My Feet Hurt: A Qualitative Study of Self-Handicapping in Distance Runners

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ABSTRACT

Self-handicapping (SH) is a form of self-presentation that allows individuals to protect their self-esteem in the event of failure or enhance their self-esteem via successful performance. This study explored self-handicapping (SH) in distance runners. Participants (N = 158) completed an open-response survey about their experience of SH by self and others. Data were analyzed using thematic analysis. Major themes were identified for Claimed SH: Injury/illness, training,

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nutrition, sleep/fatigue, personal factors, and external factors, and for Behavioral SH: Poor preparation, poor nutrition practices, equipment issues, and deliberate illness/injury. Several sub-themes were also identified for each form of SH. Claimed SH was reported with greater frequency than Behavioral SH, which suggests that runners are using SH for self-presentation rather than self-sabotage.

INTRODUCTION

Self-handicapping is a form of self-presentation that allows individuals to protect their self-esteem in the event of failure, or enhance their self-esteem via successful performance, in personally meaningful achievement settings (Coudevylle et al., 2011). The need for self-presentation is derived from the social anxiety individuals experience in situations where they are motivated to make a particular impression of others, but doubt they will be able to successfully make the desired impression (Leary & Kowalski, 1995; Schlenker & Leary, 1982). Mostly widely researched in academia, self-handicapping has been explored in team sports, but has received minimal attention in endurance sport and exercise settings. Participation in endurance sport, distance running in particular, requires a substantial investment of time and energy in addition to detailed and controlled planning. Given the commitment required, the possibility of falling short of goals could be especially detrimental to runners who may encounter real or perceived evaluative threats to self-esteem. The individual nature of this activity also presents considerable opportunity for self-evaluative threat and impression management. While self-handicapping can be a potential short-term effective means of protecting self-esteem, it can also lead to negative outcomes, such as burnout, if used as a long-term strategy (Akin, 2012).

Two distinct forms of self-handicapping have been investigated: Claimed and behavioral. Claimed self-handicaps are obstacles or impediments that individuals verbalize prior to an evaluative performance (Leary & Shepperd, 1986). Essentially, it is an excuse that an individual makes in the presence of others in order to provide a reasonable explanation for potential poor performance. Self-handicapping claims are self-reports that can run the gambit of severity from simply not being in the mood to perform to claiming serious injury or illness. Important characteristics of claims, however, are that they must be plausible and intentionally heard by people whom the individual deems important (Rhodewalt, 1990; Self, 1990). When a plausible excuse is made, it is difficult for others to contest or determine the cause of poor performance. Failure is then attributed to an external locus of control thereby protecting self-

esteem. Conversely, success is attributed to overcoming the handicap, thereby increasing self-esteem.

Behavioral self-handicapping refers to acts or behaviors that actively create impediments to one's performance (Leary & Shepperd, 1986). This can manifest as effort withdrawal, which is defined as "an individual's willingness to withhold effort in achievement situations" (Martin & Brawley, 1999, p. 902), or engagement in negative behaviors such as alcohol use. Behavioral handicaps provide a plausible excuse for poor performance because others see the negative outcomes of the behavior. For example, if an individual intentionally does not train adequately leading up to a competition, then the blame can be placed on the lack of preparedness rather than the lack of skill (Rhodewalt, 1990). Self-handicapping behaviors decrease an individual's chance for success, but as demonstrated in previous research, also create a scenario in which individuals can benefit (Rhodewalt, 1990). If an individual succeeds despite their self-sabotaging behavior, they increase the attribution of their success to their skill level because they succeeded in spite of the handicap.

Self-handicapping is driven by concerns over how an individual feels they are being evaluated in a social setting (Self, 1990). Common correlates for self-handicapping in the physical domain include low general and physical self-esteem and concerns over self-presentation (Schwinger et al., 2021). An exploratory study investigating self-handicapping specifically in recreational runners showed that distance runners engage in self-handicapping, albeit at relatively low levels, and that the tendency to self-handicap increases as perceived feelings of external expectations increase (Curtis & Hutchinson, 2023). Further research on self-handicapping in athletes, in general, found that low self-esteem, low self-efficacy, low self-confidence, anxiety, and a high ego threatening environment also led to greater self-handicapping (e.g., Finez et al., 2011; Kuczka & Treasure, 2005; Prapavessis et al., 2003). These findings are limited, however, due to inconsistent measurement tools. A common assessment for self-handicapping is the Self-Handicapping Scale (SHS) developed by Rhodewalt (1990), which assesses general self-handicapping tendencies. As the measure was developed in academic settings, the items may not reflect commonly used self-handicaps within the sport domain, as demonstrated by prior investigations of self-handicapping in competitive athletes (Martin & Brawley, 1999). At present, there is no sport- or exercise-specific measure of self-handicapping tendencies. Greater insights might therefore be gained from qualitative investigations, where self-handicapping can be explored without imposing the predetermined framework of an existing scale.

To the authors' best knowledge, only one prior study has employed qualitative methodology to explore self-handicapping in an individual sport. Ferrand et al. (2006) interviewed elite teenage rock climbers about possible impediments to success prior to competition. Using inductive content analysis, Ferrand et al. (2006) identified seven main themes within their qualitative data. These were impediments related to the climbing context (e.g., inclement weather), the climbing route, pre-competitive anxiety, physical fatigue, physical strength, competitor's skill level, and indirectly-related impediments (e.g., loneliness). It is important to note, however, that this study focused on teenage athletes and questionnaire prompts targeted only claimed self-handicaps, not behavioral. Nonetheless, this qualitative study provides important, novel insights on how self-handicapping manifests in individual sport, and the major themes appear to parallel aspects of distance running and racing.

