acknowledgment (and our instructions) that it did not affect others this way.

**Does evaluative concern mediate claimed handicapping?**

The final question is whether evaluative concern mediates the use of claimed handicapping. To answer this question, we performed another set of regression analyses with our reported stress measure as the outcome variable and included only stress matters conditions. These conditions are the only ones in which stress serves as a valid handicap. The regulatory focus contrast × SHS interaction was significant ($\beta = .22, t = 2.64, p < .01$). However, the addition of evaluative concern to the regression equation ($\beta = .38, t = 3.42, p < .001$) substantially reduced this interaction to non-significance ($\beta = .03, t = 0.34, ns$, Sobel test $t = 2.22, p = .026$). Thus, our results reveal that evaluative concern mediates the effects of prevention focus on HSHs’ use of claimed self-handicapping.

Parallel analyses were performed on the stress does not matter conditions. Again, the regulatory focus contrast × SHS interaction was significant ($\beta = .20, t = 2.29, p < .05$). The addition of evaluative concern to the regression equation was significant ($\beta = .33, t = 3.66, p < .01$), but in this case it was the addition of personal beliefs ($\beta = .40, t = 3.73, p < .001$) that reduced this interaction to non-significance ($\beta = .03, t < 1, ns$, Sobel test $t = 2.15, p < .05$) and partially mediated the relationship between evaluative concern ($\beta = .25, t = 2.71, p < .01$) and performance. Thus, in the stress does not matter conditions, it is the increased personal beliefs that stress affects test performance (resulting from heightened evaluative concern) that mediates the increased use of claimed self-handicapping by prevention focused HSHs.

**Discussion**

The present research provides clear evidence that situational manipulations of self-regulatory focus have profound impact on the likelihood of claimed self-handicapping. As expected, self-regulatory focus influences the extent to which participants believe that stress matters or does not matter. This is consistent with recent findings that stress does not matter instructions were insufficient to lead participants to believe that stress uniquely affects them, despite their acknowledgment that it does not affect others in this way.

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1. The astute reader may be asking whether it is necessarily the case that evaluative concern is driving these changes in personal beliefs about stress. Might it be the case that the reverse is true and changes in personal beliefs about stress lead to changes in evaluative concern? We conducted an analysis to explore this possibility, but the results indicated that personal beliefs do not mediate changes in evaluative concern ($\beta = .10, t = 1.34, ns$).
handicapping appears to be a strategy consistent with a prevention focus orientation. Individuals induced to frame the task in terms of the implications of task failure were more likely to claim greater stress than those induced to frame the task in terms of the implications of task success. Importantly, consistent with the notion of regulatory fit, the effects of situational framing interacted with individual differences in self-handicapping, with only HSHs reacting so profoundly to prevention focus framing. Framing the test in prevention focus terms augmented the evaluative concern of HSHs to the point where they claimed elevated stress even when the viability of the potential handicap was questioned. Clearly, their behavior under these conditions does not appear very strategic, given that we told participants that prior research had shown that stress had no effect on the diagnosticity of the test. However, our data illustrate that prevention focus framing induced HSHs to believe that stress negatively affects them, rendering it (in their own minds) still a viable excuse for poor task performance.

These results are important for several reasons. This study is the first to examine the relationship between regulatory focus and self-handicapping using an experimental design. Thus, our research represents an important advance beyond past work demonstrating correlations between achievement goals and self-handicapping tendencies (e.g., Elliot & Church, 2003; Urdan, 2004). In addition, the results provide further support for the notions of regulatory fit: given the correlation observed between HSH and chronic prevention focus in our pretest, we found that HSH in the prevention focus condition were significantly more likely to self-handicap. These effects are particularly intriguing, given the general tendency observed by Higgins and his colleagues that regulatory fit leads to “feeling right” and increased goal striving (Higgins, 2000; Higgins et al., 2003; Shah et al., 1998). However, our data highlight the notions illustrated by Idson et al. (2000) that negative affect is most intense under conditions of prevention failure for chronically prevention focused individuals. Thus, it appears that conditions of regulatory fit do not always result in positive consequences or outcomes; they can also afford feelings of additional pressure on the individual to perform well (as evidenced by our finding of enhanced evaluative concern in these conditions, reflecting an increased fear of prevention failure), resulting in a greater tendency to engage in debilitating behaviors like self-handicapping as a means of self-protection. Thus, we believe our findings add greater clarity to the powerful effects of regulatory fit on performance relevant outcomes (see Table 2).

The present research also provides strong support for the notion that self-handicapping is mediated by evaluative concern. Hirt et al. (2000) demonstrated that evaluative concern, elevated by public self-focus, resulted in greater self-handicapping. However, that study examined behavioral self-handicapping (practice effort), a context in which self-handicapping effects were observed only for males. The present study extends that work by demonstrating that evaluative concern mediates claimed as well as behavioral self-handicapping and applies for women as well as men. Moreover, we found that framing the task in prevention focus terms, like conditions of public self-focus and non-contingent success feedback, leads HSHs to experience greater evaluative concern, resulting in self-handicapping behavior. Thus, the present work highlights the robustness of the role that this critical mediator plays in eliciting self-handicapping. Furthermore, the observation that HSHs would try to report high levels of stress in a stress does not matter condition is unprecedented in the self-handicapping literature. The instruction manipulations we employed to instantiate the viability of stress as a handicap have been used in many past studies and have reliably produced differences in self-handicapping behavior among HSHs. Indeed, it is tempting to postulate that the elevated stress reports of HSHs in the prevention focus conditions may simply reflect the fact that HSHs get more stressed about tests, particularly when framed in terms of potential losses. However, our data does not support this interpretation. Recall that our index of claimed stress (the Daily Hassles Scale, Kanner et al., 1981) measures general life stressors “over the past few weeks” and is not specific to the experimental testing situation. Furthermore, if HSHs were legitimately experiencing greater stress, we would expect their performance on the CFIT to be correlated with their reported stress levels. This, however, was not the case (see Footnote 4).