The purpose of the current study was to explore the phenomena of behavioral and claimed self-handicapping in distance runners. At present, our understanding of self-handicapping in endurance sport and exercise is limited. Existing measures, such as the SHS, are not sport-specific and have been found to be unreliable in the sport and exercise domain (Martin and Brawley, 1999). Therefore, the current study sought to investigate self-handicapping behaviors used and observed by distance runners using a qualitative approach.

METHOD

Research Philosophy

The current study was approached from a generic qualitative inquiry paradigm. This paradigm was adopted due to the parameters of the study not meeting the requirements of other qualitative approaches. Similar to grounded theory, the authors sought to construct theories grounded in the data rather than deduce a hypothesis (Sparkes & Smith, 2014). The inductive approach used to determine selective codes that describe the self-handicapping strategies also parallels grounded theory. As defined by Sparkes and Smith (2014), a grounded theory approach "allows [researchers] to develop insight and an awareness of relevant and significant ideas while simultaneously collecting and analyzing data" (p. 42). However, dissimilar to grounded theory, the intent of data collection was to develop selective codes rather than define a core category and construct a new theory. Using an open-ended qualitative response format, this study allowed for the generation of self-handicapping themes rather than deducing the themes obtained from previously established quantitative measures.

Research Design

The current study employed a qualitative design, using an online survey for data collection. The online survey consisted of vignettes followed by open-ended questions that allowed participants to provide as many or as few examples as they preferred. Vignettes followed by open-ended questions "encourages articulation of perceptions, opinions, beliefs and attitudes from participants as they respond to or comment on the concrete scenarios and situations as depicted" (Azman & Mahadhir, 2017, p. 28). Beginning with a vignette has been shown to be effective in situations where the topic of enquiry is potentially difficult or uncomfortable to discuss given that it removes the focus from the individual (Azman & Mahadhir, 2017). Admitting to self-handicapping behaviors may have felt vulnerable for some participants, therefore, open-ended responses were directed both towards the participant themselves as well as their fellow runners. Based on Braun and Clarke's (2013) criteria for large participant-generated textual data qualitative studies, it was determined that a minimum of 100 participants were needed for the present study.

Participants

One hundred fifty-eight runners (122 females, 35 males, and one who identified as non-binary/third gender) voluntarily completed the online survey (M_{age} = 43.4, SD = 11.3). Approximately 42.8% of runners who began the survey finished to completion. In order to participate the survey, participants agreed to the inclusion criteria of being 18 years of age or older, running at least three times per week for the past year, and having previously completed a race of half-marathon distance or longer. Participants were encouraged to provide the name and date of their last race; approximately half (n = 84) indicated that their last race was a half marathon or further and was completed in the current or previous calendar year. Additionally, the races reported accounted for 19 individual states, suggesting a nationally representative sample. Despite this, participants did not represent the national norm in terms of demographics as most identified as white (93%) and a majority indicated that they had achieved some degree of higher education (86%). On average, participants reported running 25.1 ± 14 miles per week and had 13.4 ± 8.9 years of running experience. All participants classified themselves as non-competitive (n = 71) or recreationally competitive (n = 86) runners, except for one participant who identified as semi-professional. Participants reported that, on average, they had completed 14.2 ± 14.9 half marathons, 4.8 ± 6.8 marathons, 1.1 ± 2.7 ultramarathons. Approximately 42% of participants also reported participating in other, non-specified endurance events (e.g., triathlon, duathlon).

Survey Protocol Development

The first stage in the development of the online survey was to consult previous qualitative self-handicapping research (Hausenblas and Carron, 1996; Shields et al., 2003).

Examination of the protocols used in these studies showed that open-ended questionnaires prompting participants to reveal their use of self-handicapping techniques was most commonly used. Further, Shields et al. (2003) stated that they provided a brief description and example of self-handicapping so that participants were responding to a shared understanding of the construct. In the current study, a similar approach was adopted, with modifications to account for identified shortcomings of prior work. Specifically, previous studies failed to address the negative implications of self-handicapping as well as the multidimensional aspect of self-handicapping (i.e., claimed and behavioral).

After analysis of previous protocols, it was determined that participants should be given the opportunity to disengage from the examples of self-handicapping they provide given the negative connotation of the construct. Therefore, participants were first provided a broad definition of self-handicapping followed by a vignette. It is important to note that the vignettes were worded as neutrally as possible so as not to frame self-handicapping as an inherently negative tendency. Separate definitions and vignettes were provided to reflect the two dimensions of self-handicapping. The definition and vignette for claimed self-handicapping was as follows:

Sometimes athletes will give verbal reasons or justifications for why their performance may not go well BEFORE a run or race (e.g., 'my knee is really sore today' or 'I haven't trained much lately'). These reasons may or may not be true. Below is an example:

'A person who runs regularly may not be sure that she is fit enough to keep up with her training group on a hard run. In order to avoid embarrassing herself, she may tell her group before the run that she's really tired today. That way, if she can't keep up, she has already given a reason before she started, and her group members won't think she's lazy and out of shape. On the other hand, if she can keep up, the group members will think she's in great shape because she kept up despite being tired.'

Two open ended questions followed the vignette. First, participants were prompted to provide claimed self-handicapping examples they have observed in others. Specifically, the question asked, "we would like to know if you have ever heard someone say things that might explain away any of their performance shortcomings. Please indicate what was said in these instances before a run/race. List as many instances as you can recall." After this, participants were then asked about their own self-handicapping tendencies. The question asked, "if you have ever said something like this yourself, what reasons or justifications have you given before a run or race for possibly not doing well? Take your time and list as many as you can think of."

This same procedure was followed for the behavioral self-handicapping dimension with the open-ended questions phrased to ask about things they had seen others do and things they had done themselves before a run or race in order to provide reasons for potential shortcomings. The definition and vignette for behavioral self-handicapping was as follows:

> Sometimes athletes DO things or avoid doing things that could possibly interfere with their performance BEFORE a run or race in order to have a justification if the performance doesn't go well. Below is an example:

> 'A person who runs regularly may not be sure that he is fit enough to finish a long run with his friend, given his friend's history in endurance running. In order to avoid embarrassing himself, he may intentionally forget his nutrition supplements for the run. That way, if he can't finish the run, he has already provided a reason before he started, and his friend won't think he's out of shape or hasn't been training. On the other hand, if he can finish the run, the friend will think he's in great shape because he kept up despite not being properly fueled.'

Procedure

After receiving university ethical approval, participants were recruited via Instagram posts and through contact with the operating partners and owners of a national running store chain with locations in 40 US states. The study details were outlined in recruitment materials which also included an electronic survey link. Upon following the link, participants were prompted to answer screening questions to assess study eligibility. If eligible, participants were then directed to an informed consent form. Once participants consented to participate in the study, they provided demographic information and completed the open-ended questions, responding separately to both a claimed- and behavioral-focused vignette. A full copy of the survey and the data that support the findings of this study are available from the corresponding author, [DC], upon reasonable request.

Analysis

Analysis was conducted using an inductive thematic analysis. Inductive thematic analysis was chosen as there was little to no prior research on self-handicapping in endurance sport to guide what themes may have been determined. Thematic analysis was also deemed appropriate as the purpose of the current study was to assess self-handicapping across distance runners with differing levels of experience, and thematic analysis is used to recognize patterns across individuals (Braun & Clark, 2012).

Analysis involved the six phases outlined by Braun and Clark (2012): (1) familiarization with data, (2) generating initial codes, (3) searching for themes, (4) reviewing potential themes, (5) defining and naming themes, and (6) producing the report. To start, the two authors reviewed the data separately and organized the data within a spreadsheet according to claimed and behavioral self-handicaps. The authors then separately created codes and clustered these codes into themes and sub-themes that reflected patterns in the data. The researchers then came together to share and discuss the codes and themes and to determine which themes best represented the data. This process also involved naming the themes and determining which sub-themes were best encompassed within each theme. Once the theme and subthemes were finalized the researchers revisited the transcripts with the list of themes and subthemes for an additional in-depth analysis. This approach is content-driven and particularly suitable for exploratory studies (Guest et al., 2012). By analyzing the data separately and dialoguing about individually-developed themes, the authors were able to help promote trustworthiness and credibility via reflection and exploration of various interpretations of the data. Further, quotes are provided in the results section which allows readers to interpret the data in their own way (Braun & Clark, 2006).

Results

Participant responses indicated that the self-handicapping examples described in the vignettes were recognized by participants as being self-protective behaviors. For example: "*No-one likes to admit it's just a bad day of running. I've heard [people say] that they were dehydrated or they slept horrible the night before or didn't eat enough the night before*" and "*I have seen someone sabotage their fueling before a race or workout so that they will have an excuse to quit early or not finish*". This confirmed that participants understood the phenomena they were being asked to describe. Differences in responses to the claimed and behavioral vignettes also suggested that participants understood the nuance between the two types of self-handicapping.

Responses to the claimed self-handicapping prompt suggested that such claims were common in distance running. In response to the vignette provided, one participant stated: "*This is near constant. Friends are always sandbagging*". In contrast, responses to behavioral self-handicapping were mixed. Some participants reported having seen or participated in this type of behavior, (e.g., "*I've witnessed people do this 100%*") but many did not. Several statements indicated that behavioral self-handicapping was relatively rare, for example; "*I haven't seen this or know of anyone doing this*" and "*I cannot honestly recall having seen this*". Some participants even expressed outrage at the idea, "*absolutely not!*"

Claimed Self-Handicaps

Six themes were identified from the analysis, with several sub-themes within each theme (see Table 1). For claimed self-handicapping the six main themes were as follows: Injury or illness, training, nutrition, sleep/fatigue, personal factors, and external factors.

Illness or Injury.

Illness or injury was the most frequently cited claimed self-handicap. One participant stated, "I have heard people cite mild injuries before the race in a way that seems meant to excuse a possible poor performance. I have heard people cite mild illness such as a cold in the same way." Participants reported serious injuries as well as more minor common running injuries. Given that serious injuries might rightfully justify poor performance, only mild to moderate injuries that play more of a role in self-presentation were considered for this study.

Existing injury included any mild to moderate chronic injury, while acute injury was any mild to moderate injury that was a one-time occurrence or only occurred in some instances. Examples of existing injuries typically referred to a "nagging injury". Claims of acute injuries ranged from a "pre-race injury" to "[I say] my knee hurts" and even included potential injury, "I have heard someone say their hamstrings were tight and they were concerned of it causing an injury during the event". Illness was mentioned less than injury and had an overarching focus on gastrointestinal (GI) distress. Participants mentioned claims such as, "I have said my stomach hurts" and "I've heard someone say that their stomach's upset so they're not sure how the run will go". There were also examples of mild illnesses such as a cold, but there were no instances of participants mentioning more severe illnesses as a claimed handicap.

Training.

Training was the second most cited claimed self-handicap. Participants mentioned using problems in their training as a claimed self-handicap as well as instances where they heard others cite it as an excuse for poor performance. Undertraining was the most common subtheme. Typically, the statements were non-specific as to why participants were undertraining, such as stating, "*I haven't been training as much as I should have*". A few participants, however, did provide more context, which could make the excuse more believable to others: "*I didn't train consistently or do enough speed work*". Others downplayed the importance of the race "[people say] *the race is not a big deal so they didn't take the training seriously*". There was also some overlap with the illness or injury theme with participants making claims such as, "*I am recovering from an injury, so I haven't run in a while*".

Overtraining was mentioned multiple times and was sometimes difficult to distinguish from recovery. Therefore, overtraining was specifically defined as too much training over an extended period of time. Examples of this include: "[being in the] *middle of a training cycle*" and "*over training during 4 consecutive races every month*." In contrast, recovery was defined as not being ready to engage in exercise to one's full capacity due to a prior acute bout of exercise.