Another significant advance provided by the present research was the ability to tease apart the influence of trait anxiety on our measure of claimed self-handicapping. We found that trait anxiety was significantly correlated with SHS scores, creating some ambiguity whether the differences in claimed handicap observed between HSHs and LSHs in previous research reflect strategic claims of stress or actual differences in experienced stress. Although the comparison of reports across stress matters and stress does not matter conditions addresses this concern to some degree, removing the influence of trait anxiety from claims of debilitating factors such as stress affords a much cleaner index of claimed self-handicapping. We would encourage future researchers to likewise include a measure of trait anxiety to provide a less “noisy” index of self-reported stress. Using this cleaner measure, we were able to convincingly show that prevention focus elevated HSHs’ feelings of evaluative concern, leading them to adopt self-serving beliefs about stress in order to use it as a potential handicap for possible test failure.

The fact that HSHs would continue to report high levels of stress even when the handicap has been discounted as a valid excuse for poor performance raises important questions about the strategic nature of self-handicapping. The literature has debated back and forth whether self-handicapping is motivated primarily by self-esteem maintenance versus impression management concerns. An impressive body of work has demonstrated the benefits of self-handicapping as a means of preserving self-esteem (Berglas & Jones, 1978; Rhodeswalt et al., 1991) and ability beliefs (McCrea & Hirt, 2001). Other research (Kolditz & Arkin, 1982; Hirt et al., 2000) has shown that self-handicapping is more likely under public than private conditions, supporting the view that self-handicapping is primarily in the service of impression management. However, the evidence favoring the impression management view is complicated by the fact that studies examining audience reactions to self-handicapping indicate that these behaviors involve significant tradeoffs between attributional benefits against interpersonal consequences (Hirt et al., 2003; Luginbuhl & Palmer, 1991; McCrea, Hirt, & Milner, 2008; Rhodeswalt et al., 1995): perceivers (particularly women) rate self-handicappers more negatively on interpersonal dimensions (e.g., liking, similarity, desire as a friend or roommate) than non-handicappers, illustrating the costs associated with the use of self-handicapping. Indeed, the fact that HSHs in prevention focus conditions of the present research report a handicap in an anonymous situation in which they can anticipate no attributional benefits from their actions would appear to have little or no value from an impression management point of view. Indeed, we believe these data, in conjunction with the extant research on this question, support the conclusion that while impression management concerns are relevant to and contribute to the use of self-handicapping, they are subservient to lar-
ger and more overarching concerns with self-esteem preservation. HSHs experiencing high levels of evaluative concern use an excuse to the extent they personally believe it, regardless of whether that same excuse holds for others. Indeed, it would be interesting to see whether the reporting of the handicap served to reduce anxiety and evaluative concern as effectively in these conditions as in conditions in which public consensus (and presumably concrete evidence) exists supporting its viability.

Possible interventions to discourage self-handicapping

Finally, we feel that the present results have interesting implications for possible interventions to discourage self-handicapping behavior. Indeed, (Zuckerman, Kieffer, & Knee, 1998; Zuckerman & Tsai, 2005) have highlighted the negative long-term consequences of self-handicapping: poorer performance outcomes, higher levels of negative emotions, loss in competence satisfaction and intrinsic motivation, and increased substance use. Thus, an important goal of research on self-handicapping is identifying possible interventions to discourage this destructive and self-defeating behavior.

The present research found the claimed self-handicapping was reduced among HSHs in promotion focus conditions. Promotion focus framing decreased HSHs’ evaluative concern, thus circumventing the need to self-handicap. Focusing HSHs on the possibility of success interferes with their normal modus operandi in performance situations and may be an effective way to disable this self-protective strategy (cf. Greenberg, Pyszczynski, & Paisley, 1984).

Obviously, before we advocate the use of promotion focus framing as an intervention for self-handicapping, it would be important to replicate these findings across a wider variety of settings. If indeed these findings hold up, it may suggest a situation in which mismatch conditions (situations of regulatory non-fit) actually result in better or more desirable outcomes. Past research (cf. Shah et al., 1998) has shown that framing a task in a manner consistent with an individual’s chronic tendencies facilitates motivation and performance, because it helps them execute their typical strategies. However, framing that mismatches an individual’s chronic tendencies undermines these same outcomes by disrupting execution of one’s typical strategies. For strategies such as defensive pessimism, for example, disruption through mismatch framing has negative and undesirable consequences (cf. Sanna, 1996). In contrast, we would argue that disruption of strategies like self-handicapping through mismatch framing may lead to desirable consequences, encouraging alternative and more productive ways of approaching the upcoming performance. Indeed, a valuable direction for future research will be to examine the broader consequences of promotion focus framing on self-handicappers’ motivation and performance.

References