Recovery usually involved too much activity in close proximity to an event leading to a possible poor performance due to fatigue. Examples of this included: "*ran too fast in training before the race*" and "*sore from a strength training workout*". Any reference to tapering, which is a period of reduced training volume and intensity prior to an endurance event, was also included in the recovery subtheme. All mentions of taper referenced failing to taper or taper appropriately. For example: "*I have not tapered*" and "*didn't taper well*".

Other training consisted of any claimed handicap that referenced training that was non-specific to the event in which runners were participating. This included different terrain (e.g. "*insufficient hill training*"), distance (e.g. "*I have been training for distance events, so I won't have the speed*"), and/or overall activity (e.g. "*I have heard someone say they were tired from another exercise, swimming, biking, etc.*").

Nutrition Practices.

Claims about nutrition included any mention of diet/fuel and hydration as well as alcohol consumption. Participants' comments varied in regards to how diet affected their performance. Some participants mentioned that eating too much was a detriment to their performance while others claimed that not eating enough was the detriment. Additionally, participants mentioned that types of food eaten prior to a race were used as a claimed handicap. Examples of comments specific to diet include: "*ate too much before the run (day of)*", "*lack of food intake*", and "*eating greasy or 'bad' food the night before.*" Responses related to hydration and alcohol consumption were less varied, focusing on under- and over-consumption, respectively. Despite the fact that drinking too much water can lead to stomach issues, comments regarding hydration were exclusively focused on under-hydration, as exemplified by the following comments: "*I didn't drink enough water yesterday*" and "*I heard* [someone say] *that they were dehydrated*". Conversely, statements regarding alcohol focused on overconsumption, typically the night before a race. Common claims included: "*drank alcohol the night before*" and "*had one too many glasses of wine last night*".

Sleep/Fatigue.

The theme of sleep/fatigue included any claims or comments in which the participants directly indicated that disrupted sleep, a lack of sleep, or general tiredness/fatigue was the antecedent to their potential poor performance. The comments in this theme were differentiated from personal factors that did not mention sleep or fatigue explicitly, despite the fact that some of the personal factors mentioned could have led to disrupted sleep, a lack of sleep, or general tiredness/fatigue. Examples of disrupted sleep include: "*it was a real busy week and work and I didn't sleep well*" and "*tired from not sleeping well the night before*".

The subtheme of disrupted sleep was defined as in this study was instances in which participants did not sleep well. This was the most commonly cited subtheme and was often

described as sleep the night before a run being interrupted in some way, due to feelings such as nervousness, anticipation, or apprehension. In contrast, within the subtheme of lack of sleep, participants stated that they didn't sleep enough, as described in comments such as, "*I didn't get enough sleep*" or simply "*lack of sleep*".

General tiredness/fatigue was typically described as the result of a personal factor or life event that led to feelings of exhaustion. Participants stated that they "*heard someone say they they're stressed and fatigued from work*" and "*have heard someone say they are tired from working the previous day at a Habitat for Humanity build site*". One participant mentioned menstruation as a cause for fatigue; she stated that she was "*period tired, so my iron is low*".

Personal Factors.

The personal factors theme included any claims related to personal identifiers, how participants interact with others (specifically how they compare themselves to others), and events happening in participants' lives. These claims were categorized into subthemes of intrapersonal factors, interpersonal factors, and lifestyle stressors, respectively. Intrapersonal factors, which occur at the individual level, were the least cited of the three sub-themes. Two participants mentioned that motherhood impacted their ability to perform well, and one mentioned weight gain. Age was also cited as an excuse several times, with one participant explaining that they have encountered runners who "*have used their age as a claim for being "too old" to run/ race at a high level*", this was corroborated by another participant's statement "*getting older – I have used that as a reason why I won't be as fast as I used to be*". The most common comments within this sub-theme dealt with individuals' mood. Participants cited claims such as, "*not in a good mood*" "*not feeling up for it*" and "*feel crummy*".

A few comments included in this category were also closely related to interpersonal factors and focused on participants' view of themselves as a runner. One participant explicitly stated that they would claim that they are "*not a good runner*" while another participant said that they heard others say that they "*lack experience in a specific distance or pace*". Comments about running ability or inexperience demonstrate a potential lack of self-confidence, which is consistent with the theoretical underpinnings of self-handicapping (Schwinger et al., 2021).

Interpersonal factors were defined as those relating to relationships or communication between people, and often involved a focus on social comparison. Several participants emphasized that they were "*just not fast enough*" or "*not fit enough*" as an excuse for not performing well in a race or being able to keep up with others during training. Other participants made claims that they were going to be running slower on a certain day or were not intending to perform to the best of their ability in order to assuage expectations. Instead, these runners claimed they were "*not running... for time*" or "*doing the race as a 'workout' meaning they are planning to go slower/less intensity*". Interpersonal factors were a more frequently cited self-handicap than intrapersonal factors. This was not surprising due to the fact that self-handicapping is a self-presentation strategy used in social settings. Interpersonal

claims allow individuals to justify potential poor performance by comparing their abilities to others or by 'enhancing others' to mitigate the risk of harming their already low self-confidence (Sheppard & Arkin, 1991).

Statements grouped in the subtheme of lifestyle stressors were those that explicitly mentioned a specific circumstance or stressor that the person was experiencing. These included breaking up with a significant other, the recent death of a loved one or pet, and "*having a damn period*". One participant reported, "*The last California International Marathon, a friend posted her results but first said she just broke up with her boyfriend*". Some runners even described fabricating such situations, "*I've not gone on a long training run because I needed to stay home and take of my dog who looked like it might be sick, but wasn't really. I just didn't want to run*".

External Factors.

External factors were defined as factors that influence performance from the outside, and included examples that were both within and outside of the participants' control. The associated sub-themes were weather, terrain, and equipment, with weather conditions being the most commonly cited handicap. "*Too hot*" and "*too cold*" were the most frequent statements; however, participants also referred to other weather conditions such as it being humid or windy. Several participants mentioned not being adapted to the weather: "*lungs don't like the cold air*" and "*colder than I'm used to*" implying that their potential poor performance is a non-regular occurrence. This is consistent with the self-esteem protecting motivation for self-handicapping.

The most commonly cited self-handicap in regards to terrain was hills. Participants frequently stated that they were unprepared for hills, which overlapped with the previous sub-scale of "different training". The distinction between these two sub-themes, however, was that participants did not mention a lack of training for hills, they simply stated that they were not good at them. Similarly, another participant stated, "*I am just not very good at trail running*". Others blamed the terrain for running slower to "*avoid tripping*".

Equipment, unlike weather and terrain, tended to be a controllable factor. Examples of this sub-theme included participants stating that they "*need new shoes*", "*wore their underwear backwards*", and "*brought the wrong shoes for the surface*". This sub-theme had some overlap with behavioral self-handicapping, but was included as claimed self-handicapping as participants noted these excuses in the claimed self-handicap portion of the online survey. In this case it was assumed that the participants' lack of preparation regarding equipment was not an intentional behavior.

Behavioral Self-Handicaps

Four themes and several sub-themes were identified from the analysis of behavioral self-handicapping data (see Table 2). The four main themes were: Poor preparation, poor nutrition practices, equipment issues, and deliberate injury or illness. Overall, behavioral self-handicaps were identified less frequently than claimed self-handicaps.

Poor Preparation.

Poor preparation encompassed all behaviors leading up to a run or race that might undermine performance. These were any behaviors *intentionally* engaged in, either during training or before an event, that could provide an excuse for potential poor performance. The sub-themes identified were timing, training, and physical preparation. Behaviors related to timing commonly included late arrival, which prevented participants from being fully prepared to run to the best of their ability, for example "*arriving too late to warm up*".

The sub-theme of training was defined as any behavior that occurred within the time leading up to an event. Self-handicapping behaviors included in this subtheme were related both to undertraining as well as overtraining. One participant stated that they did not do any midweek runs because they did not have time, while another was more vague and simply said they skipped training. Overtraining behaviors were more varied and included: "*running a little bit more to get GPS miles to round up*" and "*not following a proper taper before a big event*".

Physical preparation was differentiated from training and was defined as any behavior, relating to the body, that occurred immediately before an event. Physical preparation was mentioned less than both timing and training and sometimes overlapped with other sub-themes including "poor nutrition practices" and "equipment issues." Other behaviors grouped in this sub-theme included not warming up or stretching properly and not using the bathroom before beginning a run.

Poor Nutrition Practices.

Engaging in poor nutrition practices was a commonly cited behavioral handicap and, similar to claimed handicaps, included sub-themes of diet, hydration, and alcohol use. Participants mentioned deliberately not bringing enough fuel, eating the wrong type of fuel, or overeating. This included: "[eating] *something new before/during a run*" and "*having poor nutrition or eating questionable meals before a race, almost joking about it, but then having it as an excuse if things didn't go well*". Hydration was also commonly cited and followed the same trend as diet: either participants were not prepared, under-hydrated, or overhydrated. Specific behaviors mentioned were "*not bringing water bottle,*" and "*over-caffeinating on purpose*".

Alcohol use was a less common behavior; it was more common for participants to claim this as an excuse rather than report it as a behavior they actually engaged in or saw other people engage in. Nevertheless, multiple participants mentioned that alcohol use was a self-handicapping behavior that they partook in, for example "[The] *only thing that I have done like*

this is to drink alcohol the night before, even though I normally avoid it". One participant also mentioned observing a friend partaking in alcohol use immediately prior to a running event.

Equipment Issues.

Equipment issues for participants generally meant that they forgot or were missing an item; however, there were some exceptions. Due to the amount of times shoes were mentioned, equipment was narrowed down to two sub-themes: "shoes" and "other." Participants mentioned that they saw others forget to bring their shoes, and admitted that they "*didn't wear the right shoes on purpose*". Regarding other equipment, one participant explained that they had "*forgotten my handheld water bottle or lights and used it as an excuse to cut a run short*." Another participant stated that their friend used a missing light as a reason to cancel a planned run. Other 'forgotten' items included appropriate clothes, socks, sunglasses, nasal strips, and headphones. Some participants detailed occasions where they had deliberately selected inappropriate equipment, for example:

> *One time I was feeling tired and planned on showing up to the group run but walking instead of doing the actual run. I purposely wore a low impact sports bra that I don't wear for runs, because if my friends convinced me to run instead of walk, I could have a justification for not running as fast. They convinced me to run. I ran. I made comments about having to run in the crappy sports bra*.

Two participants alluded to being over-prepared with equipment, with one stating that runners in the group they are part of use KT tape to excess or wear a brace when it "*clearly was not really going to be effective*". Although it is not possible to say whether all of the behaviors mentioned were intentional, participants seemed to be confident and/or vocal in this sub-theme that these behaviors were done for a reason.

Deliberate Injury or Illness.

The final behavioral handicapping theme was deliberate injury/illness. If a runner intentionally sought to injure themselves or cause themselves to be ill as an excuse to not perform well, it was considered deliberate. Examples of deliberate injury included "*tripping on purpose early in a race*" while deliberate illness encompassed behaviors such as "*purposefully vomiting*" and "*purposefully forgetting daily medication or forgetting to take daily medication.*" Although comments regarding medication only occurred twice, it was determined that they warranted attention as adjusting medication can be detrimental to an individual's health. In addition to deliberate injuries and illnesses, participants also mentioned behaviors that seemed to be better classified as claimed handicaps, for example "[I] *complained that I needed new shoes and my feet hurt too much to keep going*". If participants did not seem to be describing intentional behaviors, or it was not possible to determine intention, then this data was not included as behavioral self-handicapping.

Discussion

This study investigated claimed and behavioral self-handicapping in distance runners. Inductive thematic analysis of the open response examples given by distance runners in this study indicated that claimed self-handicaps are associated with training, injury or illness, nutrition, lack of sleep/fatigue, personal factors, and external factors. Most participants endorsed having heard or made such claims in the context of distance running in order to excuse potential poor performance. The high prevalence of claimed self-handicapping reported by participants in the current study is in contrast to prior work in distance runners (Curtis & Hutchinson, 2023) and other athletes (Martin & Brawley, 1999) using the SHS, where low prevalence was reported. This discrepancy appears to support previous concerns that the SHS is not appropriate for use the sport and exercise domain (Martin and Brawley, 1999) and reiterates the need for a sport-specific measure of self-handicapping. Additionally, in contrast to previous research (Kamuk, 2022), the responses provided indicate no difference in self-handicapping tendencies between males and females. However, this indication must be assessed with caution as 77% of participants identified as female.

Behavioral self-handicaps involved intentional behaviors that could be categorized according to four main themes: Poor preparation, poor nutrition practices, equipment issues, and deliberate illness/injury. This finding extends our understanding of behavioral self-handicapping, which has previously focused primarily on effort withholding. The insights gained through this qualitative investigation suggest that distance runners engage in a variety of self-handicapping behaviors that range from fairly benign (e.g., intentionally forgetting equipment) to more extreme and risky behaviors (e.g., purposeful vomiting, under-hydrating, skipping daily medication).

Behavioral self-handicaps were mentioned less frequently than claimed self-handicaps in the current study. Interestingly, all 158 study participants stated that they had heard or engaged in claimed self-handicapping. However, 28 participants provided no response for behavioral self-handicapping while 47 participants (30% of the sample) clearly stated that they had never engaged in or seen behavioral self-handicapping. This observation implies that runners would rather use claimed excuses as a means of self-presentation than actually engage in self-sabotaging behaviors. This is likely because behavioral self-handicaps are a much riskier strategy than claimed self-handicaps (Coudevylle et al., 2008). Several participants reported strong, negative feelings towards behavioral self-handicapping. One runner adamantly stated that they would never engage in self-handicapping behavior, but the same individual reported having used multiple excuses such as dealing with an injury and being undertrained when prompted with the claimed self-handicapping vignette. Further research is needed to understand the stigma associated with self-sabotaging behaviors versus excuse-making.

An unexpected theme that was identified in both claimed and behavioral self-handicapping was the consumption of alcohol. Incidentally, alcohol consumption was identified

by Berglas and Jones (1978), researchers that coined the term self-handicapping, as being an appealing behavior to individuals who wish to external failure and internalize success. Alcohol consumption is a very plausible claimed excuse as it is well documented that the acute effects of alcohol negatively impact athletic performance (Volpe, 2010). Runners in the current study admitted to drinking both the night before and immediately prior to a run or event. Use of alcohol may be an appealing behavior as studies have shown that individuals expect alcohol to make them feel less tense and more relaxed, and less concerned about doing things well (e.g., Sharma et al., 2020). These feelings may be desirable before an event that an individual perceives to be important, a crucial aspect to self-handicapping situations (Self, 1990). Given the negative health implications of this behavior, this finding warrants further investigation. In particular, acute ingestion of alcohol before exercise is associated with impaired temperature regulation, heart arrhythmias, and may increase risk of injury due to its deleterious effect on psychomotor skills and balance (O'Brien & Lyons, 2000).

The findings of this study indicated that self-handicapping strategies in distance running have some overlap with other sports and also present some unique aspects. Claimed self-handicaps related to training, lack of sleep/fatigue, personal factors, and external factors were also identified in rock climbers (Ferrand et al., 2006). Injury and illness have also been identified as major themes in qualitative investigations of claimed self-handicapping in competitive sport (Hausenblas & Carron, 1996) and exercise settings (Shields et al., 2003). Few qualitative studies have addressed behavioral self-handicapping and therefore, the results of this study could not be compared to previous findings. Poor nutrition practices emerged as a potentially unique theme of claimed and behavioral self-handicapping in distance running. This might be explained by the particular demands of endurance training and competition as well as the prolonged duration of the activity. When engaging in cardiovascular exercise, it is generally recommended that individuals consume 30–60 grams of carbohydrate per hour of training up to 2.5 hours, and 90–120 grams per hour for training lasting longer than 2.5 hours (Burke et al., 2019). Hydration recommendations aim to maintain a net fluid deficit of less than two to three percent of body mass (Burke et al., 2019). Therefore, unlike many shorter duration sports, nutrition is crucial in distance running. If runners claim (or act to ensure) that their diet or hydration is less than ideal, it presents a reasonable excuse for potential poor performance.

Implications

The findings of this study suggest that distance runners engage in self-handicapping to manage feelings of evaluative concern and low self-confidence. This aligns with the theory of self-presentation which states that the fear of not making a desired impression in a social situation is the catalyst for using self-presentation strategies (Leary & Kowalski, 1995; Schlenker & Leary, 1982). Self-handicapping is a self-presentation strategy that allows runners to excuse potential failures before they occur, or to enhance esteem in case of successful performance. Given the extensive time and effort commitment necessary to the sport, it seems that even

recreational runners struggle with being confident in their ability to perform successfully, despite their relatively low-risk investment compared to competitive athletes. It is clear from this study that participants felt pressured to protect their self-esteem in the presence of other runners, or recognized this feeling in others. Developing runners' mental skills to improve self-confidence and negate self-presentational concerns may help prevent potentially harmful behaviors, such as alcohol use and poor nutritional practices.

Limitations and Future Research

It is important to consider the limitations of the current study. The use of an online, open-ended survey as a data collection technique may have resulted in responses that were not appropriate for the given question. For example, participants made claims that could have been interpreted as intentional excuses, but without follow up, it is difficult to distinguish excuses from genuine reasons for poor performance. Similarly, it was also not always possible to know if the behaviors mentioned were intentional, especially for responses based on observation of others, which would be considered third-party information. Further, the use of a one-off survey could have resulted in the oversimplification in the understanding of the use of self-handicapping in runners. Only a few participants elaborated in detail on why they, or someone they observed, engaged in self-handicapping. An interview or focus group approach would have allowed for probing to obtain more detailed information and explanations for participant's claims and behaviors, particularly regarding whether handicaps were intentional or unintentional. Nonetheless, a strength of the open-ended survey approach is that participants seemed more willing to disclose their own self-handicapping claims and behaviors. An interview or focus group may lead to social desirability bias in participant responses.

Several opportunities for future research might result from this initial investigation. There are a wide range of endurance events and durations, which may lend themselves to different self-handicapping strategies and tendencies that could be explored. Congruently, Kamuk (2022) suggested an overall increase in research on self-handicapping in sports. Understanding self-handicapping that occurs during training versus competition would also be useful. The present study focused on recreational runners; future research might also explore self-handicapping in competitive and elite distance runners. More in depth investigation is also needed to better understand the distinction between claims and behaviors as well as individuals' motivations and justifications for self-handicapping. This may, in turn, lay the groundwork for experimental research designs and the development of self-handicapping interventions.

In conclusion, the current study provides a novel contribution to self-handicapping research. Themes of claimed and behavioral self-handicapping in distance runners were identified and examined. These findings provide a useful foundation for future research in endurance sport and exercise settings.

Contributions

Contributed to conception and design: DC, JCH
Contributed to acquisition of data: DC
Contributed to analysis and interpretation of data: DC, JCH
Drafted and/or revised the article: DC, JCH
Approved the submitted version for publication: DC, JCH

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Data and Supplementary Material Accessibility

Public access to participant responses is limited to the sensitivity and potential identifying characteristics of qualitative data. Access to data can be obtained through contact with the primary investigator.

REFERENCES

Akin, A. (2012). Self-handicapping and burnout. *Psychological Reports*, *110*, 187-196. https://dx.doi.org/10.2466/01.02.14.PR0.110.1.187-196

Azman, H., & Mahadhir, M. (2017). Application of the vignette technique in a qualitative paradigm. *GEMA Online Journal of Language Studies*, *17*, 27-44.

Berglas, S., & Jones, E. E. (1978). Drug choice as a self-handicapping strategy in response to noncontingent success. *Journal of Personality and Social Psychology*, *36*, 405-417. https://doi.org/10.1037/0022-3514.36.4.405

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.

Braun, V., & Clark, V. (2012). Thematic analysis. In H. Cooper, P. M. Camic, D. L. Long, A. T. Panter, D. Rindskopf, & K. J. Sher (Eds.), *APA handbook of research methods in psychology, Vol. 2: Research designs: Quantitative, qualitative, neuropsychological, and biological* (pp. 57-71). American Psychological Association. https://doi.org/10.1037/13620-004

Braun, V., & Clarke, V. (2013) *Successful Qualitative Research: A Practical Guide for Beginners*. SAGE Publication.

Burke, L. M., Jeukendrup, A. E., Jones, A. M., & Mooses, M. (2019). Contemporary nutrition strategies to optimize performance in distance runners and race walkers. *International Journal of Sport Nutrition and Exercise Metabolism*, *29*, 117-129.

Coudevylle, G. R., Gernigon, C., & Martin Ginis, K. A. (2011). Self-esteem, self-confidence, anxiety and claimed self-handicapping: A mediational analysis. *Psychology of Sport and Exercise*, *12*, 670-675. https://doi.org/10.1016/j.psychsport.2011.05.008

Coudevylle, G. R., Martin Ginis, K. A., & Famose, J. P. (2008). Determinants of self-handicapping strategies in sport and their effects on athletic performance. *Social Behavior and Personality*, *36* (3), 391-398. https://doi.org/10.2224/sbp.2008.36.3.391

Curtis, D. & Hutchinson, J. (2023). Preserving perfectionism: The relationship between perfectionism and self-handicapping in distance runners. *Journal of Sport Behavior*, *46*, 2.

Ferrand, C., Tetard, S., & Fontayne, P. (2004). Self-handicapping in rock climbing: A qualitative approach. *Journal of Applied Sport Psychology*, *18*, 271-280. https://doi.org/10.1080/10413200600830331

Finez, L., Berjot, S., Rosnet, E., & Cleveland, C. (2011). Do athletes claim handicaps in low ego threatening conditions? Re-examining the effect of ego-threat on claimed self-handicapping. *Sport Psychologist*, *25*(3), 288-305. https://doi.org/10.1123/tsp.25.3.288

Guest, G., MacQueen, K. M., & Namey, E. E. (2012). *Applied Thematic Analysis*. SAGE Publications. https://dx.doi.org/10.4135/9781483384436

Hausenblas, H. A., & Carron, A. V. (1996). Group cohesion and self-handicapping in female and male athletes. *Journal of Sport and Exercise Psychology*, *18*, 132-143. https://doi.org/10.1123/jsep.18.2.132

Kamuk, Y. U. (2022). Self-handicapping and its value in sports. *Turkish Journal of Sport and Exercise*, *24*(2), 208-218. https://doi.org/10.15314/tsed.934732

Kuczka, K. K., & Treasure, D. C. (2005). Self-handicapping in competitive sport: Influence of motivational climate, self-efficacy, and perceived importance. *Psychology of Sport and Exercise*, *6*(5), 539-550. https://doi.org/10.1016/j.psychsport.2004.03.007

Leary, M. R., & Shepperd, J. A. (1986). Behavioral self-handicaps versus self-reported handicaps: A conceptual note. *Journal of Personality and Social Psychology, 51*(6), 1265-1268. https://doi.org/10.1037/0022-3514.51.6.1265

Martin, K. A., & Brawley, L. R. (1999). Is the self-handicapping scale reliable in non-academic achievement domains? *Personality and Individual Differences*, *27*, 901-911. https://doi.org/10.1016/S0191-8869(99)00039-2

Mogashoa, T. (2014). Applicability of constructivist theory in qualitative educational research. *American Journal of Contemporary Research*, *4*, 51-59.

O'Brien, C.P. & Lyons, F. (2000). Alcohol and the athlete. *Sports Medicine, 29*, 295–300. https://doi.org/10.2165/00007256-200029050-00001

Prapavessis, H., Grove, J. R., Maddison, R., & Zillmann, N. (2003). Self-handicapping tendencies, coping, and anxiety responses among athletes. *Psychology of Sport & Exercise*, *4*(4), 357-376. https://doi.org/10.1016/S1469-0292(02)00020-1

Rhodewalt, F. (1990). Self-handicappers: Individual differences in the reference for anticipatory, self-protective acts. In R. L. Higgins, C. R. Snyder, & S. Berglas (Eds.), *Self-handicapping: The paradox that isn't* (pp. 69-106). Plenum Press. https://doi.org/10.1007/978-1-4899-0861-2_3

Schwinger, M., Trautner, M., Pütz, N., Fabianek, S., Lemmer, G., Lauermann, F., & Wirthwein, L. (2021). Why do students use strategies that hurt their chances of academic success? A meta-analysis of antecedents of academic self-handicapping. *Journal of Educational Psychology*, *114*(3), 576–596. https://doi.org/10.1037/edu0000706

Self, E.A. (1990). Situational influences on self-handicapping. In R.L. Higgins, C.R. Snyder, & S. Berglas, *Self-handicapping: The paradox that isn't* (pp. 37-68). Plenum Press.

Sharma, B., Kotey, B., Koomson, I., & Reinhard, K. (2020). An empirical investigation of the relationships between alcohol expectancies, protective drinking behaviour, consequences and self-esteem. *Journal of New Business Ideas and Trends*, *18*, 1-21.

Shields, C. A., Paskevich, D. M., & Brawley, L. R. (2003). Self-handicapping in structured and unstructured exercise: Toward a measurable construct. *Journal of Sport and Exercise Psychology*, *25*, 267-283. https://doi.org/10.1123/jsep.25.3.267

Sheppard, J. A., & Arkin, R. M. (1991). Behavioral other-enhancement: Strategically obscuring the link between performance and evaluation. *Journal of Personality and Social Psychology*, *60*, 79-88. https://doi.org/10.1037/0022-3514.60.1.79

Sparkes, A. C., & Smith, B. (2014). *Qualitative research methods in sport, exercise and health: From process to product*. Routledge/Taylor & Francis Group.

Volpe, S. L. (2010). Alcohol and athletic performance. *ACSM's Health & Fitness Journal*, *14*, 28-30. https://doi.org/10.1249/FIT.0b013e3181daa567

Welman, J. C., & Kruger, S. J. (1999). *Research methodology for the business and administrative sciences*. International Thompson.

Table 1

Overview of Claimed Self-Handicapping Themes and Sub-Themes

Themes	Sub-themes	Example of sub-theme
Injury or Illness	Existing injury	"I'm always running through an injury"
	Acute injury	"I have said my knee sometimes hurts so that people understand why I slow down"
	Illness	"I have said my stomach hurts"
Training	Overtraining	"People say that they ran a lot of miles"
	Undertraining	"I didn't train as hard as I wanted"
	Recovery	"Had run another event close before and not fully recovered"
	Other training	"I have heard athletes cite a future/upcoming race that is of a different distance as a reason for possible poor performance"
Nutrition	Diet	"I've heard someone say they... ate too close to the start of a run"
	Hydration	"Didn't drink enough water"
	Alcohol use	"I had a few drinks last night"
Sleep/Fatigue	Disrupted sleep	"I didn't sleep well last night"
	Lack of sleep	"People will say they were out late the night before"
	General tiredness/fatigue	"I have heard someone say they're stressed and fatigued from work"
Personal Factors	Intrapersonal factors	"I'm a mom"
	Interpersonal factors	"I feel bad because I will slow you down so I just won't run"

	Lifestyle stressors	"A few weeks before my first marathon I broke up with my boyfriend of two years"
External Factors	Weather	"I can't seem to get enough oxygen on very cold mornings"
	Terrain	"I've heard people say they aren't good at climbing hills"
	Equipment	"Brought the wrong shoes"

Table 2

Overview of Behavioral Self-Handicapping Themes and Sub-Themes

Themes	Sub-themes	Example of sub-theme
Poor Preparation	Timing	"Starting later than intended and can only run till a certain time"
	Training	"I have seen a lot of skipped workouts from other athletes"
	Physical preparation	"Say they didn't have time to go to the bathroom before the run, then stop during/interrupt the run for that purpose (to give themselves a break)"
Poor Nutrition Practices	Diet	"I have seen someone sabotage their fueling before a race or workout so that they will have an excuse to quit early"
	Hydration	"Forgotten my handheld water bottle… and used it as an excuse to cut a run short"
	Alcohol use	"Friend of mine will often consume alcohol before a big race"
Equipment Issues	Shoes	"Wearing new shoes to test them out despite knowing it's a long run"
	Other	"I have 'forgotten my running clothes' when I go to lead a workout so that I have to stay behind or go with the walkers"
Deliberate injury/illness	Deliberate injury	"Tripping on purpose early in a race"
	Deliberate illness	"Purposeful vomiting during an event or just before it"